

**Appendix B**  
**Form A - Fire Incident Report (Insurance)**  
[Section 6]



**Emergency Management  
and Fire Safety**

**Basic Fire Incident Report**

Page 1 of 3

Fire Department: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Incident Date: \_\_\_\_\_  
use 24-hour clock day/ month/ year

Incident Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
street address/lot, block and plan #/land location description RM/Town/City/Village/Hamlet postal code

Incident Type: ☐ Structure Fire ☐ Vehicle Fire ☐ Vegetation Fire ☐ Garbage Fire

☐ Other: \_\_\_\_\_  
provide detail of fire incident if not classified above

Note: Complete and attach to this report a "Fire Detector and Extinguishing Equipment Report" and/or a "Casualty Report" as applicable

Mutual Aid ☐ Mutual Aid Received ☐ Mutual Aid Given

Resources  
Number of Apparatus \_\_\_\_\_ Number of Personnel \_\_\_\_\_  
list total number of apparatus responded list total number of personnel responded

Values  
Estimated Dollar Value of Property: \$ \_\_\_\_\_ Estimated Dollar Value of Damages: \$ \_\_\_\_\_  
Insurance File # \_\_\_\_\_ Insurance Company: \_\_\_\_\_

**Persons Involved**

Insurance Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Police Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Occupant's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Property Use			
<input type="checkbox"/> Educational	<input type="checkbox"/> Mercantile / Business	<input type="checkbox"/> Storage	
<input type="checkbox"/> Health Care / Detention	<input type="checkbox"/> Industry / Utility	<input type="checkbox"/> Outside or special property	
<input type="checkbox"/> Residential	<input type="checkbox"/> Manufacturing		
<input type="checkbox"/> Other _____ <small>provide property use detail of the structure if not classified above</small>			
Number of buildings involved _____	Acres burned _____	Building height _____ <small>Total # of stories</small>	Floor size _____ <small>Indicate ft<sup>2</sup> or m<sup>2</sup></small>
Building Status			
<input type="checkbox"/> Under Construction	<input type="checkbox"/> Under major renovation	<input type="checkbox"/> Being demolished	
<input type="checkbox"/> Occupied	<input type="checkbox"/> Vacant and secured	<input type="checkbox"/> Undetermined	
<input type="checkbox"/> Idle / Not routinely used	<input type="checkbox"/> Vacant and unsecured		
<input type="checkbox"/> Other _____ <small>provide details of building status if not classified above</small>			
Continued on Page 2			


**Emergency Management  
and Fire Safety**
**Basic Fire Incident Report**

Page 2 of 3

- Fire Spread
- |  |   |
|--|---|
| <input type="checkbox"/> Confined to room of origin  | <input type="checkbox"/> Confined to building of origin |
| <input type="checkbox"/> Confined to floor of origin | <input type="checkbox"/> Beyond building of origin      |

## Mobile Property Involved

- ☐ None  
☐ Not involved with ignition, but burned  
☐ Involved with ignition, but did not burn  
☐ Involved with ignition and burned

## Mobile Property Type

- ☐ Passenger or road transport    ☐ Aircraft  
☐ Freight road vehicle    ☐ Industrial, agriculture, construction  
☐ Transport vehicle    ☐ Miscellaneous  
☐ Water vessel    ☐ Unknown

## Mobile Property Details

Make \_\_\_\_\_

Model \_\_\_\_\_

Licence number \_\_\_\_\_ Province \_\_\_\_\_ VIN \_\_\_\_\_

## Ignition Factors

## Area of Origin

*provide detailed description of the primary use of the area where the fire started - also check below as applicable*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Means of egress<br><i>&gt;hallways, entrance areas, fire exits</i>            | <input type="checkbox"/> Storage areas<br><i>&gt;store rooms, closets, garages</i>              | <input type="checkbox"/> Transportation vehicle areas<br><i>&gt;passenger area, trunk, engine</i> |
| <input type="checkbox"/> Assembly areas<br><i>&gt;theaters, community halls, living rooms</i>          | <input type="checkbox"/> Service areas<br><i>&gt;conduit, pipes, elevator shaft</i>             | <input type="checkbox"/> Outside areas<br><i>&gt;streets, parking lots, railway tracks</i>        |
| <input type="checkbox"/> Function area<br><i>&gt;bedroom, kitchen, office, dining room</i>             | <input type="checkbox"/> Service or equipment areas<br><i>&gt;mechanical rooms, cells</i>       | <input type="checkbox"/> Other areas<br><i>&gt;areas not otherwise listed</i>                     |
| <input type="checkbox"/> Technical processing area<br><i>&gt;laboratories, operating rooms, stages</i> | <input type="checkbox"/> Structural areas<br><i>&gt;attics, crawl spaces, exterior of walls</i> | <input type="checkbox"/> Undetermined<br><i>&gt;area or origin cannot be determined</i>           |

