Jacobsen Homes of Lake City

JACOBSEN HOMES

3973 W. U.S. Hwy. 90
Lake City, Florida 32055
Ph. 386-438-8458 · Fax: 386-438-8472

PURCHASE AGREEMENT

Locally Owned and Operated

SOLD TO James M & Veronica A. Davis PHONE 386-965-5564 DATE 10/18/22

ADDRESS 365 S.W. Dorcett Court Lake City FL 32055 COLUMBIA SALESMAN Bjackson

Subject to the Terms and Conditions Stated on Both Sides of this Agreement Seller Agreement Seller Agrees to Sell and the Purchaser Agrees to Purchase the Following Described Property.

YEAR	MAKE	MODEL	B. ROOMS	FLOOR SIZE	HITCH SIZE
2023	Jacobsen	Imperial	3	L 60 W 38	L 64 W 32

SERIAL NUMBER	☑ NEW ☐ USED	COLOR	PROPOSED DELIVERY DATE
JACFL001703 AB	NEW	Pagan Olive	ASAP

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES

Del & set up with the Options listed Below

1) 3 sets of wooden Code Steps
2) Vinyl Lap Sewing to ground (matching home) Pagan Olive Color
3) Dealer to stub out plumbing to the edge of the home.
4) Dealer to Build house pad & spot home with a Dozer, Customer to supply house pad Dirt 100% above contract price! JD VD
5) See Jacobsen homes Factory Proposal for Specs on special order home #E009124 JD
6) All Down payment monies are 100% NON-Refundable once home ordered. JD

NOT included in Sales Price.
1) NO Air Condition, NO Stove, No Water & Sewer hook-up 2) NO Survey (Cust to pay for Permits) 3) No Electric Power connect work
4) Customer to provide Final Clearance for permitting ...

PRICE OF UNIT	$ 172,579.00
OPTIONAL EQUIPMENT	INC
COST OF SET-UP PARTS	INC
SUB-TOTAL	$172,579.00
SALES TAX 3% + 50.00	$5,227
NON-TAXABLE ITEMS	
VARIOUS FEES	$450.00
1. CASH PRICE	$178,256
TRADE-IN ALLOWANCE	$ [redacted]
LESS BAL. DUE ON ABOVE	$
NET ALLOWANCE	
CASH DOWN PAYMENT	$100,500.00
2. LESS TOTAL CREDITS	$100,500
3. UNPAID BALANCE OF CASH SALE PRICE	$77,756.31

Title to said equipment shall remain in the Seller until the agreed purchase price therefor is paid in full in cash or by the execution of a Retail Installment Contract, or a Security Agreement and its acceptance by a financing agency; thereupon title to the within described unit passes to the buyer as of the date of either full cash payment or on the signing of said credit instruments even though the actual physical delivery may not be made until a later date.

IT IS MUTUALLY UNDERSTOOD THAT THIS AGREEMENT IS SUBJECT TO NECESSARY CORRECTIONS, AND ADJUSTMENTS CONCERNING CHANGES IN NET PAYOFF ON TRADE-IN TO BE MADE AT THE TIME OF SETTLEMENT.

Purchaser represents he/she examined the product and found it suitable for his/her particular needs, and that it is of acceptable quality and that purchaser relied upon his/her judgement and inspection in making this determination.

There is no assurance a mobile home can remain level when placed, upon any surface other than of blacktop or concrete.

Purchasers certify that the matter printed on the back hereof has been read and agreed to as a part of this agreement the same as though it were printed above the signatures; that buyers are of statutory age or older, or have been legally emancipated; that the within described merchandise, the optional equipment and accessories thereon and, insurance if included, has been voluntarily purchased. The property being traded in is free from all encumbrances whatsoever, except as noted above. Purchaser agrees each paragraph and provision of this contract on both front and back is severable; if one portion thereof is invalid the remaining portion shall, nevertheless, remain in full force and effect.

