

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 4-2-14 BY UH 1404-04 IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNERS NAME Nickie Raulerson PHONE _____ CELL (365-2765 Crystal)
ADDRESS 140 NE Humphrey Ct, Lake City, A 32055
MOBILE HOME PARK _____ SUBDIVISION _____
DRIVING DIRECTIONS TO MOBILE HOME 441 N, (R) Chesshire Rd, (R) Humphry Ct,
2nd drive on right

MOBILE HOME INSTALLER Terry L. Thrift PHONE (886) 623-0125 CELL 54MC

MOBILE HOME INFORMATION

MAKE Town Home YEAR _____ SIZE 14 x 68 COLOR Yellow

SERIAL No. 6983

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

P SMOKE DETECTOR () OPERATIONAL () MISSING
P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
P DOORS () OPERABLE () DAMAGED
P WALLS () SOLID () STRUCTURALLY UNSOUND
P WINDOWS () OPERABLE () INOPERABLE
P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
P CEILING () SOLID () HOLES () LEAKS APPARENT
P ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

EXTERIOR:

P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
P ROOF () APPEARS SOLID () DAMAGED

Sent Picture of it OK 7.C 4-4-14

STATUS

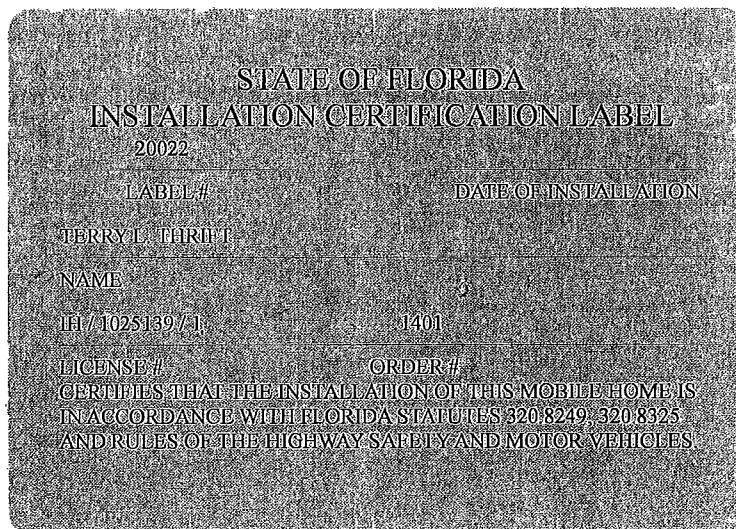
APPROVED ✓ WITH CONDITIONS: Need Data Plate prior to permit

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [Signature] ID NUMBER 306 DATE 4-3-14

License Number IH / 1025139 / 1 Name TERRY L. THRIFT

Order # 1401	Label # 20022	Manufacturer _____	(Check Size of Home)
Homeowner _____		Year Model _____	Single _____
Address _____		Length & Width _____	Double _____
City/State/Zip _____		Type Longitudinal System _____	Triple _____
Phone # _____		Type Lateral Arm System _____	HUD Label # _____
Date Installed _____		New Home _____ Used Home _____	Soil Bearing / PSF _____
Installed Wind Zone _____		Data Plate Wind Zone _____	Torque Probe / in-lbs _____
Note _____			Permit # _____



INSTRUCTIONS

USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2 YEARS.
YOU ARE REQUIRED TO
PROVIDE COPIES WHEN
REQUESTED.

LIMITED POWER OF ATTORNEY

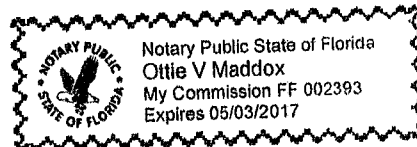
I, TERRY L. THRIFT, LICENSE # IH-1025139 EXPIRING 9/30/2014.
DO HEREBY AUTHORIZE Nickie Raulerson TO BE MY
REPRESENTATIVE AND ACT ON MY BE HALF IN ALL ASPECTS OF APPLYING
FOR A MOBILE HOME MOVE ON PERMIT TO BE INSTALLED IN
Columbia COUNTY, FLORIDA.

Terry L. Thrift
SIGNATURE

3/13/14
DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS 13 DAY OF
March 2014.

