

**A** FDID 29091 \* State FL \* Incident Date 05 01 2012 \* Station 48 Incident Number 12-0001261 \* Exposure 000 \*  Delete  Change  No Activity NFIRS -1 Basic

**B Location\***  Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification" Use only for Wildland fires

Street address 243 NE Easy TER  
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection  
 In front of  
 Rear of  
 Adjacent to  
 Directions

Lake City FL 32025  
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

**C Incident Type\*** 111 Building fire  
 Incident Type

**E1 Date & Times** Midnight is 0000  
 Check boxes if dates are the same as Alarm Date ALARM always required  
 Alarm \* 05 01 2012 14:18:16  
 ARRIVAL required, unless canceled or did not arrive  
 Arrival \*  05 01 2012 14:19:34  
 CONTROLLED optional, Except for wildland fires  
 Controlled  
 LAST UNIT LEAVED, required except for wildland fires  
 Last Unit  05 01 2012 15:23:19 Cleared

**E2 Shift & Alarms** Local Option  
B 02 1  
 Shift or Alarm District Platoon

**D Aid Given or Received\***

1  Mutual aid received  
 2  Automatic aid received  
 3  Mutual aid given  
 4  Automatic aid given  
 5  Other aid given  
 N  None

29012 FL  
 Their FDID Their State  
 Their Incident Number

**E3 Special Studies** Local Option  
 Special Study ID# Special Study Value

**F Actions Taken\***

11 Extinguishment by fire  
 Primary Action Taken (1)

12 Salvage & overhaul  
 Additional Action Taken (2)

51 Ventilate  
 Additional Action Taken (3)

**G1 Resources\***  Check this box and skip this section if an Apparatus or Personnel form is used

Apparatus Personnel  
 Suppression 0002 0004  
 EMS  
 Other

Check box if resource counts include aid received resources

**G2 Estimated Dollar Losses & Values** LOSSES: Required for all fires if known Optional for non fires None

Property \$ 015 , 000   
 Contents \$ 000 , 000   
 PRE-INCIDENT VALUE: Optional  
 Property \$ 050 , 000   
 Contents \$ 000 , 000

**Completed Modules**

Fire-2  
 Structure-3  
 Civil Fire Cas.-4  
 Fire Serv. Cas.-5  
 EMS-6  
 HazMat-7  
 Wildland Fire-8  
 Apparatus-9  
 Personnel-10  
 Arson-11

**H1\* Casualties**  None  
 Deaths Injuries  
 Fire Service  
 Civilian  
**H2 Detector** Required for Confined Fires  
 1  Detector alerted occupants  
 2  Detector did not alert them  
 U  Unknown

**H3 Hazardous Materials Release**

N  None  
 1  Natural Gas: slow leak no evacuation or HazMat actions  
 2  Propane gas: <21 lb tank (as in home BBQ grill)  
 3  Gasoline: vehicle fuel tank or portable container  
 4  Kerosene: fuel burning equipment or portable storage  
 5  Diesel fuel/fuel oil: vehicle fuel tank or portable  
 6  Household solvents: home/office spill, cleanup only  
 7  Motor oil: from engine or portable container  
 8  Paint: from paint cans totaling < 55 gallons  
 0  Other: Special HazMat actions required or spill > 55gal. Please complete the HazMat form

**I Mixed Use Property**

NN  Not Mixed  
 10  Assembly use  
 20  Education use  
 33  Medical use  
 40  Residential use  
 51  Row of stores  
 53  Enclosed mall  
 58  Bus. & Residential  
 59  Office use  
 60  Industrial use  
 63  Military use  
 65  Farm use  
 00  Other mixed use

**J Property Use\*** Structures

131  Church, place of worship  
 161  Restaurant or cafeteria  
 162  Bar/Tavern or nightclub  
 213  Elementary school or kindergarten  
 215  High school or junior high  
 241  College, adult education  
 311  Care facility for the aged  
 331  Hospital

