

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

FIRE REPORT - STRUCTURE

INCIDENT NUMBER: **DNV 2018 07 24 12 01**

Location of Incident:

**4290 NAUGHTON AVE
 NORTH VANCOUVER DISTRICT BC**

of Occupants (At time of fire): **66** # of Injured: **8** # 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 : 3200 RESIDENTIAL - APARTMENT
 PROPERTY CLASSIFICATION : 3240 APARTMENT, TOWNHOUSE - 5 TO 20 UNITS WITHOUT BUSINESS
 GENERAL CONSTRUCTION : 2000 PROTECTED COMBUSTIBLE CONSTRUCTION - WOOD PROTECTED BY PLAST
 BUILDING HEIGHT : 0040 4 STORIES ABOVE GRADE
 GROUND FLOOR AREA : 4000 1001 TO 2500M2 (10765 - 26910FT2)
 YEAR OF CONSTRUCTION : 1987 1987
 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 : 3000 FIRE ALARM SYSTEM - OFF-SITE MONITORING AGENCY
 SMOKE ALARM OPERATION : 9500 ALARM NOT ACTIVATED - UNKNOWN
 INITIAL DETECTION : 2000 SMOKE DETECTOR DEVICE
 TRANSMISSION OF ALARM : 3000 PRIVATE FIRE ALARM SYSTEM - INCLUDES SIGNAL/ALARM RECEIVED I
 FIRE SERVICE : 1000 CAREER 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 : 6000 4TH TO 12TH STOREY (INCLUSIVE) OR OVER 9M TO 36M (30FT TO 12
 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
 SAULNIER, KIMBERLY

LAFC Badge #

Telephone
 604-980-7575

ReportDate
 2018-09-06

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FIRE REPORT - **STRUCTURE** (NARRATIVE)

INCIDENT NUMBER: **DNV 2018 07 24 12 01**

Remarks:

AS PER CHIEF WARNER, 6 EXTRA REPORTS WERE CREATED TO ACCOMMODATE CREWS WORKING ON THIS INCIDENT OVER SHIFT CHANGE. TITLES AT THE TOP OF THE REPORTS SHOULD MAKE IT INTUITIVE AS TO WHICH REPORT IS ASSIGNED TO EACH CREW.

Investigating Officer	L AFC Badge #	Telephone	ReportDate
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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **DNV 2018 07 24 12 01**

Name no. : 1
Name : s.22
Address : 0 s. -4290 NAUGHTON AVENUE
BRITISH COLUMBIA

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:

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 : \$0

Total Loss : \$0

REMARKS:

Investigating Officer : LAFC Badge #
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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **DNV 2018 07 24 12 01**

Name no. : 3
Name : ONE, CIVILIAN
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 : TWO, CIVILIAN
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 : LAFC Badge #
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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **DNV 2018 07 24 12 01**

Name no. : 5
Name : THREE, CIVILIAN
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 : FOUR, CIVILIAN
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 : LAFC Badge #
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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **DNV 2018 07 24 12 01**

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

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:

Name no. : 8
Name : FIVE, CIVILIAN
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 LAFC Badge #
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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **DNV 2018 07 24 12 01**

Name no. : 9
Name : SIX, CIVILIAN
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. : 10
Name : SEVEN, CIVILIAN
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 : LAFC Badge #
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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **DNV 2018 07 24 12 01**

Name no. : 11
Name : s.22
Address : 0 s.2 -4290 NAUGHTON AVENUE
BRITISH COLUMBIA

Name Status : WITNESS
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. : 12
Name : s.22
Address : 0 s.2 -4290 NAUGHTON
BRITISH COLUMBIA

Name Status : WITNESS
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:

Investigating Officer : LAFC Badge #
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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **DNV 2018 07 24 12 01**

Name no.	: 13	Name Status	: WITNESS
Name	s.22	Phone	s.22
Address	BRITISH COLUMBIA		

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

LOSS ESTIMATES:

Property Loss : \$0	Content Loss : \$0	Total Loss : \$0
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REMARKS:

Name no.	: 14	Name Status	: WITNESS
Name	s.22	Phone	s.22
Address	BRITISH COLUMBIA		

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

LOSS ESTIMATES:

Property Loss : \$0	Content Loss : \$0	Total Loss : \$0
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REMARKS:

Investigating Officer	LAFC Badge #	Telephone	ReportDate
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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **DNV 2018 07 24 12 01**

Name no. : 15
Name : s.22
Address : 0

Name Status : WITNESS
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. : 16
Name : s.22
Address :
BRITISH COLUMBIA s.22

Name Status : WITNESS
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:

Investigating Officer : LAFC Badge #
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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **DNV 2018 07 24 12 01**

Name no. : 17
Name : s.22
Address : BRITISH COLUMBIA s.22

Name Status : WITNESS
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. : 18
Name : s.22
Address : 0

Name Status : WITNESS
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:

Investigating Officer : LAFC Badge #
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FIRE REPORT - **STRUCTURE** (CASUALTY)

INCIDENT NUMBER: **DNV 2018 07 24 12 01**

CASUALTY NO : 1
NAME : ONE, CIVILIAN
ADDRESS : 0

AGE : 218
GENDER : M
STATUS : CIVILIAN
DATE OF DEATH :

