

24 APRIL 2014

BUILDING OFFICIAL
COLUMBIA COUNTY, BUILDING DEPT.
COLUMBIA COUNTY COURTHOUSE ANNEX
LAKE CITY, FLORIDA 32055

RE: HUDSON RESIDENCE for MIKE TODD CONSTRUCTION
PERMIT Nr. _____

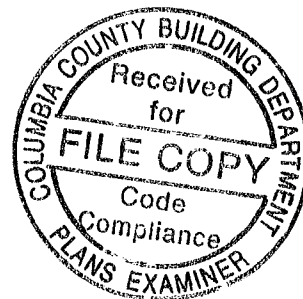
DEAR SIR:

PLEASE BE ADVISED OF THE FOLLOWING CHANGES TO THE CONSTRUCTION
DOCUMENTS FOR THE ABOVE REFERENCED PROJECT.

1. IN LIEU OF COMMON NAILS FOR APPLICATION OF THE ROOF SHEATHING,
RING SHANK NAILS SHALL BE USED.
2. THE ROOF SHEATHING NAILING PATTERN SHALL BE AS FOLLOWS:
8d RING SHANK NAILS @ 6" O.C. ALONG ENDS
8d RING SHANK NAILS @ 6" O.C. ALONG INTERMEDIATE SUPPORTS

SHOULD YOU HAVE ANY FURTHER QUESTIONS WITH THIS, PLEASE CALL FOR
ASSISTANCE

YOURS TRULY,
NICHOLAS PAUL GEISLER, ARCHITECT AR0007005



WALD01	WALDRON, JOHN	Firefighter EMT	11	12	58
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B Apparatus or Resource	Dates and Times	Sent	Number of People	Apparatus Use	Actions Taken
	<small>Check if the same date as Alarm date on the Basic Module (Block E1)</small>			<small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	<small>List up to 4 actions for each apparatus and each personnel.</small>
	<small>Month/Day/Year</small>				
8 ID T43	Dispatch X 07/31/13 1557	Sent X	0	Other	11 12
Type 24	Arrival X 07/31/13 1602			X Suppression	
	Clear X 07/31/13 1919			EMS	
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken

9 ID CF1	Dispatch X 07/31/13 1557	Sent X	1	Other	11 12
Type 92	Arrival X 07/31/13 1602			X Suppression	
	Clear X 07/31/13 1919			EMS	
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken
BOOZ01	BOOZER, DAVID	Fire Chief	11	12	58

10 ID CF2	Dispatch X 07/31/13 1557	Sent X	1	Other	11 12
Type 92	Arrival X 07/31/13 1602			X Suppression	
	Clear X 07/31/13 1919			EMS	
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken
CRAW01	CRAWFORD, JEFFERY	Assistant Chief	11	12	58

A	FDID 29091	State FL	Incident Date MM 07 DD 31 YYYY 2013	Station 48	Incident Number CCFR13CAD002298	Exposure 0	NFIRS-10 Personnel
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B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
		Month/Day/Year	Hour/Min						
1	ID CF9 Type 92	Dispatch			Sent	2	Other <input checked="" type="checkbox"/> Suppression EMS	73	
		Arrival	X 07/31/13 1606						
		Clear	X 07/31/13 1919						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
CASS01	CASSADY, GREGORY	Shift Commander	11	12					
SHAL01	SHALLAR, III, LARRY	Reservist	58	11	12				

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
		Month/Day/Year	Hour/Min						
2	ID E45 Type 11	Dispatch			Sent	2	Other <input checked="" type="checkbox"/> Suppression EMS	73	74
		Arrival	X 07/31/13 1602					75	
		Clear	X 07/31/13 1919						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
BALL01	BALLANCE, JEFF	Firefighter	58	11	12				
BERT01	BERTRAM, JASON	Firefighter	11	12					

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
		Month/Day/Year	Hour/Min						
3	ID E48 Type 11	Dispatch			Sent	2	Other <input checked="" type="checkbox"/> Suppression EMS	73	74
		Arrival	X 07/31/13 1617					75	
		Clear	X 07/31/13 1919						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
DANT01	D'ANTONIO, WADE	FF/EMT	58	11	12				
MINT01	MINTON, MICHAEL	Lieutenant	11	86	12				