341  Clinic, clinic type infirmary  
 342  Doctor/dentist office  
 361  Prison or jail, not juvenile  
 419  1-or 2-family dwelling  
 429  Multi-family dwelling  
 439  Rooming/boarded house  
 449  Commercial hotel or motel  
 459  Residential, board and care  
 464  Dormitory/barracks  
 519  Food and beverage sales

539  Household goods, sales, repairs  
 579  Motor vehicle/boat sales/repair  
 571  Gas or service station  
 599  Business office  
 615  Electric generating plant  
 629  Laboratory/science lab  
 700  Manufacturing plant  
 819  Livestock/poultry storage (barn)  
 882  Non-residential parking garage  
 891  Warehouse

Outside

124  Playground or park  
 655  Crops or orchard  
 669  Forest (timberland)  
 807  Outdoor storage area  
 919  Dump or sanitary landfill  
 931  Open land or field

936  Vacant lot  
 938  Graded/care for plot of land  
 946  Lake, river, stream  
 951  Railroad right of way  
 960  Other street  
 961  Highway/divided highway  
 962  Residential street/driveway

981  Construction site  
 984  Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box  
 Property Use 419  
1 or 2 family dwelling  
 NFIRS-1 Revision 03/11/99

**K1 Person/Entity Involved**  Local Option  Business name (if applicable)  Area Code  Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr, Ms, Mrs  Robert  MI  Wilson  Suffix  
 243  NE  Easy  TER   
Number Prefix Street or Highway Street Type Suffix  
 Post Office Box  Apt / Suite / Room  Lake City  
 FL  32025  -   
State Zip Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

**K2 Owner**  Same as person involved? Then check this box and skip the rest of this section.  Local Option  Business name (if applicable)  Area Code  Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr, Ms, Mrs  Bessie  MI  Wilson  Suffix  
 243  NE  Easy  TER   
Number Prefix Street or Highway Street Type Suffix  
 Post Office Box  Apt / Suite / Room  Lake City  
 FL  32025  -   
State Zip Code

**L Remarks**  Local Option

We were dispatched to a structure fire. Upon our arrival we found a single story brick structure with smoke showing from the front door and windows. The homeowner was spraying a garden hose through the front windows. Two firefighters entered the structure and knocked down the fire. We opened the windows and placed a positive pressure ventilation fan in the front window to clear out the smoke. We went back into the structure to perform mop up. We pulled the ceiling in the living room area looking for fire extension. None found. Florida Power and Light was called to secure power to the residence. Red Cross was called for the family. Everything was secured and scene turned over to Florida Power and Light. There were three adults and one child living in the residence according to the owner. Scene was turned back over to the homeowner we completed assignment and returned to station.

**L Authorization**

0089  Tompkins, Ret  DE  Assignment  05  02  2012  
Officer in charge ID Signature Position or rank Month Day Year

Check box if  0089  Tompkins, Ret  DE  Assignment  05  02  2012  
Officer making report ID Signature Position or rank Month Day Year

**B Property Details**

**B1**   Not Residential  
 Estimated Number of residential living units in building of origin whether or not all units became involved

**B2**   Buildings not involved  
 Number of buildings involved

**B3**   None  
 Acres burned (include fires)  Less than one acre

**C On-Site Materials or Products**  None Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved

Enter up to three codes. Check one or more boxes for each code entered.

On-site material (1)

On-site material (2)

On-site material (3)

1  Bulk storage or warehousing  
 2  Processing or manufacturing  
 3  Packaged goods for sale  
 4  Repair or service

**D Ignition**

**D1**  
 Area of fire origin \*

**D2**  
 Heat source \*

**D3**  
 Item first ignited \*  was confined to object of origin

**D4**  
 Type of material first ignited Required only if item first ignited code is 00 or <70

**E1 Cause of Ignition**  Check box if this is an exposure report Skip to section G

1  Intentional  
 2  Unintentional  
 3  Failure of equipment or heat source  
 4  Act of nature  
 5  Cause under investigation  
 U  Cause undetermined after investigation

**E2 Factors Contributing To Ignition**  None

Factor Contributing To Ignition (1)

Factor Contributing To Ignition (2)

