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	10 07 2013	40	CCFR13CAD002989	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
337	SW	ROSE CREEK	DR	

Apt./Suite/Room	City	State	Zip Code
	LAKE CITY	FL	32024

Cross Street, Directions or National Grid, as applicable:

C Incident Type

111 Building fire

Final NFIRS Code

D Aid Given or Received

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

Their FDID | Their State
Their Incident Number

E1 Dates and Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hour Min Sec
Alarm (ALARM always required)	10	07	2013	18 05 58
Arrival (ARRIVAL required, unless canceled or did not arrive)	10	07	2013	18 14 44
Controlled (CONTROLLED optional, except for wildland fires)				
Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	10	07	2013	21 51 53

E2 Shifts and Alarms

Local Option

Shift or Platoon	Alarms	District
A	2	44

E3 Special Studies

Local Option

Special Study ID#	Special Study Value

F Actions Taken

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

G1 Resources

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

	Apparatus	Personnel
Suppression	8	16
EMS	1	2
Other	1	1

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. None

Property $	150,000
Contents $	40,000

PRE-INCIDENT VALUE: Optional

Property $	150,000
Contents $	40,000

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 X Unknown

H3 Hazardous Materials Release

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

I Mixed Use Property

00 Mixed use, other
10 Assembly use
20 Educational use
33 Medical use
40 Residential use
51 Row of stores
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		
919	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

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

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

Mr Ms. Mrs. | First Name | MI | Last Name | Suffix

Number | Prefix | Street or Highway | Street Type | Suffix

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

State | Zip Code

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.

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

Mr Ms. Mrs. | First Name | MI | Last Name | Suffix

Number | Prefix | Street or Highway | Street Type | Suffix

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

State | Zip Code

L Remarks

Local Option

M Authorization

Officer In charge ID	Signature	Position or rank	Assignment	Month	Day	Year
CERV01	TAD CERVANTES	Shift Commander	48-Racetra	10	07	2013

Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year
CERV01	TAD CERVANTES	Shift Commander	48-Racetra	10	07	2013

A | FDID: 29091 | State: FL | Incident Date (MM DD YYYY): 10 07 2013 | Station: 40 | Incident Number: CCFR13CAD002989 | Exposure: 0 | 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 1 — Buildings not involved
Number of buildings involved

B3 ____ , ____ ☒ None ☐ 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.

On-site material (1) ____ ____
On-site material (2) ____ ____
On-site material (3) ____ ____

On-Site Materials Storage Use

1 Bulk storage or warehousing
2 Processing or manufacturing
3 Packaged goods for sale
4 Repair or service
N None
U Undetermined

D Ignition

D1 74 — Attic vacant, crawl space above top story
Area of fire origin

D2 13 — Electrical arcing
Heat Source

D3 81 — Electrical wire, cable insulation
Item first ignited

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

D4 41 — Plastic
Type of material first ignited. Required only if item first ignited code is 00 or <70

E1 Cause of Ignition

Check this box if this is an exposure report

0 Cause, other (System generated code only, not used for data entry)
1 Intentional
2 X 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

30 — Electrical failure, malfunction, other
Factor contributing to ignition (1)
Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition

Check all applicable boxes ☒ None

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

Estimated age of person involved ____
1 Male 2 Female

F1 Equipment Involved in Ignition

If equipment was not involved skip to Section G

210 — Electrical wiring, other
Equipment involved
Brand
Serial
Model
Year

F2 Equipment Power Source

10 — Electrical, other
Equipment Power Source

F3 Equipment Portability

1 Portable
2 X Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes.

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

H1 Mobile Property Involved

1 Not involved in ignition, but burned
2 Involved in ignition, but did not itself burn
3 Involved in ignition and burned

H2 Mobile Property Type and Make

Mobile property type
Mobile property make
Mobile property model
Year
License Plate Number
State: FL
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

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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 X Enclosed building
2 Fixed portable or mobile structure
3 Open structure
4 Air-supported structure
5 Tent
6 Open platform
7 Underground structure work area
8 Connective structure

I2 Building Status

0 Building status, other
1 Under construction
2 X In normal use
3 Idle, not routinely used
4 Under major renovation
5 Vacant and secured
6 Vacant and unsecured
7 Being demolished
U Undetermined

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

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

I4 Main Floor Size

2,500 — 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 X Confined to building of origin
5 Beyond building of origin

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

- 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
Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.

