

A FDID <u>29091</u> ★ State <u>FL</u> ★ Incident Date <u>01</u> <u>05</u> <u>2020</u> ★ Station <u>043</u> Incident Number <u>0000080</u> ★ Exposure <u>000</u> ★		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS-1 Basic	
B Location Type ★ <input type="checkbox"/> 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.					
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> U.S. National Grid					
Number/Milepost <u>442</u> Prefix <u>NW</u> Street or Highway <u>WILKS</u> Street Type <u>LN</u> Suffix <u></u> Apt./Suite/Room <u></u> City <u>LAKE CITY</u> State <u>FL</u> ZIP Code <u>32055</u> Cross Street, Directions or National Grid, as applicable					
C Incident Type ★ <u>111</u> Building fire Incident Type		E1 Dates and Times Midnight is 0000 Month Day Year Hour Min Alarm <u>01</u> <u>05</u> <u>2020</u> <u>0619</u> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival <u>0630</u> CONTROLLED optional, except for wildland fires <input type="checkbox"/> Controlled <u></u> <u></u> <u></u> <u></u> <input checked="" type="checkbox"/> Last Unit Cleared <u>1134</u> LAST UNIT CLEARED, required except for wildland fires		E2 Shifts and Alarms Local Option <input checked="" type="checkbox"/> A <u>0</u> <u>D43</u> Shift or Platoon Alarms District	
D Aid Given or Received ★ <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given Their FDID <u></u> Their State <u></u> Their Incident Number <u></u>		E3 Special Studies Local Option Special Study ID# <u></u> Special Study Value <u></u>			
F Actions Taken ★ Extinguishment by <u>11</u> fire service personnel Primary Action Taken (1) <u>12</u> Salvage & overhaul Additional Action Taken (2) <u>73</u> Provide manpower Additional Action Taken (3)		G1 Resources ★ <input checked="" type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus <u></u> Personnel <u></u> Suppression <u></u> EMS <u></u> Other <u></u> <input type="checkbox"/> 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 \$ <u>000</u> , <u>085</u> , <u>548</u> <input type="checkbox"/> Contents \$ <u>000</u> , <u>020</u> , <u>000</u> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <u>000</u> , <u>085</u> , <u>548</u> <input type="checkbox"/> Contents \$ <u>000</u> , <u>020</u> , <u>000</u> <input type="checkbox"/>	
Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1 Casualties ★ <input checked="" type="checkbox"/> None Deaths Injuries Fire <u></u> <u></u> Service <u></u> <u></u> Civilian <u></u> <u></u> H2 Detector Required for confined fires. <input type="checkbox"/> Detector alerted occupants <input type="checkbox"/> Detector did not alert them <input type="checkbox"/> Unknown		H3 Hazardous Materials Release <input type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21-lb tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)	
I Mixed Use Property <input type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use					
J Property Use ★ <input type="checkbox"/> None Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		341 <input type="checkbox"/> Clinic, clinic-type infirmary 342 <input type="checkbox"/> Doctor/Dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/Boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/Barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/Cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right-of-way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/Divided highway 962 <input type="checkbox"/> Residential street/driveway		539 <input type="checkbox"/> Household goods, sales, repairs 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/Science laboratory 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/Poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> 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 <u></u> Code <u></u> Property Use Description <u></u>					

K1 Person/Entity Involved

Local Option

Business Name (if applicable)

386

365

6510

Area Code

Phone Number

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

MR

Mr., Ms., Mrs.

Gary

First Name

MI

Pinkham

Last Name

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

Local Option

☐ Same as person involved? Then check this box and skip the rest of this block.

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.

MRS

Mr., Ms., Mrs.

lisa

First Name

MI

Pinkham

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

L**Remarks:****MIKE MINTON****January 5, 2020 08:22:10**

Disp. to a structure fire, upon arrival found a site built brick construction residence fully involved. Fire had already vented through the roof. Building is in the deep woods and access to and around the structure was very difficult. Structure was accessed on the D side and through a window on the B side. Power company had a delay in their response and fire crews pulled the meter at the residence to secure the power. Fire was attacked via defensive approach. Residence was search for victims but found none. Fire was extinguished and mop up performed. State fire marshal was called for investigation of cause. Home owner was notified via phone, he stated that he had two Bearded Dragons on the back porch and there was a heat lamp on the back porch for the dragons, there was also three large dogs on the property and they also had access to the back porch. 10 long guns were found in the residence in a metal cabinet, which were taken outside and turned over to the Fire Marshal Deputy. After mop up performed, no other hazards, scene was turned over to Fire Marshal, all units became available.

