



Office of the Fire Commissioner



# FIRES Fire Reporting Quick Reference Guide

## Table of Contents

- Log in to FIRES .....5**
- Create a new incident .....5**
  - Incident number and type .....6*
- Enter/modify fire incident report details .....6**
  - Wildland and interface fires .....7*
  - Location of fire incident.....7*
  - Names and details of people impacted by the incident .....7*
    - Property and contents losses (\$) .....8*
    - Casualties .....8*
    - Insurance claims .....10*
    - Save “names” report or add additional names. ....10*
  - Products and equipment report .....11*
  - Property value at risk (\$) .....12*
  - Number of occupants .....12*
  - Save as pending/complete. ....13*
- UPDATE – APRIL 2023.....14**
- NEW CODES for Rechargeable Battery-Related fires.....14**
  - Property Classification .....14*
  - Igniting Object .....14*
  - Act or Omission.....15*
  - Product & Equipment Report .....16*
- Rechargeable Battery Incident Reporting Examples .....17**

## Fire Incident Report - Details

Status: **PENDING**

\* Indicates required fields when saving as pending

Notification:

\*\* Indicates required fields when saving as completed

Investigation:

JFS:

Incident #: \*    LOC: CVI    YYYY: 2022    MM: 11    DD: 01    HR: 13    OCC: 01

Total Loss: **\$77,000**  
 Injuries: 0  
 Fatalities: 0  
 Total Names: 2

Incident Type:

Structure     
  Vehicle     
  Outdoor     
  Person

Related to Wildland / Interface Fire

Location of Fire Incident:

PO Box:     Apt/Suite:     Street Number:   
 Street Name: \*     Direction:   
 City:     Postal Code:

Summary of Names / Casualties: \*\* (min. 1)

**Add Names**

#	Status	Name	Address	Postal Code	Tel#	Total Loss (\$)	Casualty
1	OWNER	DOE, JANE	1234 MAIN ST VICTORIA	V8W1T5	250-555-5555	\$77,000	N
2	WITNESS	SMITH, JOHN	2000 MAIN ST VICTORIA	V5S1T5	250-555-1232	\$0	N

Products and Equipment Report:

(List vehicles, boats, appliances or other equipment applicable)

**Add Product/Equipment**

#	Item Type	Item Desc	Make	Model
1	AUTOMOBILE	E VEHICLE	TESLA	MODEL 3

Property Value At Risk (\$)	Property Value	Contents Value	Total Value
Estimate: **	<input type="text" value="750000"/>	<input type="text" value="165000"/>	<input type="text" value="915000"/>

Number of Occupants (at time of incident): \*\*

## Fire Incident Report - Details

Status: **PENDING**

\* Indicates required fields when saving as pending

Notification:

\*\* Indicates required fields when saving as completed

Investigation:

JFS:

Incident #: \* 

LOC	YYYY	MM	DD	HR	OCC
CVI	2022	11	01	13	01

Total Loss: **\$77,000**  
Injuries: 0  
Fatalities: 0  
Total Names: 1

Incident Type:

Structure
  Vehicle
  Outdoor
  Person

Related to Wildland / Interface Fire

Location of Fire Incident:

PO Box:  Apt/Suite:  Street Number:   
 Street Name: \*  Direction:   
 City:  Postal Code:

Summary of Names / Casualties: \*\* (min. 1)

**Add Names**

#	Status	Name	Address	Postal Code	Tel#	Total Loss (\$)	Casualty
1	OWNER	DOE, JANE	1234 MAIN ST VICTORIA	V8W1T5	250-555-5555	\$77,000	N

Products and Equipment Report:

(List vehicles, boats, appliances or other equipment applicable)

**Add Product/Equipment**

#	Item Type	Item Desc	Make	Model
1	AUTOMOBILE	E VEHICLE	TESLA	MODEL 3

Property Value At Risk (\$)	Property Value	Contents Value	Total Value
Estimate: **	<input type="text" value="750000"/>	<input type="text" value="165000"/>	<input type="text" value="915000"/>

Number of Occupants  
 (at time of incident): \*\*

Enter Codes: \*\*

PR - Property Classification	8800	▼	ALTERNATIVE FUEL VEHICLE (BIODIESEL, ELECTRICITY,	<a href="#">Search</a>
MF - Manual Fire Protection	7000	▼	NO MANUAL FIRE PROTECTION	<a href="#">Search</a>
AL - Transmission Of Alarm	1000	▼	911	<a href="#">Search</a>
FS - Fire Service	1000	▼	CAREER FIRE DEPARTMENT ONLY	<a href="#">Search</a>
IN - Incident	1000	▼	FIRE - FIRE DEPARTMENT ATTENDED	<a href="#">Search</a>
AC - Action Taken	3000	▼	EXTINGUISHED BY FIRE DEPARTMENT	<a href="#">Search</a>
EX - Method Of Fire Control	7600	▼	FOAM-WATER SYSTEM	<a href="#">Search</a>
OA - Fire Origin, Area	8200	▼	VEHICLE - ENGINE AREA - INCLUDES RUNNING GEAR, W	<a href="#">Search</a>
XF - Extent Of Fire	1000	▼	CONFINED TO OBJECT OF ORIGIN	<a href="#">Search</a>
IG - Igniting Object	5810	▼	RECHARGEABLE BATTERY - ANY SIZE OR TYPE	<a href="#">Search</a>
FU - Fuel Or Energy	6000	▼	ELECTRICITY	<a href="#">Search</a>
FH - Form Of Heat	7000	▼	SPONTANEOUS OR CHEMICAL CAUSATION	<a href="#">Search</a>
MI - Material First Ignited	9500	▼	INSULATION, ELECTRIC - CONFINED TO ELECTRICAL EQ	<a href="#">Search</a>
AO - Act Or Omission	4900	▼	MECHANICAL/ELECTRICAL FAILURE/MALFUNCTION - UN	<a href="#">Search</a>

Remarks: Explain circumstances under which fire originated.

FIRE ORIGINATED IN BATTERY STORAGE AREA OF ELECTRIC VEHICLE. PARKED IN THE OWNERS DRIVEWAY. THE VEHICLE WAS NOT PLUGGED INTO THE CHARGER OR RECTIFIER. VEHICLE WAS PARKED UNATTENDED.  
911 WAS CALLED BY PEDESTRIAN WALKING BY. FIRE DEPARTMENT ATTENDED AND EXTINGUISHED THE FIRE. VEHICLE WAS CONSUMED BY THE FIRE AND DAMAGE TO THE FENCE AND HEDGE FROM RADIANT HEAT AS AN EXPOSURE TO THE FIRE.

Investigating Officer: \*\*

Last Name:	First Name:	Badge#:	Te#:	Report Date:
WOOD	D	2745	250 - 555 - 5555	(yyyy/mm/dd) 2023/01/16
Police/RCMP Detachment:		Police/RCMP File #:		
VICPD		1234		

Fire Report References:

[Add Ref.](#)

#	File No	File Type	File Date
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[Save as Pending](#)

[Save as Complete](#)

.....24  
**Rechargeable Battery Incident Reporting Examples .....28**

## Log in to FIRES

Use the following link to access the FIRES login portal: <https://www.ofc.gov.bc.ca/OFC/fireLogin.jsp>

The Office of the Fire Commissioner also offers a training site for you to practice entering reports and retracting statistics. If you are interested in getting access to the training site, please contact your Fire Service Advisor or the Fire Reporting Officer at [OFC@gov.bc.ca](mailto:OFC@gov.bc.ca).