Seller is not ... for ... of electrical ... or connecting of certain natural gas or propane appliances where state or local ordinances require a licensed plumber or electrician so to do. Special ... or ... the responsibility of Seller or the manufacturer. Seller is not responsible for obtaining health or sanitation permits, nor for local county ... involving ... zoning. Cost of changes needed for compliance must be borne by Buyer. It is solely the Buyer's responsibility to assure their chosen home site is acceptable for home placement without violation of any local, state, or federal guidelines

Seller is not responsible or liable for any delays caused by the manufacturer, accidents, strikes, fires, Acts of God or any other cause beyond Seller's control.

TRADE-IN DEBT TO BE PAID BY ☐ DEALER ☐ CUSTOMER

Jacobsen Homes of Lake City DEALER
Not Valid Unless Signed and Accepted by an officer of the Company

By [signature]
Approved, Subject to acceptance of financing by bank or finance company

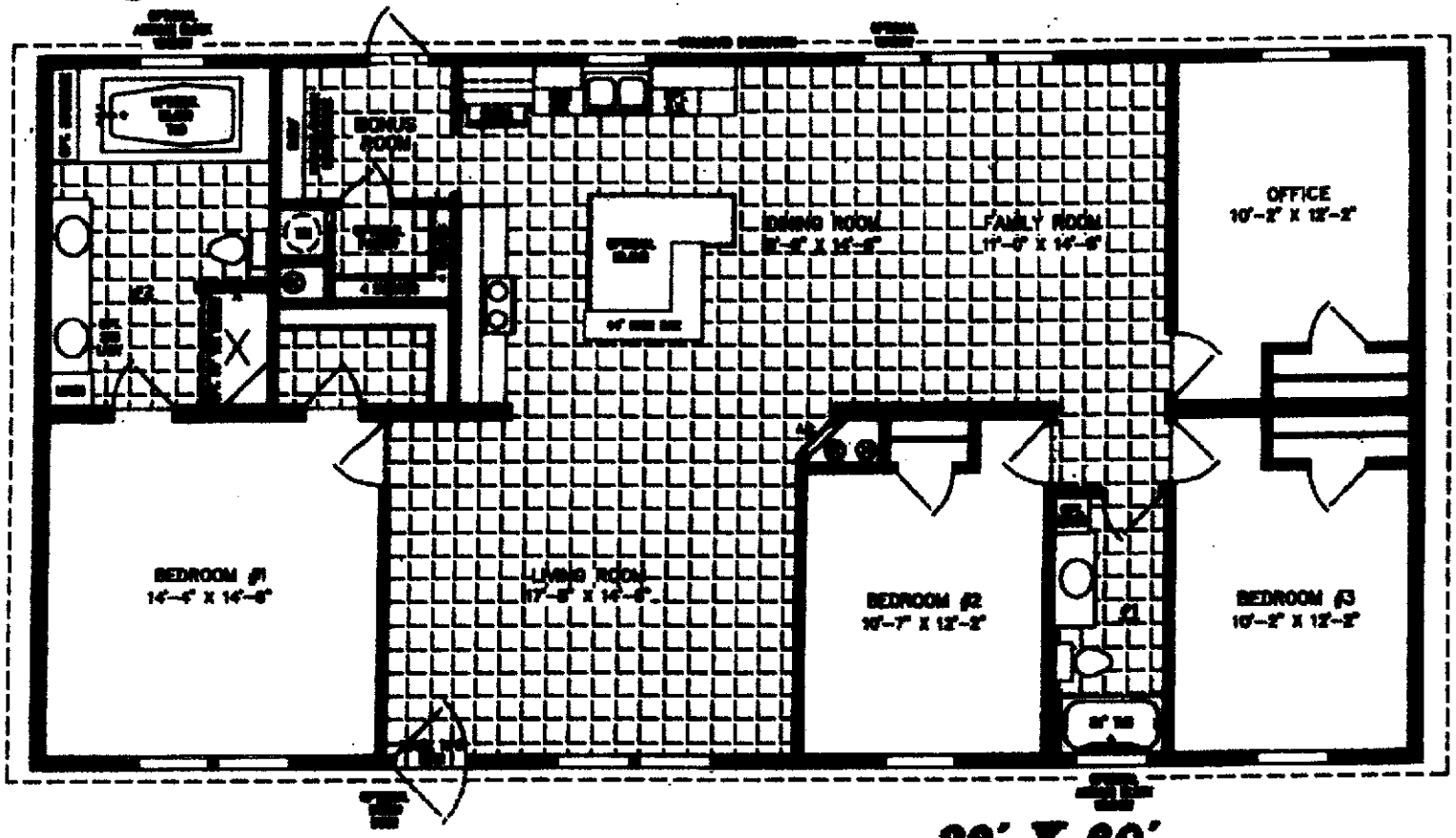
I, OR WE, HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER

