

<b>A</b> FDID <u>29091</u> <input checked="" type="checkbox"/> State <u>FL</u> <input checked="" type="checkbox"/> Incident Date <u>05</u> <u>31</u> <u>2021</u> <input checked="" type="checkbox"/> Station <u>043</u> <input checked="" type="checkbox"/> Incident Number <u>0002500</u> <input checked="" type="checkbox"/> Exposure <u>000</u> <input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> No Activity <b>NFIRS-1 Basic</b>			
<b>B Location Type</b> <input checked="" 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. Census Tract <u>          </u> - <u>          </u> <input checked="" type="checkbox"/> Street address <u>277</u> <u>SW</u> <u>LEONARD</u> <u>TER</u> <input type="checkbox"/> Intersection Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> In front of <u>LAKE CITY</u> <u>FL</u> <u>32024</u> <input type="checkbox"/> Rear of Apt./Suite/Room City State ZIP Code <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> U.S. National Grid Cross Street, Directions or National Grid, as applicable			
<b>C Incident Type</b> <input checked="" type="checkbox"/> <u>111</u> Building fire Incident Type	<b>E1 Dates and Times</b> Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm <input checked="" type="checkbox"/> <u>05</u> <u>31</u> <u>2021</u> <u>0826</u> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival <u>          </u> <u>          </u> <u>          </u> <u>0839</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 <u>          </u> <u>          </u> <u>          </u> <u>1126</u> LAST UNIT CLEARED, required except for wildland fires	<b>E2 Shifts and Alarms</b> Local Option <input checked="" type="checkbox"/> <u>A</u> <u>0</u> <u>D43</u> Shift or Platoon Alarms District	
<b>D Aid Given or Received</b> <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>	<b>E3 Special Studies</b> Local Option Special Study ID# <u>          </u> Special Study Value <u>          </u>		
<b>F Actions Taken</b> <input checked="" type="checkbox"/> Extinguishment by <u>11</u> fire service personnel Primary Action Taken (1) <u>12</u> Salvage & overhaul Additional Action Taken (2) <u>          </u> Additional Action Taken (3)	<b>G1 Resources</b> <input checked="" type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus Personnel Suppression <u>          </u> <u>          </u> EMS <u>          </u> <u>          </u> Other <u>          </u> <u>          </u> <input type="checkbox"/> Check box if resource counts include aid received resources.	<b>G2 Estimated Dollar Losses and Values</b> LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <u>000</u> <u>046</u> <u>000</u> <input type="checkbox"/> Contents \$ <u>000</u> <u>023</u> <u>000</u> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <u>000</u> <u>046</u> <u>000</u> <input type="checkbox"/> Contents \$ <u>000</u> <u>023</u> <u>000</u> <input type="checkbox"/>	
<b>Completed Modules</b> <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	<b>H1 Casualties</b> <input checked="" type="checkbox"/> None Deaths Injuries Fire Service <u>          </u> <u>          </u> Civilian <u>          </u> <u>          </u> <b>H2 Detector</b> Required for confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown	<b>H3 Hazardous Materials Release</b> <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.)	<b>Mixed Use Property</b> <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
<b>J Property Use</b> <input checked="" type="checkbox"/> None <b>Structures</b> 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 <b>Outside</b> 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 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 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 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.			

**K1 Person/Entity Involved**

Local Option

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.

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

☐ 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.

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:****MIKE MINTON****May 31, 2021 19:50:31**

Dispatched to a possible structure fire, upon arrival found a single wide mobile home that was burnt to the ground, only thing left was the metal frame, metal roof and some burnt debris. Fire crews ext. the hot spots. Fire Marshall Office notified and responded, while waiting on the Fire Marshal the home owner, Eric Todd, showed up and stated he has been arguing with a Roger Anderson and has had bad history with him. CCSO responded and investigated. Fire Marshal Adam Faircloth ID#386 came for investigation and to gather samples, incident # DFS 221 OFF 0000 306. Fire is still under investigation and is undetermined at this time. Scene turned over to Fire Marshall Office, all units became available.