## Create a new incident

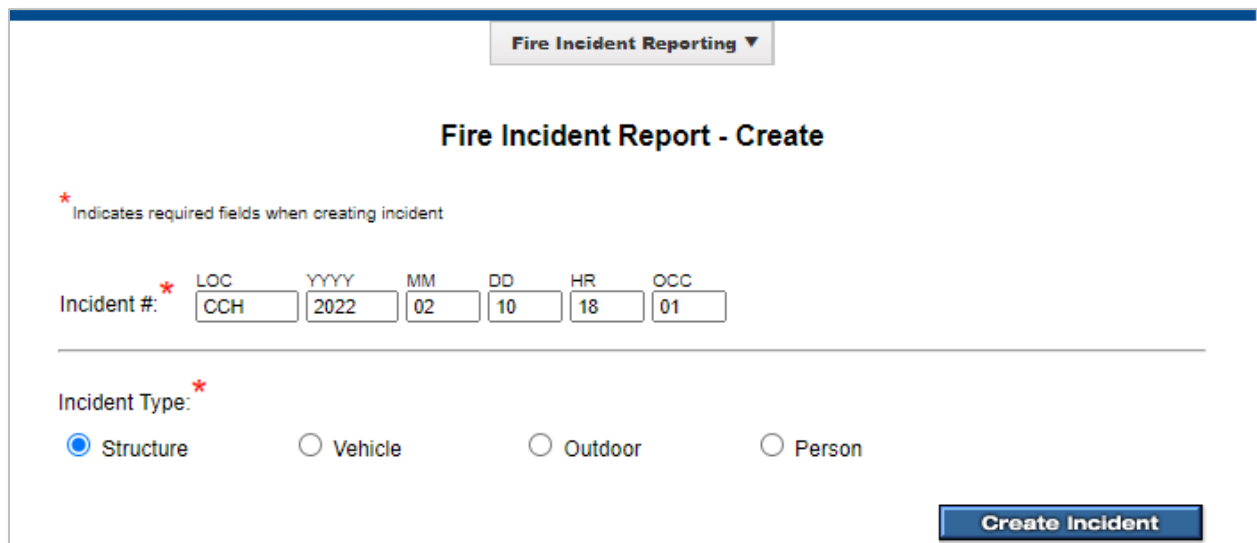
To create a new fire incident report:

- Navigate to the “Fire Incident Reporting” dropdown menu at the top-centre of the webpage
- Select “Create New Fire Incident Report” from the dropdown menu



### Incident number and type

When you first create a new incident, you will be prompted to enter some basic information about the incident, such as its location and time of occurrence:

A screenshot of the 'Fire Incident Report - Create' form. At the top, there is a 'Fire Incident Reporting' dropdown menu. Below it, the title 'Fire Incident Report - Create' is centered. A red asterisk indicates required fields. The 'Incident #' field is split into six boxes: 'LOC' (CCH), 'YYYY' (2022), 'MM' (02), 'DD' (10), 'HR' (18), and 'OCC' (01). Below this, the 'Incident Type:' field has four radio button options: 'Structure' (selected), 'Vehicle', 'Outdoor', and 'Person'. A blue 'Create Incident' button is at the bottom right.

## Incident#:

**LOC:**

3-Letter [Location Code](#)  
(numeric for First Nations)

**YYYY:**

Year

**MM:**

Month

**DD:**

Day

**HR:**

Hour

**OCC:**

Occurrence

(time of the callout in 24hr format: 01-23) (originating fire is '01.' [Exposure fires](#) are '02,' '03,' etc.)

## Incident Type:

Pick one of:

- Structure
- Vehicle
- Outdoor
- Person

After entering this info in, select the “Create Incident” button to enter the new incident into the FIRES database. You will then proceed to the **Fire Incident Report Details** form where you can input more detailed information about the incident.

## Enter/modify fire incident report details

**Fire Incident Reporting** ▼

**Fire Incident Report - Details**

Status: **NEW**

Notification:

Investigation:

JFS:

Total Loss: 0

Injuries: 0

Fatalities: 0

Total Names: 0

\* Indicates required fields when saving as pending

\*\* Indicates required fields when saving as completed

Incident #: \* LOC: CCH YYYY: 2022 MM: 02 DD: 10 HR: 05 OCC: 01

Incident Type:

Structure  Vehicle  Outdoor  Person

Related to Wildland / Interface Fire

Location of Fire Incident:

PO Box: 206 Apt/Suite: Street Number: 8702

Street Name: \* SONDRA COVE STREET Direction:

City: CHILLIWACK Postal Code: Z8Z8Z8

Summary of Names / Casualties: \*\* (min. 1) **Add Names**

#	Status	Name	Address	Postal Code	Tel#	Total Loss (\$)	Casualty
---	--------	------	---------	-------------	------	-----------------	----------

A **Fire Incident Report Details** form is populated after creating a new incident. Once the location information is entered it can be saved as a PENDING report in the FIRES database. The report can be re-opened and additional information for the incident added and edited later to complete the report.

### Important:

- Form fields marked with a single asterisk (\*) are mandatory fields. You cannot save your progress as a “pending report” without filling in these fields.
- Form fields marked with double asterisks (\*\*) are also mandatory fields, but they do not need to be filled until just before you are ready to submit your completed form.

## Wildland and interface fires

Toggle the following checkbox if your incident is related to a wildland or interface fire:

Related to Wildland / Interface Fire

## Location of fire incident

Use the form fields provided to enter the address

Location of Fire Incident:

PO Box:  Apt/Suite:  Street Number:

Street Name: \*  Direction:

City:  Postal Code:

## Names and details of people impacted by the incident

You will be prompted to add the name(s) and details of anybody impacted by the incident. Select the “add names” button to open a new page that will allow you to enter these details.

Summary of Names / Casualties: \*\* (min. 1) [Add Names](#)

#	Status	Name	Address	Postal Code	Tel#	Total Loss (\$)	Casualty
---	--------	------	---------	-------------	------	-----------------	----------

On the new page, you will first be asked to enter the “status” of the impacted person.

Status: \*  Casualty:

\* First and Last Name are required. Company Name is required, depending on status.

### Pick one of:

- Business occupant
- Business owner
- Witness
- Occupant
- Owner
- Fire/Police/RCMP Casualty

**There is also a “casualty” checkbox.** Checkmark it if the impacted person incurred any injuries or death. Instructions on how to enter casualties are found on page 5.

Status: \*   Casualty:

\* First and Last Name are required. Company Name is required, depending on status.

Last Name:  First Name:

Company Name:

PO Box:  Apt/Suite:  Street Number:

Street Name:  Direction:

City:   Province:

Other City:  Phone Number:  -  -

Postal Code:

### Property and contents losses (\$)

Below the person’s name and location, you will be asked to input any financial loss incurred due to property or content damage. *This is an important part of fire reporting that is often under-utilized as it provides important data to reinforce the importance of fire departments and fire response agencies.*

Loss (\$)	Property: *	Contents: *	Total:
Estimate	<input type="text" value="80000"/>	<input type="text" value="36000"/>	<input type="text" value="116000"/>

The following are references to assist in estimating dollar loss:

#### Structure (property) loss:

An online tool (courtesy of BC Assessment) can provide an estimated value and history of the affected property: <https://www.bcassessment.ca/Property/AssessmentSearch> You can also use local knowledge (construction and real estate) to estimate current repair and replacement costs.

#### Contents loss:

There is no standard app/website that can assess the value of personal belongings. Keep in mind that insurance companies will be calculating the cost to REPLACE the items. A standard practice is to use 50-70% of the value of the home for a dollar amount for contents.

**Vehicles:** <https://www.canadianblackbook.com/> Or use local classified and marketplace sales advertisements to estimate vehicle values.

