

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

FIRE REPORT - STRUCTURE

INCIDENT NUMBER: CNW 2013 10 10 03 03


Location of Incident:

**0 FRONT ST
NEW WESTMINSTER BC**# of Occupants (At time of fire): **0** # of Injured: **0** # of Deaths: **0** Total Dollar Loss Estimate: **\$0**Related to Wildland Interface Fire: **NO** Property Value: **\$0** Content Value: **\$0** Total Value at Risk: **\$0****Code Name : Code Description**

PROPERTY COMPLEX : 4100 OFFICE BUILDING
PROPERTY CLASSIFICATION : 5290 TEXTILE, WEARING APPAREL SALE - UNCLASSIFIED (DESCRIBE)
GENERAL CONSTRUCTION : 3000 HEAVY TIMBER CONSTRUCTION
BUILDING HEIGHT : 0050 5 STORIES ABOVE GRADE
GROUND FLOOR AREA : 4000 1001 TO 2500M2 (10765 - 26910FT2)
YEAR OF CONSTRUCTION : 0020 1920 OR BEFORE
MANUAL FIRE PROTECTION : 0000 CANNOT BE DETERMINED
OUTSIDE FIRE PROTECTION : 7000 FIRE DEPARTMENT ONLY
SPRINKLER PROTECTION : 7000 NO SPRINKLER PROTECTION
AUTOMATIC FIRE ALARM SYSTE : 0000 CANNOT BE DETERMINED
SMOKE ALARM OPERATION : 0000 ALARM OPERATION CANNOT BE DETERMINED
INITIAL DETECTION : 7000 VISUAL SIGHTING OR OTHER MEANS OF PERSONAL DETECTION (E.G. S
TRANSMISSION OF ALARM : 1000 911
FIRE SERVICE : 1000 CAREER FIRE DEPARTMENT ONLY
INCIDENT : 1000 FIRE - FIRE DEPARTMENT ATTENDED
ACTION TAKEN : 3000 EXTINGUISHED BY FIRE DEPARTMENT
METHOD OF FIRE CONTROL : 4700 COMBINATIONS OF 38/42MM (1 1/2"/1 3/4"), 65MM (2 1/2"), 7
FIRE ORIGIN, LEVEL : 8000 ROOF LEVEL - INCLUDES CONCEALED ROOF SPACE, ATTIC
FIRE ORIGIN, AREA : 7400 CEILING & ROOF/CEILING SPACE (ATTIC)
EXTENT OF FIRE : 6000 EXTENDED BEYOND PROPERTY OF ORIGIN
EXTENT OF DAMAGE : 6000 EXTENDED BEYOND BUILDING OF ORIGIN
IGNITING OBJECT : 8900 EXPOSURE - UNCLASSIFIED (DESCRIBE)
FUEL OR ENERGY : 0000 CANNOT BE DETERMINED
FORM OF HEAT : 0000 CANNOT BE DETERMINED
MATERIAL FIRST IGNITED : 1000 ROOF COVERING - WOOD
ACT OR OMISSION : 0000 CANNOT BE DETERMINED

Investigating Officer
DICK, ROB

LAFC Badge #

Telephone
604-519-1000 ReportDate
2014-10-20

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FIRE REPORT - **STRUCTURE** (NARRATIVE)

INCIDENT NUMBER: **CNW 2013 10 10 03 03**

Remarks:

Investigating Officer
DICK, ROB

LAFC Badge #

Telephone
604-519-1000 

ReportDate
2014-10-20

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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **CNW 2013 10 10 03 03**

Name no. : 1
Name : BRINE, TERRY
Address : 0

Name Status : OWNER
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
DICK, ROB

LAFC Badge #

Telephone
604-519-1000 

ReportDate
2014-10-20

Insurance Fire Report

♦ Indicates required fields when saving as pending
♦♦ Indicates required fields when saving as completed

Status: **LOCKED**

Incident #:

LOC	YYYY	MM	DD	HR	OCC
♦ CNW	2013	10	10	10	01

Incident Type:

☐ Outdoor ☒ Structure ☐ Person ☐ Vehicle

☐ Related to Wildland / Interface Fire

Location of Fire Incident:

PO Box: Apt/Suite: Street #:
Street Name: ♦ COLUMBIA STREET Direction:
City: NEW WESTMINSTER
Postal Code:

Insured:

Status: ♦ OWNER

♦ First Name and Last Name are required. Company Name is required depending on Status.