Code Name : Code Description

NATURE OF CASUALTY : 002 - LIGHT INJURY (HOSP. 1-2 DAYS AND/OR OFF WORK 1-15 DAYS)
CONDITION OF CASUALTY : 010 - CONDITION OF CASUALTY UNKNOWN
ACTION OF CASUALTY : 021 - INJURED WHILE ATTEMPTING TO ESCAPE
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

CASUALTY NO : 2
NAME : THREE, CIVILIAN
ADDRESS : 0

AGE : 218
GENDER : M
STATUS : CIVILIAN
DATE OF DEATH :

Code Name : Code Description

NATURE OF CASUALTY : 002 - LIGHT INJURY (HOSP. 1-2 DAYS AND/OR OFF WORK 1-15 DAYS)
CONDITION OF CASUALTY : 010 - CONDITION OF CASUALTY UNKNOWN
ACTION OF CASUALTY : 021 - INJURED WHILE ATTEMPTING TO ESCAPE
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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FIRE REPORT - **STRUCTURE** (CASUALTY)

INCIDENT NUMBER: **DNV 2018 07 24 12 01**

CASUALTY NO : 3
NAME : FIVE, CIVILIAN
ADDRESS : 0

AGE : 218
GENDER : F
STATUS : CIVILIAN
DATE OF DEATH :

Code Name : Code Description

NATURE OF CASUALTY : 002 - LIGHT INJURY (HOSP. 1-2 DAYS AND/OR OFF WORK 1-15 DAYS)
CONDITION OF CASUALTY : 010 - CONDITION OF CASUALTY UNKNOWN
ACTION OF CASUALTY : 021 - INJURED WHILE ATTEMPTING TO ESCAPE
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

CASUALTY NO : 4
NAME : SEVEN, CIVILIAN
ADDRESS : 0

AGE : 218
GENDER : F
STATUS : CIVILIAN
DATE OF DEATH :

Code Name : Code Description

NATURE OF CASUALTY : 002 - LIGHT INJURY (HOSP. 1-2 DAYS AND/OR OFF WORK 1-15 DAYS)
CONDITION OF CASUALTY : 010 - CONDITION OF CASUALTY UNKNOWN
ACTION OF CASUALTY : 021 - INJURED WHILE ATTEMPTING TO ESCAPE
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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FIRE REPORT - **STRUCTURE** (CASUALTY)

INCIDENT NUMBER: **DNV 2018 07 24 12 01**

CASUALTY NO : 5
NAME s.22
ADDRESS : 0

AGE : 218
GENDER : M
STATUS : CIVILIAN
DATE OF DEATH :

Code Name : Code Description

NATURE OF CASUALTY : 002 - LIGHT INJURY (HOSP. 1-2 DAYS AND/OR OFF WORK 1-15 DAYS)
CONDITION OF CASUALTY : 014 - AWAKE OR NO PHYSICAL OR MENTAL IMPAIRMENT AT TIME OF FI
ACTION OF CASUALTY : 024 - VOLUNTARILY ENTERED OR REMAINED FOR FIRE FIGHTING
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 : 101 - BURNS RESULTING FROM FIRE AND FLAMES

CASUALTY NO : 6
NAME : TWO, CIVILIAN
ADDRESS : 0

AGE : 218
GENDER : M
STATUS : CIVILIAN
DATE OF DEATH :

Code Name : Code Description

NATURE OF CASUALTY : 002 - LIGHT INJURY (HOSP. 1-2 DAYS AND/OR OFF WORK 1-15 DAYS)
CONDITION OF CASUALTY : 010 - CONDITION OF CASUALTY UNKNOWN
ACTION OF CASUALTY : 021 - INJURED WHILE ATTEMPTING TO ESCAPE
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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FIRE REPORT - **STRUCTURE** (CASUALTY)

INCIDENT NUMBER: **DNV 2018 07 24 12 01**

CASUALTY NO : 7
NAME : FOUR, CIVILAN
ADDRESS : 0

AGE : 218
GENDER : F
STATUS : CIVILIAN
DATE OF DEATH :

Code Name : Code Description

NATURE OF CASUALTY : 002 - LIGHT INJURY (HOSP. 1-2 DAYS AND/OR OFF WORK 1-15 DAYS)
CONDITION OF CASUALTY : 010 - CONDITION OF CASUALTY UNKNOWN
ACTION OF CASUALTY : 021 - INJURED WHILE ATTEMPTING TO ESCAPE
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

CASUALTY NO : 8
NAME : SIX, CIVILIAN
ADDRESS : 0

AGE : 218
GENDER : M
STATUS : CIVILIAN
DATE OF DEATH :

Code Name : Code Description

NATURE OF CASUALTY : 002 - LIGHT INJURY (HOSP. 1-2 DAYS AND/OR OFF WORK 1-15 DAYS)
CONDITION OF CASUALTY : 010 - CONDITION OF CASUALTY UNKNOWN
ACTION OF CASUALTY : 021 - INJURED WHILE ATTEMPTING TO ESCAPE
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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