### Casualties

Status: \*   Casualty:

\* First and Last Name are required. Company Name is required, depending on status.

If you selected the “casualty” checkbox earlier in the form, you will be presented with an additional form titled **Casualty Details** after completing the Loss (\$) fields.

**\*\*It is important to document all casualties not just fatalities. Even if a firefighter is treated for smoke inhalation, or a minor injury on scene that requires medical attention, it is considered a casualty as a result of the fire.**



This information is not released to the general public in basic fire reports, and much of the information is redacted through the FOI process when obtaining a fire report. However, data about casualties is important for the Office of the Fire Commissioner to collect for fire prevention and education purposes.

### Fire Incident Report - Casualty Details

Age: \*\*  Gender: \*\*  Status: \*\*

Date of Death: (yyyy/mm/dd)

Nature of Casualty: \*\*

Condition of Casualty: \*\*

Action of Casualty: \*\*

Ignition of Clothing or Other Fabrics: \*\*

Type of Fabric or Material Ignited: \*\*

Cause of Failure to Escape: \*\*

Initial Cause of Injury: \*\*

Use the form fields above to describe the circumstances of the casualty. If you do not have all the information at the time of entering your report, leave it as PENDING and follow up with the owner for the missing information. Police, witnesses, family members, etc. are a good source to obtain information. We need your investigators to take the extra step to gather all the information required.

## Insurance claims

The final step in filling out a “names” report is to add details about any relevant insurance claims, if applicable. Select the “add insurance claim” button and you will arrive at a new page that allows you to enter this info.

Summary of Insurance Info: **Add Insurance Claim**

#	Adjuster Name	Policy No	Insurance Name	Claim No
1	TRACY WONG	P5225274	GORE MUTUAL	P5225274

---

**Add New Name**   **Save & Return**   **Delete**   **Incident Details**

Enter any known details about the insurance claim, and press the “save” button to return to the previous page (the “names” form). *This is not a mandatory field so do not delay submitting your report if you do not have this information.*

Claims Adjuster Last Name:       First Name:

Firm:       Claims No:

Insurance Company Name:       Policy No:

---

**Save**   **Delete**   **Back**

## Save “names” report or add additional names.

Once complete, scroll to the bottom of the page and click “save & return” to exit the names page. Or, if you have additional impacted people to account for in your report, select the “add new name” button and repeat the steps listed above. If you have multiple casualties, you record each one by “add new name” and completing the casualty report.

Summary of Insurance Info: **Add Insurance Claim**

#	Adjuster Name	Policy No	Insurance Name	Claim No
1	TRACY WONG	P5225274	GORE MUTUAL	P5225274

---

**Add New Name**   **Save & Return**   **Delete**   **Incident Details**

## Products and equipment report

Select the "Add Product/Equipment tab and complete the Product and Equipment report when/if there are products or equipment found to be directly related to the source of ignition or if vehicles were lost as contents of the fire incident.

#	Item Type	Item Desc	Make	Model
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Products and Equipment Report:  
(List vehicles, boats, appliances or other equipment applicable)

[Add Product/Equipment](#)

You will be brought to a new page where you can enter details about the product or equipment impacted. Enter any applicable known information using the form below. Comments can be restricted to observations of where the product/equipment was post-fire and brief description of condition (*ie the dryer was found plugged into receptacle on North wall of laundry room and fire appeared to have started in or near the duct*).

### Products and Equipment Report

\* Indicates required fields

Incident Number: CCH200602100501

Product and Equipment No.: 1 of 1

Log #:

---

Item Type: \* AUTOMOBILE

Item Description: CAR

Make: Nissan

Model: Sentra

Year: 2012

License No: 1234562

Serial No:

Comments:

Certification Agencies:

[Add New](#) [Save & Return](#) [Delete](#) [Incident Details](#)

Once complete, select "save & return" to return to the main incident report, or select "add new" to add additional products and equipment to your report.

## Property value at risk (\$)

Based on individual accounts of (\$) losses in the “names” reports, enter a cumulative total of the property value and contents value at risk from the incident.

Property Value At Risk (\$)	Property Value	Contents Value	Total Value
Estimate: **	<input type="text" value="80000"/>	<input type="text" value="36000"/>	<input type="text" value="116000"/>

## Number of occupants

List the cumulative number of occupants that were in the building at the time of the incident.

Number of Occupants (at time of incident): **	<input type="text" value="1"/>
--	--------------------------------

## Codes

One of the final forms you will be required to fill out as part of the incident report are codes that help describe various aspects of the fire incident.

Enter Codes: **			
PC - Property Complex	<input type="text" value="3400"/>	<input type="text" value="RESIDENTIAL - SINGLE DETACHED"/>	<input type="button" value="Search"/>
PR - Property Classification	<input type="text" value="3110"/>	<input type="text" value="YEAR-ROUND USE DWELLING - 1-FAMILY"/>	<input type="button" value="Search"/>
GC - General Construction	<input type="text" value="2000"/>	<input type="text" value="PROTECTED COMBUSTIBLE CONSTRUCTION - WOOD PRO"/>	<input type="button" value="Search"/>
BH - Building Height	<input type="text" value="0010"/>	<input type="text" value="1 STORY ABOVE GRADE"/>	<input type="button" value="Search"/>
GF - Ground Floor Area	<input type="text" value="1000"/>	<input type="text" value="1 TO 100M2 (1 - 1076FT2)"/>	<input type="button" value="Search"/>
YC - Year Of Construction	<input type="text" value="0051"/>	<input type="text" value="1951 TO 1960"/>	<input type="button" value="Search"/>

There are three ways to look up codes:

- 1. Refer to the Fire Reporting Manual**

Also known as the “green binder,” this manual contains a list of fire codes and can be downloaded and printed from our website:

<https://www2.gov.bc.ca/gov/content?id=5922DE99D0904D188EC659D40E6A38ED>

- 2. Use the drop down menu**

It is sorted alphabetically and can sometimes be tricky as it may not be called/worded what you think, so it can be time consuming.

<input type="text" value="3400"/>	<input type="button" value="▼"/>
-----------------------------------	----------------------------------

- 3. Use the “search” function**

You can type in a main word and it will come up with applicable codes

Please note that new codes have recently been added that might not be reflected in the above look-up methods:

- **PC3750: PC** – (structure only) Encampments of persons experiencing homelessness
- **PR3780: PR** – (vehicle only) Vehicle used as a residence in an encampment of persons experiencing homelessness (includes cars, light trucks and vans, single body units, motorhomes) (excludes all vehicles not in a homeless encampment complex)
- **PR8199: PR** – (outdoor only) Outdoor property inside an encampment of persons experiencing homelessness (includes brush, trees, grass & light ground cover, trash)

## Investigating officer and remarks

In the final section of the incident report, enter any final remarks in bullet point form that describes the incident. A description of what “first in crews” found upon arrival, building type and size, initial actions, apparatus/resources deployed and requested as well as the name and details of the Investigating Officer responsible for the report. If the report is submitted by anyone other than the Investigating Officer the name of the proxy reporting officer should be added as a bullet point to the Incident remarks.

Remarks: Explain circumstances under which fire originated.