SIGNED X James M. Davis PURCHASER

SIGNED X Veronica a Davis PURCHASER

A James Davis
Columbia County

The Imperial



32' X 60'

1,840 SQUARE FEET

Model IMP-46019W-467

2015

(ALL SIZES ARE APPROX)

DESIGNED FOR ZONES II & III

JACOBSEN HOMES

600 Packard Court ▪ Safety Harbor, Florida 34695 ▪ Telephone (727) 726-1138

www.jachomes.com/Floor-Plans

Proof OF House Fire/Total Loss

Incident # 22-004335

NFIRS-1 Basic

A FDID: ___ | State: FL | Incident Date: 09 / 28 / 2022 (MM DD YYYY) | Station: ___ | Incident Number: 0004128 | Exposure: 000

☐ Delete ☐ Change ☐ No Activity

B Location Type ☆

☐ Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.

Census Tract: ___ - ___

☑ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions
☐ U.S. National Grid

Number/Milepost: 365 | Prefix: SW | Street or Highway: DUCKETT | Street Type: CT | Suffix: ___

Apt./Suite/Room: ___ | City: LAKE CITY | State: FL | ZIP Code: 32024 - ___

Cross Street, Directions or National Grid, as applicable: ___

C Incident Type ☆

111 Building fire (Incident Type)

D Aid Given or Received ☆ ☑ None

1 ☐ Mutual aid received
2 ☐ Auto. aid received
3 ☐ Mutual aid given
4 ☐ Auto. aid given
5 ☐ Other aid given

Their FDID: ___ Their State: ___ Their Incident Number: ___

E1 Dates and Times (Midnight is 0000)

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hour Min
Alarm ☆ (ALARM always required)	09	28	2022	0019
☑ Arrival ☆ (ARRIVAL required, unless canceled or did not arrive)				0034
☐ Controlled (CONTROLLED optional, except for wildland fires)				
☑ Last Unit Cleared (LAST UNIT CLEARED required except for wildland fires)				0207

E2 Shifts and Alarms (Local Option)

Shift or Platoon: B | Alarms: 0 | District: D43

E3 Special Studies (Local Option)

Special Study ID#: ___ | Special Study Value: ___

F Actions Taken ☆

10 Fire control or extinguishment, other — Primary Action Taken (1)

12 Salvage & overhaul — Additional Action Taken (2)

86 Investigate — Additional Action Taken (3)

G1 Resources ☆

☑ Check this box and skip this block if an Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression		
EMS		
Other		

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses and Values

LOSSES: Required for all fires if known. Optional for non fires.

		None
Property	$ 000,060,000	☐
Contents	$ 000,030,000	☐

PRE-INCIDENT VALUE: Optional

		None
Property	$ 000,060,000	☐
Contents	$ 000,030,000	☐

Completed Modules

☑ Fire-2
☑ Structure Fire-3
☐ Civilian Fire Cas.-4
☐ Fire Service 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 ☐ 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 storage
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 ≥ 55 gal (Please complete the HazMat form.)

I Mixed Use Property ☐ Not mixed

10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Business & residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use ☆ ☐ None

Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school, kindergarten
215 ☐ High school, junior high
241 ☐ College, adult education
311 ☐ Nursing home
331 ☐ Hospital
341 ☐ Clinic, clinic-type infirmary
342 ☐ Doctor/Dentist office
361 ☐ Prison or jail, not juvenile
419 ☑ 1- or 2-family dwelling
429 ☐ Multifamily dwelling
439 ☐ Rooming/Boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/Barracks
519 ☐ Food and beverage sales
539 ☐ Household goods, sales, repairs
571 ☐ Gas or service station
579 ☐ Motor vehicle/boat sales/repairs
599 ☐ Business office
615 ☐ Electric-generating plant
629 ☐ Laboratory/Science laboratory
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/Cared 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

