



OFFICE OF THE FIRE COMMISSIONER PO Box 9214 Stn. Prov. Govt. Victoria BC V8W 9J1 TEL 1-888-988-9488 FAX (250) 356-7699

FIRE REPORT (Additional Names)

INCIDENT NUMBER						
LOCATION	YEAR	MONTH	DAY	HOUR	OCC	
1 1	1	1	1	1	1	

NAME NO L. I					
NAME NO		☐ DELETE ☐ UPDATE			
OWNER BUS OWN. WITNESS	SURNAME	GIVEN NAME(S)			
OCCUPANT BUS OCC.					
CASUALTY	BUSINESS NAME				
(IF CHECKED COMPLETE CASUALTY REPORT)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ADDRESS (SUITE, NUMBER, STREET AND CITY)		POSTAL CODE TELEPHONE			
CLAIMS ADJUSTER NAME	FIRM CLAIM NO.	INSURANCE COMPANY NAME POLICY NO.			
CEAINS ADJUSTER NAINE	I IKIVI CEAIIVI NO.				
PROPERTY LOSS ESTIMATE	CONTENTS LOSS ESTIMATE	TOTAL LOSS ESTIMATE TO NEAREST DOLLAR			
REMARKS:					
NAME NO		☐ DELETE ☐ UPDATE			
OWNER BUS OWN. WITNESS	SURNAME	GIVEN NAME(S)			
OCCUPANT BUS OCC.					
CASUALTY	BUSINESS NAME				
(IF CHECKED COMPLETE CASUALTY REPORT)		<u>, , , , , , , , , , , , , , , , , , , </u>			
ADDRESS (SUITE, NUMBER, STREET AND CITY)		POSTAL CODE TELEPHONE			
	FIDM	()			
CLAIMS ADJUSTER NAME	FIRM CLAIM NO.	INSURANCE COMPANY NAME POLICY NO.			
PROPERTY LOSS ESTIMATE	CONTENTS LOSS ESTIMATE	TOTAL LOSS ESTIMATE TO NEAREST DOLLAR			
PROPERTY LOSS ESTIMATE	CONTENTS LOSS ESTIMATE	TOTAL LOSS ESTIMATE TO NEAREST DOLLAR			
REMARKS:					
NAME NO.		☐ DELETE ☐ UPDATE			
OWNER BUS OWN.	SURNAME	GIVEN NAME(S)			
OCCUPANT BUS OCC. WITNESS		OIVEN IVANIE (O)			
CASUALTY	BUSINESS NAME				
(IF CHECKED COMPLETE CASUALTY REPORT)					
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:					
INEIGHANG.					
NAME NO.		☐ DELETE ☐ UPDATE			
OWNER BUS OWN.	SURNAME	GIVEN NAME(S)			
OCCUPANT BUS OCC. WITNESS	GORMANIE	GIVEN MANUE (3)			
CASUALTY	BUSINESS NAME				
(IF CHECKED COMPLETE CASUALTY REPORT)					
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			
DEMARKS.					
REMARKS:					
NAME OF INVESTIGATOR (DI FACE PRINT)	LI AFO DADOE AND ADDE	TELEBRIONE DEPOST DATE			
NAME OF INVESTIGATOR (PLEASE PRINT)	LAFC BADGE NUMBER (IF APPLICABLE)	TELEPHONE REPORT DATE (YYYY/MM/DD)			