

Columbia County Fire
Department (386)
754-7057 Chief Tres
Atkinson

DISTRICT 43 Location of Incident)
COLUMBIA COUNTY FIRE DEPARTMENT
INCIDENT REPORT STRUCTURE FIRE

Under Investigation _____ Date: 2-13-11 Time 12:39 Incident # 1575
Exposure: _____ District: 43 Address: _____
Fire Dept. Aid Given Yes or No If yes give Dept name, # of units and # of personnel _____

First Out Apparatus # E-43 Circle One: Mobile Home Shed One Story Two Story
Property Use: Residential Arrived 12:40 Cleared 03:23
Cancelled time: _____ Cancelled by: _____
Actions taken, list all (extinguishment, ventilation, extrication of persons, mop up, etc.): _____

Shift: C Casualties (list name, address if different), phone number, birth date or age and
all information pertaining to how and why they were hurt/killed (where were they, what were they
doing, etc.): Randall Larson, Burns to his back / Received burns on
his back when he tried to reenter the structure
Cost of House before fire: 40,000 After fire: 0
Contents of house before fire: 20,000 After fire: 0
Detector alerted (yes) no Name, address and phone number of owner: Randall Larson
386 SW Prim St. 623-3927
Name and phone # and age of all occupants: Randall Larson, Crystal Wainner
Kevin Wainner, all adults 623-3927
Name, title and # to all other persons or businesses involved (ex: manager) _____

of Units: 1 # of Bldgs Involved: 1 # of acres burnt: 0
Fire Started (exact location of structure) Just inside front door to the left
Heat Source: Electrical Outlet Item 1st Ignited: Electrical Outlet
Cause of Ignition: Electrical Outlet Factors contributing to Ignition: _____
Human factors: _____ Bldg status: Occupied Vacant and Secured
Vacant and Unsecured Total Square footage: _____
Story of fire origin: 1 Fire Spread: started at source & spread throughout
Stories at or above grade: 1 # of Stories damaged: 1 Was damage: Minor
Significant Heavy Extreme Detectors: Present None
Detector type: Smoke Gas Detector power supply: Battery
Detector operation: fire too small to activate operated failed to operate
Detector effectiveness: Alerted and occupants responded Alerted and occupants failed to respond
There were no occupants Failed to alert occupants Detector failure reason: _____

Automatic Extinguishment system: Yes No System type: N/A
Operation: N/A # of heads operating: N/A Reason for system
failure: N/A

Insurance name, address, phone number, agents name and policy #: _____

Were any hazardous or other type materials stored in this building and if yes, list them: N/A

Were they involved in fire or damaged by fire: _____

Were the items for resale, storage, home use, etc? _____

What caused the fire Oil heater space heater was plugged into wall outlet, the line appeared to have started at that outlet.
Was someone responsible for the fire, how and why _____

If known, the name, age, address (if different than incident address) of the person responsible for the fire _____

Narrative: Dispatched to fully involved structure. We arrived on scene & began extinguishment from the front door. With 1st attack line, other units arrived on scene and pulled another line to the back of the structure. After the fire was extinguished we began mop up through out the house. All the ceilings was falling. The power was turned off at the pole. Randall Larson had minor burns to his back due to trying to reenter the structure. Ems checked out the occupants they all received treatment & transport. We cleared the scene after mop up & made sure hot spots were out.

Apparatus #	Driver Name	Passenger Name
E-43	Crews	Reckish
E-48	Overstreet	Carvandoz, Registrar
QA-43	A. Paffani	
T-43	V. Spangley	
T-44	D. Recker	
T-48	D. Sullivan	
CF-1	CF-1	
CF-2	CF-2	
EMS	J. Morris	T. Griffin

Person completing report: _____

Reckish

Officer in charge: _____

Reckish