

VEHICLE FIRE INCIDENT REPORT

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

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

INCIDENT NUMBER

INCIDENT NUMBER					
LOCATION	YEAR	MONTH	DAY	HOUR	OCC

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. 12th 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 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
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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
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- ◆ 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 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	<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.	

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 damaged caused by the fire only. 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 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 CLASSIFICATION - PR	MANUAL FIRE PROTECTION - MF	TRANSMISSION OF ALARM - AL	FIRE SERVICE - FS
INCIDENT - IN	ACTION TAKEN - AC	METHOD OF FIRE CONTROL - EX	FIRE ORIGIN, AREA - OA
EXTENT OF FIRE - XF	IGNITING OBJECT - IG	FUEL OR ENERGY - FU	FORM OF HEAT - FH
MATERIAL FIRST IGNITED - MI	ACT OR OMISSION - AO		

◆ Enter fields shown above with applicable coding. The data for each field can be found in the Code Structure section of the manual.

Please note, due to the number of Property Classification (PR) codes, the applicable codes for this category are listed below as they pertain to a Vehicle Fire Report.

3750 Motorhome, includes camperized van

3760	Truck with camper
3790	Mobile accommodations, trailer - unclassified
8415	Motorcraft – 20m (66 ft) or less over-all length – outboard motors
8416	Motorcraft – 20m (66 ft) or less over-all length – inboard motors
8417	Sailboats – 20m (66 ft) or less over-all length
8420	Vessel – under 1000 gross tonnes – includes vessel over 20m (66 ft) over-all length
8430	Passenger ship
8440	Tanker ship
8450	Combat ship
8460	Cargo ship
8470	Non self-propelled vessel/barge – includes towed barge and towed or towable vessel.
8480	Commercial fishing vessel – includes factory vessel
8490	Watercraft – unclassified
8510	Passenger, diner or lounge railway car
8520	Passenger sleeper railway car
8530	Freight, box, tank, hopper, container, piggy back railway car
8540	Locomotive, engine & other power unit
8550	Self-powered railway car – includes trolley, rapid transit car
8560	Roadbed maintenance equipment/car
8590	Rail transport vehicle & equipment - unclassified
8610	Automobile – includes cars, light trucks and vans, single body units. (Excludes emergency vehicles classified as 8880.)
8620	Bus, trackless trolley
8630	Compressed or LP gas tank truck
8640	Flammable liquid, chemical tank truck
8650	General truck – includes tank truck with non-flammable cargo, mail truck and trailer truck
8660	Motorcycle
8670	Vehicle and/or non-motorized hauling vehicle
8680	Tractor trailer
8690	Ground transport vehicle - unclassified
8710	Private aircraft
8711	Hot air balloons
8712	Gliders
8713	Ultra-light aircraft
8720	Commercial aircraft – non-scheduled airlines (e.g. charters)
8730	Commercial passenger aircraft
8740	Commercial cargo aircraft
8750	Helicopter & vertical take off aircraft – non-military
8760	Military combat aircraft – bomber, fighter, patrol
8770	Military non-combat aircraft – cargo, training
8780	Space vehicle – includes rockets and missiles, manned or not
8790	Aircraft - unclassified
8810	Construction equipment (Excludes crane – 8830)
8811	Tar pot – used for melting/heating tar for roofing, May be trailer/vehicle mounted.

- 8820 Farm tractor & equipment, grain dryer, harvester, picker, etc.
- 8830 Mobile or fixed crane
- 8840 Industrial truck, forklift & material handling truck, etc.
- 8850 Petroleum & gas drilling rig
- 8860 Snowmobile, all terrain vehicle (ATV)
- 8870 Logging equipment – includes skidders, loaders, etc.
- 8880 Emergency vehicles – including fire, ambulance and police
- 8890 Special vehicles - unclassified

NUMBER OF OCCUPANTS (at time of fire)

NO. OF OCCUPANTS (AT TIME OF FIRE)	TOTAL INJURIES	TOTAL FATALITIES
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Number of Occupants refers to the estimated number of people in the vehicle 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.
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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 that were lost as contents of the fire incident. If product not identified, listing may be amended as required.

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|---|---|
| <ul style="list-style-type: none"> AC adapter power supply Automobile Battery charger Bicycle Bread maker Butane lighter Butane refill cylinder Candles Candles, liquid paraffin bottle Coffee maker Coffee roaster Crystallite liquid wax Dryer, clothes Dryer, gas Firelog, Duraflame Firelog, Northland Glade air freshener | <ul style="list-style-type: none"> Heater, ceramic Heater, gas fired baseboard Heater, oil filled electric Heating pad, electric Hot & cold health bags Musical Christmas card Pellet stove Pellet wood stove Power bar 6 outlet Smoke alarm Solvent recycle system Television Transformer – model train Travel trailer Turbo in-line bilge blower Watercraft |
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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 (IF APPLICABLE)	TELEPHONE ()	REPORT DATE (YYYY/MM/DD)
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- ◆ 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.



VEHICLE FIRE REPORT

OFFICE OF THE FIRE COMMISSIONER
PO Box 9201 Stn. Prov. Govt.
Victoria BC V8W 9J1
TEL (250) 952-4913 FAX (250) 952-4888

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	MANUAL FIRE PROTECTION - MF	TRANSMISSION OF ALARM - AL	FIRE SERVICE - FS
INCIDENT - IN	ACTION TAKEN - AC	METHOD OF FIRE CONTROL - EX	FIRE ORIGIN, LEVEL - OA
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)	TOTAL INJURIES
			TOTAL FATALITIES

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

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