FIRE REPORT - STRUCTURE

of Injured: 2 1917 ASH STREET CRESTON BC

Location of Incident:

Related to Wildland Interface Fire: NO # of Occupants (At time of fire): 5 Property Value: # of Deaths: Content Value: 3 s. 22 Total Dollar Loss Estimate: Total Value at Risk: 22 S 22

Code Name: Code Description

PROPERTY COMPLEX: 3400 RESIDENTIAL - SINGLE DETACHED

PROPERTY CLASSIFICATION: 3110 YEAR-ROUND USE DWELLING - 1-FAMILY

GENERAL CONSTRUCTION: 0009 GENERAL CONSTRUCTION - UNCLASSIFIED (DESCRIBE)

BUILDING HEIGHT: 0010 I STORY ABOVE GRADE

OROUND FLOOR AREA: 2000 101 TO 500M2 (1077 - 5382FT2)

YEAR OF CONSTRUCTION; 0000 CANNOT BE DETERMINED

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: 5000 ALARM ACTIVATED - OCCUPANT ACTION UNKNOWN

INITIAL DETECTION: 1000 SMOKE ALARM DEVICE

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: 3000 GROUND FLOOR, GRADE LEVEL OR GRADE TO 3M (10FT)

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: 4000 CONFINED TO FLOOR LEVEL 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: 2100 FURNITURE - UPHOLSTERED - INCLUDES CHESTERFIELD, SOFA, DAVEN

ACT OR OMISSION: 0000 CANNOT BE DETERMINED

MOORE, MICHAEL Investigating Officer

LAFC Badge #

250-428-4321 Telephone

2009-02-20 ReportDate

@SS-2011-00026

FIRE REPORT - STRUCTURE (NARRATIVE)

temarks:

FIRE REPORTED AT 0159 HOURS ON NOVEMBER 12, 2008. UPON ARRUVAL, ADVISED THAT THERE WERE THREE OCCUPANTS UNACCOUNTED FOR. INITIAL ATTACK CREW ENTERED STRUCTURE WITH 1 3/4" HAND LINE ON ALPHA SIDE, LOCATED FIRE VICTIM IN DINING ROOM AREA AND REMOVED TO OUTSIDE, SAME CREW RE-ENTERED AND LOCATED NEXT TWO VICTIMS REMOVING TO OUTSIDE, FIRE WAS IN A SMOLDERING STAGE WITH SOME EXTENSION IN TO THE ATTIC SPACE ABOVE THE LIVING ROOM (AREA OF ORIGIN), OFC FIRE SAFETY OFFICER BILL WALKLEY ATTENDED LATER ITS SAME DAY TO ASSIST WITH THE FIRE INVESTIGATION. ALSO IN ATTENDANCE WERE RCMP FIS MEMBER CST. ERIC BARNES AND CPL PAT PREFONTAINE, DON BALLARD FROM BC SAFETY AUTHORITY ATTENDED LATER IN DAY TO ASSIST WITH ELECTRICAL INSPECTION OF BULLDING. THE FIRE INVESTIGATION DETERMINED THAT THE AREA OF ORIGIN WAS THE LIVING ROOM LOCATED ON THE CHARLLE SIDE OF THE BUILDING. THE FIRE INVESTIGATION DETERMINED THAT THE FOLLOWING WERE NOT CONTRIBUTORY FACTORS IN STARTING THE FIRE; ELECTRICAL OR ELECTRICAL APPLIANCE, HEATING APPLIANCES, COOKING, OR SUSPICIOUS. THE FIRE INVESTIGATION FOUND SMOKERS? MATERIALS IN THE AREA OF ORIGIN, IN CLOSE PROXIMITY OF THE POINT OF ORIGIN AND THROUGH THE INVESTIGATION WAS NOT ABLE TO DETERMINED THAT THE SMOKING MATERIAL AS A CAUSE OF THE FIRE INVESTIGATION TO THE FIRE INVESTIGATION FOUND THAT THE FIRE THAT THE MOST LIKELY CAUSE OF THE FIRE WAS IMPROPER USE OF THE SMOKUNG OF THE FIRE WAS IMPROPER USE OF THE FIRE WAS IMPROPER USE OF THE SMOKUNG OF THE FIRE OF THE FIRE WAS IMPROPER USE OF THE SMOKUNG OF THE FIRE WAS IMPROPER USE OF THE SMOKUNG OF THE FIRE WAS IMPROPER USE OF THE SMOKUNG OF THE FIRE WAS IMPROPER USE OF THE SMOKUNG OF THE FIRE WAS IMPROPER USE OF THE SMOKUNG OF THE FIRE WAS IMPROPER USE OF THE SMOKUNG OF THE FIRE WAS IMPROPER USE OF THE SMOKUNG. SMOKERS? MATERIALS, AND CONFIRMATION THAT ONE OF THE OCCUPANTS OF THE RESIDENCE USES SMOKING