**E3 Human Factors Contributing To Ignition**  
 Check all applicable boxes

1  Asleep  None  
 2  Possibly impaired by alcohol or drugs  
 3  Unattended person  
 4  Possibly mental disabled  
 5  Physically Disabled  
 6  Multiple persons involved

7  Age was a factor  
 Estimated age of person involved

1  Male 2  Female

**F1 Equipment Involved In Ignition**  None If Equipment was not involved, Skip to Section G

Equipment Involved

Brand

Model

Serial #

Year

**F2 Equipment Power**    
 Equipment Power Source

**F3 Equipment Portability**

1  Portable  
 2  Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

**G Fire Suppression Factors**  
 Enter up to three codes.  None

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

**H1 Mobile Property Involved**  None

1  Not involved in ignition, but burned  
 2  Involved in ignition, but did not burn  
 3  Involved in ignition and burned

Mobile property model

License Plate Number State VIN Number

**H2 Mobile Property Type & Make**

Mobile property type

Mobile property make

Year

**Local Use**

Pre-Fire Plan Available  
 Some of the information presented in this report may be based upon reports from other Agencies

Arson report attached  
 Police report attached  
 Coroner report attached  
 Other reports attached

**NFIRS-2 Revision 01/19/99**

<b>I1 Structure Type *</b> If fire was in enclosed building or a portable/mobile structure complete the rest of this form	<b>I2 Building Status *</b>	<b>I3 Building * Height</b> Count the ROOF as part of the highest story	<b>I4 Main Floor Size*</b>	<b>NFIRS-3 Structure Fire</b>
1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fence) 0 <input type="checkbox"/> Other type of structure	1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	[ 001 ] <small>Total number of stories at or above grade</small>  [     ] <small>Total number of stories below grade</small>	[     ] , [ 001 ] , [ 200 ] <small>Total square feet</small>  <b>OR</b> [     ] , [     ] BY [     ] , [     ] <small>Length in feet                      Width in feet</small>	

<b>J1 Fire Origin *</b> [ 001 ] <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	<b>J3 Number of Stories Damaged By Flame</b> Count the ROOF as part of the highest story	<b>K Material Contributing Most To Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR same as material for ignited OR unable to determine <b>Skip To Section L</b>
<b>J2 Fire Spread *</b> 1 <input type="checkbox"/> Confined to object of origin 2 <input checked="" type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	[     ] Number of stories w/ minor damage (1 to 24% flame damage)  [ 001 ] Number of stories w/ significant damage (25 to 49% flame damage)  [     ] Number of stories w/ heavy damage (50 to 74% flame damage)  [     ] Number of stories w/ extreme damage (75 to 100% flame damage)	<b>K1</b> [     ] [     ] <small>Item contributing most to flame spread</small>  <b>K2</b> [     ] [     ] <small>Type of material contributing most of flame spread                      Required only if item contributing code is 00 or 70</small>

<b>L1 Presence of Detectors *</b> <small>(In area of the fire)</small> N <input checked="" type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px;">Skip to section M</span> 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined	<b>L3 Detector Power Supply</b> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	<b>L5 Detector Effectiveness</b> Required if detector operated 1 <input type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
<b>L2 Detector Type</b> 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	<b>L4 Detector Operation</b> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	<b>L6 Detector Failure Reason</b> Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined

<b>M1 Presence of Automatic Extinguishment System *</b> N <input checked="" type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px;">Complete rest of Section M</span> 1 <input type="checkbox"/> Present	<b>M3 Automatic Extinguishment System Operation</b> Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>M5 Automatic Extinguishment System Failure Reason</b> Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined
<b>M2 Type of Automatic Extinguishment System *</b> Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO <sub>2</sub> ) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated [     ] <small>Number of sprinkler heads operating</small>	<b>NFIRS-3 Revision 01/19/99</b>

