



Office of the
Fire Commissioner



PERSON FIRE REPORT

OFFICE OF THE FIRE COMMISSIONER
PO Box 9214 Stn. Prov. Govt.
Victoria BC V8W 9J1
TEL 1-888-988-9488 FAX (250) 356-7699

LOCATION		INCIDENT NUMBER			
YEAR	MONTH	DAY	HOUR	OCC	

TO CHANGE A PREVIOUS REPORT, MARK APPROPRIATE BOX

DELETE UPDATE

RELATED TO WILDLAND/URBAN INTERFACE

LOCATION OF FIRE INCIDENT (SUITE, NUMBER, STREET, CITY)	POSTAL CODE

THE FOLLOWING SECTION REFERS TO SELECTED STATUS:

<input type="checkbox"/> OWNER	<input type="checkbox"/> BUSINESS OWNER	SURNAME	GIVEN NAME(S)
<input type="checkbox"/> OCCUPANT	<input type="checkbox"/> BUSINESS OCCUPANT		
BUSINESS NAME			
ADDRESS		POSTAL CODE	TELEPHONE ()
PROPERTY LOSS	CONTENTS LOSS	TOTAL LOSS TO NEAREST DOLLAR	
CLAIMS ADJUSTER NAME	FIRM	CLAIM NO.	
INSURANCE COMPANY NAME		POLICY NO.	

PROPERTY CLASSIFICATION - PR 0 0 0 0	TRANSMISSION OF ALARM - AL	FIRE SERVICE - FS	INCIDENT - IN
METHOD OF FIRE CONTROL - EX	EXTENT OF FIRE - XF	IGNITING OBJECT - IG	FUEL OR ENERGY - FU
FORM OF HEAT - FH	MATERIAL FIRST IGNITED - MI	ACT OR OMISSION - AO	

NO. OF OCCUPANTS (AT TIME OF FIRE) 0 0 0 1	TOTAL INJURIES	TOTAL FATALITIES
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THE FOLLOWING SECTION REFERS TO PRODUCT/EQUIPMENT RELATED TO IGNITION SOURCE:

ITEM TYPE	MAKE	MODEL	YEAR	SERIAL NO.

PROPERTY VALUE AT RISK (FOR INCIDENT) 0 0 0 0	CONTENTS VALUE AT RISK (FOR INCIDENT) 0 0 0 0	TOTAL VALUE AT RISK (FOR INCIDENT) 0 0 0 0
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REMARKS: EXPLAIN CIRCUMSTANCES UNDER WHICH FIRE ORIGINATED.

NAME OF INVESTIGATOR (PLEASE PRINT)	L AFC BADGE NUMBER (IF APPLICABLE)	TELEPHONE ()	REPORT DATE (YYYY/MM/DD)
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