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	01	11	2013	43	CCFR13CAD000106	0

B Location Type: X Street address

Check this box to indicate that the Fire Module in Section B, "Alarm" address for this incident is provided on the Wildland Location Specification," then only the wildland feat

Census Tract:

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
417	SW	MAYO	RD	

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

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 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 (Military = 0000)

Check time in the same date

	Month	Day	Year	Hour Min Sec
Alarm (ALARM always required)	01	11	2013	22:21:37
Arrival (ARRIVAL required, unless canceled or did not arrive)	01	11	2013	22:29:24
Controlled (CONTROLLED optional, except for wildland fire)				
Last Unit Cleared (LAST UNIT CLEARED required except for wildland fire)	01	12	2013	01:17:37

E2 Shifts and Alarms

Local Option		
Shift or Platoon	Alarms	District
B	1	43

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
Additional Action Taken (3): 86 — Investigate

G1 Resources

X Check this box and leave this block if no Apparatus or Personnel Models is used.

	Apparatus	Personnel
Suppression	7	10
EMS	0	0
Other	0	0

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 $	3,000
Contents $	3,000
PRE-INCIDENT VALUE: Optional	
Property $	3,000
Contents $	3,000

Completed Modules
X Fire-2
X Structure Fire-3
X Civilian Fire Casualty-4
Fire Service Casualty-5
EMS-6
HazMat-7
Wildland Fire-8
X Apparatus-9
X Personnel-10
Arson-11

H1 Casualties

Fire Service	0	0
Civilian	0	1

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 X 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 X Not mixed use

J Property Use

Structures

131	Church, mosque, synagogue, temple, chapel	241	Clinic, clinic-type infirmary	539	Household goods, sales, repair
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
	Outside	519	Food and beverage sales, grocery store	891	Warehouse
124	Playground	535	Vacant lot	931	Construction site
655	Crops or orchard	936	Graded and cared-for plots of land	934	Industrial plant yard - open
660	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

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., Mrs., Msg.	First Name	MI	Last Name	Suffix
Mrs.	Ellen		Weinberg	

Number	Prefix	Street or Highway	Street Type	Suffix
417	SW	MAYO	RD	

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

State | Zip Code
FL | 32024

K2 Owner

Same as person involved? Then check this box and skip the rest of this block.

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., Mrs., Msg.	First Name	MI	Last Name	Suffix
Mr.	David		Hejce	

Number	Prefix	Street or Highway	Street Type	Suffix

Post Office Box | Apt./Suite/Room | City
475 | HIGH SPRINGS

State | Zip Code
FL | 32655

L Remarks

Local Option

Columbia County Fire Rescue units were dispatched to a working structure fire at the above location. Upon our arrival we found a single-wide mobile home nearly completely involved with fire and a slow-moving grass fire moving away from the structure. The roof had already collapsed through the middle portion of the structure. The only portions of the roof still standing were approximately 12 feet on the B-end and 8 feet on the D-end of the building. While conducting the 360 degree walk-around of the structure the main power breaker was cut off and a 20 pound propane cylinder was removed from the fire area. We deployed two 1 3/4" pre-connected handlines to combat the building fire and a 1" booster line to extinguish the ground cover fire. One line was stretched to the rear of the structure and was immediately employed to stop the fire on the B-end from any further extension. The other line was deployed to the front of the structure and began to work the fire in the D-end. The fire was quickly knocked down and brought under control.

At the time of the fire, the building had been occupied by two individuals. One had fled promptly, was uninjured and was seen by a witness heading down the road away from the fire prior to the fire being reported. The second occupant did not escape the fire as rapidly as the first. He sustained significant burn injuries prior to being able to get out of the structure. Mr. Brett Hemeon witnessed the second subject outside of the still burning residence attempting to sit down in a chair less than 10 feet away from the flames. Mr. Hemeon, at great risk to himself, aided the subject away from the fire and to an area of safety until he could be transferred to the care of EMS personnel.

Due to the circumstances surrounding the incident and the severity of the injuries sustained by the occupant the State Fire Marshal's Office was requested to assist with the investigation of the fire. The cause and origin of the fire are still under investigation at this time by the State Fire Marshal's Office investigator.

Once the investigator completed his preliminary investigation at the scene we overhauled what remained and extinguished any remaining hidden fire and/or smoldering areas. After the scene had been made safe all Columbia County Fire Rescue units cleared the scene and returned to service.

M Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
JOHN01	JOSEPH JOHNSON	Driver Engineer	46-South C	01	11	2013

Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year
JOHN01	JOSEPH JOHNSON	Driver Engineer	46-South C	01	11	2013

NFIRS-2 Fire

A FDID: 29091 | State: FL | Incident Date: MM 01 DD 11 YYYY 2013 | Alarm: 43 | Incident Number: CCFR13CAD000106 | Exposure: 0

B Property Details

B1: 1 — Not Residential
Estimate number of residential living units in building (if single structure or not all units involved)

B2: 1 — Buildings not involved
Number of buildings involved

B3: ___ ___ — ☒ None ☐ Less than one acre
Acres burned (outside fire)

C On-Site Materials or Products ☒ None

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

D Ignition

D1: 20 — Function areas, other
Area of fire origin

D2: UU — Undetermined
Heat Source

D3: UU — Undetermined
Item first ignited

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

D4: UU — Undetermined
Type of material first ignited (required only if item first ignited code is 00 or 11)

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

Factor contributing to ignition (1): UU — Undetermined
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

☒ None — If equipment was not involved, skip to Section G

Equipment involved ___ ___
Brand
Serial
Model
Year

F2 Equipment Power Source

Electrical 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

Enter up to three codes

Fire suppression factor (1): 412 — Delayed reporting of fire
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

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A | 29091 (FDID) | FL (State) | MM 01 / DD 11 / YYYY 2013 (Incident Date) | 43 (Station) | CCFR13CAD000106 (Incident Number) | 0 (Exposure) | **NFIRS-5 Structure Fire**

§1 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

§2 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

§3 Building Height
Count the floor as part of the highest story.
1 Total number of stories at or above grade
0 Total number of stories below grade

§4 Main Floor Size
672 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 D5, 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 floor as part of the highest story.
0 Number of stories w/minor damage (1 to 24% flame damage)
0 Number of stories w/significant damage (25 to 49% flame damage)
0 Number of stories w/heavy damage (50 to 74% flame damage)
1 Number of stories w/extreme damage (75 to 100% flame damage)

K Type of Material Contributing Most to Flame Spread
Check if no flame spread OR if other as Material First Ignited (Block D4 Fire Module) OR if unable to determine.
K1 UU Undetermined — Item contributing most to flame spread
K2 UU Undetermined — 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 X 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 X 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)
Operation of AES, other
System operated and was effective
System operated and was not effective
Fire too small to activate system
System did not operate
Undetermined

M4 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 this 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

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NFIRS-4 Civilian Casualty

A 32091 | FL | 01 | 11 | 2013 | 49 | CCFR13CAD000105 | 0

B Injured Person — George | | Pusehoscale | | **Gender** 1 X Male 2 Female — **C** Casualty Number 1

D Age or Date of Birth — 80 Age — OR — 07 | 28 | 1932

E1 Race — 1 X White

E2 Ethnicity — 0 X Non Hispanic or Latino

F Affiliation — 1 X Civilian

G Date and Time of Injury

H Severity — 2 X Moderate

I Cause of Injury — 1 X Exposed to fire products

J Human Factors Contributing to Injury — 3 X Possibly impaired by alcohol

K Factors Contributing to Injury — 35 Clothing caught fire while escaping

L Activity When Injured — 1 X Escaping

M1 Location at Time of Incident — 1 X In area of origin and not involved in starting the fire

M2 General Location at Time of Injury — 1 X In area of fire origin, whether that is inside or outside of building

M3 Story at Start of Incident

M4 Story Where Injury Occurred

M5 Specific Location at Time of Injury

N Primary Apparent Symptom — 12 X Burns only, thermal

O Primary Area of body Injury — 3 X Thorax, includes chest and back, excludes spine

P Disposition — X Transport to emergency care facility

Remarks
Transported by Lifeguard EMS

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A

FDID	State	Incident Date (MM)	(DD)	(YYYY)	Exposure	Incident Number	Exposure	NFIRS-4 Apparatus or Resources
29091	FL	01	11	2013	43	CCFR13CAD000108	0	

B Apparatus or Resource | Dates and Times (Check if times/dates are Alarm data as the Basic Module (Block E1); Midnight is 0000; 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 E48 / Type 11	Dispatch	X	01/11/13	2221	Sent	2	Other		11	12
		Arrival	X	01/11/13	2241			X Suppression		86	
		Clear		01/12/13	0110			EMS			
2	ID E43 / Type 10	Dispatch	X	01/11/13	2221	Sent	2	Other		11	12
		Arrival	X	01/11/13	2229			X Suppression		86	
		Clear		01/12/13	0117			EMS			
3	ID T48 / Type 24	Dispatch	X	01/11/13	2221	Sent X	1	Other		76	73
		Arrival	X	01/11/13	2243			X Suppression		75	
		Clear		01/12/13	0117			EMS			
4	ID B434 / Type 19	Dispatch	X	01/11/13	2221	Sent X	1	Other		11	12
		Arrival	X	01/11/13	2231			X Suppression		73	
		Clear		01/12/13	0117			EMS			
5	ID CF1 / Type 92	Dispatch	X	01/11/13	2221	Sent X	1	Other		86	82
		Arrival	X	01/11/13	2233			X Suppression			
		Clear		01/12/13	0117			EMS			
6	ID POV / Type 10	Dispatch	X	01/11/13	2221	Sent	1	Other		11	12
		Arrival	X	01/11/13	2235			X Suppression			
		Clear		01/12/13	0117			EMS			
7	ID T43 / Type 24	Dispatch	X	01/11/13	2221	Sent X	2	Other		76	73
		Arrival	X	01/11/13	2232			X Suppression		75	
		Clear		01/12/13	0117			EMS			