K1: 11 — Exterior roof covering, surface, finish
Item contributing most to flame spread

K2: 99 — Multiple types of material
Type of material contributing most to flame spread. Required only if Item contributing code is 00 or <70

L1 Presence of Detectors
(in area of the fire)

1 Present
N None present
U X Undetermined

L2 Detector Type

0 Detector type, other
1 Smoke
2 Heat
3 Combination smoke and heat in a single unit
4 Sprinkler, water flow detection
5 More than one type present
U Undetermined

L3 Detector Power Supply

0 Detector power supply other
1 Battery only
2 Hardwire only
3 Plug-in
4 Hardwire with battery backup
5 Plug-in with battery backup
6 Mechanical
7 Multiple detectors and power supplies
U Undetermined

L4 Detector Operation

1 Fire too small to activate detector
2 Detector operated
3 Detector failed to operate
U Undetermined

L5 Detector Effectiveness
Required if detector operated

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

L6 Detector Failure Reason
Required if detector failed to operate

0 Detector failure reason, other
1 Power failure, hardwired det. shut off, disconnect
2 Improper installation or placement of detector
3 Defective detector
4 Lack of maintenance, includes not cleaning
5 Battery missing or disconnected
6 Battery discharged or dead
U Undetermined

M1 Presence of Automatic Extinguishing System

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

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

0 Special hazard system, other
1 Wet-pipe sprinkler system
2 Dry-pipe sprinkler system
3 Other sprinkler system
4 Dry chemical system
5 Foam system
6 Halogen-type system
7 Carbon dioxide system
U Undetermined

M3 Operation of Automatic Extinguishing System
Required if fire was within designed range

0 Operation of AES, other
1 System operated and was effective
2 System operated and was not effective
3 Fire too small to activate system
4 System did not operate
U Undetermined

M3 Number of Sprinkler Heads Operating
Required if system operated

Number of sprinkler heads operating

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

0 Reason system not effective, other
1 System shut off
2 Not enough agent discharged to control the fire
3 Agent discharged, but did not reach the fire
4 Inappropriate system for the type of fire
5 Fire not in area protected by the system
6 System components damaged
7 Lack of maintenance, including corrosion or heads painted
8 Manual intervention defeated the system
U Undetermined

A

FDID	State	Incident Date (MM / DD / YYYY)	Station	Incident Number	Exposure
29091	FL	10 / 07 / 2013	40	CCFR13CAD002989	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 Basic 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: E45 Type: 11	Dispatch			Sent	2	Other	73	74
		Arrival X	10/07/13	1823			X Suppression	75	76
		Clear X	10/07/13	2149			EMS		
2	ID: E43 Type: 10	Dispatch			Sent	2	Other	73	74
		Arrival X	10/07/13	1822			X Suppression	75	76
		Clear X	10/07/13	2151			EMS		
3	ID: CF8 Type: 92	Dispatch			Sent	1	Other	86	
		Arrival X	10/07/13	1817			X Suppression		
		Clear X	10/07/13	2151			EMS		
4	ID: E40 Type: 11	Dispatch			Sent	2	Other	73	74
		Arrival X	10/07/13	1817			X Suppression	75	76
		Clear X	10/07/13	2151			EMS		
5	ID: CF1 Type: 92	Dispatch			Sent	1	Other	73	
		Arrival X	10/07/13	1831			X Suppression		
		Clear X	10/07/13	2133			EMS		
6	ID: T48 Type: 24	Dispatch			Sent	1	Other	73	74
		Arrival X	10/07/13	1825			X Suppression	75	76
		Clear X	10/07/13	2141			EMS		
7	ID: Type: 24	Dispatch			Sent	1	Other	73	74
		Arrival X	10/07/13	1824			X Suppression	75	76
		Clear X	10/07/13	2143			EMS		
8	ID: T44 Type: 24	Dispatch			Sent	1	Other	73	74
		Arrival X	10/07/13	1814			X Suppression	75	76
		Clear X	10/07/13	2141			EMS		
9	ID: E48 Type: 11	Dispatch			Sent	4	Other	73	74
		Arrival X	10/07/13	1817			X Suppression	75	76
		Clear X	10/07/13	2151			EMS		
10	ID: CF2 Type: 92	Dispatch			Sent	1	Other	73	
		Arrival X	10/07/13	1925			X Suppression		
		Clear X	10/07/13	2143			EMS		

A | FDID: 29091 | State: FL | Incident Date (MM/DD/YYYY): 10/07/2013 | Station: 40 | Incident Number: CCFR13CAD002989 | Exposure: 0 | **NFIRS-10 Personnel**

B — Apparatus or Resource 1 | 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) | 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: E45 | Type: 11

		Month/Day/Year	Hour/Min
Dispatch			
Arrival	X	10/07/13	1823
Clear	X	10/07/13	2149

Sent: 2

Apparatus Use: Other | X Suppression | EMS

Actions Taken: 73, 74, 75, 76

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
MOFF01	MOFFITT, JAMES	Firefighter	73	11	12	58
TODD01	TODD, GREG	FF/EMT	73	11	12	

B — Apparatus or Resource 2 | 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) | 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.)