2006-0201  
 UPON ARRIVAL, E-1 FOUND SMOKE, FLAME AND EMBERS SIDE A + A/B CORNER. WINDS BLOWING FROM THE E/50 KMH. FIRE EXTINGUISHED. DUTY CHIEF AND RCMP NOTIFIED OF FATALITY. APPEARS TO HAVE BEEN SOME TYPE OF AN EXPLOSION AS THE GLASS FROM THE WINDOWS WAS ABOUT 2 M' FROM THE BUILDING  
 RCMP #: 2006-4930

Investigating Officer: **\*\***

Last Name:	First Name:	Badge#:	Tel#:	Report Date:
<input type="text" value="ERMITANO"/>	<input type="text" value="SEB"/>	<input type="text" value="9835664"/>	<input type="text" value="222"/> - <input type="text" value="222"/> - <input type="text" value="2222"/>	<input type="text" value="2006/02/14"/>
Police/RCMP Detachment:		Police/RCMP File #:		
<input type="text" value="CHILLIWACK"/>		<input type="text" value="2006-4930"/>		

---

Fire Report References: Add Ref.

#	File No	File Type	File Date

## Save as pending/complete.

At the end of the incident report, you can save the report as “pending” or “complete.” Saving as “pending” will allow you to return to the form later to fill in missing details before submitting the completed form. Saving as “complete” will submit the form to the Office of the Fire Commissioner as a completed incident report.

### Important:

- Form fields marked with a single asterisk (\*) are mandatory fields. You cannot save your progress as a “pending report” without filling in these fields.
- Form fields marked with double asterisks (\*\*) are also mandatory fields, but they do not need to be filled until just before you are ready to submit your completed form.
-

## NEW CODES for Rechargeable Battery-Related fires.

The following changes have been made to the reporting system to capture rechargeable battery-related fires (including Lithium Ion, Nickel-Cadmium, Nickel-Metal Hydride batteries).

### Property Classification

Code Number	Code Description
<b>PR 5700</b> Vehicle (Electric) Charging Station	Any space that can be served by electric vehicle supply equipment and a charger energy supply system or used by an EV for the purpose of charging the battery or other energy storage device in an EV
<b>PR 8800</b> Alternative Fuel Vehicle (AFV)	Refers to biodiesel, electricity, ethanol, hydrogen, natural gas, propane, and new fuels still under development <sup>1</sup> .
<b>PR 8805</b> Motorized Micromobility Device (Special Vehicle code run)	Wheeled vehicle that is fully or partially powered, has a curb weight ≤ 500 lb. (227 kg), has a top speed ≤ 30 mph (48 km/h) <sup>2</sup> .

### Igniting Object

Code Number	Code Description
<b>IG 5810</b> Rechargeable Battery (all types)	Any size or type of rechargeable battery
<b>IG 5820</b> Rechargeable Battery Charger / Rectifier (all types)	Any size or type of charger and/or rectifier designed to charge a rechargeable battery

<sup>1</sup> The term and definition of 'Alternate Fuel Vehicle' aligns with the U.S. Department of Energy and the National Fire Protection Association.

<sup>2</sup> The term and definition of 'Motorized Micromobility Device' aligns with the Society of Automotive Engineers J3194™ Taxonomy & Classification of Powered Micromobility Vehicles and the National Fire Protection Association.

## Act or Omission

Code Number	Code Description (long form)	Code Description (short form)
<b>AO 4500</b> Unmodified Rechargeable Battery	Where the rechargeable battery was in use (powering equipment) at the time of the fire	WHEN BATTERY WAS IN USE (POWERING EQUIPMENT) AT TIME OF FIRE
<b>AO 4510</b> Unmodified Rechargeable Battery Charger/Rectifier	Where the rechargeable battery recharger / rectifier was in use at the time of the fire	WHEN IN USE AT TIME OF FIRE
<b>AO 4520</b> Damaged Rechargeable Battery Charger/Rectifier	Where the rechargeable battery charger / rectifier is damaged previous to the fire	WHEN DAMAGED PREVIOUS TO FIRE
<b>AO 4530</b> Damaged Rechargeable Battery	Where the rechargeable battery is damaged previous to the fire	WHEN DAMAGED PREVIOUS TO FIRE
<b>AO 6400</b> Modified Rechargeable Battery Charger/Rectifier	Where the rechargeable battery charger / rectifier is modified previous to the fire (if not conclusive, default to damage - <b>AO 4530</b> )	WHEN MODIFIED PREVIOUS TO FIRE (IF NOT CONCLUSIVE USE <b>AO 4530</b> )
<b>AO 6410</b> Modified Rechargeable Battery	Where the rechargeable battery is modified previous to the fire (if not conclusive, default to damage - <b>AO 4520</b> )	WHEN MODIFIED PREVIOUS TO FIRE (IF NOT CONCLUSIVE USE <b>AO 4520</b> )

## Product & Equipment Report

Item Type	Associated Drop-Down Menu Item(s)
Battery - Rechargeable	<ul style="list-style-type: none"> <li>• Lithium-Ion</li> <li>• Nickle-Cadmium</li> <li>• Nickle Metal Hydride</li> <li>• Undetermined</li> </ul>
Power Supply	<ul style="list-style-type: none"> <li>• Rechargeable Battery Charger / Rectifier</li> </ul>
Alternative Fuel Vehicle	<ul style="list-style-type: none"> <li>• E-Vehicle</li> <li>• Hybrid Vehicle</li> <li>• E-Motorcycle</li> <li>• All other AFVs (may be added at a later date)</li> </ul>
Motorized Micromobility Device	<ul style="list-style-type: none"> <li>• E-Bike</li> <li>• E-Scooter</li> <li>• E-Hoverboard</li> <li>• Other equipment to be determined / as described by the Society of Automotive Engineers (may be added at a later date)</li> </ul>
Appliance & Equipment	<ul style="list-style-type: none"> <li>• Rechargeable Battery Powered Tool</li> <li>• Other</li> </ul>
Electronic Device	<ul style="list-style-type: none"> <li>• Cell Phone</li> <li>• Laptop</li> <li>• Tablet</li> <li>• E-Cigarette/Vape</li> <li>• Toy</li> <li>• Other</li> </ul>



## Rechargeable Battery Incident Reporting Examples

### Cell Phone or other small rechargeable electronics Fire

Fire in single family home causing damage:

- Cell phone spontaneous combustion while plugged into wall charger. Phone was sitting on table in living room on ground floor of 2000 sq/ft home ( 2 story)
- Extinguished by occupant (visiting friend of owner) using hand ABC dry chem extinguisher.
- Occupant alerted by smoke detector.
- 911 called and Fire Department attended (career)
- Fire confined to object of origin (phone and table) with smoke and dry chemical damage to room.

Process:

1. Create new incident in FIRES fire reporting.
2. Ensure you use your correct LOCATION code (LOC) in the incident #
3. Ensure you add Names of all persons impacted by the incident to the best of your knowledge. If unknown then use UNK for first and last names.
4. Include your best estimate of the value of the damage to property and contents.
5. Enter all applicable codes using drop down selections ( refer to “green” Fire Reporting manual for reference and explanations or use this link to the online guide  
<https://www2.gov.bc.ca/gov/content?id=5922DE99D0904D188EC659D40E6A38ED>
6. Ensure the investigating officer and/or Incident commander completes and submits the final report as required.

