IMAGETREND FIRE BRIDGE

Columbia County Fire Rescue Department
370 SE Racetrack Lane, LAKE CITY, FL 32056
Phone: 386 754 7057 Fax:386 754 7084

NFIRS-1 Basic

A

FDID	State	Incident Date (MM)	(DD)	(YYYY)	Station	Incident Number	Exposure
29091	FL	10	22	2013	48	CCFR13CAD003130	0

B Location Type: X Street address; Intersection; In front of; Rear of; Adjacent to; Directions; US National Grid

Check this box to indicate that the address for the incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.

Census Tract

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
235	SW	FERNDALE	PL	

Apt./Suite/Room	City	State	Zip Code
	LAKE CITY	FL	32025

Cross Street, Directions or National Grid, as applicable

C Incident Type: 111 Building fire

Final NFIRS Code:

D Aid Given or Received

1 Mutual aid received
2 Automatic aid received — Their FDID; Their State; Their Incident Number
3 Mutual aid given
4 Automatic aid given
5 Other aid given
N X None

E1 Dates and Times — Midnight is 0000. Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hour Min Sec
Alarm (ALARM always required)	10	22	2013	11 58:42
Arrival (ARRIVAL required, unless canceled or did not arrive)	10	22	2013	12 05:36
Controlled (CONTROLLED optional, except for wildland fires)				
Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	10	22	2013	12:48:05

E2 Shifts and Alarms: Local Option — Shift or Platoon: A; Alarms: 2; District: 48

E3 Special Studies: Local Option — Special Study ID#; Special Study Value

F Actions Taken

11 Extinguishment by fire service personnel — Primary Action Taken (1)
12 Salvage & overhaul — Additional Action Taken (2)
86 Investigate — Additional Action Taken (3)

G1 Resources — Check this box and text this block if an Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	7	10
EMS	1	2
Other	2	2

Check box if resources counts include aid received resources.

G2 Estimated Dollar Losses and Values — None

LOSSES: Required for all fires if known. Optional for non-fires.

Property $	5,000
Contents $	4,000

PRE-INCIDENT VALUE: Optional

Property $	60,000
Contents $	10,000

Completed Modules

X Fire-2
X Structure Fire-3
Civilian Fire Casu.-4
Fire Service Casu.-5
EMS-6
HazMat-7
WildLand Fire-8
X Apparatus-9
X Personnel-10
Arson-11

H1 Casualties — 99 None

Fire Service	0	0
Civilian	0	0

H2 Detector — Required for confined fires.

1 Detector alerted occupants
2 Detector did not alert occupants
U X Unknown

H3 Hazardous Materials Release

0 Special HazMat actions required or spill >= 55 gal.
1 Natural gas: slow leak, no evac. or HazMat actions
2 Propane gas - Less than a 21 lb. tank
3 Gasoline - vehicle fuel tank or portable container
4 Kerosene - fuel-burning equipment/portable storage
5 Diesel fuel/fuel oil - vehicle fuel tank/portable
6 Household/office solvent or chemical spill
7 Motor oil - from engine or portable container
8 Paint - spills less than 55 gallons
N None

I Mixed Use Property

00 Mixed use, other
10 Assembly use
20 Educational use
33 Medical use
40 Residential use
51 Row of stores
52 Enclosed mall
58 Business and residential use
59 Office use
60 Industrial use
63 Military use
65 Farm use
NN Not mixed use

Forsyth

A FDID: 29091 | State: FL | Incident Date: MM 10 DD 22 YYYY 2013 | Station: 48 | Incident Number: CCFR13CAD003130 | Exposure: 0

NFIRS-10 Personnel

B Apparatus or Resource — Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Basic Module (Block E1)) — Sent — Number of People — Apparatus Use (Check ONE box for each apparatus to indicate its main use at the incident) — Actions Taken (List up to 4 actions for each apparatus and each personnel)

1 ID: E48 | Type: 11

	Month/Day/Year	Hour/Min
Dispatch		
Arrival X	10/22/13	1205
Clear X	10/22/13	1248

Sent: | Number of People: 2 | Apparatus Use: X Suppression | Actions Taken: 73, 74, 75, 76

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
CREW01	CREWS, RONNIE	Firefighter	73	11	12	58
MCCA03	MCCAULEY, SCOTT	LIEUTENANT/PM	73	11	12	