2 ID: E43 | Type: 10

		Month/Day/Year	Hour/Min
Dispatch			
Arrival	X	10/07/13	1822
Clear	X	10/07/13	2151

Sent: 2

Apparatus Use: Other | X Suppression | EMS

Actions Taken: 73, 74, 75, 76

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
GREE01	GREENE, JR , JOHN	Firefighter/EMT	58	73	74	11
JOHN01	JOHNSON, JOSEPH	DRIVER ENGINEER	11	73	74	75

B — Apparatus or Resource 3 | 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) | 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.)

3 ID: CF8 | Type: 92

		Month/Day/Year	Hour/Min
Dispatch			
Arrival	X	10/07/13	1817
Clear	X	10/07/13	2151

Sent: 1

Apparatus Use: Other | X Suppression | EMS

Actions Taken: 86

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
CERV01	CERVANTES, TAD	Shift Commander	86	11		

B — Apparatus or Resource 4 | 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) | 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.)

4 ID: E40 | Type: 11

		Month/Day/Year	Hour/Min
Dispatch			
Arrival	X	10/07/13	1817
Clear	X	10/07/13	2151

Sent: 2

Apparatus Use: Other | X Suppression | EMS

Actions Taken: 73, 74, 75, 76

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
CREW01	CREWS, RONNIE	Firefighter	73	74	11	
HEND01	HENDERSON, SHAWN	FIREFIGHTER	58	11	73	74

B — Apparatus or Resource 5 | 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) | 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.)

5 ID: CF1 | Type: 92

		Month/Day/Year	Hour/Min
Dispatch			
Arrival	X	10/07/13	1831
Clear	X	10/07/13	2133

Sent: 1

Apparatus Use: Other | X Suppression | EMS

Actions Taken: 73

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
BOOZ01	BOOZER, DAVID	Fire Chief	73			

B — Apparatus or Resource 6 | 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) | 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.)

6 ID: T48 | Type: 24

		Month/Day/Year	Hour/Min
Dispatch			
Arrival	X	10/07/13	1825
Clear	X	10/07/13	2141

Sent: 1

Apparatus Use: Other | X Suppression | EMS

Actions Taken: 73, 74, 75, 76

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
SULL01	SULLIVAN, DANNY	Reservist	58	73	74	75

B — Apparatus or Resource 7 | 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) | 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.)

7 ID: | Type: 24

		Month/Day/Year	Hour/Min
Dispatch			
Arrival	X	10/07/13	1824
Clear	X	10/07/13	2143

Sent: 1

Apparatus Use: Other | X Suppression | EMS

Actions Taken: 73, 74, 75, 76

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
NETT01	NETTLES, ANDY	Reservist	58	73	74	75

8 Apparatus or Resource	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)			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.)	
ID T44	Dispatch			Sent	1	Other	73	74
Type 24	Arrival X	10/07/13	1814			X Suppression	75	76
	Clear X	10/07/13	2141			EMS		

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
PEEL01	PEELER, WALTER	BATTALION CHIEF	58	73	74	75

9 Apparatus or Resource	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)			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.)	
ID E48	Dispatch			Sent	4	Other	73	74
Type 11	Arrival X	10/07/13	1817			X Suppression	75	76
	Clear X	10/07/13	2151			EMS		

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
ALVE01	ALVEY, DYLAN	FIREFIGHTER	73	74	75	11
BALL01	BALLANCE, JEFF	Firefighter	11	73	74	75
MCCO01	MCCOOK, JOSHUA	FF/EMT	11	73	74	75
SHAL01	SHALLAR, III LARRY	Reservist	58	73	74	75

10 Apparatus or Resource	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)			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.)	
ID CF2	Dispatch			Sent	1	Other	73	
Type 92	Arrival X	10/07/13	1925			X Suppression		
	Clear X	10/07/13	2143			EMS		

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
CRAW01	CRAWFORD, JEFFERY	Assistant Chief	73			