Ottie V Maddox
NOTARY PUBLIC



PERSONALLY KNOWN: ✓

PRODUCED ID: _____

YEAR _____ MAKE _____ SN# _____

PROPERTY
ID/LOCATION _____



Columbia County Fire Rescue Department
370 SE Racetrack Lane, LAKE CITY FL 32056
Phone 386 754 7057 Fax 386 754 7064

A		FDID		State		Incident Date		Station		Incident Number		Exposure		NFIRS-1 Basic	
B		Location Type													
<input checked="" type="checkbox"/>		Street address													
		Intersection													
		In front of													
		Rear of													
		Adjacent to													
		Directions													
		US National Grid													
		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													
		CT													
		Suffix													
		Number/Milepost													
		Prefix													
		Street or Highway													
		LAKE CITY													
		City													
		Apt./Suite/Room													
		State													
		Zip Code													
		Cross Street, Directions or National Grid as applicable													
C		Incident Type													
		121 Fire in mobile home used as fixed residence													
D		Aid Given or Received													
		1 Mutual aid received													
		2 Automatic aid received													
		3 Mutual aid given													
		4 Automatic aid given													
		5 Other aid given													
		N None													
		Check boxes if dates are the same as Alarm Date.													
		Their FDID													
		Their State													
		Their Incident Number													
		E1 Dates and Times													
		Midnight is 0000													
		Month													
		Day													
		Year													
		Hour													
		Min													
		Sec													
		ALARM always required													
		Alarm													
		ARRIVAL required, unless canceled or did not arrive													
		Arrival													
		CONTROLLED optional, except for wildland fires													
		Controlled													
		LAST UNIT CLEARED, required except for wildland fires													
		Last Unit Cleared													
		E2 Shifts and Alarms													
		Local Option													
		Shift or Platoon													
		Alarms													
		District													
		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)													
		G1 Resources													
		Check this box and test this block if an Apparatus or Personnel Module is used.													
		Apparatus													
		Personnel													
		Suppression													
		EMS													
		Other													
		X Check box if resources counts include aid received resources.													
		G2 Estimated Dollar Losses and Values													
		LOSSES: Required for all fires if known. Optional for non-fires.													
		Property \$													
		Contents \$													
		PRE-INCIDENT VALUE: Optional													
		Property \$													
		Contents \$													
Completed Modules		H1 Casualties													
<input checked="" type="checkbox"/>		Fire-2													
<input checked="" type="checkbox"/>		Structure Fire-3													
		Civilian Fire Cas.-4													
		Fire Service Cas.-5													
		EMS-6													
		HazMat-7													
		WildLand Fire-8													
<input checked="" type="checkbox"/>		Apparatus-9													
<input checked="" type="checkbox"/>		Personnel-10													
		Arson-11													
		<input checked="" type="checkbox"/> None													
		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													
		53 Enclosed mall													
		58 Business and residential use													
		59 Office use													
		60 Industrial use													
		63 Military use													
		65 Farm use													
		NN Not mixed use													

