

## **STRUCTURE FIRE REPORT**

The following instructions are for completing the applicable forms when a structure fire incident occurs. Should the fire spread to a detached vehicle, structure or outdoor property, a separate Vehicle Fire Report, Structure Fire Report or Outdoor Fire Report will also need to be completed.

◆ *This symbol represents fields that are required to be completed when submitting a Structure Fire Report.*

### **INCIDENT NUMBER**

| LOCATION | YEAR | INCIDENT NUMBER |     |  | HOUR | OCC |
|----------|------|-----------------|-----|--|------|-----|
|          |      | MONTH           | DAY |  |      |     |
|          |      |                 |     |  |      |     |

A fire *Incident Number* is a combination of six data items:

- ◆ **Location Code**      This refers to the three letter code that applies to the area of jurisdiction where the fire occurred.  
E.g. “CVA” represents Vancouver. If the location code is not known, refer to the Location Code Directory section.
- ◆ **Year**                      Enter the four digit year in which the fire incident occurred.  
E.g. 2004 would be entered as “2004”.
- ◆ **Month**                     Enter the two digit month in which the fire incident occurred.  
E.g. January would be entered as “01”.
- ◆ **Day**                         Enter the day of month in which the fire incident occurred.  
E.g. 12<sup>th</sup> day of the month would be entered as “12”.
- ◆ **Hour**                        Enter the time of day in which the fire incident occurred using the hour ONLY of the 24-hour clock.  
E.g. 23:04 hrs would be entered as “23”.
- ◆ **Occurrence**             Enter the order of occurrence in which the fire incidents happen within the same hour of day using two digits starting with “01”.  
E.g. Three fire incidents occur within the same hour but at separate locations within the area of jurisdiction. The three incident reports will be sequential using the same location code, year, month, day, hour with the occurrence numbers being “01”, “02” and “03”.

***Note:** This field also represents exposure fires that occur to separate, detached properties.*

**REPORT TYPE**

|   |                                 |
|---|---------------------------------|
| TO CHANGE A PREVIOUS REPORT, MARK APPROPRIATE BOX |                                 |
| <input type="checkbox"/> DELETE                   | <input type="checkbox"/> UPDATE |

When changes are required to a previously submitted fire report, check the appropriate box. Enter the original Incident Number that requires changes and only the data in the fields that are to be updated. To make corrections to an Incident Number of a previously submitted report, the record for that incident must first be deleted. Indicate in the remarks section what the new incident number should be.

**RELATED TO WILDLAND/URBAN INTERFACE FIRE**

|  |
|--|
| <input type="checkbox"/> RELATED TO WILDLAND/URBAN INTERFACE |
|--|

This field is strictly an indicator as to whether or not the fire incident was either caused by or caused a wildland interface fire. If yes, check the indicator box or if no, leave blank.

**LOCATION OF FIRE INCIDENT**

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

- ◆ Enter the complete address where the fire incident occurred including the street number, street name, city and postal code. Enter the suite or apartment number also, if applicable.

If there is no specific address where the fire incident occurs, enter the street name along with a descriptor that would indicate the approximate location.

**LOSS INFORMATION**

|   |   |                              |               |
|---|---|------------------------------|---------------|
| <input type="checkbox"/> OWNER<br><input type="checkbox"/> OCCUPANT | <input type="checkbox"/> BUSINESS OWNER<br><input type="checkbox"/> BUSINESS OCCUPANT | SURNAME                      | GIVEN NAME(S) |
| 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.  |                              |               |
|   | _ _ _ _ _   |                              |               |

This section of the report indicates a loss pertaining to either an individual or company. The loss information does not refer to the loss for the entire incident unless the entire loss is associated with one name.

- ◆ Status      Indicate whether the dollar loss will be associated with an individual (owner or occupant) or Business (Business Owner or Business Occupant). Check off one box only.

◆ Name Enter the name of the individual which sustained the dollar loss.

Business Name Enter the name of the business which sustained the dollar loss.