B Apparatus or * Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken	
	Month	Day	Year	Hour	Min					
1 ID <input type="text" value="E48"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="1"/>	<input type="text" value="2012"/>	<input type="text" value="14:18"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="73"/>	<input type="text" value="74"/>
Arrival <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="1"/>	<input type="text" value="2012"/>	<input type="text" value="14:19"/>	<input type="text" value="75"/>				<input type="text" value="76"/>	
Clear <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="1"/>	<input type="text" value="2012"/>	<input type="text" value="15:23"/>						
2 ID <input type="text" value="T48"/> Type <input type="text" value="24"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="1"/>	<input type="text" value="2012"/>	<input type="text" value="14:18"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="93"/>	
Arrival <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="1"/>	<input type="text" value="2012"/>	<input type="text" value="14:19"/>						
Clear <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="1"/>	<input type="text" value="2012"/>	<input type="text" value="15:23"/>						
3 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
4 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
5 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
6 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
7 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
8 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
9 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						

Type of Apparatus or Resources

- |  |  |  |
|--|--|--|
| Ground Fire Suppression<br>11 Engine<br>12 Truck or aerial<br>13 Quint<br>14 Tanker & pumper combination<br>16 Brush truck<br>17 ARF (Aircraft Rescue and Firefighting)<br>10 Ground fire suppression, other<br>Heavy Ground Equipment<br>21 Dozer or plow<br>22 Tractor<br>24 Tanker or tender<br>20 Heavy equipment, other<br>Aircraft<br>41 Aircraft: fixed wing tanker<br>42 Helitanker<br>43 Helicopter<br>40 Aircraft, other | Marine Equipment<br>51 Fire boat with pump<br>52 Boat, no pump<br>50 Marine apparatus, other<br>Support Equipment<br>61 Breathing apparatus support<br>62 Light and air unit<br>60 Support apparatus, other<br>Medical & Rescue<br>71 Rescue unit<br>72 Urban Search & rescue unit<br>73 High angle rescue unit<br>75 BLS unit<br>76 ALS unit<br>70 Medical and rescue unit, other | <div style="border: 1px solid black; padding: 5px; width: fit-content;">         More Apparatus?<br/>         Use Additional<br/>         Sheets       </div> Other<br>91 Mobile command post<br>92 Chief officer car<br>93 HazMat unit<br>94 Type 1 hand crew<br>95 Type 2 hand crew<br>99 Privately owned vehicle<br>00 Other apparatus/resource<br>NN None<br>UU Undetermined |
|--|--|--|

B Apparatus or Resource *	Date and Times				Sent <input type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident</small>	Actions Taken	
	<small>Check if same as alarm date</small>							<small>List up to 4 actions for each apparatus and each personnel</small>	
<small>Use codes listed below</small>	Month	Day	Year	Hours/mins					

<b>1</b>	ID <u>E48</u>	Dispatch <input checked="" type="checkbox"/>	<u>5</u>	<u>1</u>	<u>2012</u>	<u>14:18</u>	Sent <input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>73</u>	<u>74</u>		
	Type <u>11</u>	Arrival <input checked="" type="checkbox"/>	<u>5</u>	<u>1</u>	<u>2012</u>	<u>14:19</u>						<u>75</u>	<u>76</u>
		Clear <input checked="" type="checkbox"/>	<u>5</u>	<u>1</u>	<u>2012</u>	<u>15:23</u>							

Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0053	Hudson, Michael	FF	X	58	11	12	51
0089	Tompkins, Ret	DE	X	11	12	81	86
SWEA01	Swears, Aaron		X	11	12	51	

<b>2</b>	ID <u>T48</u>	Dispatch <input checked="" type="checkbox"/>	<u>5</u>	<u>1</u>	<u>2012</u>	<u>14:18</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>93</u>			
	Type <u>24</u>	Arrival <input checked="" type="checkbox"/>	<u>5</u>	<u>1</u>	<u>2012</u>	<u>14:19</u>							
		Clear <input checked="" type="checkbox"/>	<u>5</u>	<u>1</u>	<u>2012</u>	<u>15:23</u>							

Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0012	Bullard, Alex	FF	X	58	93		

<b>3</b>	ID <u>    </u>	Dispatch <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	Sent <input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>    </u>	<u>    </u>			
	Type <u>    </u>	Arrival <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>							<u>    </u>	<u>    </u>
		Clear <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>							<u>    </u>	<u>    </u>

Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			X				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				