Issue Date: 4/21/2014

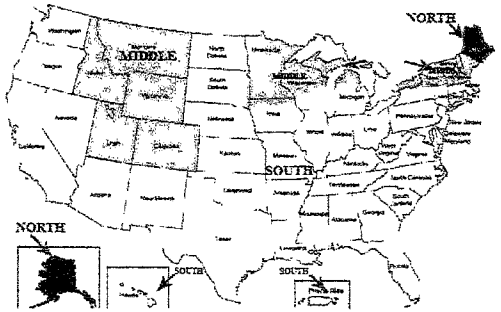
Verification: IBTS's Manufactured Home Data Verification Team has researched regulatory records on the Fleetwood Homes #7, Douglas, GA, manufactured home having the serial number(s) and date of manufacture identified below. Based on shipment records maintained by IBTS, as required by the U.S. Department of Housing and Urban Development pursuant to 24 CFR 3282.552 and provided by the home manufacturer, IBTS verifies the following home performance information corresponding to the home's initial destination and the construction standards set forth in 24 CFR 3280 at the time the home was labeled.

Serial Number(s): GAFLJ07A 16531 EW

Date of Manufacture: 6/6/1988

Wind Zone: Zone II

Roof Load Zone: South



Thermal Zone: Zone I

Verification Provided by the Institute for Building Technology and Safety

Chief Executive Officer

This information is applicable only to the home having serial numbering and date of manufacture noted above. IBTS provides this verification based on the production reports provided by the home manufacturer and the zone requirements in effect at the time the home was labeled by the home manufacturer. IBTS is not liable for changes to the home's construction or subsequent home moves that may affect the home performance information verified.

IBTS Verification Seal

THE INSTITUTE FOR BUILDING TECHNOLOGY AND SAFETY
I B T S
VERIFIED

The Institute for Building Technology and Safety ♦ 45207 Research Place, Ashburn, VA 20147
703.481.2000 ♦ www.ibts.org
A 501(c)(3) not-for-profit corporation

PUBLIC RECORDS REQUEST

Florida Statute 119.011

"Public Records means all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business of any agency."

Florida Statute 119-07

"Every person who has custody of a public record shall permit the record to be inspected and examined by any person desiring to do so, at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public record or the custodian's designee."

Most County records are promptly available to the public upon request. However, to ensure file content is not compromised, files will not be loaned out and may not be removed from the county department or office.

The information listed below is requested **(but not required)** to expedite your request and document public records request activity.

SUBJECT OR NAME OF FILE(S) OR RECORD(S) TO BE REVIEWED:

1. Jimmy Pease
2. _____

TIME PERIOD: From 03/21/14 (Month, Day, Year) TO N/A (Month, Day, Year)

no charge to Bldg Dept

COPIES REQUESTED: YES ✓ NO _____
COPY ENTIRE FILE: YES _____ NO ✓
LIST RECORD(S) TO BE COPIED BELOW:

1. Incident # CCFR14CAD000842
2. _____
3. _____

THE CONTACT INFORMATION BELOW IS NOT REQUIRED

If you wish to be contacted when the records are available, please include the appropriate information.

complete & fax back to 754 7064 Thanks!

NAME: Laurie Hodson

ADDRESS: 135 NE Hernando Ave Lake City fl 32055

TELEPHONE NUMBER: 386) 758-1007 E-MAIL: laurie_hodson@columbiacountyfla.com

SIGNATURE: _____

INTERNAL USE ONLY:

Tracking Number _____ Department & Contact Person _____

Date: _____ Time: _____

Date Completed: _____ Time: _____

IMAGETREND FIRE BRIDGE

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

NFIRS-1 Basic

A

FDID	State	Incident Date (MM DD YYYY)	Station	Incident Number	Exposure
29091	FL	03 21 2014	46	CCFR14CAD000842	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 this 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
282	SW	NEVERLAND	CT	

Apt./Suite/Room	City	State	Zip Code
	FORT WHITE	FL	32038

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 X Mutual aid received
2 Automatic aid received
3 Mutual aid given
4 Automatic aid given
5 Other aid given
N None

Their FDID: 11042 — Their State: Florida
Their Incident Number:

E1 Dates and Times

Midnight is 0000

Check boxes if dates are the same as Alarm Data.

