

A FDID <u>29091</u> <input checked="" type="checkbox"/> State <u>FL</u> <input checked="" type="checkbox"/> Incident Date <u>02</u> <u>07</u> <u>2020</u> <input checked="" type="checkbox"/> Station <u>046</u> <input checked="" type="checkbox"/> Incident Number <u>0000805</u> <input checked="" type="checkbox"/> Exposure <u>000</u> <input checked="" type="checkbox"/> <div style="float: right; text-align: right;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity </div>		NFIRS-1 Basic	
B Location Type <input 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.			
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> U.S. National Grid			
<div style="display: flex; justify-content: space-between;"> <div> <u>1246</u> <input checked="" type="checkbox"/> <u>SW</u> <u>RUM ISLAND</u> Number/Milepost Prefix Street or Highway </div> <div> <u>TER</u> Street Type </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <u>FORT WHITE</u> City </div> <div> <u>FL</u> <u>32038</u> State ZIP Code </div> </div>			
C Incident Type <input checked="" type="checkbox"/> <u>111</u> <u>Building fire</u> Incident Type			
D Aid Given or Received <input checked="" type="checkbox"/> None <div style="margin-top: 10px;"> <input type="checkbox"/> Mutual aid received <input type="checkbox"/> Auto. aid received <input type="checkbox"/> Mutual aid given <input type="checkbox"/> Auto. aid given <input type="checkbox"/> Other aid given </div>		E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm <input checked="" type="checkbox"/> <u>02</u> <u>07</u> <u>2020</u> <u>2046</u> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival <u>2102</u> CONTROLLED optional, except for wildland fires <input type="checkbox"/> Controlled <input checked="" type="checkbox"/> Last Unit Cleared <u>2213</u> LAST UNIT CLEARED, required except for wildland fires	
E2 Shifts and Alarms Local Option <input checked="" type="checkbox"/> <u>B</u> <u>0</u> <u>D46</u> Shift or Platoon Alarms District		E3 Special Studies Local Option Special Study ID# Special Study Value	
F Actions Taken <input checked="" type="checkbox"/> <u>11</u> <u>Extinguishment by fire service personnel</u> Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)		G1 Resources <input checked="" type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. <div style="display: flex; justify-content: space-between;"> <div> Apparatus Personnel Suppression EMS Other </div> <div> <input type="checkbox"/> Check box if resource counts include aid received resources. </div> </div>	
G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <u>000</u> , <u>100</u> , <u>000</u> Contents \$ <u>000</u> , <u>075</u> , <u>000</u> PRE-INCIDENT VALUE: Optional Property \$ <u>000</u> , <u>500</u> , <u>000</u> Contents \$ <u>000</u> , <u>200</u> , <u>000</u>			
Completed Modules <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		H1 Casualties <input checked="" type="checkbox"/> None <div style="display: flex; justify-content: space-between;"> <div> Deaths Injuries Fire Service Civilian </div> <div> H2 Detector Required for confined fires. <input type="checkbox"/> Detector alerted occupants <input type="checkbox"/> Detector did not alert them <input type="checkbox"/> Unknown </div> </div>	
H3 Hazardous Materials Release <input type="checkbox"/> None <div style="margin-top: 10px;"> <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions <input type="checkbox"/> Propane gas: <21-lb tank (as in home BBQ grill) <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage <input type="checkbox"/> Household solvents: home/office spill, cleanup only <input type="checkbox"/> Motor oil: from engine or portable container <input type="checkbox"/> Paint: from paint cans totaling <55 gallons <input type="checkbox"/> Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.) </div>		Mixed Use Property <input type="checkbox"/> Not mixed <div style="margin-top: 10px;"> <input type="checkbox"/> Assembly use <input type="checkbox"/> Education use <input type="checkbox"/> Medical use <input type="checkbox"/> Residential use <input type="checkbox"/> Row of stores <input type="checkbox"/> Enclosed mall <input type="checkbox"/> Business & residential <input type="checkbox"/> Office use <input type="checkbox"/> Industrial use <input type="checkbox"/> Military use <input type="checkbox"/> Farm use <input type="checkbox"/> Other mixed use </div>	
J Property Use <input type="checkbox"/> None <div style="display: flex;"> <div style="flex: 1;"> Structures 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 Outside 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 </div> <div style="flex: 1;"> 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 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 </div> <div style="flex: 1;"> 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 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard </div> </div>			

K1 Person/Entity Involved

Local Option

Business Name (if applicable)

321

432

1743

Area Code

Phone Number

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

MRS

WANDA

BAXTER

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

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:****BRIAN BICKEL****February 8, 2020 11:10:42**

