



OFFICE OF THE FIRE COMMISSIONER
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STRUCTURE FIRE REPORT

Table with columns: LOCATION, YEAR, INCIDENT NUMBER (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:

Form with checkboxes for OWNER, BUSINESS OWNER, OCCUPANT, BUSINESS OCCUPANT. Fields for 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.

Grid of 28 small form sections for detailed incident data: 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:

Table with columns: 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) LAFIC BADGE NUMBER (IF APPLICABLE) TELEPHONE REPORT DATE (YYYY/MM/DD)