

Location of Incident: **8513 MATTERHORN  
WHISTLER 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 : 3400 RESIDENTIAL - SINGLE DETACHED  
PROPERTY CLASSIFICATION : 3170 FARM DWELLING - 1-FAMILY  
GENERAL CONSTRUCTION : 1000 COMBUSTIBLE CONSTRUCTION - OPEN WOOD JOIST  
BUILDING HEIGHT : 0020 2 STORIES ABOVE GRADE  
GROUND 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 : 0000 CANNOT BE DETERMINED  
SMOKE ALARM OPERATION : 0000 ALARM OPERATION CANNOT BE DETERMINED  
INITIAL DETECTION : 0000 CANNOT BE DETERMINED  
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 : 8000 ROOF LEVEL - INCLUDES CONCEALED ROOF SPACE, ATTIC  
FIRE ORIGIN, AREA : 9900 OUTSIDE AREA - UNCLASSIFIED (DESCRIBE)  
EXTENT OF FIRE : 4000 CONFINED TO FLOOR LEVEL 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	LAFC Badge #	Telephone	ReportDate
NELSON, CHRIS	2017	604-935-8260	2020-03-09

**Remarks:**

UNABLE TO DETERIME CAUSE OF FIRE

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Investigating Officer	L AFC Badge #	Telephone	ReportDate
NELSON, CHRIS	2017	604-935-8260	2020-03-09

Name no. : 1  
Name : UNKNOWN, UNKNOWN  
Address :

Name Status : OCCUPANT  
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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