## Fire Incident Report - Details

Status: **PENDING**

\* Indicates required fields when saving as pending

Notification:

\*\* Indicates required fields when saving as completed

Investigation:

JFS:

Incident #: \* LOC:  YYYY:  MM:  DD:  HR:  OCC:

Total Loss: **\$7,500**  
 Injuries: 0  
 Fatalities: 0  
 Total Names: 1

Incident Type:

Structure       Vehicle       Outdoor       Person

Related to Wildland / Interface Fire

Location of Fire Incident:

PO Box:  Apt/Suite:  Street Number:

Street Name: \*  Direction:

City:  Postal Code:

Summary of Names / Casualties: \*\* (min. 1)

[Add Name](#)

#	Status	Name	Address	Postal Code	Tel#	Total Loss (\$)	Casualty
1	OCCUPANT	DOE, JOHN	1234 MAIN ST VICTORIA		250-555-5555	\$7,500	N

Products and Equipment Report:

(List vehicles, boats, appliances or other equipment applicable)

[Add Product/Equipment](#)

#	Item Type	Item Desc	Make	Model
1	APPLIANCE MISC. - SMALL	CELLULAR PHONE	APPLE	IPHONE 11

Property Value At Risk (\$)	Property Value	Contents Value	Total Value
Estimate: **	<input type="text" value="750000"/>	<input type="text" value="165000"/>	<input type="text" value="915000"/>

Number of Occupants  
 (at time of incident): \*\*

This is the value of the damage that occurred

This would be the value of the Home and contents in which the fire occurred

## Fire Incident Report - Details

Status: **PENDING**  
 Notification:

\* Indicates required fields when saving as pending

\*\* Indicates required fields when saving as completed

Investigation:  
 JFS:

Incident #: \* LOC: CVI YYYY: 2022 MM: 11 DD: 02 HR: 13 OCC: 01

Total Loss: **\$7,500**  
 Injuries: 0  
 Fatalities: 0  
 Total Names: 1

Incident Type:

Structure
  Vehicle
  Outdoor
  Person

Related to Wildland / Interface Fire

Location of Fire Incident:

PO Box:  Apt/Suite:  Street Number:

Street Name: \*  Direction:

City:  Postal Code:

Summary of Names / Casualties: \*\* (min. 1)

**Add Names**

#	Status	Name	Address	Postal Code	Tel#	Total Loss (\$)	Casualty
1	OCCUPANT	DOE, JOHN	1234 MAIN ST VICTORIA		250-555-5555	\$7,500	N

Products and Equipment Report:

(List vehicles, boats, appliances or other equipment applicable)

**Add Product/Equipment**

#	Item Type	Item Desc	Make	Model
1	APPLIANCE MISC. - SMALL	CELLULAR PHONE	APPLE	IPHONE 11

Property Value At Risk (\$)	Property Value	Contents Value	Total Value
Estimate: **	<input type="text" value="750000"/>	<input type="text" value="165000"/>	<input type="text" value="915000"/>

Number of Occupants  
 (at time of incident): \*\*

## Fire Incident Report - Details

Status: **PENDING**

\* Indicates required fields when saving as pending

Notification:

\*\* Indicates required fields when saving as completed

Investigation:

JFS:

Incident #: \*    LOC: CVI    YYYY: 2022    MM: 11    DD: 01    HR: 13    OCC: 01

Total Loss: **\$77,000**  
 Injuries: 0  
 Fatalities: 0  
 Total Names: 2

Incident Type:

Structure       Vehicle       Outdoor       Person

Related to Wildland / Interface Fire

Location of Fire Incident:

PO Box:     Apt/Suite:     Street Number:

Street Name: \*     Direction:

City:     Postal Code:

Summary of Names / Casualties: \*\* (min. 1)

**Add Names**

#	Status	Name	Address	Postal Code	Tel#	Total Loss (\$)	Casualty
1	OWNER	DOE, JANE	1234 MAIN ST VICTORIA	V8W1T5	250-555-5555	\$77,000	N
2	WITNESS	SMITH, JOHN	2000 MAIN ST VICTORIA	V5S1T5	250-555-1232	\$0	N

Products and Equipment Report:

(List vehicles, boats, appliances or other equipment applicable)

**Add Product/Equipment**

#	Item Type	Item Desc	Make	Model
1	AUTOMOBILE	E VEHICLE	TESLA	MODEL 3

Property Value At Risk (\$)	Property Value	Contents Value	Total Value
Estimate: **	<input type="text" value="750000"/>	<input type="text" value="165000"/>	<input type="text" value="915000"/>

Number of Occupants  
 (at time of incident): \*\*

Note : Property Value at Risk is the sum of all values for property including it's contents that were at risk from the Fire incident. It does not include the land/lot value. Neighbouring properties/structures vehicles etc. are also not included.

PC - Property Complex	3400	▼	RESIDENTIAL - SINGLE DETACHED	Search
PR - Property Classification	3110	▼	YEAR-ROUND USE DWELLING - 1-FAMILY	Search
GC - General Construction	2000	▼	PROTECTED COMBUSTIBLE CONSTRUCTION - WOOD FR	Search
BH - Building Height	0020	▼	2 STORIES ABOVE GRADE	Search
GF - Ground Floor Area	1000	▼	1 TO 100M2 (1 - 1076FT2)	Search
YC - Year Of Construction	1982	▼	1982	Search
MF - Manual Fire Protection	4000	▼	EXTINGUISHER ONLY	Search
OF - Outside Fire Protection	1000	▼	PUBLIC HYDRANT PROTECTION & FIRE DEPARTMENT	Search
SP - Sprinkler Protection	7000	▼	NO SPRINKLER PROTECTION	Search
AD - Automatic Fire Alarm System	2000	▼	FIRE ALARM SYSTEM - LOCAL (BUILDING ONLY)	Search
SD - Smoke Alarm Operation	4000	▼	ALARM ACTIVATED - UNNECESSARY TO EVACUATE OR L	Search
ID - Initial Detection	2000	▼	SMOKE DETECTOR DEVICE	Search
AL - Transmission Of Alarm	1000	▼	911	Search
FS - Fire Service	1000	▼	CAREER FIRE DEPARTMENT ONLY	Search
IN - Incident	1000	▼	FIRE - FIRE DEPARTMENT ATTENDED	Search
AC - Action Taken	1000	▼	EXTINGUISHED BY OTHER THAN FIRE DEPARTMENT (I.E	Search
EX - Method Of Fire Control	1900	▼	HAND FIRE EXTINGUISHER - UNCLASSIFIED (DESCRIBE)	Search
LV - Fire Origin, Level	3000	▼	GROUND FLOOR, GRADE LEVEL OR GRADE TO 3M (10FT)	Search
OA - Fire Origin, Area	1400	▼	LOUNGE, LIVING ROOM - INCLUDES MUSIC ROOM, COM	Search
XF - Extent Of Fire	2000	▼	CONFINED TO PART OF ROOM/AREA OF ORIGIN	Search
XD - Extent Of Damage	2000	▼	CONFINED TO PART OF ROOM/AREA OF ORIGIN	Search
IG - Igniting Object	5810	▼	RECHARGEABLE BATTERY - ANY SIZE OR TYPE	Search
FU - Fuel Or Energy	6000	▼	ELECTRICITY	Search
FH - Form Of Heat	7000	▼	SPONTANEOUS OR CHEMICAL CAUSATION	Search
MI - Material First Ignited	2200	▼	FURNITURE - WOOD (NOT UPHOLSTERED) - INCLUDES T	Search
AO - Act Or Omission	4510	▼	UNMODIFIED RECHARGEABLE BATTERY CHARGER/REC	Search

Remarks: Explain circumstances under which fire originated.

UNATTENDED CELL PHONE PLUGGED INTO WALL CHARGER  
OVERHEATED AND IGNITED  
WOOD TABLE IN LIVING ROOM OF SINGLE FAMILY RESIDENCE AT  
1234 MAIN STREET. FIRE  
CONFINED TO TABLE AND ROOM OF ORIGIN AND EXTINGUISHED BY  
OCCUPANT USING  
HANDHELD ABC FIRE EXTINGUISHER.

