



# BRITISH COLUMBIA

OFFICE OF THE FIRE COMMISSIONER  
PO Box 9491 Stn. Prov. Govt  
VICTORIA BC V8W 9N7  
TEL (250)356-9000 FAX (250)356-9019

## STRUCTURE FIRE REPORT

INCIDENT NUMBER					
LOCATION	YEAR	MONTH	DAY	HOUR	MIN
NPN	09	05	04	08	01

TO CHANGE A PREVIOUS REPORT, MARK APPROPRIATE BOX

☐ DELETE ☐ UPDATE

☐ RELATED TO WILDLAND/URBAN INTERFACE

LOCATION OF FIRE INCIDENT (SUITE, NUMBER, STREET, CITY)	POSTAL CODE
2080 Summit dr. Panorama BC	V0A1T0

### THE FOLLOWING SECTION REFERS TO SELECTED STATUS:

<input checked="" type="checkbox"/> OWNER	<input type="checkbox"/> BUSINESS OWNER	GIVEN NAME(S)
<input type="checkbox"/> OCCUPANT	<input type="checkbox"/> BUSINESS OCCUPANT	
BUSINESS NAME		
ADDRESS	POSTAL CODE	TELEPHONE
PROPERTY LOSS	CONTENTS LOSS	TOTAL LOSS TO NEAREST DOLLAR
CLAIMS ADJUSTER NAME	FIRM	CLAIM NO.
INSURANCE COMPANY NAME	POLICY NO.	

PROPERTY COMPLEX - PC	PROPERTY CLASSIFICATION - PR	GENERAL CONSTRUCTION - GC	BUILDING HEIGHT - BH
3300	3410	2000	0050
GROUND FLOOR AREA - GF	YEAR OF CONSTRUCTION - YC	MANUAL FIRE PROTECTION - MF	OUTSIDE FIRE PROTECTION - OF
3000	2000	2000	1000
SPRINKLER PROTECTION - SP	AUTOMATIC FIRE ALARM SYSTEM - AD	SMOKE ALARM OPERATION - SD	INITIAL DETECTION - ID
1000	3000	4000	5000
TRANSMISSION OF ALARM - AL	FIRE SERVICE - FS	INCIDENT - IN	ACTION TAKEN - AC
1000	2000	1000	3000
METHOD OF FIRE CONTROL - EX	FIRE ORIGIN, LEVEL - LV	FIRE ORIGIN, AREA - OA	EXTENT OF FIRE - XF
2200	5000	7200	4000
EXTENT OF DAMAGE - XD	IGNITING OBJECT - IG	FUEL OR ENERGY - FU	FORM OF HEAT - FH
5000	2700	0009	6000
MATERIAL FIRST IGNITED - MI	ACT OR OMISSION - AO	NO. OF OCCUPANTS (AT TIME OF FIRE)	TOTAL INJURIES
2500	3700	0	0
			TOTAL FATALITIES
			0

### THE FOLLOWING SECTION REFERS TO PRODUCT/EQUIPMENT RELATED TO IGNITION SOURCE:

ITEM TYPE	MAKE	MODEL	YEAR	SERIAL NO.
Fireplace Flue	U/K	U/K	/	/
PROPERTY VALUE AT RISK (FOR INCIDENT)	CONTENTS VALUE AT RISK (FOR INCIDENT)	TOTAL VALUE AT RISK (FOR INCIDENT)		
s.22	s.22	s.22 X		

### REMARKS. EXPLAIN CIRCUMSTANCES UNDER WHICH FIRE ORIGINATED

Occupants of Condo s.22 stored (flammable) combustible material on their exterior deck including a camp mattress.

The Mattress was blown / Fell over onto the gas fireplace Flue and ignited.

Fire spread via exterior wall to attic.

NAME OF INVESTIGATOR (PLEASE PRINT)	LAFD BADGE NUMBER (IF APPLICABLE)	TELEPHONE	REPORT DATE (YYYYMMDD)
Martin Caldwell		(250)342-5212	2009/05/05





# BRITISH COLUMBIA

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PO Box 9491 Stn. Prov. Govt  
VICTORIA BC V8W 9N7  
TEL (250)356-9000 FAX (250)356-9319