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
		Month/Day/Year	Hour/Min						
4	ID T45 Type 24	Dispatch			Sent	1	Other <input checked="" type="checkbox"/> Suppression EMS	76	
		Arrival	X 07/31/13 1618						
		Clear	X 07/31/13 1919						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
JOHN01	JOHNSON, JOSEPH	Driver Engineer	58	76					

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
		Month/Day/Year	Hour/Min						
5	ID Type 24	Dispatch			Sent	1	Other <input checked="" type="checkbox"/> Suppression EMS	76	
		Arrival	X 07/31/13 1647						
		Clear	X 07/31/13 1752						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
NETT01	NETTLES, ANDY	Reservist	58	76					

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
		Month/Day/Year	Hour/Min						
6	ID T48 Type 24	Dispatch			Sent	2	Other <input checked="" type="checkbox"/> Suppression EMS	76	
		Arrival	X 07/31/13 1603						
		Clear	X 07/31/13 1919						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
alockwood	LOCKWOOD, ADAM	Reservist	58	76					
1615	Hauser, Michael	FIREFIGHTER/EMT	11	12					

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
		Month/Day/Year	Hour/Min						
7	ID Type 11	Dispatch	X 07/31/13 1557		Sent	2	Other <input checked="" type="checkbox"/> Suppression EMS	73	
		Arrival	X 07/31/13 1602						
		Clear	X 07/31/13 1919						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
MCCO01	MCCOOK, JOSHUA	FF/EMT	11	12					

A FDID <u>29091</u> State <u>FL</u> Incident Date MM <u>07</u> DD <u>31</u> YYYY <u>2013</u> Station <u>48</u> Incident Number <u>CCFR13CAD002298</u> Exposure <u>0</u>		NFIRS-2 Fire	
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B Property Details B1 <u>1</u> Not Residential <small>Estimate number of residential living units in building of origin whether or not all units became involved</small> B2 <u>1</u> Buildings not involved <small>Number of buildings involved</small> B3 <u> </u> <u> </u> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than one acre <small>Acres burned (outside fires)</small>	C On-Site Materials or Products <input checked="" type="checkbox"/> None <small>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</small> <small>Enter up to three codes. Check one box for each code entered</small> On-site material (1) <u> </u> <u> </u> On-site material (2) <u> </u> <u> </u> On-site material (3) <u> </u> <u> </u>	On-Site Materials Storage Use 1 Bulk storage or warehousing 2 Processing or manufacturing 3 Packaged goods for sale 4 Repair or service N None U Undetermined 1 Bulk storage or warehousing 2 Processing or manufacturing 3 Packaged goods for sale 4 Repair or service N None U Undetermined 1 Bulk storage or warehousing 2 Processing or manufacturing 3 Packaged goods for sale 4 Repair or service N None U Undetermined
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D Ignition D1 <u>74</u> Attic, vacant, crawl space above top story <small>Area of fire origin</small> D2 <u>73</u> Lightning discharge <small>Heat Source</small> D3 <u>17</u> Structural member or framing <small>Item first ignited</small> D4 <u>65</u> Fiberboard, particleboard, and hardboard <small>Type of material first ignited Required only if item first ignited code is 00 or <70</small>	E1 Cause of Ignition <small>Check this box if this is an exposure report</small> 0 Cause, other (System generated code only, not used for data entry) 1 Intentional 2 Unintentional 3 Failure of equipment or heat source 4 <input checked="" type="checkbox"/> Act of nature 5 Cause under investigation U Cause undetermined after investigation E2 Factors Contributing to Ignition <u>60</u> Natural condition, other <small>Factor contributing to ignition (1)</small> <u> </u> <small>Factor contributing to ignition (2)</small>	E3 Human Factors Contributing to Ignition <small>Check all applicable boxes</small> <input checked="" type="checkbox"/> None 1 Asleep 2 Possibly impaired by alcohol or drugs 3 Unattended or unsupervised person 4 Possibly mentally disabled 5 Physically disabled 6 Multiple persons involved 7 Age was a factor N <input checked="" type="checkbox"/> None <small>Estimated age of person involved</small> <u> </u> 1 Male 2 Female
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F1 Equipment Involved in Ignition <input checked="" type="checkbox"/> None If equipment was not involved, skip to Section G Equipment Involved Brand <u> </u> Serial <u> </u> Model <u> </u> Year <u> </u>	F2 Equipment Power Source <u> </u> <small>Equipment Power Source</small> F3 Equipment Portability 1 Portable 2 Stationary <small>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.</small>	G Fire Suppression Factors <input checked="" type="checkbox"/> None <small>Enter up to three codes.</small> Fire suppression factor (1) <u> </u> Fire suppression factor (2) <u> </u> Fire suppression factor (3) <u> </u>
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H1 Mobile Property Involved 1 Not involved in ignition, but burned 2 Involved in ignition, but did not itself burn 3 Involved in ignition and burned Mobile property model <u> </u> License Plate Number <u> </u> State <u>FL</u> VIN <u> </u>	H2 Mobile Property Type and Make Mobile property type <u> </u> Mobile property make <u> </u> Year <u> </u>	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
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J Property Use Structures		Property Use	
131 Church, mosque, synagogue, temple chapel	341 Clinic, clinic-type infirmary	539 Household goods, sales, repairs	Look up and enter a Property Use code and description only if you have NOT checked a Property Use Box.
161 Restaurant or cafeteria	342 Doctor, dentist or oral surgeon office	571 Service station, gas station	
162 Bar or nightclub	361 Jail, prison (not juvenile)	579 Motor vehicle or boat sales, services, repair	Property Use Code
213 Elementary school, including kindergarten	419 <input checked="" type="checkbox"/> 1 or 2 family dwelling	599 Business office	
215 High school/junior high school/middle school	429 Multifamily dwelling	615 Electric-generating plant	Property Use Description
241 Adult education center, college classroom	439 Boarding/rooming house, residential hotels	629 Laboratory or science laboratory	
311 24-hour care Nursing homes, 4 or more persons	449 Hotel/motel, commercial	700 Manufacturing, processing	1 or 2 family dwelling
331 Hospital - medical or psychiatric	459 Residential board and care	819 Livestock, poultry storage	
	464 Barracks, dormitory	882 Parking garage, general vehicle	Industrial plant yard - area
	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		

