



Fire Incident Report - Details

◆ Indicates required fields when saving as pending
 ◆◆ Indicates required fields when saving as completed

Status: **LOCKED**
 Notification:
 Investigation:
 JFS:

Incident #: ◆

LOC	YYYY	MM	DD	HR	OCC
CSY	2016	08	20	22	03

Total Loss: **s.22**
 Injuries: **0**
 Fatalities: **0**
 Total Names: **78**

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	s.22	0			s.22	N
2	OCCUPANT		0				N
3	OCCUPANT		0				N
4	OCCUPANT		0				N
5	OCCUPANT		0				N
6	OCCUPANT		0				N
7	OCCUPANT		0				N
8	OCCUPANT		0				N
9	OCCUPANT		0				N
10	OCCUPANT		0				N
11	OCCUPANT		0				N
12	OCCUPANT		0				N
13	OCCUPANT		0				N
14	OCCUPANT		0				N
15	OCCUPANT		0				N
16	OCCUPANT		0				N
17	OCCUPANT		0				N
18	OCCUPANT		0				N
19	OCCUPANT		0				N
20	OCCUPANT		0				N
21	OCCUPANT		0				N
22	OCCUPANT		0				N
23	OCCUPANT		0				N
24	OCCUPANT		0				N
25	OCCUPANT		0				N
26	OCCUPANT		0				N
27	OCCUPANT		0				N
28	OCCUPANT		0				N

29	OCCUPANT	s.22	0			s.22	N
30	OCCUPANT		0				N
31	OCCUPANT		0				N
32	OCCUPANT		0				N
33	OCCUPANT		0				N
34	OCCUPANT		0				N
35	OCCUPANT		0				N
36	OCCUPANT		0				N
37	OCCUPANT		0				N
38	OCCUPANT		0				N
39	OCCUPANT		0				N
40	OCCUPANT		0				N
41	OCCUPANT		0				N
42	OCCUPANT		0				N
43	OCCUPANT		0				N
44	OCCUPANT		0				N
45	OCCUPANT		0				N
46	OCCUPANT		0				N
47	OCCUPANT		0				N
48	OCCUPANT		0				N
49	OCCUPANT		0				N
50	OCCUPANT		0				N
51	OCCUPANT		0				N
52	OCCUPANT		0				N
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54	OCCUPANT		0				N
55	OCCUPANT		0				N
56	OCCUPANT		0				N
57	OCCUPANT		0				N
58	OCCUPANT		0				N
59	OCCUPANT		0				N
60	OCCUPANT		0				N
61	OCCUPANT		0				N
62	OCCUPANT		0				N
63	OCCUPANT		0				N
64	OCCUPANT		0				N
65	OCCUPANT		0			\$0	N
66	OCCUPANT		0			s.22	N
67	OCCUPANT		0				N
68	OCCUPANT		0				N
69	OCCUPANT		0				N
70	OCCUPANT		0				N
71	OWNER		0			\$0	N
72	OCCUPANT		0			s.22	N
73	OCCUPANT		0				N
74	OCCUPANT		0				N
75	OCCUPANT		0				N
76	OCCUPANT		0				N
77	OCCUPANT		0				N
78	OCCUPANT		0				N

Products and Equipment Report:

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

Add Product/Equipment

#	Item Type	Item Desc	Make	Model
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Property Value At Risk (\$)	Property Value	Contents Value	Total Value
Estimate: ◆◆	0	s.22	s.22

