

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

FIRE REPORT - STRUCTURE

INCIDENT NUMBER: CVA 2014 01 29 18 03

Location of Incident: **4112 - 1818 QUEBEC ST
VANCOUVER BC**

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: **s.21** Content Value: **\$0** Total Value at Risk: **s.21**

Code Name : Code Description

PROPERTY COMPLEX : 0009 BUILDING/STRUCTURE UNCLASSIFIED (DESCRIBE)
PROPERTY CLASSIFICATION : 7971 INDOOR STORAGE (WITHIN A BUILDING OR STRUCTURE)
GENERAL CONSTRUCTION : 5000 PROTECTED NON-COMBUSTIBLE CONSTRUCTION - PROTECTED STEEL OR
BUILDING HEIGHT : 0040 4 STORIES ABOVE GRADE
GROUND FLOOR AREA : 0000 CANNOT BE DETERMINED
YEAR OF CONSTRUCTION : 2008 2008
MANUAL FIRE PROTECTION : 2000 EXTINGUISHERS & STANDPIPE SYSTEM
OUTSIDE FIRE PROTECTION : 1000 PUBLIC HYDRANT PROTECTION & FIRE DEPARTMENT
SPRINKLER PROTECTION : 3000 COMPLETE SPRINKLER PROTECTION - UNSUPERVISED, LOCAL ALARMS O
AUTOMATIC FIRE ALARM SYSTE : 3000 FIRE ALARM SYSTEM - OFF-SITE MONITORING AGENCY
SMOKE ALARM OPERATION : 1000 ALARM ACTIVATED - ASSISTED OCCUPANT(S) IN EVACUATING
INITIAL DETECTION : 1000 SMOKE ALARM DEVICE
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 : 6100 WET PIPE SYSTEM - INCLUDES CENTRAL STATION SUPERVISED OR WAT
FIRE ORIGIN, LEVEL : 6000 4TH TO 12TH STOREY (INCLUSIVE) OR OVER 9M TO 36M (30FT TO 12
FIRE ORIGIN, AREA : 4200 CLOSET - INCLUDES LOCKERS
EXTENT OF FIRE : 2000 CONFINED TO PART OF ROOM/AREA OF ORIGIN
EXTENT OF DAMAGE : 5000 CONFINED TO BUILDING OF ORIGIN
IGNITING OBJECT : 5900 ELECTRICAL DISTRIBUTION EQUIPMENT - UNCLASSIFIED (DESCRIBE)
FUEL OR ENERGY : 6000 ELECTRICITY
FORM OF HEAT : 6000 HOT OBJECT - DIRECT HEAT BY CONDUCTION OR RADIATION, NO DIRE
MATERIAL FIRST IGNITED : 0000 CANNOT BE DETERMINED
ACT OR OMISSION : 4100 PART FAILURE, LEAK, BREAK

Investigating Officer LAFC Badge #
CLARKE, CHRISTOPHER

Telephone ReportDate
604-665-6078 2014-04-30

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FIRE REPORT - **STRUCTURE** (NARRATIVE)

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Remarks:

RESPONDED TO REPORT OF STRUCTURE FIRE. FOUND VB01 O/S AND I/C. 4 STORY, TYPE 2 CONSTRUCTION STORAGE LOCKER FACILITY FULLY ALARMED AND SPRINKLERED. VE03 WAS FIRST O/S AND STATED HEAVY BLACK SMOKE AND SOOT STAINED WINDOWS ON FOURTH FLOOR OF STORAGE LOCKER FACILITY. CREWS GAINED ACCESS TO FOURTH FLOOR AND USED FORCIBLE ENTRY ON METAL DOOR OF INVOLVED STORAGE LOCKER. EXTINGUISHMENT WAS ACHIEVED WITH HOSE LINE FROM STANDPIPE. BUILDING MANAGER STATED HE HEARD ALARM ACTIVATE AND EXAMINED ALARM PANEL WHICH SHOWED FOURTH FLOOR SPRINKLER ACTIVATION. UPON INVESTIGATING FLOOR HE NOTICED HEAVY SMOKE. RETREATING, HE MADE SURE NO ONE WAS ON OTHER FLOORS AND CALLED 911. WITNESS STATED TO INVESTIGATORS THAT FACILITY IS SWIPE CARD ACCESSIBLE ONLY WITH TIME STAMP. INVOLVED LOCKER RENTER HAD SWIPED OUT AT 1724 HRS AND ISSHOWING **622** INVESTIGATION SHOWED AREA OF ORIGIN TO BE MID-RIGHT WALL OF LOCKER. HEAVY CHARRING TO WOODEN SHELVING UNIT, COMBUSTIBLES IN AREA AND HEAT PATTERN ON CORRUGATED METAL WALL SUPPORT FINDINGS. MULTIPLE (20) BATTERY PACKS IN SEVERAL CHARGERS FOUND IN AREA PLUGGED INTO 4 OR MORE INLINE ELECTRICAL POWER BARS WITH ONLY ONE POWER BAR WITH ANY VACANT RECEPTACLES. ALL POWER BARS WERE SUPPLIED BY ONE 120 VOLT EXTENSION CORD. DETERMINED TO BE ELECTRICAL AND ACCIDENTAL IN NATURE. NO OTHER IGNITION SOURCES FOUND IN AREA. CONSIDERABLE FIRE, HEAT, SMOKE AND WATER DAMAGE TO CONTENTS OF LOCKER. DAMAGE TO LOCKER DOOR FOR EXTINGUISHMENT AND NEIGHBORING DOOR FOR EXTENSION CHECK VIA FORCIBLE ENTRY. DAMAGE TO TWO LARGE (4'X4') WINDOWS ON FOURTH FLOOR BY FIRE CREWS FOR VENTILATION. CONSIDERABLE SMOKE AND WATER DAMAGE TO ENTIRE FOURTH FLOOR. SLIGHT WATER DAMAGE IN POCKETS ON REMAINING FLOORS DUE TO WATER MIGRATION. UNABLE TO DETERMINE FULL EXTENT OF WATER DAMAGE DUE TO VOLUME OF LOCKED STORAGE LOCKERS IN FACILITY. LEFT IN CARE OF BUILDING MANAGER AND ARRIVING RESTORATION COMPANY **62** BRENT FROM CLAIMS PRO CALLED RE: WATER DAMAGE TO GOLF STORE LOCKERS #4072,4005,4003,4076,4077 AND 4078. SMOKE AND WATER DAMAGE TO GOLF STORE CLOTHING