K1 Person/Entity Involved		Business Name (if Applicable)		Area Code		Phone Number	
Local Option							
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		Suffix	
Post Office Box	Apt./Suite/Room	City					
State	Zip Code						

K2 Owner		Business Name (if Applicable)		Area Code		Phone Number	
Local Option				386		623 - 3182	
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	
444	SW	HORIZON		GLN		Suffix	
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, site built home with heavy smoke showing. I was performing a 360 and found that fire was in the attic above the back porch on corner C/D. When I made it back to side A the fire had engulfed the whole attic and side B had heavy flames blowing out of the gable end. Within just a few minutes the entire structure was fully involved. Fire was knocked down utilizing an exterior direct attack. Once fire was knocked down by fire personnel and structure was deemed safe to enter, a primary search was performed with nothing found. Items that were salvagable were either removed from the structure or placed on a table in the center of the house and a salvage cover was placed over the items. An extensive mop up was performed. A neighbor stated that she heard and seen a large ball of lightning in the area previous to the fire. All units became available.	

M Authorization						
MINT01	MICHAEL MINTON	Lieutenant	43-West Co	07	31	2013
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
MINT01	MICHAEL MINTON	Lieutenant	43-West Co	07	31	2013
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year



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 07 DD 31 YYYY 2013	Station: 48	Incident Number: CCFR13CAD002298	Exposure: 0	NFIRS-1 Basic
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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: -
<input checked="" type="checkbox"/> Street address	Number/Milepost: 444	Prefix: SW	Street or Highway: HORIZON
Intersection	City: LAKE CITY		State: FL
In front of	City: LAKE CITY		Zip Code: 32025
Rear of	City: LAKE CITY		State: FL
Adjacent to	City: LAKE CITY		Zip Code: 32025
Directions	City: LAKE CITY		State: FL
US National Grid	City: LAKE CITY		State: FL

C Incident Type	E1 Dates and Times	E2 Shifts and Alarms
111 Building fire	Month: 07 Day: 31 Year: 2013 Hour: 15 Min: 57 Sec: 34	Local Option: B Shift or Platoon: 3 Alarms: 48 District: 48
D Aid Given or Received	Alarm	E3 Special Studies
1 Mutual aid received	Arrival	Local Option: Special Study ID# Special Study Value
2 Automatic aid received	Arrival	
3 Mutual aid given	Arrival	
4 Automatic aid given	Arrival	
5 Other aid given	Arrival	
N <input checked="" type="checkbox"/> None	Arrival	