5/20/20 Per Homeowner address was 413 NW Wilks Ln.

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

M Authorization

Check box if same as Officer in charge. ☒

CF8

Officer in charge ID

Signature

Position or rank

Assignment

01

Month

05

Day

2020

Year

CF8

Member making report ID

Signature

Position or rank

Assignment

01

Month

05

Day

2020

Year

A	FDID 29091 ★	State FL ★	Incident Date 01/05/2020 ★	Station 043	Incident Number 0000080 ★	Exposure 000 ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-2 Fire
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B Property Details B1 <input type="text" value="1"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved.</small> B2 <input type="text"/> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small> B3 <input type="text"/> , <input type="text"/> <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 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> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="text"/> <input type="text"/> <small>On-site material (1)</small> </div> <div style="width: 48%;"> On-Site Materials Storage Use 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="text"/> <input type="text"/> <small>On-site material (2)</small> </div> <div style="width: 48%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="text"/> <input type="text"/> <small>On-site material (3)</small> </div> <div style="width: 48%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined </div> </div>
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D Ignition D1 <input type="text" value="UU"/> <input type="checkbox"/> Undetermined <small>Area of fire origin</small> ★ D2 <input type="text" value="UU"/> <input type="checkbox"/> Undetermined <small>Heat source</small> ★ Furniture, utensils, D3 <input type="text" value="20"/> <input type="checkbox"/> other <small>Item first ignited</small> ★ <input type="checkbox"/> Check box if fire spread was confined to object of origin. D4 <input type="text" value="UU"/> <input type="checkbox"/> Undetermined <small>Type of material first ignited</small> <small>Required only if item first ignited code is 00 or <70.</small>	E1 Cause of Ignition ★ <input type="checkbox"/> Check box if this is an exposure report. ➡ Skip to Section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input checked="" type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing to Ignition ★ <input type="checkbox"/> None <input type="text" value="UU"/> <input type="checkbox"/> Undetermined <small>Factor contributing to ignition (1)</small> <input type="text"/> <input type="text"/> <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 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor <small>Estimated age of person involved</small> <input type="text"/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
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F1 Equipment Involved in Ignition <input type="checkbox"/> None ➡ If equipment was not involved, skip to Section G. <input type="text"/> <input type="text"/> <small>Equipment Involved</small> <small>Brand</small> <input type="text"/> <small>Model</small> <input type="text"/> <small>Serial #</small> <input type="text"/> <small>Year</small> <input type="text"/>	F2 Equipment Power Source <input type="text"/> <input type="text"/> <small>Equipment Power Source</small> F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> 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 type="checkbox"/> None <small>Enter up to three codes.</small> <input type="text"/> <input type="text"/> <small>Fire suppression factor (1)</small> <input type="text"/> <input type="text"/> <small>Fire suppression factor (2)</small> <input type="text"/> <input type="text"/> <small>Fire suppression factor (3)</small>
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H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 10px;"></div> <small>Mobile property model</small> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="text"/> <small>License Plate Number</small> </div> <div style="width: 30%;"> <input type="text"/> <small>State</small> </div> <div style="width: 30%;"> <input type="text"/> <small>VIN</small> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; text-align: center;"> Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3). </div>	H2 Mobile Property Type and Make <input type="text"/> <input type="text"/> <small>Mobile property type</small> <input type="text"/> <input type="text"/> <small>Mobile property make</small> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="text"/> <small>Mobile property model</small> </div> <div style="width: 10%;"> <input type="text"/> <small>Year</small> </div> </div>	Local Use <input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies:</small> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached <div style="border-top: 1px solid black; height: 40px; width: 100%;"></div>
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I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input checked="" type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/Mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air-supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g., piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g., fences) 0 <input type="checkbox"/> Other type of structure </div>	I2 Building Status ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> In normal use 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input checked="" type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>	I3 Building Height ☆ Count the roof as part of the highest story. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 001 Total number of stories at or above grade. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 00 Total number of stories below grade. </div>	I4 Main Floor Size ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 00, 001, 178 Total square feet </div> <div style="text-align: center; margin-top: 10px;"> OR </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> Length in feet Width in feet </div> </div>
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**NFIRS-3
Structure
Fire**

