|  |
| --- |
| **INSURANCE COMPANIES AND ADJUSTERS** |
| **FIRE REPORT** |



Part I

|  |
| --- |
| **Reporting Agency File Number:** |

|  |  |  |
| --- | --- | --- |
| **Date of Fire Year Month Day Day of Week** | **Statutory Holiday**  **Yes**  **No** | **Time** |
| **Location of Fire Number Street or Sec-Twn-Rng** | **City, Town, RM or LGD** | |
| **Occupant Surname Given Name(s) Address Insured**  **Yes  No** | | |
| **Owner Surname Given Name(s) Address Insured**  **Yes**  **No** | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Buildings** | **Property Value** | **Estimate of Loss** | **Claim Paid** | **Claims Adjuster:** | | |
|  |  |  | **Firm:** | | |
| **Contents** |  |  |  | **Insurance Co.:** | | |
| **Miscellaneous** |  |  |  | **Police Involved:** | Yes | No |
| **Total** |  |  |  | **Police Force & Location:** | | |

Part II

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Property Complex (11)** |  | **Property Classification (15)** |  | **Property Type (53)** |  | **Value at Risk (58)** |  |

Part III

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Fire Service (67)** |  | **Level of Origin (74)** |  | **Ignition Object (89)** |  | **Extent of Fire (114)** |  |
| **Initial Detection (68)** |  | **Area of Origin (75)** |  | **Fuel or Energy (100)** |  | **Extent of Damage (115)** |  |
| **Transmission of Alarm to Fire Dept. (69)** |  | **Occupant of Area of Origin (85)** |  | **Form of Heat (101)** |  | **LIVESTOCK & BARNS**  **Type of Barn/Livestock:**  **Total Num. of Livestock Lost:** | |
| **Action Taken (71)** |  | **Act or Omission (86)** |  | **Material First Ignited (102)** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Casualty Info (120)**  **Death** | **Men** | **Women** | **Children** | **Total** |  | **Motor Vehicle**  **Boat**  **Aircraft** |
|  |  |  |  | **Make / Model / Year/ License No:** |
| **Injury** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Did the fire dept attend/respond? (Y/N)** |  | **If yes, name of fire dept:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Remarks (120) - Explain the circumstances of the fire -** | | | | |
| Municipal Code |  | Mutual Aid Code (121) |  | Fire Department/Company |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Reporting Person Date Signature Telephone Number