A FDID <input type="text" value="29091"/> State <input type="text" value="FL"/> Incident Date MM <input type="text" value="03"/> DD <input type="text" value="19"/> YYYY <input type="text" value="2013"/> Station <input type="text" value="42"/> Incident Number <input type="text" value="CCFR13CAD000854"/> Exposure <input type="text" value="0"/>		NFIRS-2 Fire	
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B Property Details B1 <input type="text" value="1"/> Not Residential <small>Estimate number of residential living units in building of origin whether or not all units became involved</small> B2 <input type="text" value="1"/> 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 <small>Enter up to three codes. Check one box for each code entered</small> <div style="display: flex; justify-content: space-between;"> <div> <input type="text"/> <input type="text"/> On-site material (1) </div> <div> <input type="text"/> <input type="text"/> On-site material (2) </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="text"/> <input type="text"/> On-site material (3) </div> <div> <input type="text"/> <input type="text"/> On-site material (4) </div> </div>	<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> 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 <input type="text" value="UU"/> Undetermined <small>Area of fire origin</small> D2 <input type="text" value="UU"/> Undetermined <small>Heat Source</small> D3 <input type="text" value="UU"/> Undetermined <small>Item first ignited</small> <small>Check box. If fire spread was confined to object of origin.</small> D4 <input type="text"/> <input type="text"/> <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 Act of nature 5 Cause under investigation U <input checked="" type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing to Ignition <input type="text" value="UU"/> 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 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> <input type="text"/> 1 Male 2 Female
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F1 Equipment Involved In Ignition <small>If equipment was not involved, skip to Section G</small> Equipment Involved Brand <input type="text"/> Serial <input type="text"/> Model <input type="text"/> Year <input type="text"/>	F2 Equipment Power Source <input type="text"/> <input type="text"/> <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 <small>Enter up to three codes.</small> Fire suppression factor (1) <input type="text"/> Fire suppression factor (2) <input type="text"/> Fire suppression factor (3) <input type="text"/>
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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 <input type="text"/> License Plate Number <input type="text"/> State <input type="text" value="FL"/> VIN <input type="text"/>	H2 Mobile Property Type and Make Mobile property type <input type="text"/> Mobile property make <input type="text"/> Year <input type="text"/>	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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A	FDID 29091	State FL	Incident Date MM DD YYYY 03 19 2013	Station 42	Incident Number CCFR13CAD000854	Exposure 0	NFIRS-3 Structure Fire
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I1 Structure Type <small>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</small> 0 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	I2 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	I3 Building Height <small>Count the roof as part of the highest story</small> Total number of stories at or above grade: <u>1</u> <small>Total number of stories below grade</small> Total number of stories below grade: <u>0</u>	I4 Main Floor Size Total square feet: <u>2</u> , <u>660</u> OR Length in feet: <u> </u> BY Width in feet: <u> </u>
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J1 Fire Origin <u>1</u> 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> 1 Confined to object of origin 2 Confined to room of origin 3 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): <u> </u> Number of stories w/significant damage (25 to 49% flame damage): <u> </u> Number of stories w/heavy damage (50 to 74% flame damage): <u> </u> Number of stories w/extreme damage (75 to 100% flame damage): <u>1</u>	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 <u> </u> <small>Item contributing most to flame spread</small> K2 <u> </u> <small>Type of material contributing most to flame spread</small> <small>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 Present N None present U <input checked="" type="checkbox"/> 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 <small>Required if detector operated</small> 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 <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> <u> </u> 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	State	Incident Date	Station	Incident Number	Exposure	NFIRS-9 Apparatus or Resources
	29091	FL	03/19/2013	42	CCFR13CAD000854	0	

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 E42 Type 11	Dispatch				2	<input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression EMS	73 75
		Arrival	X 03/19/13	0245				
		Clear	X 03/19/13	0612				
2	ID E48 Type 11	Dispatch				2	<input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression EMS	73 75
		Arrival	X 03/19/13	0248				74
		Clear	X 03/19/13	0612				
3	ID CF9 Type 92	Dispatch				1	<input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression EMS	73 81
		Arrival						
		Clear	X 03/19/13	0612				
4	ID T48 Type 24	Dispatch				1	<input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression EMS	76 74
		Arrival	X 03/19/13	0255				73
		Clear	X 03/19/13	0612				
5	ID T42 Type 24	Dispatch				1	<input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression EMS	73 76
		Arrival	X 03/19/13	0301				
		Clear	X 03/19/13	0612				

A	FDID 29091	State FL	Incident Date MM 03 DD 19 YYYY 2013	Station 42	Incident Number CCFR13CAD000854	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 E42 Type 11	Dispatch Arrival X 03/19/13 Clear X 03/19/13	Hour/Min 0245 0612	Sent	2	Other X Suppression EMS	73 73
Personnel ID HUDS01 TOMP01	Name HUDSON, MICHAEL TOMPKINS, RET	Rank Or Grade FF/EMT Driver Engineer	Action Taken 73 73	Action Taken 11 11	Action Taken 12 12	Action Taken 58

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 E48 Type 11	Dispatch Arrival X 03/19/13 Clear X 03/19/13	Hour/Min 0248 0612	Sent	2	Other X Suppression EMS	73 75
Personnel ID MCCO01 WALD01	Name MCCOOK, JOSHUA WALDRON, JOHN	Rank Or Grade FF/EMT Firefighter EMT	Action Taken 73 73	Action Taken 11 11	Action Taken 12 12	Action Taken 58

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 CF9 Type 92	Dispatch Arrival Clear X 03/19/13	Hour/Min 0612	Sent	1	Other X Suppression EMS	73 81
Personnel ID CASS01	Name CASSADY, GREGORY	Rank Or Grade Lieutenant	Action Taken 73	Action Taken 81	Action Taken	Action Taken

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 T48 Type 24	Dispatch Arrival X 03/19/13 Clear X 03/19/13	Hour/Min 0255 0612	Sent	1	Other X Suppression EMS	76 74
Personnel ID SULL01	Name SULLIVAN, DANNY	Rank Or Grade Reservist	Action Taken 76	Action Taken 58	Action Taken	Action Taken