2

A FDID: 29091 | State: FL | Incident Date: NM 01 DD 11 YYYY 2013 | Station: 43 | Incident Number: CCFR13CAD000106 | Exposure: 0 | **NFIRS-10 Personnel**

B Apparatus or Resource | Dates and Times (Check #1 if same date as Alarm date on the Basic Module (Block E1); Month/Dy/Year Hour/Min; Midnight is 0000) | 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: E48 | Type: 11
Dispatch: X 01/11/13 2221
Arrival: X 01/11/13 2241
Clear: 01/12/13 0110
Sent: 2
Other
X Suppression
EMS
Actions Taken: 11, 12 / 66

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
MIKE01	ARCHER, MIKEL	P rt Time FF	11	12	66	
MINT01	MINTON, MICHAEL	Lieutenant	11	12	66	

B Apparatus or Resource | Dates and Times (Check #1 if same date as Alarm date on the Basic Module (Block E1); Month/Dy/Year Hour/Min; Midnight is 0000) | 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
Dispatch: X 01/11/13 2221
Arrival: X 01/11/13 2229
Clear: 01/12/13 0117
Sent: 2
Other
X Suppression
EMS
Actions Taken: 11, 12 / 66

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
JOHN01	JOHNSON, JOSEPH	Driver Engineer	11	12	66	
WALD01	WALDRON, JOHN	Firefighter EMT	11	12	66	

B Apparatus or Resource | Dates and Times (Check #1 if same date as Alarm date on the Basic Module (Block E1); Month/Dy/Year Hour/Min; Midnight is 0000) | 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: T48 | Type: 24
Dispatch: X 01/11/13 2221
Arrival: X 01/11/13 2243
Clear: 01/12/13 0117
Sent: X 1
Other
X Suppression
EMS
Actions Taken: 76, 73 / 75

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
SULL01	SULLIVAN, DANNY	Reservist	76	73	75	

B Apparatus or Resource | Dates and Times (Check #1 if same date as Alarm date on the Basic Module (Block E1); Month/Dy/Year Hour/Min; Midnight is 0000) | 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: B434 | Type: 16
Dispatch: X 01/11/13 2221
Arrival: X 01/11/13 2231
Clear: 01/12/13 0117
Sent: X 1
Other
X Suppression
EMS
Actions Taken: 11, 12 / 73

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
STAN01	STANLEY, JERRY	Battalion Chief	11	12	73	

B Apparatus or Resource | Dates and Times (Check #1 if same date as Alarm date on the Basic Module (Block E1); Month/Dy/Year Hour/Min; Midnight is 0000) | 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
Dispatch: X 01/11/13 2221
Arrival: X 01/11/13 2233
Clear: 01/12/13 0117
Sent: X 1
Other
X Suppression
EMS
Actions Taken: 66, 82

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
BOOZ01	BOOZER, DAVID	Fire Chief	66	82		

B Apparatus or Resource | Dates and Times (Check #1 if same date as Alarm date on the Basic Module (Block E1); Month/Dy/Year Hour/Min; Midnight is 0000) | 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: POV | Type: 10
Dispatch: X 01/11/13 2221
Arrival: X 01/11/13 2235
Clear: 01/12/13 0117
Sent: 1
Other
X Suppression
EMS
Actions Taken: 11, 12

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
DUFF01	DUFFANY, WALT	Reservist	11	12		

B Apparatus or Resource | Dates and Times (Check #1 if same date as Alarm date on the Basic Module (Block E1); Month/Dy/Year Hour/Min; Midnight is 0000) | 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: T43 | Type: 24
Dispatch: X 01/11/13 2221
Arrival: X 01/11/13 2232
Clear: 01/12/13 0117
Sent: X 2
Other
X Suppression
EMS
Actions Taken: 76, 73 / 75

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
SHAL01	SHALLAR, III, LARRY	Reservist	76	73	75	
alockwood	LOCKWOOD, ADAM	Reservist	76	73	75	

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A | 20001 (FDID) | FL (State) | 01 (MM) | 11 (DD) | 2013 (YYYY) (Incident Date) | 43 (Station) | CCFR13CAD000106 (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 | Phone Number

Mr. (Mr., Ms., Mrs.) | Georg (First Name) | MI | Pusehcaosale (Last Name) | Suffix

417 (Number) | SW (Prefix) | MAYO (Street or Highway) | RD (Street Type) | Suffix

Post Office Box | Apt./Suite/Room | LAKE CITY (City)

FL (State) | 32024 (Zip Code)

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. (Mr., Ms., Mrs.) | Brett (First Name) | J (MI) | Hemeon (Last Name) | Suffix

471 (Number) | SW (Prefix) | Mayo (Street or Highway) | RD (Street Type) | Suffix

Post Office Box | Apt./Suite/Room | LAKE CITY (City)

FL (State) | 32024 (Zip Code)

K2 Owner — Local Option — Is no 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. (Mr., Ms., Mrs.) | David (First Name) | MI | Hajos (Last Name) | Suffix

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

475 (Post Office Box) | Apt./Suite/Room | HIGH SPRINGS (City)

FL (State) | 32655 (Zip Code)