

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

FIRE REPORT - STRUCTURE

INCIDENT NUMBER: CKI 2016 02 20 03 01

Location of Incident: **211 - 880 'B' DOGWOOD DRIVE
KIMBERLEY BC**

of Occupants (At time of fire): **4** # 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 : 3200 RESIDENTIAL - APARTMENT
PROPERTY CLASSIFICATION : 3250 APARTMENT, TOWNHOUSE - OVER 20 UNITS WITH OR W/O BUSINESS
GENERAL CONSTRUCTION : 5000 PROTECTED NON-COMBUSTIBLE CONSTRUCTION - PROTECTED STEEL OR
BUILDING HEIGHT : 0040 4 STORIES ABOVE GRADE
GROUND FLOOR AREA : 3000 501 TO 1000M2 (5383 - 10764FT2)
YEAR OF CONSTRUCTION : 2007 2007
MANUAL FIRE PROTECTION : 2000 EXTINGUISHERS & STANDPIPE SYSTEM
OUTSIDE FIRE PROTECTION : 1000 PUBLIC HYDRANT PROTECTION & FIRE DEPARTMENT
SPRINKLER PROTECTION : 1000 COMPLETE SPRINKLER PROTECTION - SUPERVISED (ON-SITE OR OFF-S
AUTOMATIC FIRE ALARM SYSTE : 3000 FIRE ALARM SYSTEM - OFF-SITE MONITORING AGENCY
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 : 1000 EXTINGUISHED BY OTHER THAN FIRE DEPARTMENT (I.E.. OCCUPANT/W
METHOD OF FIRE CONTROL : 1700 DRY CHEMICAL
FIRE ORIGIN, LEVEL : 4000 2ND STOREY OR OVER 3M TO 6M (10FT TO 20FT) ABOVE GRADE
FIRE ORIGIN, AREA : 7200 EXTERIOR BALCONY - INCLUDES OPEN PORCH, DECK
EXTENT OF FIRE : 2000 CONFINED TO PART OF ROOM/AREA OF ORIGIN
EXTENT OF DAMAGE : 2000 CONFINED TO PART OF ROOM/AREA 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
PRASAD, RICHARD	1710	250-427-5311	2016-02-23

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FIRE REPORT - **STRUCTURE** (NARRATIVE)

INCIDENT NUMBER: **CKI 2016 02 20 03 01**

Remarks:

-DURING FD INVESTIGATION A POTENTIAL IGNITION OBJECT WAS NOT FOUND -REPORT BY OCCUPANTS THAT SMOKING WAS OCCURRING ON THE BALCONY NEAR THE AREA OF ORIGIN -A PARTIALLY SMOKED CIGARETTE WAS FOUND NEAR THE BALCONY DOOR ON THE INSIDE OF THE SUITE -UNDER ARMOUR FOAM SANDAL FOUND NEAR POINT OF ORIGIN -BBQ COVER FOUND NEAR POINT OF ORIGIN -ELECTRICAL INSPECTED BY KYLE TRACY (BC SAFETY AUTHORITY ELECTRICAL INSPECTOR), ELECTRICAL NOT SUSPECTED. (OFFICIAL REPORT NOT AVAILABLE AT THIS TIME) -GAS AND BBQ INSPECTED JIM KIDD (BC SAFETY AUTHORITY GAS INSPECTOR), BBQ WAS TURNED OFF AND THE GAS LINES/APPLIANCE WAS NOT SHOWING SIGNS OF LEAK. (OFFICIAL REPORT NOT AVAILABLE AT THIS TIME)

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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **CKI 2016 02 20 03 01**

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

Name Status : OWNER
Phone : s.22

Claims Adjuster Name : 1. FRENCH , GERRY
Claims Adjuster Firm : 1. WESTERN FINANCIAL
Claim Number : 1. 53640-107193
Insurance Company : 1. LLOYDS OF LONDON
Policy Number : s.22

LOSS ESTIMATES:

Property Loss : s.22

Content Loss : s.22

Total Loss : s.22

REMARKS:

ABSENTEE CO-OWNER

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

Name Status : OWNER
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:

ABSENTEE CO-OWNER

Investigating Officer : LAFB Badge #
PRASAD, RICHARD : 1710

Telephone :
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ReportDate :
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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **CKI 2016 02 20 03 01**

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

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. : 4
Name : s.22
Address :

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:

OTHERS STAYING IN THE SUITE: s.22, s.22, s.22
ALL OCCUPANTS WERE SLEEPING, BBQ WAS USED AROUND 9 PM. GAS WAS OFF.

Investigating Officer : LAFB Badge #
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