*Note: Both the individual's name along with the business name can be entered as long as the business is owned by the individual. The "Status" will indicate which name will be associated with the dollar loss.*

*E.g. Status = Owner. The individual's name is John Smith and the business name is Smith Shoes. The dollar loss will be associated with John Smith because the Status is checked as Owner.*

Address Enter the address of the individual or business name entered above including postal code and telephone number.

◆ Dollar Loss Enter the loss estimate for property and contents and the total of both entered in the Total Loss field. Amounts should be in whole dollars; do not include cents.

The amounts entered are for the damage caused by the fire only. Do not include related or indirect losses due to "use and occupancy" or business loss due to interruption or costs such as moving and storage or car rental. Dollar losses entered do not reflect whether or not the individual/business has insurance coverage.

Losses entered are associated with the status and name entered. Losses suffered by other individuals such as those dwelling in an apartment building that burns, are reported with the name on a Fire Report - Additional Names.

Insurance Information Enter Claims Adjuster Name and Firm along with Claim No.  
Enter Insurance Company Name and Policy No.

*Note: The Insurance Information is not mandatory but should be included if data can be obtained.*

**FIRE REPORTING CODES**

|                             |                                  |                             |                              |
|-----------------------------|----------------------------------|-----------------------------|------------------------------|
| PROPERTY COMPLEX - PC       | PROPERTY CLASSIFICATION - PR     | GENERAL CONSTRUCTION - GC   | BUILDING HEIGHT - BH         |
| GROUND FLOOR AREA - GF      | YEAR OF CONSTRUCTION - YC        | MANUAL FIRE PROTECTION - MF | OUTSIDE FIRE PROTECTION - OF |
| SPRINKLER PROTECTION - SP   | AUTOMATIC FIRE ALARM SYSTEM - AD | SMOKE ALARM OPERATION - SD  | INITIAL DETECTION - ID       |
| TRANSMISSION OF ALARM - AL  | FIRE SERVICE - FS                | INCIDENT - IN               | ACTION TAKEN - AC            |
| METHOD OF FIRE CONTROL - EX | FIRE ORIGIN, LEVEL - LV          | FIRE ORIGIN, AREA - OA      | EXTENT OF FIRE - XF          |
| EXTENT OF DAMAGE - XD       | IGNITING OBJECT - IG             | FUEL OR ENERGY - FU         | FORM OF HEAT - FH            |
| MATERIAL FIRST IGNITED - MI | ACT OR OMISSION - AO             |                             |                              |

◆ All codes on a Structure Fire Report are required to be entered. The data for each field can be found in the Code Structure section of the manual.

**NUMBER OF OCCUPANTS (at time of fire)**

|                                    |                |                  |
|------------------------------------|----------------|------------------|
| NO. OF OCCUPANTS (AT TIME OF FIRE) | TOTAL INJURIES | TOTAL FATALITIES |
|------------------------------------|----------------|------------------|

Number of Occupants refers to the estimated number of people in the property at the time of the fire.

**TOTAL INJURIES AND FATALITIES**

Enter the total number of injuries and/or fatalities of either fire fighters or civilians that were sustained from the fire incident. The numbers entered in these fields should match the number of Casualty Reports submitted for the same fire incident.

**PRODUCT/EQUIPMENT INFORMATION**

| ITEM TYPE | MAKE | MODEL | YEAR | SERIAL NO. |
|-----------|------|-------|------|------------|
|-----------|------|-------|------|------------|

Enter the Item Type (sample list below) along with Make, Model, Year and Serial No. of the product or equipment that related directly to the source of ignition or vehicles that were lost as contents of the fire incident.

If product not identified, listing may be amended as required.

- |                                 |                             |
|---------------------------------|-----------------------------|
| AC adapter power supply         | Heater, ceramic             |
| Automobile                      | Heater, gas fired baseboard |
| Battery charger                 | Heater, oil filled electric |
| Bicycle                         | Heating pad, electric       |
| Bread maker                     | Hot & cold health bags      |
| Butane lighter                  | Musical Christmas card      |
| Butane refill cylinder          | Pellet stove                |
| Candles                         | Pellet wood stove           |
| Candles, liquid paraffin bottle | Power bar 6 outlets         |
| Coffee maker                    | Smoke alarm                 |
| Coffee roaster                  | Solvent recycle system      |
| Crystallite liquid wax          | Television                  |
| Dryer, clothes                  | Transformer – model train   |
| Dryer, gas                      | Travel trailer              |
| Firelog, Duraflame              | Turbo in-line bilge blower  |
| Firelog, Northland              | Watercraft                  |
| Glade air freshener             |                             |