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

Property Use Code: ___

Property Use Description: ___

NFIRS-1 Revision 01/01/05

Printed 10:04 09/30/2022

K1 Person/Entity Involved

Local Option

Business Name (if applicable): | Area Code: 386 | Phone Number: 965-5564

☑ Check this box if same address as incident location (Section B). Then skip the three duplicate address lines

Mr., Ms., Mrs.: MR | First Name: JIM | MI: | Last Name: DAVIS | Suffix:

Number: | Prefix: | Street or Highway: | Street Type: | Suffix:

Post Office Box: | Apt./Suite/Room: | City:

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 block

Local Option

Business Name (if applicable): | Area Code: | Phone Number: - -

☐ Check this box if same address as incident location (Section B). Then skip the three duplicate address lines

Mr., Ms., Mrs.: | First Name: | MI: | Last Name: | Suffix:

Number: | Prefix: | Street or Highway: | Street Type: CT | Suffix:

Post Office Box: | Apt./Suite/Room: | City:

State: | ZIP Code: –

L Remarks:

The incident narrative is printed on the Supplemental Form.

☑ **More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.**

M Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1209	COLLIN REDISH			09	28	2022

Check box if same as Officer in charge ⇨ ☐

Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
1308	DUSTIN WOODARD					

A | FDID: 29091 | State: FL | Incident Date: MM 09 DD 28 YYYY 2022 | Station: 043 | Incident Number: 0004128 | Exposure: 000 | ☐ Delete ☐ Change | **NFIRS–1S Supplemental**

K1 Person/Entity Involved
Local Option

Business Name (if applicable):
Area Code: 386 – Phone Number: 965 – 5554

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

Mr., Ms., Mrs.: MRS | First Name: RONNIE | MI: | Last Name: DAVIS | Suffix: MRS

Number: | Prefix: | Street or Highway: | Street Type: | Suffix:

Post Office Box: | Apt./Suite/Room: | City:

State: | ZIP Code: –

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 these three duplicate address lines.

Mr., Ms., Mrs.: | First Name: | MI: | Last Name: | Suffix:

Number: | Prefix: | Street or Highway: | Street Type: | Suffix:

Post Office Box: | Apt./Suite/Room: | City:

State: | ZIP Code: –

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 these three duplicate address lines.

Mr., Ms., Mrs.: | First Name: | MI: | Last Name: | Suffix:

Number: | Prefix: | Street or Highway: | Street Type: | Suffix:

Post Office Box: | Apt./Suite/Room: | City:

State: | ZIP Code: –

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 these three duplicate address lines.

Mr., Ms., Mrs.: | First Name: | MI: | Last Name: | Suffix:

Number: | Prefix: | Street or Highway: | Street Type: | Suffix:

Post Office Box: | Apt./Suite/Room: | City:

State: | ZIP Code: –

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 these three duplicate address lines.

Mr., Ms., Mrs.: | First Name: | MI: | Last Name: | Suffix:

Number: | Prefix: | Street or Highway: | Street Type: | Suffix:

Post Office Box: | Apt./Suite/Room: | City:

State: | ZIP Code: –

L

Remarks:

Local Open

BRYAN GOVANTES - E44

E44 was dispatched to the above location in reference to a structure fire. Upon arrival on-scene E44 crew masked up and entered the structure to assist other crews on-scene in extinguishment of the fire. Once under control E44 crew assisted other crews on-scene in overhaul and mop up. Once the fire was fully extinguished E44 was released by command and became assignment complete and available.

DUSTIN WOODARD - E48

E48 arrived 3rd due. D/E Woodard took over pumping E43 and establishing water supply operations. FF Sommer received a interior assignment from Command.

