

PROVINCE OF BRITISH COLUMBIA
 Ministry of Justice
 Emergency Management BC / Office of the Fire Commissioner

FIRE REPORT - **STRUCTURE**

INCIDENT NUMBER: **CPA 2015 07 18 14 03**

Location of Incident: **6110 RUSSELL PL
 PORT ALBERNI BC**

of Occupants (At time of fire): **0** # of Injured: **0** # of Deaths: **0** Total Dollar Loss Estimate: **S.22**

Related to Wildland Interface Fire: **NO** Property Value: **S.22** Content Value: **\$0** Total Value at Risk: **S.22**

Code Name :	Code Description
PROPERTY COMPLEX :	3400 RESIDENTIAL - SINGLE DETACHED
PROPERTY CLASSIFICATION :	3110 YEAR-ROUND USE DWELLING - 1-FAMILY
GENERAL CONSTRUCTION :	2000 PROTECTED COMBUSTIBLE CONSTRUCTION - WOOD PROTECTED BY PLAST
BUILDING HEIGHT :	0010 1 STORY ABOVE GRADE
GROUND FLOOR AREA :	2000 101 TO 500M2 (1077 - 5382FT2)
YEAR OF CONSTRUCTION :	1978 1978
MANUAL FIRE PROTECTION :	7000 NO MANUAL FIRE PROTECTION
OUTSIDE FIRE PROTECTION :	1000 PUBLIC HYDRANT PROTECTION & FIRE DEPARTMENT
SPRINKLER PROTECTION :	7000 NO SPRINKLER PROTECTION
AUTOMATIC FIRE ALARM SYSTE :	1000 NO FIRE ALARM SYSTEM
SMOKE ALARM OPERATION :	4000 ALARM ACTIVATED - UNNECESSARY TO EVACUATE OR UNOCCUPIED
INITIAL DETECTION :	7000 VISUAL SIGHTING OR OTHER MEANS OF PERSONAL DETECTION (E.G. S
TRANSMISSION OF ALARM :	1000 911
FIRE SERVICE :	1000 CAREER FIRE DEPARTMENT ONLY
INCIDENT :	1000 FIRE - FIRE DEPARTMENT ATTENDED
ACTION TAKEN :	3000 EXTINGUISHED BY FIRE DEPARTMENT
METHOD OF FIRE CONTROL :	4700 COMBINATIONS OF 38/42MM (1 1/2"/1 3/4"), 65MM (2 1/2"), 7
FIRE ORIGIN, LEVEL :	3000 GROUND FLOOR, GRADE LEVEL OR GRADE TO 3M (10FT)
FIRE ORIGIN, AREA :	7600 EXTERIOR WALL
EXTENT OF FIRE :	6000 EXTENDED BEYOND PROPERTY OF ORIGIN
EXTENT OF DAMAGE :	6000 EXTENDED BEYOND BUILDING OF ORIGIN
IGNITING OBJECT :	5400 PANEL BOARD, SWITCHBOARD - INCLUDES FUSE, CIRCUIT BREAKER
FUEL OR ENERGY :	6000 ELECTRICITY
FORM OF HEAT :	2000 SPARK, ELECTRICAL - INCLUDES ARC, DISCHARGE. (EXCLUDES STATI
MATERIAL FIRST IGNITED :	9500 INSULATION, ELECTRIC - CONFINED TO ELECTRICAL EQUIPMENT - IN
ACT OR OMISSION :	4900 MECHANICAL/ELECTRICAL FAILURE/MALFUNCTION - UNCLASSIFIED (DE

Investigating Officer	LAFC Badge #	Telephone	ReportDate
THOEN, RANDOLPH L.	1957	250-724-1351	2015-07-21

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FIRE REPORT - **STRUCTURE** (NARRATIVE)

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Remarks:

PORT ALBERNI FIRE DEPARTMENT RESPONDED TO A REPORT OF A STRUCTURE FIRE OCCURRING AT 6110 RUSSELL PLACE ON JULY 18, 2015 AT 14:42 HOURS. UPON ARRIVAL, FIRE CREWS FOUND THAT THE FIRE HAD EXPOSED 6120 RUSSELL PLACE TO RADIANT HEAT ON THE WEST SIDE OF THE STRUCTURE OF ORIGIN. STRUCTURE AT 6120 RUSSELL PLACE WAS PROTECTED WITH EXPOSURE LINES, INTERIOR WAS CHECKED FOR FIRE EXTENSION WITH NONE FOUND, EXTERIOR CLADDING AND ELECTRICAL SERVICE WERE AFFECTED. HYDRO AND GAS SERVICES WERE DISCONNECTED TO BOTH STRUCTURES. THE FIRE WAS EXTINGUISHED USING A COMBINATION OF LARGE DIAMETER HOSE AND HANDLINES, FIRE WAS INVESTIGATED AND CAUSE FOUND TO BE AN ELECTRICAL FAILURE OF THE ELECTRICAL METER.

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FIRE REPORT - STRUCTURE (NAMES)

INCIDENT NUMBER: CPA 2015 07 18 14 03

Name no. : 1
 Name : S.22
 Address : 0

Name Status : OWNER
 Phone :

Claims Adjuster Name :
 Claims Adjuster Firm :
 Claim Number :
 Insurance Company :
 Policy Number :

LOSS ESTIMATES:
 Property Loss : \$0 Content Loss : \$0 Total Loss : \$0

REMARKS:

Name no. : 2
 Name : S.22
 Address :

Name Status : OWNER
 Phone : S.22

Claims Adjuster Name :
 Claims Adjuster Firm :
 Claim Number :
 Insurance Company :
 Policy Number :

LOSS ESTIMATES:
 Property Loss : S 22 Content Loss : \$0 Total Loss : S.22

REMARKS:

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FIRE REPORT - **STRUCTURE** (NAMES)

INCIDENT NUMBER: **CPA 2015 07 18 14 03**

Name no. : 3
 Name : **S.22**
 Address : 0 6110 RUSSELL PLACE
 PORT ALBERNI BRITISH COLUMBIA V9Y 7W3

Name Status : OCCUPANT
 Phone : **S.22**

Claims Adjuster Name :
 Claims Adjuster Firm :
 Claim Number :
 Insurance Company :
 Policy Number :

LOSS ESTIMATES:
 Property Loss : \$0 Content Loss : \$0 Total Loss : \$0

REMARKS:

Name no. : 4
 Name : **S.22**
 Address : 0

Name Status : OCCUPANT
 Phone :

Claims Adjuster Name :
 Claims Adjuster Firm :
 Claim Number :
 Insurance Company :
 Policy Number :

LOSS ESTIMATES:
 Property Loss : \$0 Content Loss : \$0 Total Loss : \$0

REMARKS:

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