

PROVINCE OF BRITISH COLUMBIA  
Ministry of Justice  
Emergency Management BC / Office of the Fire Commissioner

## FIRE REPORT - STRUCTURE

INCIDENT NUMBER: CNA 2014 11 29 03 02

Location of Incident: **361 ALBERT ST  
NANAIMO BC**

# of Occupants (At time of fire): **7** # of Injured: **0** # of Deaths: **0** Total Dollar Loss Estimate: **s.22**

Related to Wildland Interface Fire: **NO** Property Value: **s.22** Content Value: **s.22** Total Value at Risk: **s.22**

**Code Name : Code Description**

PROPERTY COMPLEX : 3900 RESIDENTIAL - WITH BUSINESS/MERCANTILE, UP TO 3 STORIES  
PROPERTY CLASSIFICATION : 3290 APARTMENT, TOWNHOUSE - UNCLASSIFIED (DESCRIBE)  
GENERAL CONSTRUCTION : 2000 PROTECTED COMBUSTIBLE CONSTRUCTION - WOOD PROTECTED BY PLAST  
BUILDING HEIGHT : 0020 2 STORIES ABOVE GRADE  
GROUND FLOOR AREA : 2000 101 TO 500M2 (1077 - 5382FT2)  
YEAR OF CONSTRUCTION : 0020 1920 OR BEFORE  
MANUAL FIRE PROTECTION : 7000 NO MANUAL FIRE PROTECTION  
OUTSIDE FIRE PROTECTION : 1000 PUBLIC HYDRANT PROTECTION & FIRE DEPARTMENT  
SPRINKLER PROTECTION : 7000 NO SPRINKLER PROTECTION  
AUTOMATIC FIRE ALARM SYSTE : 1000 NO FIRE ALARM SYSTEM  
SMOKE ALARM OPERATION : 8000 ALARM NOT ACTIVATED - AC POWER NOT CONNECTED, DISABLE OR OFF  
INITIAL DETECTION : 7000 VISUAL SIGHTING OR OTHER MEANS OF PERSONAL DETECTION (E.G. S  
TRANSMISSION OF ALARM : 1000 911  
FIRE SERVICE : 3000 COMPOSITE - CAREER & VOLUNTEER/PAID-ON-CALL FIRE DEPARTMENT  
INCIDENT : 1000 FIRE - FIRE DEPARTMENT ATTENDED  
ACTION TAKEN : 3000 EXTINGUISHED BY FIRE DEPARTMENT  
METHOD OF FIRE CONTROL : 4300 38MM/42MM (1 1/2"/1 3/4") HOSE - 2 OR MORE HAND LINES  
FIRE ORIGIN, LEVEL : 4000 2ND STOREY OR OVER 3M TO 6M (10FT TO 20FT) ABOVE GRADE  
FIRE ORIGIN, AREA : 1400 LOUNGE, LIVING ROOM - INCLUDES MUSIC ROOM, COMMON ROOM, TV R  
EXTENT OF FIRE : 4000 CONFINED TO FLOOR LEVEL OF ORIGIN  
EXTENT OF DAMAGE : 5000 CONFINED TO BUILDING OF ORIGIN  
IGNITING OBJECT : 0000 CANNOT BE DETERMINED  
FUEL OR ENERGY : 0000 CANNOT BE DETERMINED  
FORM OF HEAT : 0000 CANNOT BE DETERMINED  
MATERIAL FIRST IGNITED : 0000 CANNOT BE DETERMINED  
ACT OR OMISSION : 0000 CANNOT BE DETERMINED

Investigating Officer LAFC Badge #  
MILLBANK, ALAN 2238

Telephone ReportDate  
250-753-7311 2015-02-03

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FIRE REPORT - **STRUCTURE** (NARRATIVE)

INCIDENT NUMBER: **CNA 2014 11 29 03 02**

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**Remarks:**

A STRUCTURE FIRE IN A 7 ROOM APARTMENT ON THE SECOND FLOOR CONTAINING A FAMILY OF 8 RESULTING IN THE DEATH OF 1 INDIVIDUAL. CAUSE UN-DETERMINED.