LARRY SHALLAR III - E51

E-51 and T-51 arrived on-scene with E-43 and T-43 to a mobile home half involved with heavy smoke and fire on the D side of the residents. 51 crew pulled 200ft 1.75 with a fog nozzle (handline) off of E-43 and started working on extinguishing fire on the D-side of the resident while 43 crew made entry through the front door on the A-side to stop fire from spreading throughout the residents. Roof was already vented prior to 43 crew making entry through the front door. 51 crew assisted with extinguishing fire, establishing a water supply, pulling ceiling, checking for extension, setting up PPV fan, salvage and overhaul. Fire was safely extinguished with no additional hazards present. Batt. 48 released E-51 and T-51. E-51 and T-51 assignment complete and became available.

RICHARD KING - T43

Supplied water with tanker

LARRY SHALLAR III - T51

Tanker remained on scene for extra water, personnel assisted with extinguishment

RICHARD KING - Personal Vehicle

D/E Jenkins lived across the street from the incident address. D/E Jenkins performed a 360 and gave a report to first arriving crews. Assisted with running the attack engine and tying in a water source to said attack engine as well as assisting with bottle changes and rehab.

COLLIN REDISH

Dispatched to a fully involved mobile home, Jenkins arrived on the scene before fire units and ran a 360 on the structure, 43 units arrived on the scene and began setting up for extinguishment. As other units arrived on the scene they assisted with extinguishment as well. A majority of the fire was knocked down from the first arriving engine from the exterior. An interior attack began after confirming the structure to be somewhat safe to enter. The fire came from the D side of the structure and was quickly moving to the B side. The ceiling was pulled approx. midway of the structure to keep the fire running through the attic/joist space above the ceiling. The crews were able to stop the fire there and at that point began overhauling and checking for hot spots in

the rest of the structure.

During further investigation, it appeared that the fire started at the C/D corner of the D side porch. The owner said they had put some trash in that corner of the porch earlier that day. We did see some cigarette butts on the ground in that trash but there was alsc some electrical equipment in that area because the well pump is on that corner.

The red cross was informed and they were able to contact the homeowner.

COLLIN REDISH - BAT48

Assumed and ran incident command when I arrived on scene.

COLLIN REDISH - E43

Arrived on scene heavy smoke and fire on delta side of structure. Upon our arrival off duty FD personnel D/E Jenkins was already on scene as he lived across the street. D/E Jenkins had already done a 360 of the structure and provided D/E Bertram with an update of what he seen. I pulled the number 2 hand line and advanced it to the delta side of the house. Bertram charged the hose line and I started fire suppression. After adequate knock down on delta side of the house advance hose line to the front door on the alpha side of the structure. Door was locked, used forced entry with shoulder. Bertram found propane take that was off gassing. Bertram applied hose stream on the tank while I shut off the valve. Made entry to the structure through the front door, D/E Bertram advised for the next arriving officer to establish command via radio and we began checking for extension as we entered the structure. nothing found until the hallway leading to the master bedroom(delta side). Active fire in the master bedroom and master bath. Fire was suppressed in both rooms. E43 crew back tracked and checked for extension. Active fire was found in the kitchen as well (delta alpha side) fire was extinguished. E43 started mop up and hot spot extinguishment. 43 personnel used 2 bottles during suppression activity's.

COLLIN REDISH - T44

Tanker remained on scene for extra water, personnel assisted with extinguishment

A — FDID: 29091 | State: FL | Incident Date: MM 09, DD 28, YYYY 2022 | Station: 043 | Incident Number: 0004128 | Exposure: 000 | ☐ Delete ☐ Change | NFIRS-2 Fire

B Property Details

B1 1 — Estimated number of residential living units in building of origin (whether or not all units became involved) ☐ Not Residential

B2 1 — Number of buildings involved ☐ Buildings not involved

B3 ____ . ____ — Acres burned (outside lines) ☐ None ☑ Less than one acre

C On-Site Materials or Products ☐ None

Enter up to three codes. Check one box for each code entered. If multiple items were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved

On-Site Materials Storage Use

On-site material (1)	200	Personal & home products, other	1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service U ☑ Undetermined
On-site material (2)			1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service U ☐ Undetermined
On-site material (3)			1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service U ☐ Undetermined

D Ignition

D1 90 Outside area, other — Area of fire origin ☆

D2 43 Hot ember or ash — Heat source ☆

D3 10 Structural component or finish, other — Item first ignited ☆ 1 ☐ Check box if fire spread was confined to object of origin