**PROPERTY VALUE AT RISK**

|                                       |                                       |                                    |
|---------------------------------------|---------------------------------------|------------------------------------|
| PROPERTY VALUE AT RISK (FOR INCIDENT) | CONTENTS VALUE AT RISK (FOR INCIDENT) | TOTAL VALUE AT RISK (FOR INCIDENT) |
|---------------------------------------|---------------------------------------|------------------------------------|

Value at Risk refers to the estimated cash value of the property including its contents that are at risk from the fire condition. Values should be in whole dollars; do not include cents.

*Note: Property value includes structures, vehicles, hedges, etc. It does NOT include the land that the property resides on. Neighboring properties are also NOT to be included.*

**REMARKS**

|   |
|---|
| REMARKS: EXPLAIN CIRCUMSTANCES UNDER WHICH FIRE ORIGINATED. |
|---|

Enter a brief statement that describes the events or actions which led to or precipitated ignition. If additional space is required use a blank sheet of paper and attach it to the Fire Report.

**REPORTER INFORMATION**

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

- ◆ The information entered should be that of the person who completed the investigation including name, L AFC badge number (if applicable), telephone and date that the report is completed.





Office of the  
Fire Commissioner



# STRUCTURE 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

| INCIDENT NUMBER |      |       |     |      | OCC |
|-----------------|------|-------|-----|------|-----|
| LOCATION        | YEAR | 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 |
|---|-------------|

**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<br>( ) |
| PROPERTY LOSS                     | CONTENTS LOSS                              | TOTAL LOSS TO NEAREST DOLLAR |                  |
| CLAIMS ADJUSTER NAME              | FIRM                                       | CLAIM NO.                    |                  |
| INSURANCE COMPANY NAME            |  | POLICY NO.                   |                  |

|                             |                                  |                                    |                              |
|-----------------------------|----------------------------------|------------------------------------|------------------------------|
| PROPERTY COMPLEX - PC       | PROPERTY CLASSIFICATION - PR     | GENERAL CONSTRUCTION - GC          | BUILDING HEIGHT - BH         |
| GROUND FLOOR AREA - GF      | YEAR OF CONSTRUCTION - YC        | MANUAL FIRE PROTECTION - MF        | OUTSIDE FIRE PROTECTION - OF |
| SPRINKLER PROTECTION - SP   | AUTOMATIC FIRE ALARM SYSTEM - AD | SMOKE ALARM OPERATION - SD         | INITIAL DETECTION - ID       |
| TRANSMISSION OF ALARM - AL  | FIRE SERVICE - FS                | INCIDENT - IN                      | ACTION TAKEN - AC            |
| METHOD OF FIRE CONTROL - EX | FIRE ORIGIN, LEVEL - LV          | FIRE ORIGIN, AREA - OA             | EXTENT OF FIRE - XF          |
| EXTENT OF DAMAGE - XD       | 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) | TOTAL INJURIES               |
|                             |                                  |                                    | TOTAL FATALITIES             |

**THE FOLLOWING SECTION REFERS TO PRODUCT/EQUIPMENT RELATED TO IGNITION SOURCE:**

|           |      |       |      |            |
|-----------|------|-------|------|------------|
| ITEM TYPE | MAKE | MODEL | YEAR | SERIAL NO. |
|-----------|------|-------|------|------------|

|                                       |                                       |                                    |
|---------------------------------------|---------------------------------------|------------------------------------|
| PROPERTY VALUE AT RISK (FOR INCIDENT) | CONTENTS VALUE AT RISK (FOR INCIDENT) | TOTAL VALUE AT RISK (FOR INCIDENT) |
|---------------------------------------|---------------------------------------|------------------------------------|

REMARKS: EXPLAIN CIRCUMSTANCES UNDER WHICH FIRE ORIGINATED.

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