Number of Occupants (at time of incident): ◆◆

Enter Codes: ◆◆

PC - Property Complex	<input type="text" value="3200"/>	<input checked="" type="checkbox"/>	<input type="text" value="RESIDENTIAL - APARTMENT"/>	<input type="button" value="Search"/>
PR - Property Classification	<input type="text" value="3250"/>	<input checked="" type="checkbox"/>	<input type="text" value="APARTMENT, TOWNHOUSE - OVER 20 UNITS WITH"/>	<input type="button" value="Search"/>
GC - General Construction	<input type="text" value="2000"/>	<input checked="" type="checkbox"/>	<input type="text" value="PROTECTED COMBUSTIBLE CONSTRUCTION - WC"/>	<input type="button" value="Search"/>
BH - Building Height	<input type="text" value="0040"/>	<input checked="" type="checkbox"/>	<input type="text" value="4 STORIES ABOVE GRADE"/>	<input type="button" value="Search"/>
GF - Ground Floor Area	<input type="text" value="4000"/>	<input checked="" type="checkbox"/>	<input type="text" value="1001 TO 2500M2 (10765 - 26910FT2)"/>	<input type="button" value="Search"/>
YC - Year Of Construction	<input type="text" value="2007"/>	<input checked="" type="checkbox"/>	<input type="text" value="2007"/>	<input type="button" value="Search"/>
MF - Manual Fire Protection	<input type="text" value="2000"/>	<input checked="" type="checkbox"/>	<input type="text" value="EXTINGUISHERS & STANDPIPE SYSTEM"/>	<input type="button" value="Search"/>
OF - Outside Fire Protection	<input type="text" value="1000"/>	<input checked="" type="checkbox"/>	<input type="text" value="PUBLIC HYDRANT PROTECTION & FIRE DEPARTM"/>	<input type="button" value="Search"/>
SP - Sprinkler Protection	<input type="text" value="1000"/>	<input checked="" type="checkbox"/>	<input type="text" value="COMPLETE SPRINKLER PROTECTION - SUPERVISI"/>	<input type="button" value="Search"/>
AD - Automatic Fire Alarm System	<input type="text" value="3000"/>	<input checked="" type="checkbox"/>	<input type="text" value="FIRE ALARM SYSTEM - OFF-SITE MONITORING AG"/>	<input type="button" value="Search"/>
SD - Smoke Alarm Operation	<input type="text" value="5000"/>	<input checked="" type="checkbox"/>	<input type="text" value="ALARM ACTIVATED - OCCUPANT ACTION UNKNOW"/>	<input type="button" value="Search"/>
ID - Initial Detection	<input type="text" value="7000"/>	<input checked="" type="checkbox"/>	<input type="text" value="VISUAL SIGHTING OR OTHER MEANS OF PERSON"/>	<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="3000"/>	<input checked="" type="checkbox"/>	<input type="text" value="COMPOSITE - CAREER & VOLUNTEER/PAID-ON-CA"/>	<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="4700"/>	<input checked="" type="checkbox"/>	<input (2="" 1="" 2")"="" 3="" 4"),="" 65mm="" type="text" value="COMBINATIONS OF 38/42MM (1 1/2"/>	<input type="button" value="Search"/>
LV - Fire Origin, Level	<input type="text" value="4000"/>	<input checked="" type="checkbox"/>	<input type="text" value="2ND STOREY OR OVER 3M TO 6M (10FT TO 20FT)"/>	<input type="button" value="Search"/>
OA - Fire Origin, Area	<input type="text" value="9900"/>	<input checked="" type="checkbox"/>	<input type="text" value="OUTSIDE AREA - UNCLASSIFIED (DESCRIBE)"/>	<input type="button" value="Search"/>
XF - Extent Of Fire	<input type="text" value="6000"/>	<input checked="" type="checkbox"/>	<input type="text" value="EXTENDED BEYOND PROPERTY OF ORIGIN"/>	<input type="button" value="Search"/>
XD - Extent Of Damage	<input type="text" value="6000"/>	<input checked="" type="checkbox"/>	<input type="text" value="EXTENDED BEYOND BUILDING OF ORIGIN"/>	<input type="button" value="Search"/>
IG - Igniting Object	<input type="text" value="7110"/>	<input checked="" type="checkbox"/>	<input type="text" value="SMOKER'S MATERIAL - CIGARETTE"/>	<input type="button" value="Search"/>
FU - Fuel Or Energy	<input type="text" value="5000"/>	<input checked="" type="checkbox"/>	<input type="text" value="SMOKER'S MATERIAL - INCLUDES CIGARETTE, CIG"/>	<input type="button" value="Search"/>
FH - Form Of Heat	<input type="text" value="8000"/>	<input checked="" type="checkbox"/>	<input type="text" value="HEAT FROM SMOKER'S MATERIAL - (EXCLUDES M"/>	<input type="button" value="Search"/>
MI - Material First Ignited	<input type="text" value="8900"/>	<input checked="" type="checkbox"/>	<input type="text" value="AGRICULTURAL, FORESTRY PRODUCTS - UNCLAS"/>	<input type="button" value="Search"/>
AO - Act Or Omission	<input type="text" value="2100"/>	<input checked="" type="checkbox"/>	<input type="text" value="SMOKERS' MATERIAL (INCLUDES CARELESSLY DI"/>	<input type="button" value="Search"/>

Remarks: Explain circumstances under which fire originated.

FIRE ORIGINATED ON THE BALCONY OF UNIT s.2 . ON THE BALCONY THERE WAS LONG OUTDOOR SWING CHAIR WITH CANOPY. ALSO ON BALCONY WAS CAT LITTER CONTAINER OR LITTER BOX AND A PLANTER WITH SOIL. NO PLANT IN PLANTER. THE LITTER BOX AND PLANTER ARE CLOSE TO PARTITION SEPARATING THIS BALCONY WITH BALCONY OF UNIT s. . IN THE PLANTER WITH SOIL THERE IS A DEEP A BURN IN THE NORTH/EAST PORTION OF THE SOIL. THERE ARE NO ELECTRIC APPLIANCES OR HEATERS ON THE BALCONY. OVERHEAD BALCONY LIGHT IS NOT IN LINE WITH DEEPEST POINT OF FIRE, THAT IS THE SOIL IN PLANTER. NO BARBECUE ON BALCONY OF

Investigating Officer: ◆◆

Last Name:	First Name:	Badge#:	Tel#:	Report Date:
<input type="text" value="BERUBE"/>	<input type="text" value="MARC"/>	<input type="text" value="632"/>	<input type="text" value="604"/> - <input type="text" value="543"/> - <input type="text" value="6700"/>	<input type="text" value="2016/09/14"/>
Police/RCMP Detachment:		Police/RCMP File #:		
<input type="text"/>		<input type="text"/>		

Fire Report

References:

#	File No	File Type	File Date
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