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

**M Authorization**

Check box if same as Officer in charge. ☒

Officer in charge ID CF8 Signature Position or rank Assignment Month Day Year  
 Member making report ID CF8 Signature Position or rank Assignment Month Day Year



<b>A</b>	FDID <u>29091</u> ★	State <u>FL</u> ★	Incident Date MM <u>05</u> DD <u>31</u> YYYY <u>2021</u> ★	Station <u>043</u>	Incident Number <u>0002500</u> ★	Exposure <u>000</u> ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-2 Fire
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<b>B Property Details</b>  <b>B1</b> <u>1</u> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved.</small>  <b>B2</b> <u>1</u> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small>  <b>B3</b> <u>  </u> <u>  </u> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than one acre <small>Acres burned (outside fires)</small>	<b>C On-Site Materials or Products</b> <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> Enter up to three codes. Check one box for each code entered. <u>UUU</u> <u>Undetermined</u> <small>On-site material (1)</small>  <u>  </u> <u>  </u> <small>On-site material (2)</small>  <u>  </u> <u>  </u> <small>On-site material (3)</small>
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<b>D Ignition</b>  <b>D1</b> <u>UU</u> <u>Undetermined</u> <small>Area of fire origin ★</small>  <b>D2</b> <u>UU</u> <u>Undetermined</u> <small>Heat source ★</small>  <b>D3</b> <u>UU</u> <u>Undetermined</u> <small>Item first ignited ★</small> <input type="checkbox"/> Check box if fire spread was confined to object of origin.  <b>D4</b> <u>  </u> <u>  </u> <small>Type of material first ignited</small> <small>Required only if item first ignited code is 00 or &lt;70.</small>	<b>E1 Cause of Ignition</b> ★ <input type="checkbox"/> Check box if this is an exposure report. <span style="float: right;">➔ Skip to Section G</span> 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  <b>E2 Factors Contributing to Ignition</b> ★ <input type="checkbox"/> None <u>UU</u> <u>Undetermined</u> <small>Factor contributing to ignition (1)</small>  <u>  </u> <u>  </u> <small>Factor contributing to ignition (2)</small>	<b>E3 Human Factors</b> ★ <b>Contributing to Ignition</b> Check all applicable boxes <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 Estimated age of person involved <u>  </u> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
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<b>F1 Equipment Involved in Ignition</b> <input type="checkbox"/> None ➔ If equipment was not involved, skip to Section G. <u>  </u> <u>  </u> <small>Equipment Involved</small> Brand <u>  </u> Model <u>  </u> Serial # <u>  </u> Year <u>  </u>	<b>F2 Equipment Power Source</b> <u>  </u> <u>  </u> <small>Equipment Power Source</small>  <b>F3 Equipment Portability</b> 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>	<b>G Fire Suppression Factors</b> <input type="checkbox"/> None Enter up to three codes. <u>  </u> <u>  </u> <small>Fire suppression factor (1)</small>  <u>  </u> <u>  </u> <small>Fire suppression factor (2)</small>  <u>  </u> <u>  </u> <small>Fire suppression factor (3)</small>
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<b>H1 Mobile Property Involved</b> <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 Mobile property model <u>  </u> License Plate Number <u>  </u> State <u>  </u> VIN <u>  </u> <div style="border: 1px solid black; padding: 2px; text-align: center;">Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).</div>	<b>H2 Mobile Property Type and Make</b> <u>  </u> <u>  </u> <small>Mobile property type</small> <u>  </u> <u>  </u> <small>Mobile property make</small> <u>  </u> <u>  </u> <small>Year</small>	<b>Local Use</b> <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 _____ _____ _____
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<b>I1 Structure Type</b> ☆ 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 type="checkbox"/> Enclosed building            2 <input checked="" 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>	<b>I2 Building Status</b> ☆ <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>	<b>I3 Building Height</b> ☆ 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>	<b>I4 Main Floor Size</b> ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           00 , 000 , 600            Total square feet         </div> <div style="text-align: center; margin: 10px 0;">OR</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           0 , 050 BY 0 , 012            Length in feet                      Width in feet         </div>
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NFIRS-3  
Structure  
Fire

<b>J1 Fire Origin</b> ☆ <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>	<b>J3 Number of Stories Damaged by Flame</b> 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>	<b>K Type of Material Contributing Most to Flame Spread</b> <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: 5px;">Skip to Section L</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>K1</b> _____            Item contributing most to flame spread         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>K2</b> _____            Type of material contributing most to flame spread                      Required only if item contributing code is 00 or &lt;70.         </div>
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<b>L1 Presence of Detectors</b> ☆ (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: 5px;">Skip to Section M</div> </div>	<b>L3 Detector Power Supply</b> <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 &amp; power supplies            0 <input type="checkbox"/> Other            U <input type="checkbox"/> Undetermined         </div>	<b>L5 Detector Effectiveness</b> 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>
<b>L2 Detector Type</b> <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>	<b>L4 Detector Operation</b> <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="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px;">Complete Block L5</div>  <div style="border: 1px solid black; padding: 5px;">Complete Block L6</div> </div>	<b>L6 Detector Failure Reason</b> Required if detector failed to operate. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           1 <input type="checkbox"/> Power failure, shutoff, 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>