## FIRE REPORT (Additional Names)

LOCATION		INCIDENT NUMBER				HOUR	OCC
YEAR	MONTH	DAY	MONTH	DAY	YEAR		
N/P	N/P	09	05	04	08	01	

NAME NO. [ ] [ ] [ ]		<input type="checkbox"/> DELETE <input type="checkbox"/> UPDATE	
<input type="checkbox"/> OWNER <input type="checkbox"/> BUS OWN. <input type="checkbox"/> WITNESS <input checked="" type="checkbox"/> OCCUPANT <input type="checkbox"/> BUS OCC. <input type="checkbox"/> CASUALTY (IF CHECKED COMPLETE CASUALTY REPORT)		s.22 BUSINESS NAME	
ADDRESS (SUITE, NUMBER, STREET AND CITY)		POSTAL CODE	TELEPHONE
s.22		s.22	s.22
CLAIMS ADJUSTER NAME	FIRM	CLAIM NO.	INSURANCE COMPANY NAME
			POLICY NO.
PROPERTY LOSS ESTIMATE		CONTENTS LOSS ESTIMATE	TOTAL LOSS ESTIMATE TO NEAREST DOLLAR
s.22		s.22	50000
REMARKS:			
s.22			

NAME NO. [ ] [ ] [ ]		<input type="checkbox"/> DELETE <input type="checkbox"/> UPDATE	
<input type="checkbox"/> OWNER <input type="checkbox"/> BUS OWN. <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> OCCUPANT <input type="checkbox"/> BUS OCC. <input type="checkbox"/> CASUALTY (IF CHECKED COMPLETE CASUALTY REPORT)		s.22 BUSINESS NAME	
ADDRESS (SUITE, NUMBER, STREET AND CITY)		POSTAL CODE	TELEPHONE
s.22		s.22	s.22
CLAIMS ADJUSTER NAME	FIRM	CLAIM NO.	INSURANCE COMPANY NAME
N/A			POLICY NO.
PROPERTY LOSS ESTIMATE		CONTENTS LOSS ESTIMATE	TOTAL LOSS ESTIMATE TO NEAREST DOLLAR
N/A			
REMARKS:			
s.22			

NAME NO. [ ] [ ] [ ]		<input type="checkbox"/> DELETE <input type="checkbox"/> UPDATE	
<input type="checkbox"/> OWNER <input type="checkbox"/> BUS OWN. <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> OCCUPANT <input type="checkbox"/> BUS OCC. <input type="checkbox"/> CASUALTY (IF CHECKED COMPLETE CASUALTY REPORT)		s.22 BUSINESS NAME	
ADDRESS (SUITE, NUMBER, STREET AND CITY)		POSTAL CODE	TELEPHONE
s.22		s.22	s.22
CLAIMS ADJUSTER NAME	FIRM	CLAIM NO.	INSURANCE COMPANY NAME
			POLICY NO.
PROPERTY LOSS ESTIMATE		CONTENTS LOSS ESTIMATE	TOTAL LOSS ESTIMATE TO NEAREST DOLLAR
REMARKS:			
s.22			

NAME NO. [ ] [ ] [ ]		<input type="checkbox"/> DELETE <input type="checkbox"/> UPDATE	
<input type="checkbox"/> OWNER <input type="checkbox"/> BUS OWN. <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> OCCUPANT <input type="checkbox"/> BUS OCC. <input type="checkbox"/> CASUALTY (IF CHECKED COMPLETE CASUALTY REPORT)		s.22 BUSINESS NAME	
ADDRESS (SUITE, NUMBER, STREET AND CITY)		POSTAL CODE	TELEPHONE
s.22		s.22	s.22
CLAIMS ADJUSTER NAME	FIRM	CLAIM NO.	INSURANCE COMPANY NAME
			POLICY NO.
PROPERTY LOSS ESTIMATE		CONTENTS LOSS ESTIMATE	TOTAL LOSS ESTIMATE TO NEAREST DOLLAR
REMARKS:			
s.22			

NAME OF INVESTIGATOR (PLEASE PRINT) Martin Caldwell	LAFD BADGE NUMBER (IF APPLICABLE)	TELEPHONE 250 342 5212	REPORT DATE (YYYYMMDD) 2009/05/05
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PROVINCE OF BRITISH COLUMBIA  
Ministry of Public Safety and Solicitor General  
Emergency Management BC / Office of the Fire Commissioner

