



Office of the
Fire Commissioner



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

VEHICLE FIRE REPORT

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, 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	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)	LAFIC BADGE NUMBER (IF APPLICABLE)	TELEPHONE ()	REPORT DATE (YYYY/MM/DD)
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