## **Electric Vehicle Fire scenario**

- Pedestrian calls 911 to report Vehicle fire in driveway at 1234 Main St
- Victoria (career) Fire Department responds and extinguishes the fire with 2 – 38mm hoselines with water.
- Vehicle was unattended and unoccupied.
- Vehicle was Tesla Model 3 – fully electric.
- Vehicle was not plugged into a charger.
- Vehicle owner Jane Doe was not at home at the time of the incident.
- Vehicle was fully consumed by the fire.
- Exposure (radiant) to 5M of wood fence and mature cedar hedge.
- No casualties or injuries
- Value of vehicle \$65,000
- Value of fence and hedge exposure \$5000
- Musical instruments lost in the vehicle by fire \$12,000.
- Value of residence \$750,000
- Police attended the scene and started police report #1234

## Fire Incident Report - Details

Status: **PENDING**

\* Indicates required fields when saving as pending

Notification:

\*\* Indicates required fields when saving as completed

Investigation:

JFS:

Incident #: \*

Total Loss: **\$77,000**  
Injuries: 0  
Fatalities: 0  
Total Names: 1

Incident Type:

Structure       Vehicle       Outdoor       Person

Related to Wildland / Interface Fire

Location of Fire Incident:

PO Box:  Apt/Suite:  Street Number:   
Street Name: \*  Direction:   
City:  Postal Code:

Summary of Names / Casualties: \*\* (min. 1)

[Add Names](#)

#	Status	Name	Address	Postal Code	Tel#	Total Loss (\$)	Casualty
1	OWNER	DOE, JANE	1234 MAIN ST VICTORIA	V8W1T5	250-555-5555	\$77,000	N

Products and Equipment Report:

(List vehicles, boats, appliances or other equipment applicable)

[Add Product/Equipment](#)

#	Item Type	Item Desc	Make	Model
1	AUTOMOBILE	E VEHICLE	TESLA	MODEL 3

Property Value At Risk (\$)	Property Value	Contents Value	Total Value
Estimate: **	<input type="text" value="750000"/>	<input type="text" value="165000"/>	<input type="text" value="915000"/>

Number of Occupants  
(at time of incident): \*\*

Note : Property Value at Risk is the sum of all values for property including it's contents that were at risk from the Fire incident. It does not include the land/lot value. Neighbouring properties/structures vehicles etc. are also not included.

Enter Codes: \*\*

PR - Property Classification	8800	▼	ALTERNATIVE FUEL VEHICLE (BIODIESEL, ELECTRICITY,	<a href="#">Search</a>
MF - Manual Fire Protection	7000	▼	NO MANUAL FIRE PROTECTION	<a href="#">Search</a>
AL - Transmission Of Alarm	1000	▼	911	<a href="#">Search</a>
FS - Fire Service	1000	▼	CAREER FIRE DEPARTMENT ONLY	<a href="#">Search</a>
IN - Incident	1000	▼	FIRE - FIRE DEPARTMENT ATTENDED	<a href="#">Search</a>
AC - Action Taken	3000	▼	EXTINGUISHED BY FIRE DEPARTMENT	<a href="#">Search</a>
EX - Method Of Fire Control	7600	▼	FOAM-WATER SYSTEM	<a href="#">Search</a>
OA - Fire Origin, Area	8200	▼	VEHICLE - ENGINE AREA - INCLUDES RUNNING GEAR, V	<a href="#">Search</a>
XF - Extent Of Fire	1000	▼	CONFINED TO OBJECT OF ORIGIN	<a href="#">Search</a>
IG - Igniting Object	5810	▼	RECHARGEABLE BATTERY - ANY SIZE OR TYPE	<a href="#">Search</a>
FU - Fuel Or Energy	6000	▼	ELECTRICITY	<a href="#">Search</a>
FH - Form Of Heat	7000	▼	SPONTANEOUS OR CHEMICAL CAUSATION	<a href="#">Search</a>
MI - Material First Ignited	9500	▼	INSULATION, ELECTRIC - CONFINED TO ELECTRICAL EQ	<a href="#">Search</a>
AO - Act Or Omission	4900	▼	MECHANICAL/ELECTRICAL FAILURE/MALFUNCTION - UN	<a href="#">Search</a>

Remarks: Explain circumstances under which fire originated.

FIRE ORIGINATED IN BATTERY STORAGE AREA OF ELECTRIC VEHICLE. PARKED IN THE OWNERS DRIVEWAY. THE VEHICLE WAS NOT PLUGGED INTO THE CHARGER OR RECTIFIER. VEHICLE WAS PARKED UNATTENDED.  
911 WAS CALLED BY PEDESTRIAN WALKING BY. FIRE DEPARTMENT ATTENDED AND EXTINGUISHED THE FIRE. VEHICLE WAS CONSUMED BY THE FIRE AND DAMAGE TO THE FENCE AND HEDGE FROM RADIANT HEAT AS AN EXPOSURE TO THE FIRE.

Investigating Officer: \*\*

Last Name:	First Name:	Badge#:	Tel#:	Report Date:
WOOD	D	2745	250 - 555 - 5555	(yyyy/mm/dd) 2023/01/16
Police/RCMP Detachment:	Police/RCMP File #:			
VICPD	1234			

Fire Report References:

[Add Ref.](#)

#	File No	File Type	File Date
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[Save as Pending](#)

[Save as Complete](#)



**Exposure Fire Report is required as a second occurrence to the Vehicle Fire**

**Fire Incident Report - Details**

Status: **PENDING**

Notification:

Investigation: JFS:

Total Loss: **\$5,000**

Injuries: 0

Fatalities: 0

Total Names: 1

\* Indicates required fields when saving as pending

\*\* Indicates required fields when saving as completed

Incident #: \* LOC CVI YYYY 2022 MM 11 DD 01 HR 13 OCC 02

Incident Type:

Structure  Vehicle  Outdoor  Person

Related to Wildland / Interface Fire

Location of Fire Incident:

PO Box: Apt/Suite: Street Number: 1234

Street Name: \* MAIN ST Direction: N

City: VICTORIA Postal Code: V8S1W5

Summary of Names / Casualties: \*\* (min. 1) **Add Names**

#	Status	Name	Address	Postal Code	Tel#	Total Loss (\$)	Casualty
1	OWNER	DOE, JANE	1234 MAIN ST VICTORIA	V8S 1W5	250-555-5555	\$5,000	N

Products and Equipment Report: **Add Product/Equipment**

(List vehicles, boats, appliances or other equipment applicable)

#	Item Type	Item Desc	Make	Model
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Property Value At Risk (\$) Property Value Contents Value Total Value

Estimate: \*\* 750000 165000 915000

Number of Occupants (at time of incident): 0

This second occurrence is the exposure fire to the fence and hedge which requires another report

The exposure was outdoor fence and landscape

Add name of the owner and estimated \$ value of the fence and hedge

Note: Property Value at Risk is the sum of all values for property including its contents that were at risk from the Fire incident. It does not include the land/lot value. Neighbouring properties/structures vehicles etc. are also not included.