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2238

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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **CNA 2014 11 29 03 02**

Name no. : 1  
Name : **s.22**  
Address : 0

Name Status : OCCUPANT  
Phone :

Claims Adjuster Name :  
Claims Adjuster Firm :  
Claim Number :  
Insurance Company :  
Policy Number :

## LOSS ESTIMATES:

Property Loss : \$0

Content Loss : \$0

Total Loss : \$0

REMARKS:

Name no. : 2  
Name : **s.22**  
Address : 0

Name Status : OCCUPANT  
Phone :

Claims Adjuster Name :  
Claims Adjuster Firm :  
Claim Number :  
Insurance Company :  
Policy Number :

## LOSS ESTIMATES:

Property Loss : \$0

Content Loss : **s.22**Total Loss : **s.22**

REMARKS:

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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **CNA 2014 11 29 03 02**

Name no. : 3  
Name : **s.22**  
Address : 0

Name Status : OCCUPANT  
Phone :

Claims Adjuster Name :  
Claims Adjuster Firm :  
Claim Number :  
Insurance Company :  
Policy Number :

LOSS ESTIMATES:

Property Loss : \$0

Content Loss : \$0

Total Loss : \$0

REMARKS:

Name no. : 4  
Name : **s.22**  
Address : 0

Name Status : OCCUPANT  
Phone :

Claims Adjuster Name :  
Claims Adjuster Firm :  
Claim Number :  
Insurance Company :  
Policy Number :

LOSS ESTIMATES:

Property Loss : \$0

Content Loss : \$0

Total Loss : \$0

REMARKS:

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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **CNA 2014 11 29 03 02**

Name no. : 5  
Name : s.22  
Address : 0

Name Status : OCCUPANT  
Phone :

Claims Adjuster Name :  
Claims Adjuster Firm :  
Claim Number :  
Insurance Company :  
Policy Number :

## LOSS ESTIMATES:

Property Loss : \$0

Content Loss : \$0

Total Loss : \$0

REMARKS:

Name no. : 6  
Name : s.22  
Address : 0

Name Status : OCCUPANT  
Phone :

Claims Adjuster Name :  
Claims Adjuster Firm :  
Claim Number :  
Insurance Company :  
Policy Number :

## LOSS ESTIMATES:

Property Loss : \$0

Content Loss : \$0

Total Loss : \$0

REMARKS:

Investigating Officer :  
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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **CNA 2014 11 29 03 02**

Name no. : 7  
Name : **s.22**  
Address : 0

Name Status : OCCUPANT  
Phone :

Claims Adjuster Name :  
Claims Adjuster Firm :  
Claim Number :  
Insurance Company :  
Policy Number :

LOSS ESTIMATES:

Property Loss : \$0

Content Loss : \$0

Total Loss : \$0

REMARKS:

Name no. : 8  
Name : **s.22**  
Address : 0 361 ALBERT STREET  
NANAIMO BRITISH COLUMBIA

Name Status : OCCUPANT  
Phone :

Claims Adjuster Name :  
Claims Adjuster Firm :  
Claim Number :  
Insurance Company :  
Policy Number :

LOSS ESTIMATES:

Property Loss : \$0

Content Loss : \$0

Total Loss : \$0

REMARKS:

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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **CNA 2014 11 29 03 02**

Name no. : 9  
Name : **s.22**  
Address :

Name Status : OWNER  
Phone : **s.22**

Claims Adjuster Name :  
Claims Adjuster Firm :  
Claim Number :  
Insurance Company :  
Policy Number :

LOSS ESTIMATES:

Property Loss : **s.22**

Content Loss : **s.22**

Total Loss : **s.22**

REMARKS:

Investigating Officer :  
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FIRE REPORT - **STRUCTURE** (CASUALTY)

INCIDENT NUMBER: CNA 2014 11 29 03 02

CASUALTY NO : 1

NAME : s.22

ADDRESS : 0 361 ALBERT STREET  
NANAIMO BRITISH COLUMBIA

AGE : s.22

GENDER : M

STATUS : CIVILIAN

DATE OF DEATH : s.22

**Code Name : Code Description**

NATURE OF CASUALTY : 001 - DEATH

CONDITION OF CASUALTY : 011 - ASLEEP AT TIME OF FIRE

ACTION OF CASUALTY : 029 - UNCLASSIFIED

IGNITION OF CLOTHING : 030 - NOT APPLICABLE

TYPE OF FABRIC IGNITED : 040 - NOT APPLICABLE

CAUSE OF FAILURE TO ESCAPE : 052 - TRAPPED BY RAPID SPREADING OF FIRE/SMOKE THROUGH HORIZO

CAUSE OF INJURY/DEATH : 100 - SMOKE INHALATION

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