

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

FIRE REPORT - STRUCTURE

INCIDENT NUMBER: **DNC 2013 01 06 07 01**

Location of Incident:

**3128 HOPE PLACE
NORTH COWICHAN BC V0R 1K4**# of Occupants (At time of fire): **0** # of Injured: **0** # of Deaths: **0** Total Dollar Loss Estimate: \$ **s.21**Related to Wildland Interface Fire: **NO** Property Value: **\$0** Content Value: \$ **s.21** Total Value at Risk: \$ **s.21****Code Name : Code Description**

PROPERTY COMPLEX : 6900 INDUSTRIAL MANUFACTURING
PROPERTY CLASSIFICATION : 6340 MACHINERY MANUFACTURE - INCLUDES MACHINE SHOPS, THE PRODUCTI
GENERAL CONSTRUCTION : 4000 NON-COMBUSTIBLE CONSTRUCTION - EXPOSED STEEL
BUILDING HEIGHT : 0020 2 STORIES ABOVE GRADE
GROUND FLOOR AREA : 4000 1001 TO 2500M2 (10765 - 26910FT2)
YEAR OF CONSTRUCTION : 1995 1995
MANUAL FIRE PROTECTION : 4000 EXTINGUISHER ONLY
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 : 9900 NO SMOKE ALARM INSTALLED
INITIAL DETECTION : 7000 VISUAL SIGHTING OR OTHER MEANS OF PERSONAL DETECTION (E.G. S
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 : 4500 65MM/77MM (2 1/2"/3") HOSE -2 OR MORE HAND LINES
FIRE ORIGIN, LEVEL : 0000 CANNOT BE DETERMINED
FIRE ORIGIN, AREA : 0000 CANNOT BE DETERMINED
EXTENT OF FIRE : 5000 CONFINED TO BUILDING 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
CLARK, ROBERTLAFC Badge #
999Telephone
250-746-3100ReportDate
2013-02-20

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FIRE REPORT - **STRUCTURE** (NARRATIVE)

INCIDENT NUMBER: **DNC 2013 01 06 07 01**

Remarks:

THE BUILDING WAS RESPONDED TO BY THE NORTH COWICHAN FIRE DEPARTMENT, CHEMAINUS HALL ON TWO SEPARATE FIRE CALLS. THE FIRST CALL CAME IN FROM THE RCMP AT 4:22 A.M. AS A RESULT OF AN INTRUDER ALARM. THE PROPERTY OWNER WAS ALSO ON SCENE AT THAT TIME AND WAS EXTINGUISHING THE FIRE WITH EXTINGUISHERS. THE FIRE DEPARTMENT ATTENDED AND EXTINGUISHED THE MAIN FIRE WHICH WAS IN THE BATHROOM ON THE SECOND FLOOR MEZZANINE. ONCE THE FIRE WAS EXTINGUISHED THE FIRE DEPARTMENT LEFT AND THE PROPERTY OWNER REMAINED ON SCENE FOR APPROXIMATELY ONE HALF HOUR. A SECOND 911 CALL CAME IN AT 0751 OF ANOTHER FIRE BY A PASSERBY. UPON THE FIRE DEPARTMENT'S ARRIVAL THE BUILDING WAS FULLY INVOLVED. DUE TO THE EXTENT OF DAMAGE THE CAUSE OF THE FIRE WAS NOT DETERMINED, BUT IT IS EVIDENT THE FIRE STARTED IN THE SAME AREA OF THE BUILDING AS THE FIRST FIRE.

Investigating Officer	LAFC Badge #	Telephone	ReportDate
CLARK, ROBERT	999	250-746-3100	2013-02-20

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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **DNC 2013 01 06 07 01**

Name no. : 1
Name : UNKNOWN, UNKNOWN
Address : 3128 HOPE PLACE
CHEMAINUS BRITISH COLUMBIA V0R 1K4

Name Status : BUSINESS OWNER
Phone : 250-416-0212

Claims Adjuster Name : 1. ROWE , RICK
Claims Adjuster Firm : 1. CLAIMS PRO
Claim Number : 1. s.21
Insurance Company : 1. BEACON UNDERWRITING
Policy Number : 1. s.21

LOSS ESTIMATES:

Property Loss : \$0

Content Loss : \$ s.21

Total Loss : \$ s.21

REMARKS:

Name no. : 2
Name : LEROY, JASON
Address : s.22

Name Status : BUSINESS OWNER
Phone : 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:

PRESIDENT OF PROFAB MANUFACTURING LTD.

Investigating Officer : LAFC Badge #
CLARK, ROBERT : 999

Telephone :
250-746-3100
ReportDate :
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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **DNC 2013 01 06 07 01**

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

Name Status : OWNER
Phone :

Claims Adjuster Name : 1. EISLER , KELLY
Claims Adjuster Firm : 1. COAST CLAIMS
Claim Number : 1. s.21
Insurance Company : 1. INTACT
Policy Number : 1. s.21

LOSS ESTIMATES: s.21

Property Loss : \$

Content Loss : \$0

Total Loss : \$ s.21

REMARKS:

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

Name Status : OCCUPANT
Phone : 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:

CHARGE HAND - LAST PERSON TO LEAVE THE BUILDING, LOCKED UP AND SET THE ALARM.

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