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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **CVA 2014 01 29 18 03**

Name no. : 1
Name : **s.22**
Address : 0 1818 QUEBEC ST. - MANAGER

Name Status : BUSINESS 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:

Name no. : 2
Name : GOLF, LOUD MOUTH
Address : 0 LOCKER 4078,4077,4076,4003,4005,4072

Name Status : BUSINESS OWNER
Phone :

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

LOSS ESTIMATES:

Property Loss : **s.21**

Content Loss : \$0

Total Loss : **s.21**

REMARKS:

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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **CVA 2014 01 29 18 03**

Name no. : 3
Name : STORAGE, MAPLE LEAF
Address : 0 1818 QUEBEC STREET

Name Status : OWNER
Phone :

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

LOSS ESTIMATES:

Property Loss **s.21**

Content Loss : \$0

Total Loss : **s.21**

REMARKS:

Name no. : 4
Name : UNKNOWN1, UNKNOWN
Address : 0 #4038-1818 QUEBEC STREET

Name Status : OCCUPANT
Phone :

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

LOSS ESTIMATES:

Property Loss **s.22**

Content Loss : \$0

Total Loss **s.22**

REMARKS:

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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **CVA 2014 01 29 18 03**

Name no. : 5
Name : UNKNOWN2, UNKNOWN
Address : 0 #4123-1818 QUEBEC STREET

Name Status : OCCUPANT
Phone :

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

LOSS ESTIMATES:

Property Loss : **s.22**

Content Loss : \$0

Total Loss : **s.22**

REMARKS:

Name no. : 6
Name : **s.22**
Address : 0 #3030-1818 QUEBEC STREET

Name Status : OCCUPANT
Phone :

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

LOSS ESTIMATES:

Property Loss : **s.22**

Content Loss : \$0

Total Loss : **s.22**

REMARKS:

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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **CVA 2014 01 29 18 03**

Name no. : 7
Name : **s.22**
Address : 0 #4038-1818 QUEBEC STREET

Name Status : OCCUPANT
Phone : **s.22**

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

LOSS ESTIMATES:

Property Loss : **s.22**

Content Loss : \$0

Total Loss : **s.22**

REMARKS:

Name no. : 8
Name : **s.22**
Address : 0 #270-1818 QUEBEC STREET

Name Status : OCCUPANT
Phone :

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

LOSS ESTIMATES:

Property Loss : **s.22**

Content Loss : \$0

Total Loss : **s.22**

REMARKS:

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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **CVA 2014 01 29 18 03**

Name no. : 9
Name : **s.22**
Address : 0 #3035-1818 QUEBEC

Name Status : OCCUPANT
Phone : **s.22**

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

LOSS ESTIMATES:

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

Total Loss : **s.22**

REMARKS:

Name no. : 10
Name : **s.22**
Address : 0 #3065-1818 QUEBEC

Name Status : OCCUPANT
Phone : **s.22**

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

LOSS ESTIMATES:

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

Total Loss : **s.22**

REMARKS:

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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **CVA 2014 01 29 18 03**

Name no. : 11
Name : s 22
Address : 0 #4112-1818 QUEBEC

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:

Name no. : 12
Name : s 22
Address : 0 #4112-1818 QUEBEC s 22
V6J2C3

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:

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