Investigating Officer MOORE, MICHAEL

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Telephone 250-428-4321

ReportDate 2009-02-20

FIRE REPORT - STRUCTURE (NAMES)

Name Status Phone OCCUPANT

Name Address

.. .. :

s. 22

Name no.

Claims Adjuster Namo Claims Adjuster Firm Claim Number Insurance Company Policy Number

LOSS ESTIMATES: Property Loss: \$0

Content Loss: \$0

Total Loss: \$0

REMARKS:

s. 22

Name no. Name Address 2 s. 22 Name Status Phone OCCUPANT

..

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

LOSS ESTIMATES: Property Loss: \$0

Content Loss: \$0

Total Loss: \$0

REMARKS:

s. 22

MOORE, MICHAEL Investigating Officer

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FIRE REPORT - STRUCTURE (NAMES)

Name no. Name Address అ s. 22

> Name Status Phone : OCCUPANT

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

LOSS ESTIMATES:

Property Loss; \$0 Content Loss: \$0 Total Loss: \$0

REMARKS:

s. 22

Name no. Name Address s. 22 Name Status Phone : OCCUPANT

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:

s. 22

MOORE, MICHAEL Investigating Officer LAFC Badge # 250-428-4321 Telephone ReportDate 2009-02-20

FIRE REPORT - STRUCTURE (NAMES)

Name no. Address :5

Name Status Phone

s. 22

; OCCUPANT

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

LOSS ESTIMATES: Property Loss: \$0

Content Loss: \$50,000

Total Loss: \$50,000

REMARKS:

Name no. Name

6

Name Status Phone : OWNER

Address

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

s. 22

LOSS ESTIMATES: Property Loss: \$125,000

Content Loss: \$0

Total Loss: \$125,000

REMARKS:

s. 22

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FIRE REPORT - STRUCTURE (CASUALTY)

CASUALTY NO : I NAME : ADDRESS :

s. 22

s. 22

AGE: GENDER: STATUS: DATE OF DEATH:

Code Name: Code Description

NATURE OF CASUALTY:

CONDITION OF CASUALTY:

IGNITION OF CLOTHING: ACTION OF CASUALTY:

TYPE OF FABRIC IGNITED:

s. 22

CAUSE OF FAILURE TO ESCAPE:

CAUSE OF INJURY/DEATH:

CASUALTY NO: 2 NAME: 1 ADDRESS:

s. 22

AGE: GENDER: STATUS: DATE OF DEATH:

Code Name : Code Description

NATURE OF CASUALTY:

CONDITION OF CASUALTY:

ACTION OF CASUALTY:

IGNITION OF CLOTHING:

s. 22

TYPE OF FABRIC IGNITED:

CAUSE OF FAILURE TO ESCAPE: CAUSE OF INJURY/DEATH:

Investigating Officer MOORE, MICHAEL

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FIRE REPORT - STRUCTURE (CASUALTY)

CASUALTY NO: 3 NAME: ADDRESS:

s. 22

AGE: GENDER: STATUS:

DATE OF DEATH:

Code Name: Code Description

NATURE OF CASUALTY: 001 - DEATH

CONDITION OF CASUALTY:

ACTION OF CASUALTY:

IGNITION OF CLOTHING:

TYPE OF FABRIC IGNITED:

s. 22

CAUSE OF FAILURE TO ESCAPE:

CAUSE OF INJURY/DEATH:

CASUALTY NO: 4 NAME: ADDRESS:

s. 22

AGE: GENDER: STATUS: DATE OF DEATH:

Code Name : Code Description

NATURE OF CASUALTY: 001 - DEATH

CONDITION OF CASUALTY:

ACTION OF CASUALTY:

TYPE OF FABRIC IGNITED: IGNITION OF CLOTHING:

s. 22

CAUSE OF FAILURE TO ESCAPE:

CAUSE OF INJURY/DBATH:

Investigating Officer

MOORE, MICHAEL

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