D4 60 Wood or paper, processed, other — Type of material first ignited (Required only if item first ignited code is 60 or > 70)

E1 Cause of Ignition ☆

☐ Check box if this is an ongoin report

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

UU Undetermined — Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors ☆ Contributing to Ignition

Check all applicable boxes ☑ None

1 ☐ Asleep
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Possibly mentally 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 Source

Equipment Power Source

F3 Equipment Portability

1 ☐ Portable
2 ☐ Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install

G Fire Suppression Factors ☐ None

Enter up to three codes

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

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Mobile property model

Year

License Plate Number

State

VIN

Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).

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 Revised 01/01/05

I1 Structure Type ☆
If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.
1 ☑ Enclosed building
2 ☐ Portable/Mobile structure
3 ☐ Open structure
4 ☐ Air-supported structure
5 ☐ Tent
6 ☐ Open platform (e.g., piers)
7 ☐ Underground structure (work areas)
8 ☐ Connective structure (e.g., fences)
0 ☐ Other type of structure

I2 Building Status ☆
1 ☐ Under construction
2 ☑ In normal use
3 ☐ Idle, not routinely used
4 ☐ Under major renovation
5 ☐ Vacant and secured
6 ☐ Vacant and unsecured
7 ☐ Being demolished
0 ☐ Other
U ☐ Undetermined

I3 Building Height ☆
Count the roof as part of the highest story.
001 Total number of stories at or above grade
01 Total number of stories below grade

I4 Main Floor Size ☆
NFIRS-3 Structure Fire
00 , 002 , 100 Total square feet
OR
0 , 030 BY 0 , 070 Length in feet / Width in feet

J1 Fire Origin ☆
001 Story of fire origin ☐ Below grade

J2 Fire Spread ☆
If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module).
2 ☐ Confined to room of origin
3 ☐ Confined to floor of origin
4 ☑ Confined to building of origin
5 ☐ Beyond building of origin

J3 Number of Stories Damaged by Flame
Count the roof as part of the highest story.
____ Number of stories w/minor damage (1 to 24% flame damage)
____ 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)

K Type of Material Contributing Most to Flame Spread
☐ Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module); OR if unable to determine → Skip to Section L

Organic materials,
K1 70 other
Item contributing most to flame spread

Wood or paper,
K2 60 processed, other
Type of material contributing most to flame spread. Required only if item contributing code is 00 or 70.

L1 Presence of Detectors ☆
(In area of the fire)
N ☐ None Present → Skip to Section M
1 ☐ Present
U ☑ Undetermined

L2 Detector Type
1 ☐ Smoke
2 ☐ Heat
3 ☐ Combination smoke and heat
4 ☐ Sprinkler, water flow detection
5 ☐ More than one type present
0 ☐ Other
U ☐ Undetermined

L3 Detector Power Supply
1 ☐ Battery only
2 ☐ Hardwire only
3 ☐ Plug-in
4 ☐ Hardwire with battery
5 ☐ Plug-in with battery
6 ☐ Mechanical
7 ☐ Multiple detectors & power supplies
0 ☐ Other
U ☐ Undetermined

L4 Detector Operation
1 ☐ Fire too small to activate
2 ☐ Operated → Complete Block L5
3 ☐ Failed to operate → Complete Block L6
U ☐ Undetermined

L5 Detector Effectiveness
Required if detector operated
1 ☐ Alerted occupants, occupants responded
2 ☐ Alerted occupants, occupants failed to respond
3 ☐ There were no occupants
4 ☐ Failed to alert occupants
U ☐ Undetermined

L6 Detector Failure Reason
Required if detector failed to operate
1 ☐ Power failure, shutoff, or disconnect
2 ☐ Improper installation or placement
3 ☐ Defective
4 ☐ Lack of maintenance, includes not cleaning
5 ☐ Battery missing or disconnected
6 ☐ Battery discharged or dead
0 ☐ Other
U ☐ Undetermined

M1 Presence of Automatic Extinguishing System ☆
N ☑ None Present
1 ☐ Present
2 ☐ Partial System Present
U ☐ Undetermined
→ Complete rest of Section M

