

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

FIRE REPORT - **OUTDOOR**INCIDENT NUMBER: **CNA 2014 09 28 06 01**

Location of Incident: **390 WOODHAVEN DR  
NANAIMO 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: **\$0**      Total Value at Risk: \$ **s.22**

**Code Name :      Code Description**

PROPERTY CLASSIFICATION : 8190 OUTDOOR PROPERTY - UNCLASSIFIED (DESCRIBE)

TRANSMISSION OF ALARM : 1000 911

FIRE SERVICE : 3000 COMPOSITE - CAREER &amp; VOLUNTEER/PAID-ON-CALL FIRE DEPARTMENT

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, AREA : 9100 OPEN AREA - INCLUDES LAWN, FIELD, FARMYARD, PARK, PIER, WHAR

EXTENT OF FIRE : 6000 EXTENDED BEYOND PROPERTY OF ORIGIN

IGNITING OBJECT : 7230 MATCH OR LIGHTER - CANNOT BE DETERMINED

FUEL OR ENERGY : 5100 MATCH OR LIGHTER NOT USED IN CONJUNCTION WITH SMOKING

FORM OF HEAT : 4000 DIRECT FLAME

MATERIAL FIRST IGNITED : 4800 PAPER STOCK - INCLUDES STATIONERY SUPPLIES, FILES, BOOK, MAG

ACT OR OMISSION : 7700 IGNORANCE OF HAZARD (NOTE: IF ILLEGAL OPERATIONS, CLASSIFY A

Investigating Officer  
LAL, UMESH

LAFC Badge #

Telephone  
250-753-7311

ReportDate  
2014-10-08

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FIRE REPORT - **OUTDOOR** (NARRATIVE)

INCIDENT NUMBER: **CNA 2014 09 28 06 01**

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**Remarks:**

A DOCK FIRE OCCURRED WHEN AN OPEN FIRE WAS LEFT BURNING UNATTENDED, THE OCCUPANTS HAD STARTED A CAMPFIRE IN A METAL CONTAINER AND LEFT IT PLACED ON THE WOODEN DOCK OVERNIGHT, THE FIRE SPREAD THROUGH THE DOCK AND IGNITED A BOAT MOORED ON THE DOCK.

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FIRE REPORT - **OUTDOOR** (NAMES)

INCIDENT NUMBER: **CNA 2014 09 28 06 01**

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

Name Status : OWNER  
Phone :

Claims Adjuster Name : 1. KOTE , LARRY  
Claims Adjuster Firm : 1. CLAIM WORKS  
Claim Number : 1. **s.22**  
Insurance Company : 1. GENERAL SOVERIGN  
Policy Number : 1. **s.22**

LOSS ESTIMATES:

Property Loss : **s.22**

Content Loss : \$0

Total Loss : \$ **s.22**

REMARKS:

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