



# Basic Fire Incident Report - Form A

Fire Department Name: \_\_\_\_\_

**Line 1**

Fire involved (check): suspicious circumstance injury(ies) # \_\_\_\_\_ Please submit a casualty report (Form C)  
a provincial building death(s) # \_\_\_\_\_ For ALL civilian and fire fighter casualties

**Line 2**

Address of the fire: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
street address/lot block and plan #/land location description RM/town/city name postal code

**Line 3**

Date fire occurred: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time fire occurred: \_\_\_\_\_ am (circle one)  
day month year pm

**Line 4**

RCMP/Municipal Police notified (on death/suspicious fire) YES NO

RCMP/Municipal Police contacted: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Line 5** see instructions for line 5

Is the Property Insured YES NO If YES, Name of Insurance Company: \_\_\_\_\_

Insurance contact person (if known): \_\_\_\_\_ Phone #: \_\_\_\_\_

Estimated total value of property: \$ \_\_\_\_\_ Estimated damage: \$ \_\_\_\_\_ Insurance File: \_\_\_\_\_

**Line 6**

Name of person reporting the fire: \_\_\_\_\_ how they reported the fire to the Fire Department: \_\_\_\_\_ their Phone #: \_\_\_\_\_

**Line 7**

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
first name middle name/initial surname

**Line 8**

Owner's Address: \_\_\_\_\_ town/city postal code  
street address or mailing address

**Line 9**

Occupant's Name: \_\_\_\_\_ Apt#: \_\_\_\_\_ Phone #: \_\_\_\_\_  
If more than one occupant involved in the fire (ie: in an apartment building) use additional paper to list.

**Line 10** see instructions for line 10

Property Use:(apartment, private dwelling, barn, storage of ..., store, business offices, hospital, restaurant, type of educational facility, manufacturing of .. hotel/motel, arena, rink, grain elevator, crops, grass, bush, forest, etc...) please be specific - if a vehicle, enter "vehicle" below and complete lines 14 to 21.

Describe Property: \_\_\_\_\_

**Line 11**

Building height (storeys): \_\_\_\_\_ Building area: sqft \_\_\_\_\_ Year built: \_\_\_\_\_

**Line 12**

Building occupant load: \_\_\_\_\_ # of persons in the building: \_\_\_\_\_ Did the fire department rescue occupants : IF YES # \_\_\_\_\_

**Line 13** see instructions for line 13

Describe the construction of the building: \_\_\_\_\_

**Line 14** see instructions for line 14 to 21

If a vehicle: (car, truck, [ 1/2 ton, 3/4ton, 3 ton delivery, mail truck, semi trailer hauling... {gasoline, grain, furniture, etc.}], train, airplane, boat etc.)  
If equipment: (gas/electric/wood/oil - furnace, wood stove, motor, pump, clothes dryer, etc.) – Please be as specific as possible in describing.

Description of vehicle/equipment involved: \_\_\_\_\_

**Line 15**

Serial number: \_\_\_\_\_ License plate # (if vehicle): \_\_\_\_\_

**Line 16**

Name of the manufacturer of the vehicle/equipment involved: \_\_\_\_\_

**Line 17**

Model (number or name): \_\_\_\_\_ Year manufactured: \_\_\_\_\_

**Line 18** (If Equipment)

Date purchased: \_\_\_\_\_ time in service:(years) \_\_\_\_\_ where installed: \_\_\_\_\_  
(day/month/year)

**Line 19 (If Equipment)**

Installed by: \_\_\_\_\_ certification label & #: \_\_\_\_\_  
(owner, electrician, gas fitter, company name) (ULC, CSA, WHI, ULI, AND NUMBER)

**Line 20 (If Equipment)**

Last inspection/maintenance: \_\_\_\_\_ by whom: \_\_\_\_\_  
(date) (Owner, Electrician, Gas Fitter, Company Name)

**Line 21 (If Equipment)**

Action taken as result of last inspection/maintenance: \_\_\_\_\_

**Line 22** see instructions for line 22

Describe as specifically as possible the following CIRCUMSTANCES of the fire:

**Area of Origin:** \_\_\_\_\_ **Level of Origin:** \_\_\_\_\_

**Igniting Object:** (What caused ignition) \_\_\_\_\_ Cooking equip., heating equip., electrical distribution equip., smokers material, open flame, exposure from another fire - please be as specific as possible in describing the object that caused ignition of the fire.