**Enter Codes based on details of the Exposure fire caused by the initial vehicle fire**

Enter Codes: \*\*

PR - Property Classification	<input type="text" value="8140"/>	<input checked="" type="checkbox"/>	<input type="text" value="FENCE, POLES, RAILROAD TIES"/>	<input type="button" value="Search"/>
AL - Transmission Of Alarm	<input type="text" value="1000"/>	<input checked="" type="checkbox"/>	<input type="text" value="911"/>	<input type="button" value="Search"/>
FS - Fire Service	<input type="text" value="1000"/>	<input checked="" type="checkbox"/>	<input type="text" value="CAREER FIRE DEPARTMENT ONLY"/>	<input type="button" value="Search"/>
IN - Incident	<input type="text" value="1000"/>	<input checked="" type="checkbox"/>	<input type="text" value="FIRE - FIRE DEPARTMENT ATTENDED"/>	<input type="button" value="Search"/>
AC - Action Taken	<input type="text" value="3000"/>	<input checked="" type="checkbox"/>	<input type="text" value="EXTINGUISHED BY FIRE DEPARTMENT"/>	<input type="button" value="Search"/>
EX - Method Of Fire Control	<input type="text" value="4300"/>	<input checked="" type="checkbox"/>	<input -="" 1="" 2="" 3="" 4")="" hand="" hose="" line"="" more="" or="" type="text" value="38MM/42MM (1 1/2"/>	<input type="button" value="Search"/>
OA - Fire Origin, Area	<input type="text" value="9300"/>	<input checked="" type="checkbox"/>	<input type="text" value="PARKING AREA"/>	<input type="button" value="Search"/>
XF - Extent Of Fire	<input type="text" value="1000"/>	<input checked="" type="checkbox"/>	<input type="text" value="CONFINED TO OBJECT OF ORIGIN"/>	<input type="button" value="Search"/>
IG - Igniting Object	<input type="text" value="8200"/>	<input checked="" type="checkbox"/>	<input type="text" value="EXPOSURE, STRUCTURE DETACHED"/>	<input type="button" value="Search"/>
FU - Fuel Or Energy	<input type="text" value="8000"/>	<input checked="" type="checkbox"/>	<input type="text" value="EXPOSURE FIRE"/>	<input type="button" value="Search"/>
FH - Form Of Heat	<input type="text" value="6000"/>	<input checked="" type="checkbox"/>	<input type="text" value="HOT OBJECT - DIRECT HEAT BY CONDUCTION OR RADIATION"/>	<input type="button" value="Search"/>
MI - Material First Ignited	<input type="text" value="4100"/>	<input checked="" type="checkbox"/>	<input type="text" value="WOOD - INCLUDES BOX, BARREL, CASE, FINISHED LUMBER"/>	<input type="button" value="Search"/>
AO - Act Or Omission	<input type="text" value="0008"/>	<input checked="" type="checkbox"/>	<input type="text" value="ACT OR OMISSION - NOT APPLICABLE (E.G. LIGHTNING)"/>	<input type="button" value="Search"/>

Remarks: Explain circumstances under which fire originated.  
 EXPOSURE FIRE TO FENCE AND HEDGE FROM VEHICLE FIRE IN DRIVEWAY.  
 EXTINGUISHED BY FIRE DEPARTMENT USING 38mm HOSE

Investigating Officer: \*\*

Last Name:	First Name:	Badge#:	Tel#:	Report Date:
<input type="text" value="WOOD"/>	<input type="text" value="DAN"/>	<input type="text" value="2745"/>	<input type="text" value="250"/> - <input type="text" value="250"/> - <input type="text" value="5555"/>	(yyyy/mm/dd) <input type="text" value="2023/01/16"/>
Police/RCMP Detachment:		Police/RCMP File #:		
<input type="text" value="VICPD"/>		<input type="text" value="1234"/>		

Enter Codes: \*\*

PR - Property Classification	8140	▼	FENCE, POLES, RAILROAD TIES	Search
AL - Transmission Of Alarm	1000	▼	911	Search
FS - Fire Service	1000	▼	CAREER FIRE DEPARTMENT ONLY	Search
IN - Incident	1000	▼	FIRE - FIRE DEPARTMENT ATTENDED	Search
AC - Action Taken	3000	▼	EXTINGUISHED BY FIRE DEPARTMENT	Search
EX - Method Of Fire Control	4300	▼	38MM/42MM (1 1/2"/1 3/4") HOSE - 2 OR MORE HAND LINE	Search
OA - Fire Origin, Area	9300	▼	PARKING AREA	Search
XF - Extent Of Fire	1000	▼	CONFINED TO OBJECT OF ORIGIN	Search
IG - Igniting Object	8200	▼	EXPOSURE, STRUCTURE DETACHED	Search
FU - Fuel Or Energy	8000	▼	EXPOSURE FIRE	Search
FH - Form Of Heat	6000	▼	HOT OBJECT - DIRECT HEAT BY CONDUCTION OR RADIATION	Search
MI - Material First Ignited	4100	▼	WOOD - INCLUDES BOX, BARREL, CASE, FINISHED LUMBER	Search
AO - Act Or Omission	0008	▼	ACT OR OMISSION - NOT APPLICABLE (E.G. LIGHTNING)	Search

Remarks: Explain circumstances under which fire originated.

EXPOSURE FIRE TO FENCE AND HEDGE FROM VEHICLE FIRE IN DRIVEWAY.  
EXTINGUISHED BY FIRE DEPARTMENT.

Investigating Officer: \*\*

Last Name:	First Name:	Badge#:	Tel#:	Report Date:
WO90D	DAN	2745	250 - 250 - 5555	(yyyy/mm/dd) 2023/01/16
Police/RCMP Detachment:	Police/RCMP File #:			
VICPD	1234			

Save as a Pending report if you want to return to it later and add/edit before submitting.

Save as Pending

Save as Complete

Save as a completed Fire report to the OFC

## Rechargeable Battery Incident Reporting Examples

### E-Bike Fire scenario - Structure Fire

Structure Fire in residential 3<sup>rd</sup> story apartment in a 40 unit building.

- Fire is extinguished with major damage to apartment and contents
- Fire confined to single 1-bedroom apartment
- Fire investigation for cause and origin finds seat of the fire from electrical charging unit on E-Bike kept in the apartment.
- Interviews with the apartment tenant reveals they had added an extra battery to the bike and modified the charger to make it charge faster.
- Occupant said the E-bike and charger began sparking and overheating and the carpet started to burn.
- Value of the apartment \$400,000
- Value of the building \$16,000,000
- E-Bike –
  - Make - ABC cycle
  - Model – lightning
- Occupant sustained burns to arms and hands while trying to put out the fire
- Occupant was not insured

Incident #: \*

LOC: CVI    YYYY: 2023    MM: 04    DD: 10    HR: 15    OCC: 01

Total Loss: **\$580,000**  
 Injuries: 1  
 Fatalities: 0  
 Total Names: 1

Incident Type:  
 Structure     Vehicle     Outdoor     Person

Related to Wildland / Interface Fire

Location of Fire Incident:  
 PO Box:     Apt/Suite:     Street Number:

Street Name: \*     Direction:

City:     Postal Code:

Summary of Names / Casualties: \*\* (min. 1) **Add Names**

#	Status	Name	Address	Postal Code	Tel#	Total Loss (\$)	Casualty
1	OCCUPANT	DOE, JOHN	301 1500 MAIN STREET VICTORIA	V8X 1Y7	250-555-5555	\$580,000	Y

Products and Equipment Report: **Add Product/Equipment**  
 (List vehicles, boats, appliances or other equipment applicable)

#	Item Type	Item Desc	Make	Model
1	MOTORIZED MICROMOBILITY DEVICE - ELECTRIC BIKE	E-BIKE	ABC CYCLE	LIGHTNING

Property Value At Risk (\$)    Property Value    Contents Value    Total Value

Estimate: \*\*           

Number of Occupants  
 (at time of incident): \*\*   

Add name of occupant. He was also a casualty with injuries

Add the E bike and details as the origin of the fire

Estimated value of the building the apartment was in.

