



FIRE REPORT (Additional Names)

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

Table with columns: LOCATION, YEAR, INCIDENT NUMBER (MONTH, DAY), HOUR, OCC

Form 1: NAME NO. DELETED UPDATE. Fields include OWNER, BUS OWN., WITNESS, LAST NAME, FIRST NAME, CASUALTY, COMPANY NAME, ADDRESS, POSTAL CODE, TELEPHONE, CLAIMS ADJUSTER NAME, FIRM, CLAIM NO., INSURANCE COMPANY NAME, POLICY NO., PROPERTY LOSS ESTIMATE, CONTENTS LOSS ESTIMATE, TOTAL LOSS ESTIMATE, REMARKS.

Form 2: NAME NO. DELETED UPDATE. Fields include OWNER, BUS OWN., WITNESS, LAST NAME, FIRST NAME, CASUALTY, COMPANY NAME, ADDRESS, POSTAL CODE, TELEPHONE, CLAIMS ADJUSTER NAME, FIRM, CLAIM NO., INSURANCE COMPANY NAME, POLICY NO., PROPERTY LOSS ESTIMATE, CONTENTS LOSS ESTIMATE, TOTAL LOSS ESTIMATE, REMARKS.

Form 3: NAME NO. DELETED UPDATE. Fields include OWNER, BUS OWN., WITNESS, LAST NAME, FIRST NAME, CASUALTY, COMPANY NAME, ADDRESS, POSTAL CODE, TELEPHONE, CLAIMS ADJUSTER NAME, FIRM, CLAIM NO., INSURANCE COMPANY NAME, POLICY NO., PROPERTY LOSS ESTIMATE, CONTENTS LOSS ESTIMATE, TOTAL LOSS ESTIMATE, REMARKS.

Form 4: NAME OF INVESTIGATOR (PLEASE PRINT), LAFC BADGE NUMBER, TELEPHONE (xxx) xxx-xxxx, REPORT DATE (YYYY/MM/DD)