B Apparatus or Resource

2 ID: CF8 | Type: 92

	Month/Day/Year	Hour/Min
Dispatch		
Arrival X	10/22/13	1206
Clear X	10/22/13	1248

Sent: | Number of People: 1 | Apparatus Use: X Other | Actions Taken: 86

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
CERV01	CERVANTES, TAD	Shift Commander	86			

B Apparatus or Resource

3 ID: T48 | Type: 24

	Month/Day/Year	Hour/Min
Dispatch		
Arrival X	10/22/13	1207
Clear X	10/22/13	1248

Sent: | Number of People: 2 | Apparatus Use: X Suppression | Actions Taken: 73, 74, 75, 76

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
JENK01	JENKINS, JONATHAN	FIREFIGHTER	86	11	12	73
TOMP01	TOMPKINS, RET	Lieutenant/EMT	11	12	73	

B Apparatus or Resource

4 ID: E43 | Type: 10

	Month/Day/Year	Hour/Min
Dispatch		
Arrival		
Clear X	10/22/13	1211

Sent: | Number of People: 1 | Apparatus Use: X Suppression | Actions Taken: 93

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
NETT01	NETTLES, ANDY	Reservist	93			

B Apparatus or Resource

5 ID: CF2 | Type: 92

	Month/Day/Year	Hour/Min
Dispatch		
Arrival X	10/22/13	1212
Clear X	10/22/13	1248

Sent: | Number of People: 1 | Apparatus Use: X Other | Actions Taken: 86

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
CRAW01	CRAWFORD, JEFFERY	Assistant Chief	86			

B Apparatus or Resource

6 ID: CF1 | Type: 92

	Month/Day/Year	Hour/Min
Dispatch X	10/22/13	1158
Arrival X	10/22/13	1205
Clear X	10/22/13	1248

Sent: X | Number of People: 1 | Apparatus Use: X Other | Actions Taken: 86

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
BOOZ01	BOOZER, DAVID	Fire Chief	86			

B Apparatus or Resource

7 ID: E40 | Type: 11

	Month/Day/Year	Hour/Min
Dispatch X	10/22/13	1158
Arrival X	10/22/13	1205
Clear X	10/22/13	1248

Sent: X | Number of People: 2 | Apparatus Use: X Suppression | Actions Taken: 73, 74, 75, 76

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
GREE01	GREENE, JR., JOHN	Firefighter/EMT	11	12	86	
JOHN01	JOHNSON, JOSEPH	DRIVER ENGINEER	11	12	73	

A

FDID	State	Incident Date (MM / DD / YYYY)	Station	Incident Number	Exposure
29091	FL	10 / 22 / 2013	46	CCFR13CAD003130	0

NFIRS-9 Apparatus or Resources

B

	Apparatus or Resource		Dates and Times (Check if the same date as Alarm date on the Basic Module (Block E1))		Midnight is 0000	Sent	Number of People	Apparatus Use (Check ONE box for each apparatus to indicate its main use at the incident)	Actions Taken (List up to 4 actions for each apparatus and each personnel)	
				Month/Day/Year	Hour/Min					
1	ID: E48 Type: 11	Dispatch				Sent	2	Other	73	74
		Arrival	X	10/22/13	1205			X Suppression	75	76
		Clear	X	10/22/13	1248			EMS		
2	ID: CF8 Type: 92	Dispatch				Sent	1	X Other	86	
		Arrival	X	10/22/13	1206			Suppression		
		Clear	X	10/22/13	1248			EMS		
3	ID: T48 Type: 24	Dispatch				Sent	2	Other	73	74
		Arrival	X	10/22/13	1207			X Suppression	75	76
		Clear	X	10/22/13	1248			EMS		
4	ID: E43 Type: 10	Dispatch				Sent	1	Other	93	
		Arrival						X Suppression		
		Clear	X	10/22/13	1211			EMS		
5	ID: CF2 Type: 92	Dispatch				Sent	1	X Other	86	
		Arrival	X	10/22/13	1212			Suppression		
		Clear	X	10/22/13	1248			EMS		
6	ID: CF1 Type: 92	Dispatch	X	10/22/13	1158	Sent X	1	X Other	86	
		Arrival	X	10/22/13	1205			Suppression		
		Clear	X	10/22/13	1248			EMS		
7	ID: E40 Type: 11	Dispatch	X	10/22/13	1158	Sent X	2	Other	73	74
		Arrival	X	10/22/13	1205			X Suppression	75	76
		Clear	X	10/22/13	1248			EMS		

A

FDID	State	Incident Date (MM)	Incident Date (DD)	Incident Date (YYYY)	Station	Incident Number	Exposure
29091	FL	10	22	2013	48	CCFR13CAD003130	0

NFIRS-5 Structure Fire

I1 Structure Type
If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.

