

PERSON FIRE REPORT

A Person Fire Report is to be completed when the fire occurs only to a person where no property damage has occurred except to the individual. E.g. A Bic lighter explodes in a pocket on the person or someone is doused in gasoline and then fire ensues.

Should other properties be damaged from this fire incident, the applicable fire report(s) are to be completed. E.g. A person on fire runs into dwelling and damages structure, this incident would no longer be a Person Fire Report, but would become a Structure Fire Report.

The following instructions are for completing the applicable forms when a person fire incident occurs.

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

INCIDENT NUMBER

LOCATION	YEAR	INCIDENT NUMBER			HOUR	OCC
		MONTH	DAY			

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 they occur 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 also 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 the individual. The loss information does not refer to the loss for the entire incident unless the entire loss is associated with one name.

- ◆ **Status** Indicate the status of the individual at the time of the fire. Check off one box only.
- ◆ **Name** Enter the name of the individual which sustained the dollar loss.
- Address** Enter the address of the individual including postal code and telephone number.

Dollar Loss Enter the loss estimate for individual as sustained by fire. Amounts should be in whole dollars; do not include cents.

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 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	

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

Property Classification – PR has been hardcoded as there is only one applicable code for this category.

NUMBER OF OCCUPANTS (at time of fire)

NO. OF OCCUPANTS (AT TIME OF FIRE) 0 0 0 1	TOTAL INJURIES	TOTAL FATALITIES
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Number of Occupants refers to the individual which sustained the loss. This is hardcoded as 0001.

TOTAL INJURIES AND FATALITIES

- ◆ Enter the total number of either injuries and/or fatalities 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.

If product not identified, listing may be amended as required.

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|-------------------------|-----------------------------|
| AC adapter power supply | Heater, ceramic |
| Automobile | Heater, gas fired baseboard |
| Battery charger | Heater, oil filled electric |

- | | |
|---------------------------------|----------------------------|
| Bicycle | Heating pad, electric |
| Bread maker | Hot & cold health bags |
| Butane lighter | Musical Christmas card |
| Butane refill cylinder | Pellet stove |
| Candles | Pellet wood stove |
| Candles, liquid paraffin bottle | Power bar 6 outlets |
| Coffee maker | Smoke alarm |
| Coffee roaster | Solvent recycle system |
| Crystallite liquid wax | Television |
| Dryer, clothes | Transformer – model train |
| Dryer, gas | Travel trailer |
| Firelog, Duraflame | Turbo in-line bilge blower |
| Firelog, Northland | Watercraft |
| Glade air freshener | |

PROPERTY VALUE AT RISK

PROPERTY VALUE AT RISK (FOR INCIDENT)	0000	CONTENTS VALUE AT RISK (FOR INCIDENT)	0000	TOTAL VALUE AT RISK (FOR INCIDENT)	0000
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These fields have been hardcoded as 0000 for Person Fire Report.

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.