Last Name: QUESNEL First Name: LYNN
Company Name:
PO Box: Apt/Suite: Street #:
Street Name: COLUMBIA STREET
City: NEW WESTMINSTER
Other City: Province: BRITISH COLUMBIA
Postal Code: V3M 1A5 Tel#: - - Date of Birth:

Name of Insured's Spouse or Full Names of Company Officers:

Last Name	First Name	Remove
<input type="text"/>	<input type="text"/> <input type="button" value="Add"/>	<input type="button" value="Remove"/>

Hazardous Products and Equipment Report: (List vehicles, boats, appliances or other equipment applicable)

Item Type: Item Description:
Make: Year: Model: Serial No: License No:
☐ Confirmed ignition source ☐ Suspected ignition source

Property Loss (\$): ♦	<input type="text" value="0"/>	Property Claim Paid (\$):	<input type="text"/>
Contents Loss (\$): ♦	<input type="text" value="s.21"/>	Contents Claim Paid (\$):	<input type="text" value="s.21"/>
Total Loss (nearest \$):	<input type="text" value="s.21"/>	Total Claim Paid (\$):	<input type="text" value="s.21"/>

Property Value At Risk (\$)	Property Value	Contents Value	Total Value
Estimate:	0	s.21	s.21

Number of Occupants
(at time of incident): 0

Enter Codes (if known):

PR - Property Classification	5510	<input checked="" type="checkbox"/>	HOBBY, TOY SHOP. (EXCLUDES SPORTING, PHOT	<input type="button" value="Search"/>
BH - Building Height	0020	<input checked="" type="checkbox"/>	2 STORIES ABOVE GRADE	<input type="button" value="Search"/>
IN - Incident	8000	<input checked="" type="checkbox"/>	INSURANCE ONLY - ALARM FIRE (FIRE DEPARTME	<input type="button" value="Search"/>
LV - Fire Origin, Level	8000	<input checked="" type="checkbox"/>	ROOF LEVEL - INCLUDES CONCEALED ROOF SPA	<input type="button" value="Search"/>
OA - Fire Origin, Area	7700	<input checked="" type="checkbox"/>	EXTERIOR ROOF	<input type="button" value="Search"/>
XF - Extent Of Fire	6000	<input checked="" type="checkbox"/>	EXTENDED BEYOND PROPERTY OF ORIGIN	<input type="button" value="Search"/>
IG - Igniting Object	0000	<input checked="" type="checkbox"/>	CANNOT BE DETERMINED	<input type="button" value="Search"/>
FU - Fuel Or Energy	4200	<input checked="" type="checkbox"/>	FUEL GAS - PROPANE	<input type="button" value="Search"/>
MI - Material First Ignited	2000	<input checked="" type="checkbox"/>	ROOF COVERING - OTHER THAN WOOD	<input type="button" value="Search"/>
AO - Act Or Omission	0000	<input checked="" type="checkbox"/>	CANNOT BE DETERMINED	<input type="button" value="Search"/>

Remarks: Explain circumstances under which fire originated.

TOTAL LOSS FIRE. BUILDING WAS LEVELED. FIRE BELIEVED TO HAVE STARTED ON ROOF, POSSIBLY RELATED TO ROOFERS.



Name of Mortgagee (1):
Name of Mortgagee (2):
Name of Mortgagee (3):

Name of Public Adjuster (if any):

Claims Adjuster:

Last Name: NZIVO First Name: FRED
Firm: Claim #:

Insurance Company (or name of Lead Company):

Name: UNKNOWN
Policy #: s.21 # Companies: 1

Report By: (All fields)

Last Name: SALE First Name: ALISON Title: ADMIN Tel#: 604 - 580 - 9014 Report Date: 2014/03/05

Save as Pending

Save as Complete

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