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



Part I

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| **Reporting Agency File Number:**  |

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| --- | --- | --- |
| **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

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

Part III

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| **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:** |  |

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

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Print Name of Reporting Person Date Signature Telephone Number