	Month	Day	Year	Hour Min Sec
Alarm (ALARM always required)	03	21	2014	11.42.00
Arrival (ARRIVAL required, unless canceled or did not arrive)	03	21	2014	11:50:00
Controlled (CONTROLLED optional except for wildland fires)				
Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	03	21	2014	14:40.22

E2 Shifts and Alarms

Local Option

Shift or Platoon	Alarms	District
A	1	49

E3 Special Studies

Local Option

Special Study ID#	Special Study Value

F Actions Taken

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

G1 Resources

X Check this box and fast this block if an Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	1	1
EMS	0	0
Other	5	7

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 $ 1,500
Contents $ 2,000

PRE-INCIDENT VALUE: Optional
Property $ 1,500
Contents $ 2,000

Completed Modules

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

H1 Casualties

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 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
53	Enclosed mall
58	Business and residential use
59	Office use
60	Industrial use
63	Military use
65	Farm use
NN	Not mixed use

J Property Use

Structures

131	Church, mosque, synagogue, temple, chapel	341	Clinic, clinic-type infirmary	539	Household goods sales, repairs
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
213	Elementary school, including kindergarten	419	X 1 or 2 family dwelling	599	Business office
215	High school/junior high school/middle school	429	Multifamily dwelling	615	Electric-generating plant
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
331	Hospital - medical or psychiatric	459	Residential board and care	819	Livestock, poultry storage
		464	Barracks, dormitory	882	Parking garage, general vehicle
		519	Food and beverage sales, grocery store	891	Warehouse

Outside

124	Playground	936	Vacant lot	981	Construction site
655	Crops or orchard	938	Graded and cared-for plots of land	984	Industrial plant yard - area
669	Forest, timberland, woodland	946	Lake, river, stream		
807	Outside material storage area	951	Railroad right-of-way		
819	Dump, sanitary landfill	960	Street, other		
931	Open land or field	961	Highway or divided highway		
		962	Residential street, road or residential driveway		

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

Business Name (if Applicable):

Area Code: 386 - Phone Number: 497 - 2017

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
Mr.	Donald		Williams	

Number	Prefix	Street or Highway	Street Type	Suffix
3124	SW	Elm Church	RD	

Post Office Box: | Apt./Suite/Room: | City: Fort White

State: FL | Zip Code: 32038 -

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: 352 - Phone Number: 727 - 1849

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
Mr.	Jimmy		Pease	

Number	Prefix	Street or Highway	Street Type	Suffix
622	SW	Sherrie	CIR	

Post Office Box: | Apt./Suite/Room: | City: Lake City

State: FL | Zip Code: 32025 -

L Remarks

Local Option

We were dispatched to a possible mobile home on fire. Engine 49 crew was en route to the Lake City Medical Center on a medical call. Station 29 was sent for mutual aid due to that fact. Engine 46 arrived on scene and found an older single wide mobile home fully involved and also an older model pick-up truck on fire as a result of the mobile home burning. Engine 46 crew began extinguishing the fire with two 1 3/4" pre-connects. Tankers 45 and 46 ran a water shuttle from the scene to Ft. White hydrants and back. Fire was extinguished and the tin roof was removed to fully overhaul the fire. Once we spoke to the owner he advised they were burning a small pile of trash, which got away from them and set the mobile home on fire. He also stated the mobile home was only used for storage. Once everything was fully overhauled the scene was turned back over to the owner. All units completed assignment and returned to station.

M Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
CERV01	TAD CERVANTES	Shift Commander	Sta. 46	03	21	2014
Member Making report ID	**Signature**	**Position or rank**	**Assignment**	**Month**	**Day**	**Year**
TOMP01	RET TOMPKINS	Lieutenant/EMT	Sta. 49	03	21	2014

A | 29091 (FDID) | FL (State) | MM 03 DD 21 YYYY 2014 (Incident Date) | 46 (Station) | CCFR14CAD000842 (Incident Number) | 0 (Exposure) | **NFIRS-2 Fire**

B Property Details

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

B2 0 — [X] Buildings not involved
Number of buildings involved

B3 [ ] [ ] — [ ] None [X] Less than one acre
Acres burned (outside fires)

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.

