Reset ?

Office of the Fire Marshal

P. O. Box 2000
Charlottetown, P.E.I.
C1A 7N8

Vehicle Fire Report

FIRE DEPT.

REPORT NUMBER: Form | Dept. | Year

DATE: Year Month Day

TIME: Hour Min

ATTENDING F.D.

RESPONSE LOCATION

RESPONSE TYPE
- ☐ Vehicle Accident or Collision (with fire)
- ☐ Vehicle Fire - Exposure
- ☐ Vehicle Fire
- ☐ Vehicle No Alarm Fire

VEHICLE TYPE

ROAD VEHICLE
- ☐ Automoblie
- ☐ Small Truck (Pickup, Van, etc.)
- ☐ Large Truck (Excluding Truck Trailer)
- ☐ Automobile and Trailer Combination
- ☐ Small Truck and Trailer Combination
- ☐ Tractor Trailer or Truck Trailer Combination
- ☐ Motorcycle
- ☐ Bus or Trackless Trolley
- ☐ Other Road Vehicle

WATERCRAFT
- ☐ Private or Business
- ☐ Commercial
- ☐ Military

AIRCRAFT
- ☐ Private or Business
- ☐ Commercial
- ☐ Military

MISC. OR SPECIALTY VEHICLE
- ☐ Construction
- ☐ Industrial
- ☐ Agricultural
- ☐ Other Misc. or Specialty Vehicle

MAKE MODEL & YEAR

_____
If Applicable

LICENSE NO. or REGISTRATION

If Applicable

PRIMARY PURPOSE - (Transport of):
- ☐ Passengers
- ☐ Flammable Liquids
- ☐ Compressed Flammable Gas
- ☐ Other Dangerous Goods
- ☐ Dangerous Goods & General Cargo
- ☐ General Cargo
- ☐ Mobile Utility or Service Vehicle
- ☐ Other _____

VEHICLE FUEL OR ENERGY SOURCE
- ☐ Gasoline
- ☐ Diesel Fuel
- ☐ Propane
- ☐ Electricity
- ☐ Other _____

AREA OF ORIGIN
- ☐ Engine Area
- ☐ Running Gear (wheels & braking systems)
- ☐ Electrical Systems
- ☐ Fuel Systems (fuel tank, etc.)
- ☐ Operator Area (cockpit, bridge, etc.)
- ☐ Passenger Area
- ☐ Cargo Area
- ☐ Other _____

ESTIMATED DOLLAR LOSS

Dollars Only

INSURANCE COVERAGE
☐ Yes ☐ No ☐ Unknown

CAUSE (suspected)
- ☐ Arson
- ☐ Riot or Civil Commotion
- ☐ Vandalism
- ☐ Children Playing
- ☐ Design Deficiency
- ☐ Misuse of Igniting Object
- ☐ Misuse of Material Ignited
- ☐ Misuse of Equipment
- ☐ Mechanical/Electrical Failure
- ☐ Vehicle Accident or Collision
- ☐ Accidental
- ☐ Undetermined
- ☐ Other _____

ALARM TO FIRE DEPARTMENT
- ☐ Telephone to F.D. or Central Dispatch
- ☐ Still Alarm/Verbal Report to Station
- ☐ Telephone from Other Emergency/Protection Agency
- ☐ Radio
- ☐ Other _____

RESPONSE TIME _____ Minutes

RESPONDING PERSONNEL _____ Number

MANHOURS _____ Total Manhours

BACK IN SERVICE _____ Time

RESCUES _____ Persons Rescued

CASUALTIES _____ Casualty Reports

DISTRICT | **STATION** | **PLATOON**

OPERATOR, DRIVER, ETC. (If Applicable)

FAMILY NAME | GIVEN NAME | INITIALS

STREET OR LOT NO. | STREET NAME, LINE OR CONCESSION NO. | A-AVE. B-BLVD. C-CRESC. D-DRIVE L-LANE R-ROAD S-STREET Y-COURT X-OTHER | N · NORTH E · EAST W · WEST S · SOUTH

APT. NO. | CITY, TOWN, VILLAGE OR TOWNSHIP

OWNER (Complete only if different from above)

COMPANY OR FAMILY NAME

STREET OR LOT NO. | STREET NAME, LINE, OR CONCESSION NO. | A-AVE. B-BLVD. C-CRESC. D-DRIVE L-LANE R-ROAD S-STREET Y-COURT X-OTHER | N · NORTH E · EAST W · WEST S · SOUTH

APT. NO. | CITY, TOWN, VILLAGE OR TOWNSHIP

REMARKS: _____

FIRE DEPARTMENT | **CHIEF** | **DATE**