

FIRE REPORT (Additional Names)

INCIDENT NUMBER											
LOCATION	YEAR	MONTH	DAY	HOUR	OCC						

OFFICE OF THE FIRE COMMISSIONER PO Box 9201 Stn. Prov. Govt. Victoria BC V8W 9J1 TEL (250) 952-4913 FAX (250) 952-4888

_										
NAME NO.							Ι	DELETE	UPDATE	
OWNER OCCUPANT	BUS OWN. BUS OCC.	WITNESS	LAST NAME			FIRST NAME				
CASUALTY			COMPANY NA	ME						
(IF CHECKED COMPLI	TE CASUALTY REPO	ORT)								
ADDRESS (SUITE, N						I	POSTAL CODE	TELEPHONE	(XXX) XXX-XXXX	
,		,								
CLAIMS ADJUSTER NAME FIRM							CLAIM NO.			
INSURANCE COMI	ANY NAME						POLICY NO.			
PROPERTY LOSS ESTIMATE				CONTENTS LOSS ESTIMATE			TOTAL LOSS ESTIMATE (TO NEAREST DOLLAR)			
REMARKS:										
NAME NO.]	DELETE	UPDATE	
OWNER OCCUPANT	BUS OWN. BUS OCC.	WITNESS	LAST NAME			T NAME				
CASUALTY			COMPANY NA	ME						
(IF CHECKED COMPLI	ETE CASUALTY REPO	ORT)								
ADDRESS (SUITE, N	UMBER, STREET AN	D CITY)				POSTAL CODE TELEPHONE (XXX) XXX			(XXX) XXX-XXXX	
CLAIMS ADJUSTER NAME FIRM							CLAIM NO.			
INSURANCE COMI	ANY NAME						POLICY NO.			
PROPERTY LOSS ESTIMATE				CONTENTS LOSS ESTIMATE			TOTAL LOSS ESTIMATE (TO NEAREST DOLLAR)			
REMARKS:										
NAME NO.							[DELETE	UPDATE	
OWNER	BUS OWN.	WITNESS	LAST NAME FIRST NAME							
OCCUPANT CASUALTY	BUS OCC.		COMPANY NA	ME						
(IF CHECKED COMPLI	ETE CASUALTY REPO	ORT)								
ADDRESS (SUITE, NUMBER, STREET AND CITY)						F	POSTAL CODE	TELEPHONE	(XXX) XXX-XXXX	
CLAIMS ADJUSTER NAME FIRM							CLAIM NO.			
INSURANCE COM	PANY NAME						POLICY NO.			
PROPERTY LOSS ESTIMATE CONT				CONTENTS LOSS ES	ONTENTS LOSS ESTIMATE TOTAL LOSS ESTIMATE (TO NEAREST DOLLAR)					
REMARKS:										
NAME OF INVESTIGATOR (PLEASE PRINT)					LAFC BADGE NUMBER	TELEPHON	E (XXX) XXX-XXXX	REPORT DATE	(YYYY/MM/DD)	