

<p align="center">No Cover Sheet Required</p> <p>Fax To: Manitoba Association of Native Fire Fighters</p> <p align="center">102-1555 St. James Street</p> <p align="center">Winnipeg, Manitoba</p> <p>Fax Number (204) 953-2929 E-mail manffin1@mts.net</p>	From Fire Chief	
	First Nation	
	Fax number	

<h1>Fire Loss Report</h1>	Incident number (MANFF use only)	
	First Nation File #	

Date of Fire	Day	Month	Year	Time		
Location of Fire		First Nation				
Occupant	Last Name	First Name	Insurance	Yes / No		
Owner	Last Name	First Name	Insurance	Yes / No		
Dollar Loss	Estimate of Loss	Claim Paid	Claims Adjuster			
Building			Firm			
Contents			Insurance company			
Miscellaneous			Police Involved			
Total			Police Force			
Action Taken		Casualties	Men	Woman	Children	Total
Occupancy		Death				
Area of Origin		Injuries				
Cause of Fire		Vehicle	Boat			
Source of Ignition		Aircraft				
Fuel or Energy		Make	Model	Year		↓
Material First Ignited		Serial #	License #			
Extent of Fire		Was a fire detector installed?		yes	no	
Extent of Damage		Was the detector operational?		yes	no	

Remarks:	

Fire Department	Signature
Date Form Completed	Phone #