J1 Fire Origin ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 001 Story of fire origin </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Below grade </div>	J3 Number of Stories Damaged by Flame Count the roof as part of the highest story. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Number of stories w/minor damage (1 to 24% flame damage) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Number of stories w/significant damage (25 to 49% flame damage) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Number of stories w/heavy damage (50 to 74% flame damage) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 001 Number of stories w/extreme damage (75 to 100% flame damage) </div>	K Type of Material Contributing Most to Flame Spread <input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">Skip to Section L</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> K1 Item contributing most to flame spread </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> K2 Type of material contributing most to flame spread Required only if item contributing code is 00 or <70. </div>
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L1 Presence of Detectors ☆ (In area of the fire) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present U <input checked="" type="checkbox"/> Undetermined </div> <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">Skip to Section M</div> </div>	L3 Detector Power Supply <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug-in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug-in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>	L5 Detector Effectiveness Required if detector operated. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Alerted occupants, occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined </div>
L2 Detector Type <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke and heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than one type present 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>	L4 Detector Operation <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated 3 <input type="checkbox"/> Failed to operate U <input type="checkbox"/> Undetermined </div> <div style="margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">Complete Block L5</div> <div style="border: 1px solid black; padding: 2px;">Complete Block L6</div> </div>	L6 Detector Failure Reason Required if detector failed to operate. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Power failure, shutdown, or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes not cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>

M1 Presence of Automatic Extinguishing System ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present 2 <input type="checkbox"/> Partial System Present U <input type="checkbox"/> Undetermined </div> <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">Complete rest of Section M</div> </div>	M3 Operation of Automatic Extinguishing System Required if fire was within designed range. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Operated/effective (go to M4) 2 <input type="checkbox"/> Operated/Not effective (go to M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>	M5 Reason for Automatic Extinguishing System Failure Required if system failed or not effective. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual intervention 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>
M2 Type of Automatic Extinguishing System Required if fire was within designed range of AES. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Wet-pipe sprinkler 2 <input type="checkbox"/> Dry-pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen-type system 7 <input type="checkbox"/> Carbon dioxide (CO₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined </div>	M4 Number of Sprinkler Heads Operating Required if system operated. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Number of sprinkler heads operating </div>	

NFIRS-3 Revision 01/01/06

A	FDID <input type="text" value="29091"/>	State <input type="text" value="FL"/>	Incident Date <input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="2020"/>	Station <input type="text" value="043"/>	Incident Number <input type="text" value="0000080"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-10 Personnel
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="1"/>	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID <input type="text" value="T51"/> ☆Type <input type="text" value="14"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0621 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0631 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1134	Sent <input checked="" type="checkbox"/>	<input type="text" value="1"/>		<input type="text" value="73"/> <input type="text" value="74"/> <input type="text" value="75"/> <input type="text"/>

Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="1704"/>	JEFFERY BALLANCE		<input checked="" type="checkbox"/>	58	11	73	
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

2 ID <input type="text" value="E51"/> ☆Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0620 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0633 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1134	Sent <input checked="" type="checkbox"/>	<input type="text" value="3"/> <input type="text"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="73"/> <input type="text" value="74"/> <input type="text" value="75"/> <input type="text"/>
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Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="1210"/>	RET TOMPKINS		<input checked="" type="checkbox"/>	11	12		
<input type="text" value="1710"/>	HUNTER LANGFORD		<input checked="" type="checkbox"/>	11	12		
<input type="text" value="1312"/>	STEVE BEDENBAUGH		<input checked="" type="checkbox"/>	58			
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

3 ID <input type="text" value="BAT48"/> ☆Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0622 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0633 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1134	Sent <input checked="" type="checkbox"/>	<input type="text" value="1"/> <input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="73"/> <input type="text"/> <input type="text"/> <input type="text"/>
---	---	--	--	---	---

Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="CF8"/>	MIKE MINTON		<input checked="" type="checkbox"/>	58	81		
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

A	FDID	★	State	★	Incident Date	★	Station	★	Incident Number	★	Exposure	★	Delete	NFIRS-10 Personnel
	29091	FL	01	05	2020	043	0000080	000	Change					

B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People ★	Apparatus Use ★ <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID T43 ★Type 14	Dispatch <input checked="" type="checkbox"/> 0620 Arrival <input checked="" type="checkbox"/> 0631 Clear <input checked="" type="checkbox"/> 1134	Sent <input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73 74 75

Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1706	JORDON HOFFMAN		<input checked="" type="checkbox"/>	58	11	12	
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2 ID E48 ★Type 11	Dispatch <input checked="" type="checkbox"/> 0621 Arrival <input checked="" type="checkbox"/> 0635 Clear <input checked="" type="checkbox"/> 1134	Sent <input checked="" type="checkbox"/>	Number of People ★ 2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73 74 75
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1628	ZACHARY SMITH		<input checked="" type="checkbox"/>	58	11	12	
1309	JONATHAN JENKINS		<input checked="" type="checkbox"/>	11	12		
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3 ID E43 ★Type 11	Dispatch <input checked="" type="checkbox"/> 0620 Arrival <input checked="" type="checkbox"/> 0630 Clear <input checked="" type="checkbox"/> 1134	Sent <input checked="" type="checkbox"/>	Number of People ★ 2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73 74 75
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1211	JOSEPH JOHNSON		<input checked="" type="checkbox"/>	11	12		
1713	JOSHUA THOMAS		<input checked="" type="checkbox"/>	58	11	12	
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

A	FDID	★	FL	State	★	MM	DD	YYYY	★	043	Station	★	0000080	Incident Number	★	000	Exposure	★	Delete	NFIRS-10 Personnel
	29091		01	05	2020			0000080		000		Change								

B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People ★	Apparatus Use ★ <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID T48 ★Type 14	Dispatch <input checked="" type="checkbox"/> 0625 Arrival <input checked="" type="checkbox"/> 0639 Clear <input checked="" type="checkbox"/> 1134	Sent <input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73 74 75

Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1711	DEVEN BURNHAM		<input checked="" type="checkbox"/>	58	11	12	
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2 ID ★Type 	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> 	Sent <input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3 ID ★Type 	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> 	Sent <input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
--	--	-------------------------------	--	--	--

Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

A	FDID <input type="text" value="29091"/> ★	State <input type="text" value="FL"/> ★	Incident Date MM <input type="text" value="01"/> DD <input type="text" value="05"/> YYYY <input type="text" value="2020"/> ★	Station <input type="text" value="043"/>	Incident Number <input type="text" value="0000080"/> ★	Exposure <input type="text" value="000"/> ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	ESO-1 Non-NFIRS Fields
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E₁ Additional Incident Times											
	Month	Day	Year	Hour	Min		Month	Day	Year	Hour	Min
PSAP Recieved	<input type="text" value="01"/>	<input type="text" value="05"/>	<input type="text" value="2020"/>	<input type="text" value="06"/>	<input type="text" value="19"/>	Dispatch Notified	<input type="text" value="01"/>	<input type="text" value="05"/>	<input type="text" value="2020"/>	<input type="text" value="06"/>	<input type="text" value="19"/>

B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small>		
	<div>Month Day Year Hour/Min</div>		
		<div>5 ID <input type="text"/></div> <div>Type <input type="text"/></div>	<div>En Route <input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="2020"/> <input type="text" value="0623"/></div> <div>District <input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="2020"/> <input type="text"/></div>
<div>1 ID <input type="text"/></div> <div>Type <input type="text"/></div>	<div>En Route <input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="2020"/> <input type="text" value="0623"/></div> <div>District <input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="2020"/> <input type="text"/></div>	<div>6 ID <input type="text"/></div> <div>Type <input type="text"/></div>	<div>En Route <input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="2020"/> <input type="text" value="0623"/></div> <div>District <input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="2020"/> <input type="text"/></div>
<div>2 ID <input type="text"/></div> <div>Type <input type="text"/></div>	<div>En Route <input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="2020"/> <input type="text" value="0623"/></div> <div>District <input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="2020"/> <input type="text"/></div>	<div>7 ID <input type="text"/></div> <div>Type <input type="text"/></div>	<div>En Route <input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="2020"/> <input type="text" value="0627"/></div> <div>District <input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="2020"/> <input type="text"/></div>
<div>3 ID <input type="text"/></div> <div>Type <input type="text"/></div>	<div>En Route <input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="2020"/> <input type="text" value="0624"/></div> <div>District <input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="2020"/> <input type="text"/></div>	<div>8 ID <input type="text"/></div> <div>Type <input type="text"/></div>	<div>En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div>
<div>4 ID <input type="text"/></div> <div>Type <input type="text"/></div>	<div>En Route <input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="2020"/> <input type="text" value="0623"/></div> <div>District <input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="2020"/> <input type="text"/></div>	<div>9 ID <input type="text"/></div> <div>Type <input type="text"/></div>	<div>En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div>