



# PERSON FIRE REPORT

OFFICE OF THE FIRE COMMISSIONER  
PO Box 9491 Stn. Prov. Govt.  
VICTORIA BC V8W 9N7  
TEL (250)356-9000 FAX (250)356-9019

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

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

|   |                             |                      |                     |
|---|-----------------------------|----------------------|---------------------|
| PROPERTY CLASSIFICATION - PR<br>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)<br>0 0 0 1 | 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)<br>0 0 0 0 | CONTENTS VALUE AT RISK (FOR INCIDENT)<br>0 0 0 0 | TOTAL VALUE AT RISK (FOR INCIDENT)<br>0 0 0 0 |
|--|--|---|

REMARKS: EXPLAIN CIRCUMSTANCES UNDER WHICH FIRE ORIGINATED.

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