A | 29091 (FDID) | FL (State) | 03 (MM) | 16 (DD) | 2014 (YYYY) | 46 (Station) | CCFR14CAD000808 (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 1 — Buildings not involved
Number of buildings involved

B3 ____ , ____ ☒ None ☐ Less than one acre
Acres burned (outside fires)

C On-Site Materials or Products

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

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

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

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

(repeated for each material)

D Ignition

D1 22 — Bedroom - 5+ persons, including barrack/dormitory
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 ✕ 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

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 None

Estimated age of person involved ____
1 Male 2 Female

F1 Equipment Involved in Ignition

If equipment was not involved skip to Section G

260 — Cord, plug, other
Equipment Involved
Brand
Serial
Model
Year

F2 Equipment Power Source

11 — Electrical line voltage (>= 50 volts)
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

☒ None

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
____ 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) | 16 (DD) | 2014 (YYYY) (Incident Date) | 46 (Station) | CCFR14CAD000808 (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 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 hightest story
1 — Total number of stories at or above grade
0 — Total number of stories below grade

I4 Main Floor Size
, 1 , 200 — Total square feet
OR
, BY , — Length in feet / Width in feet

J1 Fire Origin
1 — Story of fire origin
Below Grade

J2 Fire Spread
If fire spread was confined to object of origin do not check a box (ref Block D3, Fire Module).
1 Confined to object of origin
2 X Confined to room of origin
3 Confined to floor of origin
4 Confined to building of origin
5 Beyond building of origin

J3 Number of Stories Damaged by Flame
Count the roof as part of the highest story
— Number of stories w/minor damage (1 to 24% flame damage)
1 — Number of stories w/significant damag (25 to 49% flame damage)
— Number of stories w/heavy damag (50 to 74% flame damage)
— 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 — 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 X Present
N None present
U Undetermined

L2 Detector Type
0 Detector type other
1 X 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 X 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 X 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 X 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	16	2014	46	CCFR14CAD000808	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 × Arrival × Clear	03/16/14 03/16/14 03/17/14	2335 2349 0134	Sent ×	2	Other × Suppression EMS	11	12
2	ID: E46 Type: 11	Dispatch × Arrival × Clear	03/16/14 03/16/14 03/17/14	2335 2349 0134	Sent ×	2	Other × Suppression EMS	11	12
3	ID: E49 Type: 10	Dispatch × Arrival × Clear	03/16/14 03/16/14 03/17/14	2335 2349 0134	Sent	2	Other × Suppression EMS	11	12
4	ID: T46 Type: 24	Dispatch × Arrival × Clear	03/16/14 03/16/14 03/17/14	2335 2349 0134	Sent ×	1	Other × Suppression EMS	11	12

A	FDID	State	Incident Date (MM DD YYYY)	Station	Incident Number	Exposure	NFIRS-10 Personnel
	29091	FL	03 16 2014	46	CCFR14CAD000808	0	

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

1 ID: E45 Type: 11

	Check	Month/Day/Year	Hour/Min
Dispatch	X	03/16/14	2335
Arrival	X	03/16/14	2349
Clear		03/17/14	0134

Sent: X Number of People: 2 Apparatus Use: Other / X Suppression / EMS Actions Taken: 11, 12

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
BERT01	BERTRAM, JASON	Firefighter	11	12		
1628	RODRIGUEZ, DAVID	FIREFIGHTER/EMT	11	12		

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

2 ID: E46 Type: 11

	Check	Month/Day/Year	Hour/Min
Dispatch	X	03/16/14	2335
Arrival	X	03/16/14	2349
Clear		03/17/14	0134

Sent: X Number of People: 2 Apparatus Use: Other / X Suppression / EMS Actions Taken: 11, 12

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
OVER01	OVERSTREET, AARON	DRIVER ENGINEER	11	12		
SELB02	SELBE, CLIFFORD	FIREFIGHTER/EMT	11	12		

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

3 ID: E49 Type: 10

	Check	Month/Day/Year	Hour/Min
Dispatch	X	03/16/14	2335
Arrival	X	03/16/14	2349
Clear		03/17/14	0134

Sent: Number of People: 2 Apparatus Use: Other / X Suppression / EMS Actions Taken: 11, 12

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
BICK01	BICKEL, BRIAN	LIEUTENANT	11	12		
1630	SCHOSNIG, CHAD	FIREFIGHTER/EMT	11	12		

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

4 ID: T46 Type: 24

	Check	Month/Day/Year	Hour/Min
Dispatch	X	03/16/14	2335
Arrival	X	03/16/14	2349
Clear		03/17/14	0134

Sent: X Number of People: 1 Apparatus Use: Other / X Suppression / EMS Actions Taken: 11, 12

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
CASS01	CASSADY, GREGORY	Shift Commander	11	12		

A | 29091 (FDID) | FL (State) | 03 (MM) | 16 (DD) | 2014 (YYYY) (Incident Date) | 46 (Station) | CCFR14CAD000808 (Incident Number) | 0 (Exposure) | **NFIRS-1S Supplemental**

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: 352 | Phone Number: 363-9339

Mr | First Name: CHARLES | MI | Last Name: CARIOTO | Suffix

Number: 125 | Prefix: SW | Street or Highway: TRENTON | Street Type: TER | Suffix

Post Office Box | Apt./Suite/Room | City: FORT WHITE

State: FL | Zip Code: 32038

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

Mrs | First Name: CHRISTINA | MI | Last Name: CARIOTO | Suffix

Number: 125 | Prefix: SW | Street or Highway: TRENTON | Street Type: TER | Suffix

Post Office Box | Apt./Suite/Room | City: FORT WHITE

State: FL | Zip Code: 32038

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 | First Name: DANIEL | MI | Last Name: MEEKS | Suffix

Number: 125 | Prefix: SW | Street or Highway: TRENTON | Street Type: TER | Suffix

Post Office Box | Apt./Suite/Room | City: FORT WHITE

State: FL | Zip Code: 32038

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 | First Name: JASON | MI | Last Name: CARIOTO | Suffix

Number: 125 | Prefix: SW | Street or Highway: TRENTON | Street Type: TER | Suffix

Post Office Box | Apt./Suite/Room | City: FORT WHITE

State: FL | Zip Code: 32038

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

Mrs | First Name: CHARLOTTE | MI | Last Name: CARIOTO | Suffix

Number: 125 | Prefix: SW | Street or Highway: TRENTON | Street Type: TER | Suffix

Post Office Box | Apt./Suite/Room | City: FORT WHITE

State: FL | Zip Code: 32038

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

Mrs | First Name: BETH | MI | Last Name: CARIOTO | Suffix

Number: 125 | Prefix: SW | Street or Highway: TRENTON | Street Type: TER | Suffix

Post Office Box | Apt./Suite/Room | City: FORT WHITE

State: FL | Zip Code: 32038

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 | First Name: KENNETH | MI | Last Name: MCFADDEN | Suffix

Number: 125 | Prefix: SW | Street or Highway: TRENTON | Street Type: TER | Suffix

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: 386 | Phone Number: 984-5915

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

Mr	First Name: EARL	MI	Last Name: MARTIN	Suffix
Mr Ms. Mrs.				

Number	Prefix	Street or Highway	Street Type	Suffix

Post Office Box	Apt./Suite/Room	City
		Not Applicable

State	Zip Code
Not Applicable	-