

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

FIRE REPORT - **STRUCTURE**INCIDENT NUMBER: **CCA 2015 11 18 06 01**

Location of Incident: **3113 4TH AVENUE  
CASTLEGAR BC V1N2S5**

# of Occupants (At time of fire): **2**      # of Injured: **0**      # of Deaths: **0**      Total Dollar Loss Estimate: **\$22**

Related to Wildland Interface Fire: **NO**      Property Value: **\$22**      Content Value: **\$22**      Total Value at Risk: **\$22**

**Code Name :      Code Description**

PROPERTY COMPLEX : 0009 BUILDING/STRUCTURE UNCLASSIFIED (DESCRIBE)  
PROPERTY CLASSIFICATION : 3110 YEAR-ROUND USE DWELLING - 1-FAMILY  
GENERAL CONSTRUCTION : 0009 GENERAL CONSTRUCTION - UNCLASSIFIED (DESCRIBE)  
BUILDING HEIGHT : 0010 1 STORY ABOVE GRADE  
GROUND FLOOR AREA : 1000 1 TO 100M2 (1 - 1076FT2)  
YEAR OF CONSTRUCTION : 0051 1951 TO 1960  
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 : 0000 ALARM OPERATION CANNOT BE DETERMINED  
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 : 3000 GROUND FLOOR, GRADE LEVEL OR GRADE TO 3M (10FT)  
FIRE ORIGIN, AREA : 0000 CANNOT BE DETERMINED  
EXTENT OF FIRE : 6000 EXTENDED BEYOND PROPERTY OF ORIGIN  
EXTENT OF DAMAGE : 6000 EXTENDED BEYOND 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	L AFC Badge #	Telephone	ReportDate
LATTANZIO, SAM	713	250-365-3266	2015-11-25

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FIRE REPORT - **STRUCTURE**  
(PRODUCT/EQUIPMENT)  
INCIDENT NUMBER: **CCA 2015 11 18 06 01**

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LOG #	: 172790		
ITEM TYPE	: AUTOMOBILE		
ITEM DESCRIPTION	:		
MAKE	: s.22	CERT. AGENCY1	: s.22
MODEL	:	CERT. AGENCY2	:
YEAR	:	CERT. AGENCY3	:
LICENSE NO.	:	CERT. AGENCY4	:
SERIAL NO.	:	CERT. AGENCY5	:
MAKE	:		

COMMENTS :  
s.22

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LOG #	: 172793		
ITEM TYPE	: AUTOMOBILE		
ITEM DESCRIPTION	:		
MAKE	: s.22	CERT. AGENCY1	: s.22
MODEL	:	CERT. AGENCY2	:
YEAR	:	CERT. AGENCY3	:
LICENSE NO.	:	CERT. AGENCY4	:
SERIAL NO.	:	CERT. AGENCY5	:
MAKE	:		

COMMENTS :  
s.22

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FIRE REPORT - **STRUCTURE**  
(PRODUCT/EQUIPMENT)  
INCIDENT NUMBER: **CCA 2015 11 18 06 01**

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LOG #	: 172794		
ITEM TYPE	: AUTOMOBILE		
ITEM DESCRIPTION	:		
MAKE	: s.22	CERT. AGENCY1	:
MODEL	:	CERT. AGENCY2	:
YEAR	:	CERT. AGENCY3	:
LICENSE NO.	:	CERT. AGENCY4	:
SERIAL NO.	:	CERT. AGENCY5	:
MAKE	:		

COMMENTS :  
THIS VEHICLE HAD NOT LICENCE PLATE AND VIN WAS UNREADABLE. VEHICLE WAS A COMPLETE WRITE OFF.

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FIRE REPORT - **STRUCTURE** (NARRATIVE)

INCIDENT NUMBER: **CCA 2015 11 18 06 01**

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**Remarks:**

THE STRUCTURE AND 3 VEHICLES WERE FULLY INVOLVED PRIOR TO CFD ARRIVING ON SCENE. NEIGHBOUR VIDEO AND PHOTOS ON FILE. CFD FILE NUMBER 15-816. DASH CAM AND PHOTOS ON FILE.

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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **CCA 2015 11 18 06 01**

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

Name Status : OWNER  
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:

THIS WAS A DETACHED WORKSHOP AND CARPORT.

Name no. : 2  
Name : s.22  
Address :

Name Status : OWNER  
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 : LATTANZIO, SAM  
LAFC Badge # : 713

Telephone : 250-365-3266  
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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **CCA 2015 11 18 06 01**

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

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:

THIS ESTIMATE IS FOR OCCUPANT CONTENTS ONLY THAT WAS LOST IN FIRE IN WORKSHOP.

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