0 Structure type, other
1 X 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

I2 Building Status

0 Building status, other
1 Under construction
2 X 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

I3 Building Height
Count the roof as part of the highest story.

1 — Total number of stories at or above grade
0 — Total number of stories below grade

I4 Main Floor Size

1,400 Total square feet

OR

Length in feet BY Width in feet

J1 Fire Origin

1 — Story of fire origin
Below Grade

J2 Fire Spread
If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module).

1 Confined to object of origin
2 X Confined to room of origin
3 Confined to floor of origin
4 Confined to building of origin
5 Beyond building of origin

J3 Number of Stories Damaged by Flame
Count the roof as part of the highest story.

1 — 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)
Number of stories w/extreme damage (75 to 100% flame damage)

K Type of Material Contributing Most to Flame Spread
Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.

K1 31 Mattress, pillow
Item contributing most to flame spread

K2 71 Fabric, fiber, cotton, blends, rayon, wool
Type of material contributing most to flame spread — Required only if item contributing code is 00 or 70

L1 Presence of Detectors
(in area of the fire)

1 Present
N None present
U X Undetermined

L2 Detector Type

0 Detector type, other
1 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 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 Detector operated
3 Detector failed to operate
U Undetermined

L5 Detector Effectiveness
Required if detector operated

1 Detector alerted occupants, occupants responded
2 Detector alerted occupants, occupants failed to respond
3 There were no occupants
4 Detector failed to alert occupants
U Undetermined

L6 Detector Failure Reason
Required if detector failed to operate

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

M1 Presence of Automatic Extinguishing System

1 Present
2 Partial System Present
N X None Present
U Undetermined

M2 Type of Automatic Extinguishing System
Required if fire was within designed range of AES

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
Required if fire was within designed range

0 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
Required if system operated

Number of sprinkler heads operating

M5 Reason for Automatic Extinguishing System Failure
Required if system failed or not effective

0 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

A | 29091 (FDID) | FL (State) | 10 (MM) | 22 (DD) | 2013 (YYYY) | 48 (Station) | CCFR13CAD003130 (Incident Number) | 0 (Exposure) | NFIRS-2 Fire

B Property Details

B1 1 — Estimate number of residential living units in building of origin whether or not all units became involved — Not Residential

B2 ____ — Number of buildings involved — Buildings not involved

B3 ____ . ____ — Acres burned (outside fires) — ☐ None ☐ Less than one acre

C On-Site Materials or Products

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

Enter up to three codes. Check one box for each code entered.

On-site material (1) ____ ____

On-site material (2) ____ ____

On-site material (3) ____ ____

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

D Ignition

D1 21 — Bedroom - < 5 persons; included are jail or prison — Area of fire origin

D2 UU — Undetermined — Heat Source

D3 32 — Bedding; blanket, sheet, comforter — Item first ignited

Check box if fire spread was confined to object of origin.

D4 71 — Fabric, fiber, cotton, blends, rayon, wool — Type of material first ignited — Required only if item first ignited code is 00 or >70

E1 Cause of Ignition

Check this box if this is an exposure report

0 Cause, other (System generated code only, not used for data entry)
1 Intentional
2 Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 X Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing to Ignition

UU Undetermined — Factor contributing to ignition (1)

____ ____ — Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition

Check all applicable boxes ☒ 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 X None

Estimated age of person involved ____

1 Male 2 Female

F1 Equipment Involved in Ignition

If equipment was not involved, skip to Section G

Equipment Involved ____ ____
Brand ____
Serial ____
Model ____
Year ____

F2 Equipment Power Source

____ ____ — Equipment Power Source

F3 Equipment Portability

1 Portable
2 Stationary

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.

