

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

FIRE REPORT - STRUCTURE

INCIDENT NUMBER: CNA 2014 11 29 03 02

Location of Incident:

**361 ALBERT ST
NANAIMO BC**

of Occupants (At time of fire): **7** # of Injured: **0** # of Deaths: **1** Total Dollar Loss Estimate: **s.22**

Related to Wildland Interface Fire: **NO** Property Value: **s.22** Content Value: **s.22** Total Value at Risk: **s.22**

Code Name : Code Description

PROPERTY COMPLEX : 3900 RESIDENTIAL - WITH BUSINESS/MERCANTILE, UP TO 3 STORIES
PROPERTY CLASSIFICATION : 3290 APARTMENT, TOWNHOUSE - UNCLASSIFIED (DESCRIBE)
GENERAL CONSTRUCTION : 2000 PROTECTED COMBUSTIBLE CONSTRUCTION - WOOD PROTECTED BY PLAST
BUILDING HEIGHT : 0020 2 STORIES ABOVE GRADE
GROUND FLOOR AREA : 2000 101 TO 500M2 (1077 - 5382FT2)
YEAR OF CONSTRUCTION : 0020 1920 OR BEFORE
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 : 1000 NO FIRE ALARM SYSTEM
SMOKE ALARM OPERATION : 8000 ALARM NOT ACTIVATED - AC POWER NOT CONNECTED, DISABLE OR OFF
INITIAL DETECTION : 7000 VISUAL SIGHTING OR OTHER MEANS OF PERSONAL DETECTION (E.G. S
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 : 4000 2ND STOREY OR OVER 3M TO 6M (10FT TO 20FT) ABOVE GRADE
FIRE ORIGIN, AREA : 1400 LOUNGE, LIVING ROOM - INCLUDES MUSIC ROOM, COMMON ROOM, TV R
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
MILLBANK, ALAN

LAFC Badge #
2238

Telephone
250-753-7311

ReportDate
2015-02-03

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FIRE REPORT - **STRUCTURE** (NARRATIVE)

INCIDENT NUMBER: **CNA 2014 11 29 03 02**

Remarks:

A STRUCTURE FIRE IN A 7 ROOM APARTMENT ON THE SECOND FLOOR CONTAINING A FAMILY OF 8 RESULTING IN THE DEATH OF 1 INDIVIDUAL. CAUSE UN-DETERMINED.

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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **CNA 2014 11 29 03 02**

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

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. : 2
Name : **s.22**
Address : 0

Name Status : OCCUPANT
Phone :

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

LOSS ESTIMATES:

Property Loss : \$0

Content Loss : **s.22**Total Loss : **s.22**

REMARKS:

Investigating Officer :
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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **CNA 2014 11 29 03 02**

Name no. : 3
Name : **s.22**
Address : 0

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. : 4
Name : **s.22**
Address : 0

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:

Investigating Officer :
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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **CNA 2014 11 29 03 02**

Name no. : 5
Name : **s.22**
Address : 0

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. : 6
Name : **s.22**
Address : 0

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:

Investigating Officer :
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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **CNA 2014 11 29 03 02**

Name no. : 7
Name **s.22**
Address : 0

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. : 8
Name **s.22**
Address : 361 ALBERT STREET
NANAIMO BRITISH COLUMBIA

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:

Investigating Officer :
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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **CNA 2014 11 29 03 02**

Name no. : 9
Name : **s.22**
Address : 0
NANAIMO BRITISH COLUMBIA V9S2X2

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

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

LOSS ESTIMATES:

Property Loss : **s.22**Content Loss : **s.22**Total Loss : **s.22**

REMARKS:

Investigating Officer :
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FIRE REPORT - **STRUCTURE** (CASUALTY)

INCIDENT NUMBER: **CNA 2014 11 29 03 02**

CASUALTY NO : 1

NAME : **s.22**

ADDRESS : 361 ALBERT STREET
NANAIMO BRITISH COLUMBIA

AGE : **s.22**

GENDER : M

STATUS : CIVILIAN

DATE OF DEATH : 2014-11-30 (YYYY MM DD)

Code Name : Code Description

NATURE OF CASUALTY : 001 - DEATH

CONDITION OF CASUALTY : 011 - ASLEEP AT TIME OF FIRE

ACTION OF CASUALTY : 029 - UNCLASSIFIED

IGNITION OF CLOTHING : 030 - NOT APPLICABLE

TYPE OF FABRIC IGNITED : 040 - NOT APPLICABLE

CAUSE OF FAILURE TO ESCAPE : 052 - TRAPPED BY RAPID SPREADING OF FIRE/SMOKE THROUGH HORIZO

CAUSE OF INJURY/DEATH : 100 - SMOKE INHALATION

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