M2 Type of Automatic Extinguishing System
Required if fire was within designed range of AES
1 ☐ Wet-pipe sprinkler
2 ☐ Dry-pipe sprinkler
3 ☐ Other sprinkler system
4 ☐ Dry chemical system
5 ☐ Foam system
6 ☐ Halogen-type system
7 ☐ Carbon dioxide (CO_2) system
0 ☐ Other special hazard system
U ☐ Undetermined

M3 Operation of Automatic Extinguishing System
Required if fire was within designed range
1 ☐ Operated/effective (go to M4)
2 ☐ Operated/Not effective (go to M4)
3 ☐ Fire too small to activate
4 ☐ Failed to operate (go to M5)
0 ☐ Other
U ☐ Undetermined

M4 Number of Sprinkler Heads Operating
Required if system operated
____ Number of sprinkler heads operating

M5 Reason for Automatic Extinguishing System Failure
Required if system failed or not effective
1 ☐ System shut off
2 ☐ Not enough agent discharged
3 ☐ Agent discharged but did not reach fire
4 ☐ Wrong type of system
5 ☐ Fire not in area protected
6 ☐ System components damaged
7 ☐ Lack of maintenance
8 ☐ Manual intervention
0 ☐ Other
U ☐ Undetermined

NFIRS-3 Revision 01/01/96

A | FDID: 29091 | State: FL | Incident Date (MM DD YYYY): 09 28 2022 | Station: 043 | Incident Number: 0004128 | Exposure: 000 | ☐ Delete ☐ Change | NFIRS-10 Personnel

B Apparatus or Resources	Dates and Times (Check if same date as Alarm date on the Basic Module (Block E.1)) Month Day Year Hour Min	Sent	Number of People ☆	Apparatus Use ☆ Check ONE box for each apparatus to indicate its main use at this incident.	Actions Taken List up to 4 actions for each apparatus and each personnel
1 ID: BAT48 ☆Type: 92	Dispatch ☑ 0021 Arrival ☑ 0040 Clear ☑ 0207	Sent ☑	1	☐ Suppression ☐ EMS ☑ Other	81

Personnel ☆ ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
1209	COLLIN REDISH		☑				
			☐				
			☐				
			☐				
			☐				
			☐				

2 ID: E48 ☆Type: 11	Dispatch ☑ 0021 Arrival ☑ 0038 Clear ☑ 0207	Sent ☑	2	☑ Suppression ☐ EMS ☐ Other	73 74 75

Personnel ☆ ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
1308	DUSTIN WOODARD		☑	73	58	74	
1633	BRAD SOMMER		☑	73	75		
			☐				
			☐				
			☐				
			☐				

3 ID: T44 ☆Type: 14	Dispatch ☑ 0021 Arrival ☑ 0040 Clear ☑ 0207	Sent ☑	1	☑ Suppression ☐ EMS ☐ Other	73 74 75

Personnel ☆ ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
1708	BRYAN GOVANTES		☑				
			☐				
			☐				
			☐				
			☐				
			☐				

A	FDID ☆	State ☆	MM Incident Date ☆	DD	YYYY	Station	Incident Number ☆	Exposure ☆	☐ Delete ☐ Change	NFIRS-10 Personnel
	29091	FL	09	28	2022	043	0004128	000		

B Apparatus or Resources	Dates and Times (Military time 0000) Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min	Sent [X]	Number of People ☆	Apparatus Use ☆ Check ONE box for each apparatus to indicate its main use at the incident	Actions Taken List up to 4 actions for each apparatus and each personnel.
1 ID T51 ☆Type 14	Dispatch ☑ 0021 Arrival ☑ 0034 Clear ☑ 0207	Sent ☑	1	☑ Suppression ☐ EMS ☐ Other	73 74 75 76

Personnel ☆ ID	Name	Rank or Grade	Attend [x]	Action Taken	Action Taken	Action Taken	Action Taken
1205	AARON OVERSTREET		☑	58	11	73	12
			☐				
			☐				
			☐				
			☐				
			☐				

