



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	YEAR	INCIDENT NUMBER				OCC
		MONTH	DAY	HOUR		

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
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**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.
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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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