G Fire Suppression Factors

Enter up to three codes.

____ ____ — Fire suppression factor (1)
____ ____ — Fire suppression factor (2)
____ ____ — Fire suppression factor (3)

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

H2 Mobile Property Type and Make

____ ____ — Mobile property type
____ ____ — Mobile property make
____ — Mobile property model
____ — Year
____ — License Plate Number
FL — State
____ — VIN

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

J Property Use

Structures

131	Church, mosque, synagogue, temple, chapel
161	Restaurant or cafeteria
162	Bar or nightclub
213	Elementary school, including kindergarten
215	High school/junior high school/middle school
241	Adult education center, college classroom
311	24-hour care Nursing homes, 4 or more persons
331	Hospital - medical or psychiatric
341	Clinic, clinic-type infirmary
342	Doctor, dentist or oral surgeon office
361	Jail, prison (not juvenile)
419 X	1 or 2 family dwelling
429	Multifamily dwelling
439	Boarding/rooming house, residential hotels
449	Hotel/motel, commercial
459	Residential board and care
464	Barracks, dormitory
519	Food and beverage sales, grocery store
539	Household goods, sales, repair
571	Service station, gas station
579	Motor vehicle or boat sales, services, repair
599	Business office
615	Electric-generating plant
629	Laboratory or science laboratory
700	Manufacturing, processing
819	Livestock, poultry storage
882	Parking garage, general vehicle
891	Warehouse

Outside

124	Playground
655	Crops or orchard
669	Forest, timberland, woodland
807	Outside material storage area
819	Dump, sanitary landfill
931	Open land or field
938	Vacant lot
939	Graded and cared-for plots of land
946	Lake, river, stream
951	Railroad right-of-way
960	Street, other
961	Highway or divided highway
962	Residential street, road or residential driveway
981	Construction site
984	Industrial plant yard - area

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

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

Business Name (If Applicable) | Area Code | Phone Number

Mr., Ms., Mrs. | Teresa (First Name) | MI | Dance (Last Name) | Suffix

235 (Number) | SW (Prefix) | FERNDALE (Street or Highway) | FL (Street Type) | Suffix

Post Office Box | Apt./Suite/Room | LAKE CITY (City)

FL (State) | 32025 (Zip Code)

K2 Owner

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

Local Option

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

Business Name (If Applicable) | Area Code | Phone Number

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

L Remarks

Local Option

Engine 48, Tanker 48 and Engine 40 responded to the above location for a structure fire. Upon our arrival CF-8 sized up the structure and made a 360 walk around the residence. Crews pulled one 1 3/4" handline and made entry into the residence to the front bedroom which had the fire contained. Crews extinguished the fire, set up a positive pressure fan to evacuate the smoke from the structure. Crews made a second entry to salvage and overhaul the room of orgin to check for extension, there wasn't any found. All crews broke down the equipment and returned to quarters.

CF 1,2,8 remained on scene to investigate, the State Fire Marshal and CCSO were called in also. At this time the fire is still under investigation.

M Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
CERV01	TAD CERVANTES	Shift Comm	48-Racetrack	10	22	2013

Member filing report ID	Signature	Position or rank	Assignment	Month	Day	Year
CERV01	TAD CERVANTES	Shift Comm	48-Racetrack	10	22	2013

SCOPE OF WORK TORRISA DANCE

Demo

1. TEAR OUT all drywall in BEDROOMS BATH, HALL, KITCHEN, including LIVING RM.

2. TEAR OUT All DUCTWORK IN CEILING

3. Remove All ELECTRICTAL WIRING. IN # 1 AREAS

4. Remove All DOORS & TRIM IN # 1 SAID AREAS

5. Remove Air Handler

BUILD OUT

1. REPLACE 3/4 FURRING STRIPS IN OUT SIDE WALL WITH 2X4 FRAMING.
2. INSULATE WALLS & CEILING
3. NEW WIRING & 200 AMP BOX
4. NEW HVAC DUCT WORK AND SYSTEM
5. DRY WALL
6. PAINT
7. Replace DAMAGE WINDOWS WITH Low E. Energe EFFicint WINDOWS
8. NEW SHOWER / BATHROOM
9. NEW KITCHEN CAB.