



Vehicle Fire and Accident Claim Form

To fill out the form, you must download and open it in [Adobe Acrobat Reader](#)

| 1. Contact information | | |
|------------------------|--------------|-------|
| Contact name | Date | Phone |
| Email | Municipality | |
| Street address | Payee number | |

| 2. Incident information | | |
|--|--|--|
| Invoice number | Date of incident | Police file number |
| If the police attended, please provide the officer's name and detachment. | | |
| Type of incident <input type="radio"/> Extrication <input type="radio"/> Vehicle fire <input type="radio"/> Other: | | |
| Location of incident | | |
| Times | Call received: <input type="radio"/> a.m. <input type="radio"/> p.m. | Arrival at scene: <input type="radio"/> a.m. <input type="radio"/> p.m. |
| | Leaving scene: <input type="radio"/> a.m. <input type="radio"/> p.m. | Return to station: <input type="radio"/> a.m. <input type="radio"/> p.m. |
| | Back in service: <input type="radio"/> a.m. <input type="radio"/> p.m. | Total time: hours minutes |

| 3. Description of incident | | | |
|----------------------------|---|---|-------------------|
| Work performed | Start time | End time | Service performed |
| Extrication | <input type="radio"/> a.m. <input type="radio"/> p.m. | <input type="radio"/> a.m. <input type="radio"/> p.m. | |
| Fire fighting | <input type="radio"/> a.m. <input type="radio"/> p.m. | <input type="radio"/> a.m. <input type="radio"/> p.m. | |
| | <input type="radio"/> a.m. <input type="radio"/> p.m. | <input type="radio"/> a.m. <input type="radio"/> p.m. | |
| | <input type="radio"/> a.m. <input type="radio"/> p.m. | <input type="radio"/> a.m. <input type="radio"/> p.m. | |
| | <input type="radio"/> a.m. <input type="radio"/> p.m. | <input type="radio"/> a.m. <input type="radio"/> p.m. | |
| Other (provide details): | | | |

| 4. Vehicle information | | | | |
|------------------------|---------------------|--------------------|----------------------|----------------|
| Vehicle | Owner/operator name | Vehicle make/model | Licence plate number | Province/state |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

| 5. Claim amount (Total time x rate = total claim for service) | | |
|---|---|---------------------------|
| Total time | x Rate | = Total claim for service |
| hours minutes | <input type="radio"/> \$1,036.34(2023) <input type="radio"/> \$1,090.23(2024) | \$ |

Additional documentation to support your invoice can be attached to the email after you click Submit (e.g., clear event document, equipment invoices, etc.).