STATIONS 46, 44 AND 48 WERE DISPATCHED TO A TWO STORY STRUCTURE FIRE. UPON OUR ARRIVAL WE FOUND SMOKE COMING FROM THE SECOND FLOOR OF THE HOME AND PULLED A 1 3/4 ATTACK LINE AND TWO FF MADE ENTRY FROM THE BOTTOM FLOOR DOOR CLOSEST TO THE STAIR WAY. THEY FOUND HEAVY SMOKE ON THE ENTIRE SECOND FLOOR AND FLAMES CONTAINED TO A BEDROOM ON THE SECOND FLOOR. AFTER GETTING A QUICK KNOCKDOWN OF THE FIRE THEY FOUND THAT THE FIRE HAD STARTED ON THE HEADBOARD AND MATTRESS. THEY REMOVED THE MATTRESS FROM THE HOME. WE PUT A VENT FAN AT THE DOOR TO REMOVE THE SMOKE FROM THE HOME. AFTER TALKING WITH THE OCCUPENTS THEY STATED THEY HAD A CANDLE BURNING ON THE HEADBOARD OF THE BED AND FIGURED THAT SOMETHING WAS TOO CLOSE TO THE FLAME. AFTER CLEARING THE SMOKE FROM THE HOME WE SHUT OFF POWER TO THAT PART OF THE HOME AND CLEARED THE SCENE. DB

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

M Authorization

Check box if same as Officer in charge. ☒

1201

Officer in charge ID

Signature

Position or rank

Assignment

02

08

2020

Month

Day

Year

1201

Member making report ID

Signature

Position or rank

Assignment

02

08

2020

Month

Day

Year

A	FDID 29091 ★	State FL ★	Incident Date 02/07/2020 ★	Station 046	Incident Number 0000805 ★	Exposure 000 ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-2 Fire
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B Property Details B1 <input type="text" value="1"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved.</small> B2 <input type="text"/> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small> B3 <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than one acre <small>Acres burned (outside fires)</small>	C On-Site Materials or Products <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> <small>Enter up to three codes. Check one box for each code entered.</small> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="text"/> <input type="text"/> <input type="text"/> <small>On-site material (1)</small> </div> <div style="width: 35%;"> On-Site Materials Storage Use 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <input type="text"/> <input type="text"/> <input type="text"/> <small>On-site material (2)</small> </div> <div style="width: 35%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <input type="text"/> <input type="text"/> <input type="text"/> <small>On-site material (3)</small> </div> <div style="width: 35%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined </div> </div>
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D Ignition D1 <input type="text" value="21"/> <input type="checkbox"/> Bedroom - < 5 persons; included are jail or pr... <small>Area of fire origin</small> ★	E1 Cause of Ignition ★ <input type="checkbox"/> Check box if this is an exposure report. ➡ Skip to Section G 1 <input type="checkbox"/> Intentional 2 <input checked="" type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation	E3 Human Factors Contributing to Ignition ★ <small>Check all applicable boxes</small> <input type="checkbox"/> None
D2 <input type="text" value="66"/> <input type="checkbox"/> Candle <small>Heat source</small> ★ D3 <input type="text" value="23"/> <input type="checkbox"/> Cabinetry (including built-in) <small>Item first ignited</small> ★ <input type="checkbox"/> Check box if fire spread was confined to object of origin.	E2 Factors Contributing to Ignition ★ <input type="checkbox"/> None Heat source too close <input type="text" value="12"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Factor contributing to ignition (1)</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Factor contributing to ignition (2)</small>	1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input checked="" 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 <input type="text" value="20"/> 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female

F1 Equipment Involved in Ignition <input type="checkbox"/> None ➡ If equipment was not involved, skip to Section G.	F2 Equipment Power Source <input type="text"/> <input type="text"/> <input type="text"/> <small>Equipment Power Source</small>	G Fire Suppression Factors <input type="checkbox"/> None <small>Enter up to three codes.</small> <input type="text"/> <input type="text"/> <input type="text"/> <small>Fire suppression factor (1)</small> <input type="text"/> <input type="text"/> <input type="text"/> <small>Fire suppression factor (2)</small> <input type="text"/> <input type="text"/> <input type="text"/> <small>Fire suppression factor (3)</small>
<input type="text"/> <input type="text"/> <input type="text"/> <small>Equipment Involved</small> Brand <input type="text"/> <input type="text"/> <input type="text"/> Model <input type="text"/> <input type="text"/> <input type="text"/> Serial # <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/>	F3 Equipment Portability 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>	

H1 Mobile Property Involved <input type="checkbox"/> None	H2 Mobile Property Type and Make <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Mobile property type</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Mobile property make</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Year</small>	Local Use <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
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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Mobile property model</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>License Plate Number State VIN</small>	<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3). </div>	NFIRS-2 Revision 01/01/05

