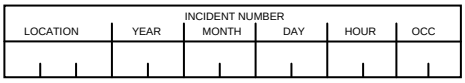
FIRE REPORT - Additional Names

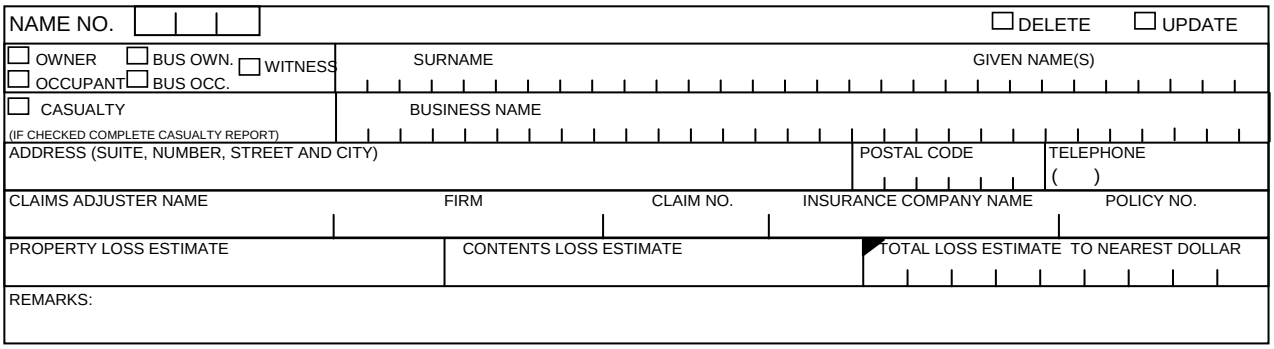
A Fire Report - Additional Names must be completed for each person who was directly involved in the fire incident. For example, more than one occupant, owner or for a witness, etc. The report is to be completed and submitted in conjunction with the related fire report.

INCIDENT NUMBER



This section must be identical to the Incident Number as recorded on the original Fire Report.

LOSS INFORMATION



This section of the report indicates a loss pertaining to either an individual or company - not for the entire incident.

Name No. — Enter the number of names consecutively beginning with 002. (Name 001 pertains to the corresponding Fire Report.)

Delete / Update — Check appropriate box if you are updating previously submitted reports. This relates directly to the name only.

Status — Indicate whether the dollar loss will be associated with an individual (owner or occupant), Business (Business Owner or Business Occupant) or Witness. Check off one box only.

Casualty (check box) — Check box if name listed was either injured or was a fatality in the fire incident. (A corresponding Casualty Fire Report must be completed if box is checked.)

Name — Enter the name of the individual selected in the status area which sustained the dollar loss or witnessed the incident.

Business Name — Enter the name of the business which sustained the dollar loss and/or was associated with the individual named.

Note: *Both the individual's name along with the business name can be entered as long as the business is owned by the individual. The "Status" will indicate which name will be associated with the dollar loss.*
E.g. Status = Owner. The individual's name is John Smith and the business name is Smith Shoes. The dollar loss will be associated with John Smith because the Status is checked as Owner.

Address — Enter the address of the individual or business name entered above including postal code and telephone number.

Insurance Information — Enter Claims Adjuster Name and Firm along with Claim No. as well as Insurance Company Name and Policy No.

Note: *The Insurance Information is not mandatory but should be included if data can be obtained.*

Dollar Loss — Enter the loss estimate for property and contents and the total of both entered in the Total Loss field. Amounts should be in whole dollars; do not include cents.

The amounts entered are for the damage caused by the fire only. Do not include related or indirect losses due to "use and occupancy" or business loss due to interruption or costs such as moving and storage or car rental. Dollar losses entered do not reflect whether or not the individual/business has insurance coverage.

Losses entered are associated with the status and name entered.

Remarks — Enter a brief statement that describes the events or actions of the name as it pertains to the fire incident. If additional space is required use a blank sheet of paper and attach it to the Fire Report – Additional Names.

REPORTER INFORMATION

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

The information entered should be that of the person who completed the investigation including name, LAFC badge number (if applicable), telephone and date that the report is completed.

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

NAME NO. ☐ DELETE ☐ UPDATE

☐ OWNER ☐ BUS OWN. ☐ WITNESS
☐ OCCUPANT ☐ BUS OCC.
☐ CASUALTY
(IF CHECKED COMPLETE CASUALTY REPORT)

SURNAME | GIVEN NAME(S)
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:

NAME NO. ☐ DELETE ☐ UPDATE

☐ OWNER ☐ BUS OWN. ☐ WITNESS
☐ OCCUPANT ☐ BUS OCC.
☐ CASUALTY
(IF CHECKED COMPLETE CASUALTY REPORT)

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REMARKS:

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