FIRE REPORT - **STRUCTURE**

INCIDENT NUMBER: **NPN 2009 05 04 08  
01**

Location of Incident: **2080 SUMMIT DR  
PANORAMA BC**

# of Occupants (At time of fire): **0** # 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 Risk: s.22

**Code Name : Code Description**

PROPERTY COMPLEX : 3300 HOTEL, MOTEL, LODGE, HOSTEL, BOARDING HOUSE, DORMITORY  
PROPERTY CLASSIFICATION : 3410 HOTEL, INN, LODGE - YEAR ROUND USE  
GENERAL CONSTRUCTION : 2000 PROTECTED COMBUSTIBLE CONSTRUCTION - WOOD PROTECTED BY PLAST  
BUILDING HEIGHT : 0050 5 STORIES ABOVE GRADE  
GROUND FLOOR AREA : 3000 501 TO 1000M2 (5383 - 10764FT2)  
YEAR OF CONSTRUCTION : 2000 2000  
MANUAL FIRE PROTECTION : 2000 EXTINGUISHERS & STANDPIPE SYSTEM  
OUTSIDE FIRE PROTECTION : 1000 PUBLIC HYDRANT PROTECTION & FIRE DEPARTMENT  
SPRINKLER PROTECTION : 1000 COMPLETE SPRINKLER PROTECTION - SUPERVISED (ON-SITE OR OFF-S  
AUTOMATIC FIRE ALARM SYSTE : 3000 FIRE ALARM SYSTEM - OFF-SITE MONITORING AGENCY  
SMOKE ALARM OPERATION : 4000 ALARM ACTIVATED - UNNECESSARY TO EVACUATE OR UNOCCUPIED  
INITIAL DETECTION : 5000 AUTOMATIC SPRINKLER SYSTEM  
TRANSMISSION OF ALARM : 1000 911  
FIRE SERVICE : 2000 VOLUNTEER/PAID-ON-CALL FIRE DEPARTMENT ONLY  
INCIDENT : 1000 FIRE - FIRE DEPARTMENT ATTENDED  
ACTION TAKEN : 3000 EXTINGUISHED BY FIRE DEPARTMENT  
METHOD OF FIRE CONTROL : 2200 STANDPIPE/HOSE SYSTEM SMALL HOSE - 38MM (1 1/2") NOMINAL SI  
FIRE ORIGIN, LEVEL : 5000 3RD STOREY OR OVER 6M TO 9M (20FT TO 30FT) ABOVE GRADE  
FIRE ORIGIN, AREA : 7200 EXTERIOR BALCONY - INCLUDES OPEN PORCH, DECK  
EXTENT OF FIRE : 4000 CONFINED TO FLOOR LEVEL OF ORIGIN  
EXTENT OF DAMAGE : 5000 CONFINED TO BUILDING OF ORIGIN

IGNITING OBJECT : 2700 FLUE PIPE, VENT CONNECTOR

FUEL OR ENERGY : 0009 FUEL OR ENERGY - UNCLASSIFIED (DESCRIBE)

FORM OF HEAT : 6000 HOT OBJECT - DIRECT HEAT BY CONDUCTION OR RADIATION, NO DIRE

MATERIAL FIRST IGNITED : 2500 MATTRESS - INCLUDES HIDE-A-BED MATTRESS, BOX SPRING

ACT OR OMISSION : 3700 COMBUSTIBLE PLACED TOO CLOSE TO HEAT

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Investigating Officer	LAFC Badge #	Telephone	ReportDate
CALDWELL, M		250-342-5212	2009-05-06

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FIRE REPORT - **STRUCTURE** (NARRATIVE)

INCIDENT NUMBER: **NPN 2009 05 04 08 01**

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**Remarks:**

OCCUPANTS OF CONDO s.22 STORED COMBUSTIBLE MATERIAL ON THEIR EXTERIOR DECK INCLUDING A CAMP MATTRESS. THE MRESS WAS BLOWN/FELL OVER ONTO THE GAS FIREPLACE FLUE AND IGNITED. FIRE SPREAD VIA EXTERIOR ALL TO ATTIC

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Investigating Officer	L AFC Badge #	Telephone	ReportDate
CALDWELL, M		250-342-5212	2009-05-06

PROVINCE OF BRITISH COLUMBIA  
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FIRE REPORT - **STRUCTURE** (NAMES)

Emergency Management BC / Office of the Fire Commissioner

INCIDENT NUMBER: **NPN 2009 05 04 08 01**

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Name no.	: 1	Name Status	: OWNER
Name	: s.22	Phone	: s.22
Address	: s.22		
	s.22		

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

LOSS ESTIMATES:

Property	Content Loss : \$0	Total Loss : s.22
Loss : s.22		

REMARKS:

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

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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Investigating Officer	LAFC Badge #	Telephone	ReportDate
CALDWELL, M		250-342-5212	2009-05-06

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FIRE REPORT - **STRUCTURE** (NAMES)

Emergency Management BC / Office of the Fire Commissioner

INCIDENT NUMBER: **NPN 2009 05 04 08 01**

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

Name Status : WITNESS  
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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Name no.	: 4	Name Status	: WITNESS
Name	: s.22	Phone	:
Address	: s.22		

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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Investigating Officer	LAFC Badge #	Telephone	ReportDate
CALDWELL, M		250-342-5212	2009-05-06

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FIRE REPORT - **STRUCTURE** (NAMES)

Emergency Management BC / Office of the Fire Commissioner

INCIDENT NUMBER: **NPN 2009 05 04 08 01**

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Name no.	: 5	Name Status	: WITNESS
Name	: s.22	Phone	:
Address	:		

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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Investigating Officer  
CALDWELL, M

LAFC Badge #

Telephone  
250-342-5212

ReportDate  
2009-05-06