711 Appliances
On-site material (1)

811 Autos, trucks, buses, recreational vehicles
On-site material (2)

814 Tires
On-site material (3)

On-Site Materials Storage Use

	On-site material (1)	On-site material (2)	On-site material (3)
1	Bulk storage or warehousing	Bulk storage or warehousing	Bulk storage or warehousing
2	Processing or manufacturing	Processing or manufacturing	Processing or manufacturing
3	Packaged goods for sale	Packaged goods for sale	Packaged goods for sale
4	Repair or service	[X] Repair or service	[X] Repair or service
N	[X] None	None	None
U	Undetermined	Undetermined	Undetermined

D Ignition

D1 94 — Open area, outside, included are farmland, field
Area of fire origin

D2 81 — Heat from direct flame, convection currents
Heat Source

D3 12 — Exterior sidewall covering, surface, finish
Item first ignited

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

D4 64 — Plywood
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
[X] 2 Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing to Ignition

73 — Outside/open fire for debris or waste disposal
Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition

Check all applicable boxes

1 Asleep
2 Possibly impaired by alcohol or drugs
[X] 3 Unattended or unsupervised person
4 Possibly mentally disabled
5 Physically disabled
6 Multiple persons involved
7 Age was a factor
N None

Estimated age of person involved [ ]
1 Male 2 Female

F1 Equipment Involved in Ignition

[X] None — 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

[X] None

Enter up to three codes

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

H1 Mobile Property Involved

1 [X] 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

11 — Automobile, passenger car, ambulance, race car
Mobile property type

FO — Ford
Mobile property make

F150
Mobile property model

Year

647 MZR | FL | 1ETEF14H2ELA55128
License Plate Number | 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

A | 29091 (FDID) | FL (State) | 03 (MM) | 21 (DD) | 2014 (YYYY) | 46 (Station) | CCFR14CAD0000842 (Incident Number) | 0 (Exposure) | **NFIRS-3 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 Enclosed building
2 X 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 In normal use
3 X 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 , 000 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 Confined to room of origin
3 Confined to floor of origin
4 Confined to building of origin
5 X Beyond building of origin

J3 Number of Stories Damaged by Flame
Count the roof as part of the highest story.
Number of stories w/minor damage (1 to 24% flame damage)
Number of stories w/significant damag (25 to 49% flame damage)
Number of stories w/heavy damag (50 to 74% flame damage)
1 Number of stories w/extreme damag (75 to 100% flame damage)

K Type of Material Contributing Most to Flame Spread
X Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.
K1 Item contributing most to flame spread
K2 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 X None present
U 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

FDID	State	Incident Date (MM)	Incident Date (DD)	Incident Date (YYYY)	Station	Incident Number	Exposure
29091	FL	03	21	2014	46	CCFR14CAD000842	0

NFIRS-9 Apparatus or Resources

B

	Apparatus or Resource	Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Radio Module (Block E1))	Month/Day/Year	Hour/Min	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 E46	Dispatch			Sent	1	Other	73	74
	Type 11	Arrival X	03/21/14	1150			X Suppression	75	76
		Clear X	03/21/14	1440			EMS		
2	ID T46	Dispatch			Sent	1	X Other	73	74
	Type 24	Arrival X	03/21/14	1209			Suppression	75	76
		Clear X	03/21/14	1440			EMS		
3	ID CF8	Dispatch			Sent	1	X Other	73	
	Type 92	Arrival X	03/21/14	1200			Suppression		
		Clear X	03/21/14	1440			EMS		
4	ID B46	Dispatch			Sent	1	X Other	73	74
	Type 18	Arrival X	03/21/14	1155			Suppression	75	
		Clear X	03/21/14	1440			EMS		
5	ID T45	Dispatch			Sent	2	X Other	73	74
	Type 24	Arrival X	03/21/14	1203			Suppression	75	76
		Clear X	03/21/14	1410			EMS		
6	ID E49	Dispatch			Sent	2	X Other	73	74
	Type 11	Arrival X	03/21/14	1205			Suppression	75	
		Clear X	03/21/14	1440			EMS		