F Actions Taken	G1 Resources	G2 Estimated Dollar Losses and Values
11 Extinguishment by fire service personnel	Check this box and test this block if an Apparatus or Personnel Module is used.	LOSSES: Required for all fires if known. Optional for non-fires. None
Primary Action Taken (1)	Apparatus: 10 Personnel: 14	Property \$ 200,000
12 Salvage & overhaul	EMS: 0 Other: 0	Contents \$ 80,000
Additional Action Taken (2)	Check box if resources counts include aid received resources.	PRE-INCIDENT VALUE: Optional
		Property \$ 200,000
		Contents \$ 80,000

Completed Modules	H1 Casualties	H3 Hazardous Materials Release	I Mixed Use Property
<input checked="" type="checkbox"/> Fire-2	Fire Service: 0 Civilian: 0	0 Special HazMat actions required or spill >= 55 gal	00 Mixed use, other
<input checked="" type="checkbox"/> Structure Fire-3		1 Natural gas: slow leak, no evac. or HazMat actions	10 Assembly use
Civilian Fire Cas.-4		2 Propane gas - Less than a 21 lb. tank	20 Educational use
Fire Service Cas.-5		3 Gasoline - vehicle fuel tank or portable container	33 Medical use
EMS-6		4 Kerosene - fuel-burning equipment/portable storage	40 Residential use
HazMat-7		5 Diesel fuel/fuel oil - vehicle fuel tank/portable	51 Row of stores
WildLand Fire-8		6 Household/office solvent or chemical spill	53 Enclosed mail
<input checked="" type="checkbox"/> Apparatus-9	H2 Detector	7 Motor oil - from engine or portable container	58 Business and residential use
<input checked="" type="checkbox"/> Personnel-10	1 Required for confined fires	8 Paint - spills less than 55 gallons	59 Office use
Arson-11	2 <input checked="" type="checkbox"/> Detector did not alert occupants	N None	60 Industrial use
	U Unknown		63 Military use
			65 Farm use
			NN Not mixed use