<b>M1 Presence of Automatic Extinguishing System</b> ☆ <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: 5px;">Complete rest of Section M</div> </div>	<b>M3 Operation of Automatic Extinguishing System</b> 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>	<b>M5 Reason for Automatic Extinguishing System Failure</b> 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>
<b>M2 Type of Automatic Extinguishing System</b> 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 (CO<sub>2</sub>) system            0 <input type="checkbox"/> Other special hazard system            U <input type="checkbox"/> Undetermined         </div>	<b>M4 Number of Sprinkler Heads Operating</b> 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



<b>A</b>	FDID <input type="text" value="29091"/>	State <input type="text" value="FL"/>	Incident Date MM <input type="text" value="05"/> DD <input type="text" value="31"/> YYYY <input type="text" value="2021"/>	Station <input type="text" value="043"/>	Incident Number <input type="text" value="0002500"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS-10 Personnel</b>
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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 <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="T43"/> ★Type <input type="text" value="14"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0831 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0839 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1126	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="1615"/>	NICK SHELNUIT		<input checked="" type="checkbox"/>	58	11	12	
<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="E43"/> ★Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0831 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0839 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1126	Sent <input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="74"/> <input type="text" value="75"/> <input type="text" value="73"/> <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="1309"/>	JONATHAN JENKINS		<input checked="" type="checkbox"/>	58	11	12	
<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"/>				

3 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"/> 0841 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0856 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1126	Sent <input checked="" type="checkbox"/>	<input type="text" value="2"/>	<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"/>
--	---	--	--------------------------------	---	---

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"/>				
<input type="text" value="1612"/>	JOEY BASSETT		<input checked="" 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"/>				

<b>A</b>	FDID <input type="text" value="29091"/>	State <input type="text" value="FL"/>	Incident Date <input type="text" value="05"/> <input type="text" value="31"/> <input type="text" value="2021"/>	Station <input type="text" value="043"/>	Incident Number <input type="text" value="0002500"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS-10 Personnel</b>
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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"/> 0843 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0856 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1126	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"/>			<input type="checkbox"/>				
1210	RET TOMPKINS		<input checked="" type="checkbox"/>	11	12		
<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="BAT48"/> ★Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0841 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0857 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1126	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="81"/> <input type="text"/> <input type="text"/> <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
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"/>				

3 ID <input type="text"/> ★Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sent <input type="checkbox"/>	Number of People <input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <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"/>			<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"/>				
<input type="text"/>			<input type="checkbox"/>				

<b>A</b>	FDID <input type="text" value="29091"/> ★	State <input type="text" value="FL"/> ★	Incident Date <input type="text" value="MM 05"/> <input type="text" value="DD 31"/> <input type="text" value="YYYY 2021"/> ★	Station <input type="text" value="043"/>	Incident Number <input type="text" value="0002500"/> ★	Exposure <input type="text" value="000"/> ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	<b>ESO-1 Non-NFIRS Fields</b>
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**E<sub>1</sub> Additional Incident Times**

	Month	Day	Year	Hour	Min		Month	Day	Year	Hour	Min
PSAP Recieved	<input type="text" value="05"/>	<input type="text" value="31"/>	<input type="text" value="2021"/>	<input type="text" value="08"/>	<input type="text" value="26"/>	Dispatch Notified	<input type="text" value="05"/>	<input type="text" value="31"/>	<input type="text" value="2021"/>	<input type="text" value="08"/>	<input type="text" value="26"/>

<b>B</b>	Apparatus or Resources	Dates and Times <small>Midnight is 0000</small>	
		Month Day Year Hour/Min	
	<b>5</b> ID <input type="text" value="BAT48"/>	En Route <input type="text" value="05"/> <input type="text" value="31"/> <input type="text" value="2021"/> <input type="text" value="0842"/>	Type <input type="text"/>
		District <input type="text" value="05"/> <input type="text" value="31"/> <input type="text" value="2021"/>	
<b>1</b>	ID <input type="text" value="T43"/>	En Route <input type="text" value="05"/> <input type="text" value="31"/> <input type="text" value="2021"/> <input type="text" value="0837"/>	<b>6</b> ID <input type="text"/>
	Type <input type="text"/>	District <input type="text" value="05"/> <input type="text" value="31"/> <input type="text" value="2021"/>	Type <input type="text"/>
<b>2</b>	ID <input type="text" value="E43"/>	En Route <input type="text" value="05"/> <input type="text" value="31"/> <input type="text" value="2021"/> <input type="text" value="0837"/>	<b>7</b> ID <input type="text"/>
	Type <input type="text"/>	District <input type="text" value="05"/> <input type="text" value="31"/> <input type="text" value="2021"/>	Type <input type="text"/>
<b>3</b>	ID <input type="text" value="E51"/>	En Route <input type="text" value="05"/> <input type="text" value="31"/> <input type="text" value="2021"/> <input type="text" value="0841"/>	<b>8</b> ID <input type="text"/>
	Type <input type="text"/>	District <input type="text" value="05"/> <input type="text" value="31"/> <input type="text" value="2021"/>	Type <input type="text"/>
<b>4</b>	ID <input type="text" value="T51"/>	En Route <input type="text" value="05"/> <input type="text" value="31"/> <input type="text" value="2021"/> <input type="text" value="0843"/>	<b>9</b> ID <input type="text"/>
	Type <input type="text"/>	District <input type="text" value="05"/> <input type="text" value="31"/> <input type="text" value="2021"/>	Type <input type="text"/>





