

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  
356 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 fire 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 were falling. The power was turned off at the pole. Randall Lyman 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	Carvonez, Register
QB-43	A. Bullard	
T-43	J. Stanley	
T-44	D. Pecker	
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