2 ID E44 ☆Type 11	Dispatch ☑ 0021 Arrival ☑ 0040 Clear ☑ 0207	Sent ☑	1	☑ Suppression ☐ EMS ☐ Other	11 12 73

Personnel ☆ ID	Name	Rank or Grade	Attend [x]	Action Taken	Action Taken	Action Taken	Action Taken
1708	BRYAN GOVANTES		☑	11	12	73	
			☐				
			☐				
			☐				
			☐				
			☐				

3 ID E51 ☆Type 11	Dispatch ☑ 0020 Arrival ☑ 0034 Clear ☑ 0207	Sent ☑	2	☑ Suppression ☐ EMS ☐ Other	73 74 75

Personnel ☆ ID	Name	Rank or Grade	Attend [x]	Action Taken	Action Taken	Action Taken	Action Taken
1207	LARRY SHALLAR III		☑	11	73	12	
1630	JORDON HOFFMAN		☑	58	11	73	12
			☐				
			☐				
			☐				
			☐				

A | FDID: 29091 | State: FL | Incident Date: Mo 09 / Day 28 / Year 2022 | Station: 043 | Incident Number: 0004128 | Exposure: 000 | ☐ Delete ☐ Change | NFIRS-10 Personnel

B Apparatus or Resources | Dates and Times (Military time 0000) — Check if same date as Alarm date on the Basic Module (Block 6.1). Month Day Year Hour/Min | Sent | Number of People ☆ | Apparatus Use ☆ — Check ONE box for each apparatus to indicate its main use at the incident | Actions Taken — List up to 4 actions for each apparatus and each personnel

1 ID: T43 ☆Type: 14

Dispatch	☑	0020
Arrival	☑	0034
Clear	☑	0207

Sent: ☑ | Number of People: 1 | Apparatus Use: ☑ Suppression ☐ EMS ☐ Other | Actions Taken: 73, 74, 75

Personnel ☆ ID	Name	Rank or Grade	Attend [x]	Action Taken	Action Taken	Action Taken	Action Taken
1622	RICHARD KING		☑	10	52	12	51
			☐				
			☐				
			☐				
			☐				
			☐				

2 ID: E43 ☆Type: 11

Dispatch	☑	0020
Arrival	☑	0034
Clear	☑	0207

Sent: ☑ | Number of People: 1 | Apparatus Use: ☑ Suppression ☐ EMS ☐ Other | Actions Taken: 10, 52, 12, 51

Personnel ☆ ID	Name	Rank or Grade	Attend [x]	Action Taken	Action Taken	Action Taken	Action Taken
1307	JASON BERTRAM		☑				
			☐				
			☐				
			☐				
			☐				
			☐				

3 ID: POV ☆Type: 99

Dispatch	☑	0019
Arrival	☑	0034
Clear	☑	0207

Sent: ☑ | Number of People: 1 | Apparatus Use: ☐ Suppression ☐ EMS ☑ Other | Actions Taken: 73

Personnel ☆ ID	Name	Rank or Grade	Attend [x]	Action Taken	Action Taken	Action Taken	Action Taken
1309	JONATHAN JENKINS		☑	73			
			☐				
			☐				
			☐				
			☐				
			☐				

A

FDID	State	Incident Date MM	DD	YYYY	Station	Incident Number	Exposure	Delete / Change / No Activity	ESO-1 Non-NFIRS Fields
29091	FL	09	28	2022	043	0004128	000		

E1 Additional Incident Times

	Month	Day	Year	Hour Min		Month	Day	Year	Hour Min
PSAP Recieved	09	28	2022	0019	Dispatch Notified	09	28	2022	0019

B Apparatus or Resources — Dates and Times (Midnight = 0000)

	ID	Type	En Route (Month Day Year Hour/Min)	District (Month Day Year)
1	BAT48		09 28 2022 0026	09 28 2022
2	E48		09 28 2022 0025	09 28 2022
3	T44		09 28 2022 0026	09 28 2022
4	T51		09 28 2022 0026	09 28 2022
5	E44		09 28 2022 0024	09 28 2022
6	E51		09 28 2022 0025	09 28 2022
7	T43		09 28 2022 0025	09 28 2022
8	E43		09 28 2022 0025	09 28 2022
9	POV		09 28 2022 0030	09 28 2022