A | FDID: 29091 | State: FL | Incident Date (MM/DD/YYYY): 03/21/2014 | Station: 46 | Incident Number: CCFR14CAD000842 | Exposure: 0 | **NFIRS-10 Personnel**

B Apparatus or Resource: 1 | ID: E46 | Type: 11

Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Basic Module (Block E1)):

	Month/Day/Year	Hour/Min
Dispatch		
Arrival X	03/21/14	1150
Clear X	03/21/14	1440

Sent: Number of People: 1

Apparatus Use (Check ONE box for each apparatus to indicate its main use at the Incident): Other | X Suppression | EMS

Actions Taken (List up to 4 actions for each apparatus and each personnel): 73, 74, 75, 76

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
CADE01	CADE, KIEN	FIREFIGHTER/EMT	58	11	12	

B Apparatus or Resource: 2 | ID: T46 | Type: 24

Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Basic Module (Block E1)):

	Month/Day/Year	Hour/Min
Dispatch		
Arrival X	03/21/14	1209
Clear X	03/21/14	1440

Sent: Number of People: 1

Apparatus Use (Check ONE box for each apparatus to indicate its main use at the Incident): X Other | Suppression | EMS

Actions Taken (List up to 4 actions for each apparatus and each personnel): 73, 74, 75, 76

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
DANT01	D'ANTONIO, WADE	FIREFIGHTER/EMT	58	11		

B Apparatus or Resource: 3 | ID: CF8 | Type: 92

Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Basic Module (Block E1)):

	Month/Day/Year	Hour/Min
Dispatch		
Arrival X	03/21/14	1200
Clear X	03/21/14	1440

Sent: Number of People: 1

Apparatus Use (Check ONE box for each apparatus to indicate its main use at the Incident): X Other | Suppression | EMS

Actions Taken (List up to 4 actions for each apparatus and each personnel): 73

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
CERV01	CERVANTES, TAD	Shift Commander	58	81	86	

B Apparatus or Resource: 4 | ID: B46 | Type: 16

Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Basic Module (Block E1)):

	Month/Day/Year	Hour/Min
Dispatch		
Arrival X	03/21/14	1155
Clear X	03/21/14	1440

Sent: Number of People: 1

Apparatus Use (Check ONE box for each apparatus to indicate its main use at the Incident): X Other | Suppression | EMS

Actions Taken (List up to 4 actions for each apparatus and each personnel): 73, 74, 75

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
SWEA01	SWEARS, AARON	Reservist	58	11	12	

B Apparatus or Resource: 5 | ID: T45 | Type: 24

Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Basic Module (Block E1)):

	Month/Day/Year	Hour/Min
Dispatch		
Arrival X	03/21/14	1203
Clear X	03/21/14	1410

Sent: Number of People: 2

Apparatus Use (Check ONE box for each apparatus to indicate its main use at the Incident): X Other | Suppression | EMS

Actions Taken (List up to 4 actions for each apparatus and each personnel): 73, 74, 75, 76

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
AVAK01	AVAKIAN, JASON	FF/EMT	86	11	12	
TODD01	TODD, GREG	FF/EMT	58	11	12	

B Apparatus or Resource: 6 | ID: E49 | Type: 11

Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Basic Module (Block E1)):

	Month/Day/Year	Hour/Min
Dispatch		
Arrival X	03/21/14	1205
Clear X	03/21/14	1440

Sent: Number of People: 2

Apparatus Use (Check ONE box for each apparatus to indicate its main use at the Incident): X Other | Suppression | EMS

Actions Taken (List up to 4 actions for each apparatus and each personnel): 73, 74, 75

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
1629	RYAN, SEAN	FIREFIGHTER/EMT	11	12		
TOMP01	TOMPKINS, RET	Lieutenant/EMT	58	75		