Jimmy Patronis  
CHIEF FINANCIAL OFFICER

# DIVISION OF INVESTIGATIVE & FORENSIC SERVICES

DEPARTMENT OF FINANCIAL SERVICES  
STATE OF FLORIDA

BUREAU OF FORENSIC SERVICES | BUREAU OF WORKERS' COMPENSATION FRAUD | BUREAU OF INSURANCE FRAUD  
BUREAU OF FIRE, ARSON & EXPLOSIVES INVESTIGATIONS | OFFICE OF FISCAL INTEGRITY

December 13, 2021

Attention: Records Custodian:

On May 31, 2021, Columbia County Fire & Rescue requested the assistance of the Division of Investigative & Forensic Services-Bureau of Fire, Arson & Explosives Investigations at the scene of a STRUCTURE fire located at 249 SW Leonard Ter, Lake City, FL, 32024.

For the purpose of ensuring accurate reporting data to the Florida Fire Incident Reporting System (FFIRS), the National Fire Incident Reporting System (NFIRS), or Federal Bureau of Investigation-Uniform Crime Reporting (UCR) for indexed crimes, please see the below information and confirm that your records accurately reflect data concerning the fire cause determination as reported to FFIRS, NFIRS, or the FBI-UCR.

- Date of Incident: **May 31, 2021**
- Location of incident: **249 SW Leonard Ter, Lake City, FL, 32024**
- Requesting Agency: **Columbia County Fire Rescue**
- Requesting Agency Incident/Case Number: **21- 002537**
- Fire Cause Determination: **UNDETERMINED**
- Case Status: **CLOSED / INSUFFICIENT EVIDENCE / NO FURTHER LEADS**
- BFAEI Case Agent Assigned: **Detective Adam Faircloth**
- BFAEI Case Number: **21-1722**

As always, the Bureau of Fire, Arson & Explosives Investigations remains committed to working with your department to professionally and efficiently combat the crime of Arson in the State of Florida. Please do not hesitate to reach out to ANY member of our team if you need additional information concerning this incident.

Best regards,

Detective Adam Faircloth

## Mission Statement

To Effectively Prevent, Discourage, Investigate and Prosecute Arson-Related Crimes for the Protection of Florida Citizens and Their Property.



**From:** [Sandra Davis](#)  
**To:** [Melissa Garber](#)  
**Cc:** [Jeff Crawford](#); [Lance Hill](#)  
**Subject:** Re: Fire Report Question  
**Date:** Tuesday, September 6, 2022 1:45:30 PM  
**Attachments:** [277 - 249 SW Leonard Ter - 21-1722 Columbia County Fire Rescue Case Closure Notification Form 12-13-21 - Faircloth.pdf](#)

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It was 249. The original dispatched call was 277, but upon arriving it was actually 249. I've attached the investigative report as further backup.

*Thank you,  
Sandra Davis  
Office Manager  
Columbia County Fire Rescue  
509 SW Bascom Norris Dr.  
Lake City, FL 32025  
P: 386-754-7057  
F: 386-754-7064*

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**From:** Melissa Garber  
**Sent:** Tuesday, September 6, 2022 1:42:42 PM  
**To:** Sandra Davis  
**Cc:** Jeff Crawford; Lance Hill  
**Subject:** Fire Report Question

Good afternoon,

I have a customer that I have the attached fire report for. However, the address they are submitting an application for is 249. Looking at the report and the previous owners, it looks like there might be a mix up on the address. Can you confirm which home burnt on the attached aerial view? We are able to issue a free replacement permit upon proof of fire report and I just don't want to issue to the wrong owners. Thanks for your help! Have a great day!

*"Autumn is a second  
spring where every  
leaf is a flower."*



*Melissa Garber*

Administrative Supervisor  
Columbia County  
Building and Zoning  
135 NE Hernando Ave, Suite B-21  
Lake City, Florida 32055  
Ph (386) 758-1007

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