



FIRE REPORT (Additional Names)

OFFICE OF THE FIRE COMMISSIONER
PO Box 9491 Stn. Prov. Govt.
VICTORIA BC V8W 9N7
TEL (250)356-9000 FAX (250)356-9019

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"/> OCCUPANT <input type="checkbox"/> CASUALTY (IF CHECKED COMPLETE CASUALTY REPORT)	<input type="checkbox"/> BUS OWN. <input type="checkbox"/> BUS OCC.	<input type="checkbox"/> WITNESS	SURNAME		GIVEN NAME(S)
BUSINESS NAME			ADDRESS (SUITE, NUMBER, STREET AND CITY)		
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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PROPERTY LOSS ESTIMATE	CONTENTS LOSS ESTIMATE	TOTAL LOSS ESTIMATE TO NEAREST DOLLAR			
REMARKS:					

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