Fire and Emergency Services – Newfoundland and Labrador Emergency Response Incident Report

Fire and Emergency Services – NL, P.O. Box 8700, 25 Hallett Crescent, St. John's, NL A1B 4J6 Tel (709) 729-1608, Fax (709)729-2524

Section A: Incident Information

Type of Incident (fire, medical, MVA, etc.)			
Date of Incident	Time of Incident (hr:min)		
Civic #	Street Name		Unit/Suite/Apt. #
City/Town		Province	Postal Code

Section B: Owner Information

Name		Company	
Civic #	Street Name		Unit/Suite/Apt. #
City/Town		Province	Postal Code
Phone #		Insured ☐ Yes ☐ No ☐ Unknown	

Section C: Occupant Information

Name	
Phone #	Insured ☐ Yes ☐ No ☐ Unknown

Section D: Mobile Property **(Please note mobile property is considered any vehicle, trailer, boat, farm equipment, etc.)**

Make	Year	Model	Serial #	License #
Make	Year	Model	Serial #	License #
Make	Year	Model	Serial #	License #

Section E: Property Information and Fire Origin **(See classification code reference attached)**

Property Classification			Origin	
Smoke Alarms ☐ Present ☐ Working ☐ Unknown			Number of Alarms	
Equipment Involved	Make	Year	Model	Serial #
Equipment Involved	Make	Year	Model	Serial #

Section F: Additional Information

Fire Department		Fire Chief
Report Date	Date Called (mm/dd/yyyy)	Time Called (hr:min)
Date Arrived (mm/dd/yyyy)		Time Arrived (hr:min)

*Information is being collected subject to the Fire Protection Services Act and in accordance with the Access to Information and Protection of Privacy Act (ATIPP) and will be treated as confidential.

Signature: _____ **Contact Telephone # _____**

Additional Comments:

Distribution: 1. White copy FES-NL, 2. Yellow copy to Fire Department, 3. Pink copy to Police