A	FDID 29091	State FL	Incident Date MM DD YYYY 07 31 2013	Station 48	Incident Number CCFR13CAD002298	Exposure 0	NFIRS-3 Structure Fire
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J1 Structure Type <small>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</small> Structure type, other 1 <input checked="" type="checkbox"/> Enclosed building 2 Fixed portable or mobile structure 3 Open structure 4 Air-supported structure 5 Tent 6 Open platform 7 Underground structure work area 8 Connective structure	J2 Building Status 0 Building status, other 1 Under construction 2 <input checked="" type="checkbox"/> In normal use 3 Idle, not routinely used 4 Under major renovation 5 Vacant and secured 6 Vacant and unsecured 7 Being demolished U Undetermined	J3 Building Height <small>Count the roof as part of the highest story.</small> Total number of stories at or above grade 1 Total number of stories below grade 0	J4 Main Floor Size Total square feet 4 200 OR Length in feet BY Width in feet
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J1 Fire Origin 1 Below Grade <small>Story of fire origin</small> J2 Fire Spread <small>If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module).</small> Confined to object of origin 1 Confined to room of origin 2 Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 Beyond building of origin	J3 Number of Stories Damaged by Flame <small>Count the roof as part of the highest story.</small> 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) 1 Number of stories w/extreme damage (75 to 100% flame damage)	K Type of Material Contributing Most to Flame Spread <small>Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.</small> K1 11 Exterior roof covering, surface, finish <small>Item contributing most to flame spread</small> K2 63 Sawn wood, including all finished lumber <small>Type of material contributing most to flame spread Required only if item contributing code is 00 or <70</small>
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L1 Presence of Detectors <small>(In area of the fire)</small> 1 <input checked="" type="checkbox"/> Present N None present U Undetermined L2 Detector Type 0 Detector type, other 1 <input checked="" type="checkbox"/> Smoke 2 Heat 3 Combination smoke and heat in a single unit 4 Sprinkler, water flow detection 5 More than one type present U Undetermined	L3 Detector Power Supply 0 Detector power supply, other 1 Battery only 2 Hardwire only 3 Plug-in 4 <input checked="" type="checkbox"/> Hardwire with battery backup 5 Plug-in with battery backup 6 Mechanical 7 Multiple detectors and power supplies U Undetermined L4 Detector Operation 1 Fire too small to activate detector 2 <input checked="" type="checkbox"/> Detector operated 3 Detector failed to operate U Undetermined	L5 Detector Effectiveness <small>Required if detector operated</small> 1 Detector alerted occupants, occupants responded 2 Detector alerted occupants, occupants failed to respond 3 <input checked="" type="checkbox"/> There were no occupants 4 Detector failed to alert occupants U Undetermined L6 Detector Failure Reason <small>Required if detector failed to operate</small> 0 Detector failure reason, other 1 Power failure, hardwired det. shut off, disconnect 2 Improper installation or placement of detector 3 Defective detector 4 Lack of maintenance, includes not cleaning 5 Battery missing or disconnected 6 Battery discharged or dead U Undetermined
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M1 Presence of Automatic Extinguishing System 1 Present 2 Partial System Present N <input checked="" type="checkbox"/> None Present U Undetermined M2 Type of Automatic Extinguishing System <small>Required if fire was within designed range of AES</small> 0 Special hazard system, other 1 Wet-pipe sprinkler system 2 Dry-pipe sprinkler system 3 Other sprinkler system 4 Dry chemical system 5 Foam system 6 Halogen-type system 7 Carbon dioxide system U Undetermined	M3 Operation of Automatic Extinguishing System <small>Required if fire was within designed range</small> Operation of AES, other 1 System operated and was effective 2 System operated and was not effective 3 Fire too small to activate system 4 System did not operate U Undetermined M3 Number of Sprinkler Heads Operating <small>Required if system operated</small> Number of sprinkler heads operating	M5 Reason for Automatic Extinguishing System Failure <small>Required if system failed or not effective</small> Reason system not effective, other 1 System shut off 2 Not enough agent discharged to control the fire 3 Agent discharged, but did not reach the fire 4 Inappropriate system for the type of fire 5 Fire not in area protected by the system 6 System components damaged 7 Lack of maintenance, including corrosion or heads painted 8 Manual intervention defeated the system U Undetermined
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A	FDID 29091	State FL	Incident Date MM DD YYYY 07 31 2013	Station 48	Incident Number CCFR13CAD002298	Exposure 0	NFIRS-9 Apparatus or Resources
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B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
		Month/Day/Year	Hour/Min					
1	ID CF9 Type 92	Dispatch			Sent	2	Other	73
		Arrival	X 07/31/13	1606			X Suppression	
		Clear	X 07/31/13	1919			EMS	
2	ID E45 Type 11	Dispatch			Sent	2	Other	73 74
		Arrival	X 07/31/13	1602			X Suppression	75
		Clear	X 07/31/13	1919			EMS	
3	ID E48 Type 11	Dispatch			Sent	2	Other	73 74
		Arrival	X 07/31/13	1617			X Suppression	75
		Clear	X 07/31/13	1919			EMS	
4	ID T45 Type 24	Dispatch			Sent	1	Other	76
		Arrival	X 07/31/13	1618			X Suppression	
		Clear	X 07/31/13	1919			EMS	
5	ID Type 24	Dispatch			Sent	1	Other	76
		Arrival	X 07/31/13	1647			X Suppression	
		Clear	X 07/31/13	1752			EMS	
6	ID T48 Type 24	Dispatch			Sent	2	Other	76
		Arrival	X 07/31/13	1603			X Suppression	
		Clear	X 07/31/13	1919			EMS	
7	ID Type 11	Dispatch	X 07/31/13	1557	Sent	2	Other	73
		Arrival	X 07/31/13	1602	X		X Suppression	
		Clear	X 07/31/13	1919			EMS	
8	ID T43 Type 24	Dispatch	X 07/31/13	1557	Sent	0	Other	11 12
		Arrival	X 07/31/13	1602	X		X Suppression	
		Clear	X 07/31/13	1919			EMS	
9	ID CF1 Type 92	Dispatch	X 07/31/13	1557	Sent	1	Other	11 12
		Arrival	X 07/31/13	1602	X		X Suppression	
		Clear	X 07/31/13	1919			EMS	
10	ID CF2 Type 92	Dispatch	X 07/31/13	1557	Sent	1	Other	11 12
		Arrival	X 07/31/13	1602	X		X Suppression	
		Clear	X 07/31/13	1919			EMS	