

A NFIRS-1 Basic 29091 Incident Number FL State 09 08 Month Day 2020 Year 043 Station 0003446 Incident Number 000 Expense ☐ Delete ☐ Change ☐ No Activity		
B Location Type Census Tract ☒ Street address ☐ Intersection ☐ In front of ☐ Rear of ☐ Adjacent to ☐ Directions ☐ U.S. National Grid Check this box to indicate that the address for this incident is provided on the Wildland Unit Module in Section B "Alternative Location Specification." Use only for wildland fires. 1154 Number/Alphabet NW Prefix NOEGEL Street or Highway RD Street Type LAKE CITY City FL State 32055 ZIP Code Cross Street, Direction or National Grid, as applicable		
C Incident Type 111 Building fire Incident Type D Aid Given or Received None ☐ Mutual aid received ☐ Auto. aid received ☐ Mutual aid given ☐ Auto. aid given ☐ Other aid given How FIRM How Auto How Incident Number	E1 Dates and Times Midnight vs 0600 Check boxes if dates are the same as Alarm Date Alarm 09 08 2020 1434 At AIDA always required Arrival 1447 ARRIVAL required unless canceled or defined later Controlled CONTROLLED optional except for wildland fires Lost Unit Cleared 1642 LAST UNIT CLEAR D. required except for wildland fires	E2 Shifts and Alarms Area of Origin C 0 D43 Shift or Platoon Alarms Detected E3 Special Studies Use of Options Special Study ID# Special Study Value Special Study Value
F Actions Taken Extinguishment by 11 fire service personnel Primary Action Taken (1) 12 Salvage & overhaul Additional Action Taken (2) Additional Action Taken (3) Additional Action Taken (4)	G1 Resources Check this box and ship this block if an Apparatus or Personnel Module is used Apparatus Personnel Suppression EMS Other ☐ Check box if resources (counts include) and received resources.	
Completed Modules ☒ Fire-2 ☒ Structure Fire-3 ☐ Civilian Fire Cas.-4 ☐ Fire Service Cas.-5 ☐ EMS-6 ☐ HazMat-7 ☐ Wildland Fire-8 ☒ Apparatus-9 ☒ Personnel-10 ☐ Arson-11	H1 Casualties None Deaths Injuries Fire Service Civilian H2 Detector Request for confirmed loss ☐ Detector alerted occupants ☐ Detector did not alert them ☐ Unknown 1 2 U	H3 Hazardous Materials Release None ☐ Natural gas: slow leak, no evacuation or HazMat actions ☐ Propane gas: <21-lb tank (as in home BBQ grill) ☐ Gasoline: vehicle fuel tank or portable container ☐ Kerosene: fuel burning equipment or portable storage ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable storage ☐ Household solvents: household spill, cleanup only ☐ Motor oil: from engine or portable container ☐ Paint: from paint cans totaling <55 gallons ☐ Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.) 10 20 33 40 51 53 58 59 60 63 65 00
I Mixed Use Property Not mixed ☐ Assembly use ☐ Education use ☐ Medical use ☐ Residential use ☐ Row of stores ☐ Enclosed mall ☐ Business & residential ☐ Office use ☐ Industrial use ☐ Military use ☐ Farm use ☐ Other mixed use 10 20 33 40 51 53 58 59 60 63 65 00	J Property Use None Structures 131 Church, place of worship 161 Restaurant or cafeteria 162 Bar/Tavern or nightclub 213 Elementary school, kindergarten 215 High school, junior high 241 College, adult education 311 Nursing home 331 Hospital Outside 124 Playground or park 655 Crops or orchard 669 Forest (timberland) 807 Outdoor storage area 919 Dump or sanitary landfill 931 Open land or field 341 Clinic, clinic-type infirmary 342 Doctor/Dentist office 361 Prison or jail, not juvenile 419 1- or 2-family dwelling 429 Multifamily dwelling 439 Rooming/Boarding house 449 Commercial hotel or motel 459 Residential, board and care 464 Dormitory/Barracks 519 Food and beverage sales 936 Vacant lot 938 Graded/Cared for plot of land 946 Lake, river, stream 951 Railroad right-of-way 960 Other street 961 Highway/Divided highway 962 Residential street/driveway 539 Household goods, sales, repairs 571 Gas or service station 579 Motor vehicle/boat sales/repairs 599 Business office 615 Electric-generating plant 629 Laboratory/Science laboratory 700 Manufacturing plant 819 Livestock/Poultry storage (barn) 882 Non-residential parking garage 891 Warehouse 981 Construction site 984 Industrial plant yard Look up and enter a Property Use code and description only if you have NOT checked a Property Use box ☐ Property Use Code	

49250

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 _____ Business Name (if applicable) _____ Area Code **386** Phone Number **688** - **2345**

☐ 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.

MR **GREG** **KOON**

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

Number _____ Prefix _____ Street or Highway _____ Street Type **RD** Suffix _____

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

State _____ ZIP Code _____

L Remarks:

JAMES THOMAS
September 8, 2020 17:16:34

RESPONDED TO A STRUCTURE FIRE FROM LCFD TRAINING.

UPON OUR ARRIVAL FOUND A DOUBLE WIDE MOBILE HOME WITH HEAVY BLACK SMOKE COMING FROM C D SIDE. PULLED A 1 3/4 PRECONNECT FROM E-43 AND TWO PERSONNEL WENT INSIDE FOLLOWED BY TWO MORE. TWO FF WENT ON THE ROOF TO VENTILATE. ONCE ROOF WAS VENTED FF RETURNED TO THE GROUND.

FIRE EXTINGUISHED AND MOP UP BEGAN. IT APPEARED THE FIRE MIGHT HAVE STARTED FROM THE EXHAUST FAN IN THE MASTER BATH. HOME ADVISED THE FAN WAS ON WHEN HE NOTICED THE FIRE. RED CROSS WAS NOTIFIED.

ALL UNITS CLEARED AND RETURNED TO STATION. JAT

☐ 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 **CF10** Signature _____ Position or rank _____ Assignment _____ Month **09** Day **08** Year **2020**

Member making report ID **CF10** Signature _____ Position or rank _____ Assignment _____ Month **09** Day **08** Year **2020**