



OFFICE OF THE FIRE COMMISSIONER
PO Box 9214 Stn. Prov. Govt.
Victoria BC V8W 9J1
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FIRE REPORT (Additional Names)

Table with columns: LOCATION, YEAR, MONTH, DAY, HOUR, OCC. Under the heading INCIDENT NUMBER.

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)