



## INCIDENT REPORT

DATE OF INCIDENT: \_\_\_\_\_ TIME OF DISPATCH: \_\_\_\_\_  
 TIME OF ARRIVAL: \_\_\_\_\_ TIME LAST UNIT LEFT THE SCENE: \_\_\_\_\_  
 RESPONSE UNIT: \_\_\_\_\_ NUMBER OF RESPONDERS ON SCENE: \_\_\_\_\_  
 BAND NAME: \_\_\_\_\_ I.R. #: \_\_\_\_\_  
 PROPERTY OWNER: \_\_\_\_\_ OCCUPANT NAME: \_\_\_\_\_  
 INCIDENT ADDRESS: \_\_\_\_\_

INCIDENT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

= Band Response    = Off-Reserve Response    = Mutual-Aid Response    = No Response : (✓)

**1. TYPE OF INCIDENT: (✓)**

Residential Fire    Public Building Fire    Forest Fire    Grass Fire    Other:

**2. COMMUNICATIONS USED: (✓)**

Telephone Fan-out    911    Pagers    Siren    VHF    Other:

**3. ACTION TAKEN: (✓)**

Extinguishment    Investigation    False Alarm    Rescue    Other

**4. LIST CASUALTIES:**

A) DEATH: \_\_\_\_\_ Adult \_\_\_\_\_ Child      C) EMERGENCY SERVICES PERSONEL:      A) DEATH: \_\_\_\_\_  
 B) INJURY: \_\_\_\_\_ Adult \_\_\_\_\_ Child      B) INJURY: \_\_\_\_\_

**5. OWNERSHIP STATUS: (✓)**

Owned  
 Leased  
 Government Property  
 Band Property  
 Other

**6. OCCUPANCY STATUS: (✓)**

Occupied  
 Trespasser  
 Under Construction  
 Unoccupied  
 Demolition  
 Other

**7. ESTIMATED PROPERTY LOSS**  
 \$ \_\_\_\_\_

**INSURANCE:**    Yes    No  
 (Company Name, Phone / Fax)

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

**PLEASE SEND THIS COMPLETED FORM TO:**

First Nations' Emergency Services Society of BC at 102 – 70 Orwell Street, North Vancouver, BC V7J 3R5

Or email: [info@fnss.bc.ca](mailto:info@fnss.bc.ca)

Tel: 604.669.7305 or 1.888.822.3388 / Fax: 604.669.9832



<p><b>8. TYPE of CONSTRUCTION:</b> (✓)</p> <p><input type="checkbox"/> Non-combustible  <input type="checkbox"/> Heavy Timber  <input type="checkbox"/> Wood Frame  <input type="checkbox"/> Other: _____</p>	<p><b>9. PROTECTION FACILITIES:</b> (✓)</p> <p><input type="checkbox"/> Fire Extinguishers  <input type="checkbox"/> Sprinkler System  <input type="checkbox"/> Stand-pipe  <input type="checkbox"/> Smoke Alarms  Did smoke alarms activate? Y <input type="checkbox"/> N <input type="checkbox"/>  If no, why: _____  (disconnected, battery removed, etc.)</p>	<p><b>10. EXTENT of DAMAGE:</b> (✓)</p> <p><input type="checkbox"/> Confined to Object  <input type="checkbox"/> Confined to Room  <input type="checkbox"/> Confined to Structure  <input type="checkbox"/> Extended beyond structure  <input type="checkbox"/> None / Minor Damage  <input type="checkbox"/> Total Loss</p>
<p><b>11. AREA OF ORIGIN:</b> (✓)</p> <p><input type="checkbox"/> Living Room  <input type="checkbox"/> Furnace  <input type="checkbox"/> Wood Stove  <input type="checkbox"/> Basement  <input type="checkbox"/> Dining Room  <input type="checkbox"/> Garage  <input type="checkbox"/> Sleeping Room  <input type="checkbox"/> Vehicle  <input type="checkbox"/> Kitchen  Specify: _____</p>	<p><b>12. SOURCE OF IGNITION:</b> (✓)</p> <p><input type="checkbox"/> Electrical Equipment / wire  <input type="checkbox"/> Direct Contact (matches)  <input type="checkbox"/> Explosion  <input type="checkbox"/> Grass Fire  <input type="checkbox"/> Combustion Engine  <input type="checkbox"/> Heating Equipment  <input type="checkbox"/> Smoking Material  <input type="checkbox"/> Cooking  Specify: _____</p>	<p><b>13. MATERIAL 1<sup>st</sup> IGNITED:</b> (✓)</p> <p><input type="checkbox"/> Drapes / Flooring / Furniture  <input type="checkbox"/> Decorations / Xmas Tree  <input type="checkbox"/> Cooking material (food)  <input type="checkbox"/> Ceiling / Wall Board  <input type="checkbox"/> Bedding / Clothing  <input type="checkbox"/> Grass / Brush / Trees  <input type="checkbox"/> Propane / Gas / Oils  <input type="checkbox"/> Other  Specify: _____</p>
<p><b>14. ACCOUNT of INCIDENT:</b> <i>In your own words, give a brief account of the incident, including suspected cause. Note any unusual or underlying conditions, which affected the incident. Attach news clippings / photos and suggest recommendations to alleviate or eliminate a similar occurrence. Use additional sheet if necessary.</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p><b>15. OTHER AGENCIES INVOLVED:</b> <i>(Name ,Phone, Fax, etc.)</i></p> <p>R.C.M.P.: _____</p> <p>B.C. Fire Commissioner: _____</p> <p>OTHER: _____</p>	<p><b>16. REPORTED BY:</b> <i>(fire chief, etc.)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date &amp; Sign: _____</p>	

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