## Heat Source

*provide detailed description of the heat source which ignited the first object to burn - also check below as applicable*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Operating equipment<br><i>&gt;spark, ember, electrical arc, radiant heat</i>    | <input type="checkbox"/> Other open flame, smoker's materials<br><i>&gt;cigarettes, candles, match, lighter</i> | <input type="checkbox"/> Other heat sources<br><i>&gt;multiple heat sources</i>      |
| <input type="checkbox"/> Hot smouldering object<br><i>&gt;heat of friction, molten material, welding</i> | <input type="checkbox"/> Chemical, Natural heat sources<br><i>&gt;sunlight, spontaneous combustion</i>          | <input type="checkbox"/> Undetermined<br><i>&gt;heat source cannot be determined</i> |
| <input type="checkbox"/> Explosives, fireworks<br><i>&gt;blasting agent, munitions, fireworks</i>        | <input type="checkbox"/> Heat spread from another fire<br><i>&gt;flame contact, radiant heat, embers</i>        |  |

## Item First Ignited

*provide detailed description of the item first ignited - also check below as applicable*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Structural component<br><i>&gt;wall coverings, framing, floor coverings</i>   | <input type="checkbox"/> Adornment, recreational items, signs<br><i>&gt;Christmas trees, awnings, tents, toys</i> | <input type="checkbox"/> Organic materials<br><i>&gt;agricultural crops, humans, animals</i>         |
| <input type="checkbox"/> Furniture, utensils<br><i>&gt;upholstery, cabinets, appliances</i>            | <input type="checkbox"/> Storage supplies<br><i>&gt;boxes, packing materials, pallets</i>                         | <input type="checkbox"/> General materials<br><i>&gt;books, trash, dust, lint, tires, fertilizer</i> |
| <input type="checkbox"/> Soft goods, wearing apparel<br><i>&gt;mattresses, linen, clothing, drapes</i> | <input type="checkbox"/> Liquids, piping, filters<br><i>&gt;flammable gases / liquids, pipes, ducts</i>           | <input type="checkbox"/> Undetermined<br><i>&gt;item first ignited cannot be determined</i>          |

## Cause of Ignition

*provide detailed description of the cause of ignition - also check below as applicable*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Intentional<br><i>&gt;misuse of heat source, incendiary fire</i> | <input type="checkbox"/> Failure of equipment<br><i>&gt;equipment not functioning properly</i> | <input type="checkbox"/> Cause under investigation<br><i>&gt;origin and cause not yet determined</i> |
| <input type="checkbox"/> Unintentional<br><i>&gt;careless, reckless, accidental acts</i>  | <input type="checkbox"/> Act of nature<br><i>&gt;weather, floods, animal behaviour</i>         | <input type="checkbox"/> Cause undetermined<br><i>&gt;cause undetermined after investigation</i>     |



**Emergency Management  
and Fire Safety**

## Basic Fire Incident Report

Page 3 of 3

### Factors Contributing to Ignition

*provide detailed description of the factors that allowed heat source and combustible materials to come into contact/combine*

☐ **Misuse of materials**

*>unsafe use or placement of heat source*

☐ **Design, Installation Deficiency**

*>design, construction, installation faults*

☐ **Fire spread or control**

*>exposure, rekindle, controlled burns*

☐ **Mechanical failure, malfunction**

*>worn components, control failure, leak*

☐ **Operational Deficiency**

*>collisions, unattended equipment*

☐ **Undetermined**

*>ignition factors cannot be determined*

☐ **Electrical failure, malfunction**

*>short circuit, arcing, equipment failure*

☐ **Natural condition**

*>wind, flood, animal behaviour*

### Human Factors

*provide detailed description of the human factors related to the fire - also check below as applicable*

☐ **Asleep**

*>occupant(s) asleep at time of fire*

☐ **Possible mentally disabled**

*>persons with permanent disabilities*

☐ **None**

*>no persons involved*

☐ **Impaired by alcohol or drugs**

*>impaired occupant(s) asleep or awake*

☐ **Physically disabled**

*>permanent or temporary disabilities*

☐ **Unattended**

*>persons requiring care left unattended*

☐ **Multiple persons**

*>note number of persons above*

### Equipment Involved in Ignition

*provide detailed description of equipment involved in ignition - also check below as applicable*

☐ **Heating, ventilation, air conditioning**

*>furnace, fire place, stove, water heater*

☐ **Commercial and medical equipment**

*>vending machines, O2 equipment*

☐ **Electronic, other electrical equipment**

*>computers, TVs, stereos, cash register*

☐ **Electrical distribution, lighting, power**

*>distribution panels, outlet, lights*

☐ **Garden tools, agricultural equipment**

*>combine, chain saw, milking machine*

☐ **Personal and household equipment**

*>clothes dryer, curling iron, powered toys*

☐ **Shop tools and industrial equipment**

*>power saw, welding torch, compressor*

☐ **Kitchen and Cooking Equipment**

*>Coffee maker, microwave, dishwasher*

☐ **Other equipment involved in ignition**

*>other equipment not listed, none*

Brand or Make \_\_\_\_\_

Serial Number or other identification \_\_\_\_\_

Model \_\_\_\_\_

Year of manufacture \_\_\_\_\_

### Remarks

### Person Completing This Report

Name \_\_\_\_\_

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

Phone \_\_\_\_\_

Work \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_

Representing \_\_\_\_\_

*government agency, firm or corporation - provide address*

Other Forms filed with this Report:

☐ **Casualty Report**

☐ **Fire Detector and Extinguishing Equipment Report**