



Columbia County Fire Rescue Department
370 SE Racetrack Lane, LAKE CITY, FL 32056
Phone 386 754 7057 Fax.386 754 7064

A FDID: 29091 State: FL Incident Date: MM 03 DD 16 YYYY 2014 Station: 46 Incident Number: CCFR14CAD000808 Exposure: 0 NFIRS-1 Basic													
B Location Type ☒ Street address Intersection: 125 SW TRENTON TER In front of: FORT WHITE FL 32038 Rear of: _____ Adjacent to: _____ Directions: _____ US National Grid: _____ Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section 8, Alternative Location Specification. Use only for wildland fires. Census Tract: _____													
<table border="0" style="width:100%"><tr><td style="width:33%">C Incident Type 121 Fire in mobile home used as fixed residence</td><td style="width:33%">E1 Dates and Times Midnight is 0000 Month Day Year Hour Min Sec ALARM always required Alarm: 03 16 2014 23 35 00 Arrival: 03 16 2014 23 49 00 Controlled: _____ Last Unit Cleared: 03 17 2014 01 34 00 Check boxes if dates are the same as Alarm Date. ARRIVAL required, unless canceled or did not arrive CONTROLLED optional, except for wildland fires LAST UNIT CLEARED required except for wildland fires</td><td style="width:33%">E2 Shifts and Alarms Local Option: B Shift or Platoon: 3 Alarms: 46 District: _____ E3 Special Studies Local Option: _____ Special Study ID#: _____ Special Study Value: _____</td></tr></table>										C Incident Type 121 Fire in mobile home used as fixed residence	E1 Dates and Times Midnight is 0000 Month Day Year Hour Min Sec ALARM always required Alarm: 03 16 2014 23 35 00 Arrival: 03 16 2014 23 49 00 Controlled: _____ Last Unit Cleared: 03 17 2014 01 34 00 Check boxes if dates are the same as Alarm Date. ARRIVAL required, unless canceled or did not arrive CONTROLLED optional, except for wildland fires LAST UNIT CLEARED required except for wildland fires	E2 Shifts and Alarms Local Option: B Shift or Platoon: 3 Alarms: 46 District: _____ E3 Special Studies Local Option: _____ Special Study ID#: _____ Special Study Value: _____	
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J Property Use Structures		341 Clinic, clinic-type infirmary		539 Household goods, sales, repairs	
131	Church, mosque, synagogue temple chapel	342	Doctor dentist or oral surgeon office	571	Service station gas station
161	Restaurant or cafeteria	361	Jail prison (not juvenile)	579	Motor vehicle or boat sales services repair
162	Bar or nightclub	419	1 or 2 family dwelling	599	Business office
213	Elementary school including kindergarten	429	Multifamily dwelling	615	Electric-generating plant
215	High school/junior high school/middle school	439	Boarding/rooming house residential hotels	629	Laboratory or science laboratory
241	Adult education center college classroom	449	Hotel/motel, commercial	700	Manufacturing processing
311	24-hour care Nursing homes 4 or more persons	459	Residential board and care	819	Livestock poultry storage
331	Hospital - medical or psychiatric	464	Barracks dormitory	882	Parking garage general vehicle
		519	Food and beverage sales, grocery store	891	Warehouse
Outside		936	Vacant lot	981	Construction site
124	Playground	938	Graded and cared-for plots of land	984	Industrial plant yard - area
655	Crops or orchard	946	Lake, river stream		
669	Forest timberland woodland	951	Railroad right-of-way		
807	Outside material storage area	960	Street, other		
919	Dump sanitary landfill	961	Highway or divided highway		
931	Open land or field	962	Residential street, road or residential driveway		

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

Property Use 419
Code

1 or 2 family dwelling
Property Use Description

K1 Person/Entity Involved

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 KENNETH MI MILLER Suffix

Number 125 Prefix SW Street or Highway TRENTON Street Type TER Suffix

Post Office Box Apt./Suite/Room City FORT WHITE

State FL Zip Code 32038 -

K2 Owner

Local Option ☐ Same as person involved? ☐ Then check this box and skip the rest of this

Business Name (If Applicable) Area Code 386 Phone Number 984 - 5915

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

Mr EARL MI MARTIN Suffix

Number Prefix Street or Highway Not Applicable Street Type Suffix

Post Office Box Not Applicable Apt./Suite/Room City

State Zip Code -

L Remarks

Local Option ☐

ENGINES 45, 46, 49 AND TANKERS 45 AND 46 WERE DISPATCHED TO THE ABOVE LOCATION FOR A POSSIBLE STRUCTURE FIRE UPON OUR ARRIVAL WE FOUND A SINGLE-WIDE MOBILE HOME WITH LIGHT SMOKE COMING FROM THE FRONT DOOR AN ATTACK LINE WAS PULLED AND 2 PERSONNEL ENTERED THE HOME. THE FIRE WAS LOCATED IN THE MASTER BEDROOM AND WAS CONTAINED WITHIN SMOKE DAMAGE WAS PRESENT THROUGHOUT THE HOME THE HOME WAS VENTED WITH A SMOKE EJECTOR MOP UP WAS PERFORMED DURING MOP UP MODE WE FOUND THE AREA OF ORIGIN TO BE AN ELECTRICAL STRIP OUTLET THE FIRE MARSHAL WAS NOTIFIED DUE TO SMOKE INHALATION TO (1) RESIDENT RED CROSS WAS NOTIFIED AND MET WITH THE FAMILY MEMBERS FOR ASSISTANCE. THE SCENE WAS SECURED AND ALL UNITS RETURNED TO STATION 46 TO SERVICE EQUIPMENT (1)PATIENT, KENITH MILLER WAS TRANSPORTED BY MEDIC 2 TO SHANDS OF GAINSVILLE FOR EVALUATION

M Authorization

OVER01	AARON OVERSTREET	DRIVER ENGINEER	STA 46	03	16	2014
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
OVER01	AARON OVERSTREET	DRIVER ENGINEER	STA 46	03	16	2014
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year