**Fuel/Energy Associated with Igniting Object:** (What fuel/energy powered the Igniting Object) \_\_\_\_\_  
Choose one of - Coal, wood, fuel oil, gasoline, natural gas, electricity, smoker's material, lightning.

**Energy Causing Ignition:** (Describe how the igniting object caused the fire) \_\_\_\_\_  
Choose one of - spark/ember, spark-electrical, static electricity, direct flame, friction heat, hot object, spontaneous ignition, smokers material, lightning.

**Material First Ignited:**(Describe what was ignited) \_\_\_\_\_ Structural component, wall/floor/ceiling finish, furniture, clothing/textile, wood/paper item, flammable/combustible liquid or gas, crops/grass/forest, etc... - please be as specific as possible.

**Action or Omission:**(Describe what action or inaction caused the fire) \_\_\_\_\_ Incendiary, suspicious, misuse of ignition/ material, mechanical/electrical malfunction, design/installation fault, human failing, vehicle accident, etc... - **Please be specific.**

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Line 23** see instructions for line 23

Did the building have: (check all that apply)  smoke alarm(s) If YES what type?  Battery Operated  Hardwired  Interconnected

If a smoke alarm was present, was it:  in the room of fire origin  not in the room of fire origin

Did the smoke alarm(s) operate? If NO why not?  Battery dead or missing  Alarm improperly located  
 Circuit switched off  Other \_\_\_\_\_

Check all that were installed in the building:  
 fire alarm system (includes smoke/heat detectors, manual stations, alarms)  sprinkler system (13D, 13R, 13)  
 fire extinguisher(s)  standpipe system  other extinguishing system (describe) \_\_\_\_\_

Did the above device(s) or system(s) operate as designed/intended YES NO **If NO, explain why** (if known)  
\_\_\_\_\_

**Line 24** see instructions for line 24

How was the fire discovered: \_\_\_\_\_

**Line 25** If fire involved grassland, crops, forest or other wildland: Total Acres burned: \_\_\_\_\_

If the fire involved more than one area, indicate: Acres grassland: \_\_\_\_\_ Acres crops: \_\_\_\_\_ Acres forest: \_\_\_\_\_

**Person completing this report or contact person for this fire if further information is required:**

Name: \_\_\_\_\_

Phone Number (work): \_\_\_\_\_ (home): \_\_\_\_\_

Rank/Title: \_\_\_\_\_

Representing: **(CIRCLE ONE)** Fire Police Insurance Office of the Fire Commissioner **OFC01**



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YOU NEED NOT FILL IN LINES 1 & 2 IF ATTACHED TO A BASIC INCIDENT REPORT FORM "A"

Fire Department Name: \_\_\_\_\_

**Line 1**  
Date fire occurred: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time fire occurred: \_\_\_\_\_ am (circle one)  
day month year pm

**Line 2**  
Location of the fire: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
street address/lot block and plan #/land location description RM/town/city name postal code

**Line 3**  
Casualty's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
first name middle name/initial surname

**Line 4**  
Casualty's Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
street address or mailing address town/city postal code

**Line 5**  
Casualty is a: CIVILIAN FIRE FIGHTER

**Line 6**  
Casualty's Date of Birth: \_\_\_\_\_ or Age: \_\_\_\_\_ Sex: Male or Female (circle one)

**Line 7**  
Casualty was a:  MINOR INJURY  
 LIGHT INJURY  
 SERIOUS INJURY  
 DEATH Date of Death: (if different than date of fire) \_\_\_\_\_

**SELECT THE SINGLE MOST APPROPRIATE RESPONSE IN EACH SECTION**

### CONDITION OF CASUALTY

- Asleep at Time of Fire
- Bedridden or Other Physical Handicap
- Impairment by Alcohol, Drugs or Medication
- Awake & No Physical or Mental Impairment at the Time of Fire
- Under Restraint or Detention
- Too Young to React to Fire
- Mental Handicap - includes senility
- Child Left Unattended
- Condition of Casualty - unclassified
- Condition of Casualty - unknown

### ACTION OF CASUALTY

- Injured While Attempting to Escape
- Over-Exertion, Heart Attack
- Voluntarily Entered or Remained for Rescue Purpose
- Voluntarily Entered or Remained for Fire Fighting
- Voluntarily Entered or Remained to Save Personal Property
- Loss of Judgement or Panic
- Received Delayed Warning Did Not Act
- Action of Casualty - unclassified
- Action of Casualty - unknown