**NEXT**

Add the name of the apartment occupant and details/remarks

Ensure you "Tick" the casualty box for the injury sustained by the occupant. Once you complete the names page you will be prompted to fill in the Fire Incident – Casualty Details page

# Fire Incident Report - Names

\* Indicates required fields when pending  
\*\* Indicates required fields when completed

Incident Number: CVI202304101501  
Name No.: 1 of 1

Tick casualty box for the injured occupant

Status: \* OCCUPANT  Casualty:

\* First and Last Name are required. Company Name is required, depending on status.

Last Name: DOE First Name: JOHN  
Company Name:   
PO Box:  Apt/Suite: 301 Street Number: 1500  
Street Name: MAIN STREET Direction:   
City: VICTORIA  
Other City:  Province: BRITISH COLUMBIA  
Postal Code: V8X 1Y7 Phone Number: 250 - 555 - 5555

Add estimate \$ loss of the apartment and contents

Loss (\$)	Property: *	Contents: *	Total:
Estimate	400000	180000	580000

Remarks:  
APARTMENT AND CONTENTS TOTALLY CONSUMED BY FIRE.  
OCCUPANT HOME AT THE TIME OF THE FIRE AND WAS INJURED.  
BUILDING FIRE ALARM WAS ACTIVATED  
EXTINGUISHED BY FIRE DEPARTMENT

Provide brief remarks about the incident and disposition of any occupants

## Fire Incident Report - Casualty Details

Age: \*\*  Gender: \*\*  Status: \*\*

Date of Death: (yyyy/mm/dd)

Nature of Casualty: \*\*

Base casualty details on your initial assessment or report of injuries.

Condition of Casualty: \*\*

Action of Casualty: \*\*

Ignition of Clothing or Other Fabrics: \*\*

Not applicable is selected because occupant escaped the fire

Type of Fabric or Material Ignited: \*\*

Cause of Failure to Escape: \*\*

Add any Insurance details if available

Initial Cause of Injury: \*\*

Summary of Insurance Info:

[Add Insurance Claim](#)

#	Adjuster Name	Policy No	Insurance Name	Claim No
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Select relevant codes based on known details

Refer to Fire Reporting Manual for definitions if needed

Enter Codes: \*\*

PC - Property Complex	3200	<input checked="" type="checkbox"/>	RESIDENTIAL - APARTMENT	<input type="button" value="Search"/>
PR - Property Classification	3250	<input checked="" type="checkbox"/>	APARTMENT, TOWNHOUSE - OVER 20 UNITS WITH OR W	<input type="button" value="Search"/>
GC - General Construction	2000	<input checked="" type="checkbox"/>	PROTECTED COMBUSTIBLE CONSTRUCTION - WOOD PI	<input type="button" value="Search"/>
BH - Building Height	0030	<input checked="" type="checkbox"/>	3 STORIES ABOVE GRADE	<input type="button" value="Search"/>
GF - Ground Floor Area	2000	<input checked="" type="checkbox"/>	101 TO 500M2 (1077 - 5382FT2)	<input type="button" value="Search"/>
YC - Year Of Construction	1970	<input checked="" type="checkbox"/>	1970	<input type="button" value="Search"/>
MF - Manual Fire Protection	2000	<input checked="" type="checkbox"/>	EXTINGUISHERS & STANDPIPE SYSTEM	<input type="button" value="Search"/>
OF - Outside Fire Protection	1000	<input checked="" type="checkbox"/>	PUBLIC HYDRANT PROTECTION & FIRE DEPARTMENT	<input type="button" value="Search"/>
SP - Sprinkler Protection	7000	<input checked="" type="checkbox"/>	NO SPRINKLER PROTECTION	<input type="button" value="Search"/>
AD - Automatic Fire Alarm System	2000	<input checked="" type="checkbox"/>	FIRE ALARM SYSTEM - LOCAL (BUILDING ONLY)	<input type="button" value="Search"/>
SD - Smoke Alarm Operation	1000	<input checked="" type="checkbox"/>	ALARM ACTIVATED - ASSISTED OCCUPANT(S) IN EVACU	<input type="button" value="Search"/>
ID - Initial Detection	1000	<input checked="" type="checkbox"/>	SMOKE ALARM DEVICE	<input type="button" value="Search"/>
AL - Transmission Of Alarm	1000	<input checked="" type="checkbox"/>	911	<input type="button" value="Search"/>
FS - Fire Service	3000	<input checked="" type="checkbox"/>	COMPOSITE - CAREER & VOLUNTEER/PAID-ON-CALL FIF	<input type="button" value="Search"/>
IN - Incident	1000	<input checked="" type="checkbox"/>	FIRE - FIRE DEPARTMENT ATTENDED	<input type="button" value="Search"/>
AC - Action Taken	3000	<input checked="" type="checkbox"/>	EXTINGUISHED BY FIRE DEPARTMENT	<input type="button" value="Search"/>
EX - Method Of Fire Control	4300	<input checked="" type="checkbox"/>	38MM/42MM (1 1/2"/1 3/4") HOSE - 2 OR MORE HAND LINE	<input type="button" value="Search"/>
LV - Fire Origin, Level	5000	<input checked="" type="checkbox"/>	3RD STOREY OR OVER 6M TO 9M (20FT TO 30FT) ABOVE	<input type="button" value="Search"/>
OA - Fire Origin, Area	1400	<input checked="" type="checkbox"/>	LOUNGE, LIVING ROOM - INCLUDES MUSIC ROOM, COM	<input type="button" value="Search"/>
XF - Extent Of Fire	3000	<input checked="" type="checkbox"/>	CONFINED TO ROOM OF ORIGIN	<input type="button" value="Search"/>
XD - Extent Of Damage	3000	<input checked="" type="checkbox"/>	CONFINED TO ROOM OF ORIGIN	<input type="button" value="Search"/>
IG - Igniting Object	5820	<input checked="" type="checkbox"/>	RECHARGEABLE BATTERY CHARGER/RECTIFIER - ANY!	<input type="button" value="Search"/>
FU - Fuel Or Energy	6000	<input checked="" type="checkbox"/>	ELECTRICITY	<input type="button" value="Search"/>
FH - Form Of Heat	7000	<input checked="" type="checkbox"/>	SPONTANEOUS OR CHEMICAL CAUSATION	<input type="button" value="Search"/>
MI - Material First Ignited	7000	<input checked="" type="checkbox"/>	FLOOR COVERING - CARPET, RUG	<input type="button" value="Search"/>
AO - Act Or Omission	6400	<input checked="" type="checkbox"/>	MODIFIED RECHARGEABLE BATTERY CHARGER/RECTIF	<input type="button" value="Search"/>

Note \*new rechargeable battery code as occupant had modified battery and charger

Remarks: Explain circumstances under which fire originated.

-FIRE CREWS RESPONDED TO STRUCTURE FIRE IN 3RD STORY APARTMENT. FOUND 1 UNIT FULLY INVOLVED.  
 ENGINE 1, LADDER 1 AND COMMAND 1 ON SCENE  
 - CREWS EXTINGUISHED FIRE USING 38mm HOSE.  
 - CREWS ENSURED NO EXTENSION TO OTHER APARTMENT UNITS  
 -FIRE CONFINED TO SINGLE APARTMENT EXTENSIVE WATER DAMAGE TO UNITS BELOW AND SMOKE DAMAGE TO UPPER FLOOR HALLWAYS.  
 OCCUPANT SUFFERED BURNS WHILE TRYING TO EXTINGUISH E-BIKE BATTERY FIRE WHICH HAD CAUGHT FLOOR CARPET ON  
 FIRE. OCCUPANT SAID HE HAD MODIFIED THE E-BIKE BATTERY CHARGER TO CHARGE FASTER.

Add fire incident size up and crew actions as well as relevant details in bullet form