

Claim for Firefighting/Rescue Costs Submission Form

Department Details

Responding Fire Department:	
Make Cheque payable to:	
Form Completed By:	
Your Invoice#:	

Loss Details

Date of Loss:	MPI Claim #:	Incident Type:	Type of Vehicle(s) Involved
		<input checked="" type="radio"/> MVA <input type="radio"/> Fire <input type="radio"/> Both	<input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Semi <input type="checkbox"/> RV
<input type="radio"/> Single Vehicle <input checked="" type="radio"/> Multiple Vehicles		Location:	

Vehicle A		Vehicle B	
Owner:		Owner:	
Driver:		Driver:	
Address (owner):		Address (owner):	
Make/Model:		Make/Model:	
Plate#:		Plate#:	
VIN:		VIN:	

Vehicle C	Full Description of Accident Details:
Owner:	
Driver:	
Address (owner):	
Make/Model:	
Plate#:	
VIN:	

Service Details

Alarm Time:		Arrival Time:	
Return Time:		Total Time in Service:	
Commanding Officer:		Number of Personnel:	
Units Responding:		Police Dept Responding:	
Towing Company:			
Equipment Used:			
Approximate Water Used:		Sand:	
Foam:			
Other:			

Describe in Detail Services Provided:	<input type="checkbox"/> Attach Photos/Diagram
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