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 T42 Type 24	Dispatch Arrival X 03/19/13 Clear X 03/19/13	Hour/Min 0301 0612	Sent	1	Other X Suppression EMS	73 76
Personnel ID SHAL01	Name SHALLAR, III, LARRY	Rank Or Grade Reservist	Action Taken 73	Action Taken 76	Action Taken 58	Action Taken

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

Outside

124 Playground
655 Crops or orchard
668 Forest, timberland, woodland
807 Outside material storage area
919 Dump, sanitary landfill
931 Open land or field

341 Clinic, clinic-type infirmary
342 Doctor, dentist or oral surgeon office
361 Jail, prison (not juvenile)
419 ☒ 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

936 Vacant lot
938 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

539 Household goods sales, repairs
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

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.

Ms. **Crystal**

Mr. Ms. Mrs. First Name

140

Number

NE

Prefix

HUMPHREY

Street or Highway

Post Office Box

FL

State

32055

Zip Code

Apt./Suite/Room

LAKE CITY

City

Business Name (If Applicable)

Snyder

MI

Last Name

Area Code

Phone Number

CT

Street Type

Suffix

Suffix

K2 Owner

Local Option

Same as person involved?

Then check this box and skip the rest of this block.

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

Nickie

Mr. Ms. Mrs. First Name

140

Number

NE

Prefix

HUMPHREY

Street or Highway

Post Office Box

FL

State

32055

Zip Code

Apt./Suite/Room

LAKE CITY

City

Business Name (If Applicable)

E **Raulerson**

MI

Last Name

Area Code

Phone Number

CT

Street Type

Suffix

Suffix

L Remarks

Local Option

Engine 48, Engine 42, Tanker 42, Tanker 48 and Lake City Fire Department Engine 2 responded to said location for a reported fully involved structure fire. E-42 arrived on scene and confirmed the triple wide mobile home was fully involved. They laid attack lines. E-2 arrived and established command. Crews from 48, 42 and LCFD attacked fire using handlines from E-42. T-48 established a water supply using multiple loads from T-48 and T-42. Fire was knocked down and extensive overhaul was performed by CCFR crews. Homeowner stated he had multiple electrical issues due to house being flooded twice in the past. Homeowner had no insurance on house or contents. Red Cross was called in to assist the family of 4 with two small children. Information was obtained for reporting and scene was deemed under control. Home owners identity was reportedly lost in the fire along with 800.00 cash. We completed assignment and returned to station.

M Authorization**CASS01**

Officer in charge ID

GREGORY CASSADY

Signature

Lieutenant

Position or rank

48-Racetra

Assignment

03

Month

19

Day

2013

Year

CASS01

Member Making report ID

GREGORY CASSADY

Signature

Lieutenant

Position or rank

48-Racetra

Assignment

03

Month

19

Day

2013

Year

A	FDID 29091	State FL	Incident Date MM 03 DD 19 YYYY 2013	Station 42	Incident Number CCFR13CAD000854	Exposure 0	NFIRS-1S Supplemental
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K1 Person/Entity Involved Local Option Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.	<table style="width: 100%;"> <tr> <td colspan="3">Business Name (If Applicable)</td> <td>Area Code</td> <td>Phone Number</td> </tr> <tr> <td>Mr. Ms. Mrs.</td> <td>First Name</td> <td>MI</td> <td>Last Name</td> <td>Suffix</td> </tr> <tr> <td></td> <td>Gavin</td> <td></td> <td>Lasko</td> <td></td> </tr> <tr> <td>Number</td> <td>Prefix</td> <td>Street or Highway</td> <td>Street Type</td> <td>Suffix</td> </tr> <tr> <td>140</td> <td>NE</td> <td>HUMPHREY</td> <td>CT</td> <td></td> </tr> <tr> <td colspan="2">Post Office Box</td> <td>Apt./Suite/Room</td> <td colspan="2">City</td> </tr> <tr> <td colspan="2">FL 32055</td> <td colspan="3">LAKE CITY</td> </tr> <tr> <td colspan="2">State Zip Code</td> <td colspan="3"></td> </tr> </table>	Business Name (If Applicable)			Area Code	Phone Number	Mr. Ms. Mrs.	First Name	MI	Last Name	Suffix		Gavin		Lasko		Number	Prefix	Street or Highway	Street Type	Suffix	140	NE	HUMPHREY	CT		Post Office Box		Apt./Suite/Room	City		FL 32055		LAKE CITY			State Zip Code				
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