

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

FIRE REPORT - STRUCTURE

INCIDENT NUMBER: CNO 2016 07 18 04 01

Location of Incident: **357 E 2ND ST E
NORTH VANCOUVER CITY BC**

of Occupants (At time of fire): **60** # of Injured: **0** # of Deaths: **1** 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 : 2000 PROTECTED COMBUSTIBLE CONSTRUCTION - WOOD PROTECTED BY PLAST
BUILDING HEIGHT : 0030 3 STORIES ABOVE GRADE
GROUND FLOOR AREA : 3000 501 TO 1000M2 (5383 - 10764FT2)
YEAR OF CONSTRUCTION : 1973 1973
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 : 5000 ALARM ACTIVATED - OCCUPANT ACTION UNKNOWN
INITIAL DETECTION : 7000 VISUAL SIGHTING OR OTHER MEANS OF PERSONAL DETECTION (E.G. S
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 : 4700 COMBINATIONS OF 38/42MM (1 1/2"/1 3/4"), 65MM (2 1/2"), 7
FIRE ORIGIN, LEVEL : 5000 3RD STOREY OR OVER 6M TO 9M (20FT TO 30FT) ABOVE GRADE
FIRE ORIGIN, AREA : 0000 CANNOT BE DETERMINED
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	L AFC Badge #	Telephone	ReportDate
STEVENSON, MARK	2248	604-980-5021	2017-01-24

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FIRE REPORT - **STRUCTURE** (NARRATIVE)

INCIDENT NUMBER: **CNO 2016 07 18 04 01**

Remarks:

DUE TO THE EXTENT OF DAMAGE, LACK OF CONFIRMATORY EVIDENCE, AND LACK OF OCCUPANT INFORMATION ON THE ACTIONS LEADING UP TO THE FIRE, THE POINT OF ORIGIN AND THE SOURCE OF IGNITION COULD NOT BE DETERMINED. AREA OF ORIGIN: KITCHEN/DINING OF UNIT **s.2** SOURCES OF IGNITION IN THE AREA: STOVE: STOVE TOP ELEMENTS FOUND IN THE OFF POSITION, PAPER ON THE ELEMENT BURNT TOP DOWN. NOT A PROBABLE SOURCE OF IGNITION CANDLES: CANDLE HOLDERS FOUND IN THE AREA OF ORIGIN. DUE TO THE HEAT AND DURATION OF THE FIRE WEE COULD NOT DETERMINE IF THERE WERE CANDLES. THIS COULD NOT BE ELIMINATED AS A SOURCE OF IGNITION. ELECTRICAL OUTLETS: THERE WERE 4 OUTLETS IN THE AREA OF ORIGIN. 2 WERE ELIMINATED, THE OTHER 2 COULD NOT BE RULED OUT AS A POSSIBLE SOURCE OF IGNITION SMOKING MATERIALS: BASED ON WITNESS STATEMENTS THE OCCUPANT OF UNIT **s.2** WAS A NON-SMOKER. SMOKING MATERIALS WERE NOT FOUND DURING THE INVESTIGATION. THIS COULD NOT BE ELIMINATED AS A SOURCE OF IGNITION. LIGHT FIXTURES: THERE WERE A NUMBER OF LIGHT FIXTURES IN THE CEILING THROUGHOUT THE SUITE; DUE TO THE DAMAGE THEY COULD NOT BE ELIMINATED AS A POSSIBLE SOURCE OF IGNITION. FIRE INVESTIGATOR STEVENSON OFC FIRE REPORTING OFFICER NOTE: AGE OF FATALITY IS APPROXIMATELY **s.22**

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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **CNO 2016 07 18 04 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 : s.22

Total Loss s.22

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 : LAFB Badge #
STEVENSON, MARK : 2248

Telephone :
604-980-5021
ReportDate :
2017-01-24

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FIRE REPORT - **STRUCTURE** (CASUALTY)

INCIDENT NUMBER: **CNO 2016 07 18 04 01**

CASUALTY NO : 1
NAME : s.22
ADDRESS : 0

AGE s.22
GENDER
STATUS
DATE OF DEATH

Code Name : Code Description

NATURE OF CASUALTY : 001 - DEATH
CONDITION OF CASUALTY : 010 - CONDITION OF CASUALTY UNKNOWN
ACTION OF CASUALTY : 027 - RECEIVED DELAYED WARNING
IGNITION OF CLOTHING : 030 - NOT APPLICABLE
TYPE OF FABRIC IGNITED : 040 - NOT APPLICABLE
CAUSE OF FAILURE TO ESCAPE : 050 - UNKNOWN
CAUSE OF INJURY/DEATH : 100 - SMOKE INHALATION

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