



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

INCIDENT NUMBER					
LOCATION	YEAR	MONTH	DAY	HOUR	OCC

NAME NO. [][]		<input type="checkbox"/> DELETE <input type="checkbox"/> UPDATE
<input type="checkbox"/> OWNER <input type="checkbox"/> BUS OWN. <input type="checkbox"/> WITNESS	SURNAME	GIVEN NAME(S)
<input type="checkbox"/> OCCUPANT <input type="checkbox"/> BUS OCC.		
<input type="checkbox"/> CASUALTY (IF CHECKED COMPLETE CASUALTY REPORT)	BUSINESS NAME	
ADDRESS (SUITE, NUMBER, STREET AND CITY)		POSTAL CODE TELEPHONE ()
CLAIMS ADJUSTER NAME	FIRM	CLAIM NO. INSURANCE COMPANY NAME POLICY NO.
PROPERTY LOSS ESTIMATE	CONTENTS LOSS ESTIMATE	TOTAL LOSS ESTIMATE TO NEAREST DOLLAR
REMARKS:		

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REMARKS:		

NAME OF INVESTIGATOR (PLEASE PRINT)	LAFB BADGE NUMBER (IF APPLICABLE)	TELEPHONE ()	REPORT DATE (YYYY/MM/DD) / /
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