### CAUSE OF FAILURE TO ESCAPE

- Trapped by Rapid Spreading of Fire/Smoke - vertical openings
- Trapped by Rapid Spreading of Fire/Smoke - horizontal openings
- High Flame Spread of Combustible Interior Finish
- Building Collapse
- Falling Debris
- Explosion
- Exit Blocked, Locked, or Obstructed
- Outdoor Fire - includes forest/brush fires
- Cause of Failure to Escape - unclassified
- Cause of Failure to Escape - unknown

### IGNITION OF CLOTHING OR OTHER FABRICS

- Outer Clothing
- Sleepwear
- Underclothing
- Costume
- Bedding or Bed Linen (includes pillow)
- Mattress
- Upholstered Furniture
- Rugs
- Ignition of Clothing or Other Fabrics - unclassified
- Ignition of Clothing or Other Fabrics - not applicable

**INJURY OBSERVED**

- Head, neck or spine.
- Wounds - incised, lacerated, puncture, etc.
- Heart attack or stroke.
- Bone injury or fracture.
- Burns/Scalds only.
- Asphyxia/Respiratory condition (smoke).
- Injury of muscle, ligaments or joints.
- Eye injury.
- Traumatic Shock.
- Heat illness, cold exposure or fatigue.
- Asphyxia (other than smoke or fire gases).
- Burns and Asphyxia (smoke).
- Unknown or unclassified
- Minor cuts and bruises.

**FAMILIARITY WITH STRUCTURE**

- Less than 1 day.
- 1 to 7 days.
- 8 to 30 days.
- 1 to 2 months.
- 3 to 6 months.
- 7 to 12 months.
- over 1 year.
- not a structure.
- unclassified or not reported.

**LOCATION OF CASUALTY AT TIME OF IGNITION**

- Intimately involved with ignition.
- In the same room as fire origin.
- On the same floor of fire origin.
- In the same building as fire origin.
- Outside building of fire origin.
- Off property of fire origin.

**TYPE OF FABRIC OR MATERIAL IGNITED**

- Cotton
- Wool
- Other Natural Fibre
- Other Synthetic Fibre
- Mixture of Fibers
- Rubber
- Plastics or Plastic Foam
- Type of Fabric or Material Ignited - unclassified
- Unclassified or not reported
- Type of Fabric or Material Ignited - not applicable

**FIRE FIGHTER INJURY INFORMATION****CAUSE OF FIRE FIGHTER INJURY**

- Fell/slipped.
- Caught/trapped - in, by, between.
- Struck by.
- Contact with/exposure to.
- Over exertion/strain
- Exiting or escaping - jumped.
- Fire Department apparatus accident.
- Assaulted.
- Other (specify).

**FIRE FIGHTER ACTIVITY AT TIME OF INJURY**

- Riding vehicle - includes accidents where boarding a vehicle.
- Driving/operating apparatus.
- Extinguishing fire/neutralizing incident.
- Suppression support.
- Access/egress.
- Rescue.
- Miscellaneous incident scene activity.
- Station activity.
- Other activity.

**WHERE FIRE FIGHTER INJURY OCCURRED**

- En route/returning.
- At emergency scene - Outside at or above grade.
- At emergency scene - Outside below grade.
- At emergency scene - Inside structure at or above grade.
- At emergency scene - inside structure below grade.
- At emergency scene - Inside vehicle.
- At fire department managed location.
- At inspection site.
- Other.

**FIRE FIGHTER CLOTHING** (check box as indicating item was present or worn:)

- |  |   |
|--|---|
| <input type="checkbox"/> Helmet              | <input type="checkbox"/> Helmet liner         |
| <input type="checkbox"/> Face shield         | <input type="checkbox"/> Other eye protection |
| <input type="checkbox"/> Coat (turnout)      | <input type="checkbox"/> Pants (turnout)      |
| <input type="checkbox"/> Gloves (mitts)      | <input type="checkbox"/> Balaclava            |
| <input type="checkbox"/> Breathing Apparatus | <input type="checkbox"/> Boots                |

Fire fighter Employment: (circle one) Full Time Volunteer

Fire Fighter Experience: years \_\_\_\_\_

Did clothing contribute to injury YES NO If YES, include details in description below.  
Provide a brief description of the circumstances surrounding the injury or death: (civilian or fire fighter)**Person completing this report or contact person for this fire if further information is required.**

Name: \_\_\_\_\_/Rank\_\_\_\_\_

Phone Number (work): \_\_\_\_\_

(home): \_\_\_\_\_