I1 Structure Type ☆ 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 checked="" type="checkbox"/> Enclosed building 2 <input 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) 9 <input type="checkbox"/> Other type of structure </div>	I2 Building Status ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> In normal use 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Undetermined </div>	I3 Building Height ☆ Count the roof as part of the highest story. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 002 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>	I4 Main Floor Size ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> NFIRS-3 Structure Fire 00, 003, 000 Total square feet OR , BY , Length in feet Width in feet </div>
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J1 Fire Origin ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 002 Story of fire origin </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Below grade </div>	J3 Number of Stories Damaged by Flame 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) 001 Number of stories w/significant damage (25 to 49% flame damage) Number of stories w/heavy damage (50 to 74% flame damage) Number of stories w/extreme damage (75 to 100% flame damage) </div>	K Type of Material Contributing Most to Flame Spread <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="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> Skip to Section L </div> <div style="margin-top: 10px;"> K1 <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Item contributing most to flame spread </div> <div style="margin-top: 10px;"> K2 <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Type of material contributing most to flame spread Required only if item contributing code is 00 or <70 </div>
J2 Fire Spread ☆ If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module). <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 2 <input checked="" type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin </div>		

L1 Presence of Detectors ☆ (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="margin-top: 10px; text-align: center;"> Skip to Section M </div>	L3 Detector Power Supply <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 & power supplies 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>	L5 Detector Effectiveness 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>
L2 Detector Type <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>	L4 Detector Operation <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="margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Complete Block L5</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Complete Block L6</div> </div>	L6 Detector Failure Reason 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>

M1 Presence of Automatic Extinguishing System ☆ <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="margin-top: 10px; text-align: center;"> Complete rest of Section M </div>	M3 Operation of Automatic Extinguishing System 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>	M5 Reason for Automatic Extinguishing System Failure 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>
M2 Type of Automatic Extinguishing System 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 (CO₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined </div>	M4 Number of Sprinkler Heads Operating Required if system operated. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Number of sprinkler heads operating </div>	

A	FDID 29091 ★	State FL ★	Incident Date 02/07/2020 ★	Station 046	Incident Number 0000805 ★	Exposure 000 ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-10 Personnel
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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 ★	Apparatus Use ★ <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID T46 ★Type 14	Dispatch <input checked="" type="checkbox"/> 2048 Arrival <input checked="" type="checkbox"/> 2102 Clear <input checked="" type="checkbox"/> 2213	Sent <input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	76 81

Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1201	BRIAN BICKEL		<input checked="" type="checkbox"/>	76	81		
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2 ID T44 ★Type 	Dispatch <input checked="" type="checkbox"/> 2048 Arrival <input checked="" type="checkbox"/> 2111 Clear <input checked="" type="checkbox"/> 2213	Sent <input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11 73 76
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1316	MIKEL ARCHER		<input checked="" type="checkbox"/>	73	76	11	
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3 ID E46 ★Type 76	Dispatch <input checked="" type="checkbox"/> 2048 Arrival <input checked="" type="checkbox"/> 2102 Clear <input checked="" type="checkbox"/> 2213	Sent <input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11 73
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1314	DYLAN ALVEY		<input checked="" type="checkbox"/>	11	73		
1406	CORY LAND		<input checked="" type="checkbox"/>	11	73		
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

A	FDID 29091 ★	State FL ★	Incident Date 02/07/2020 ★	Station 046	Incident Number 0000805 ★	Exposure 000 ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-10 Personnel
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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 1	Apparatus Use ★ Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken List up to 4 actions for each apparatus and each personnel.
1 ID E44 ★Type 11	Dispatch <input checked="" type="checkbox"/> 2048 Arrival <input checked="" type="checkbox"/> 2110 Clear <input checked="" type="checkbox"/> 2213	Sent <input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11 73

Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1715	BENJAMIN FRY		<input checked="" type="checkbox"/>	11	73		
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2 ID BAT48 ★Type 92	Dispatch <input checked="" type="checkbox"/> 2046 Arrival <input checked="" type="checkbox"/> 2114 Clear <input checked="" type="checkbox"/> 2213	Sent <input checked="" type="checkbox"/>	Number of People 1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	73
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
CF9	GREGORY CASSADY		<input checked="" type="checkbox"/>	73			
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3 ID T48 ★Type 14	Dispatch <input checked="" type="checkbox"/> 2054 Arrival <input type="checkbox"/> Clear <input checked="" type="checkbox"/> 2213	Sent <input checked="" type="checkbox"/>	Number of People 1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	93 93
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1626	BRAD ENGLERT		<input checked="" type="checkbox"/>	93			
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

A	<input type="text" value="29091"/>	<input type="text" value="FL"/>	<input type="text" value="02"/>	<input type="text" value="07"/>	<input type="text" value="2020"/>	<input type="text" value="046"/>	<input type="text" value="0000805"/>	<input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	ESO-1 Non-NFIRS Fields
	FDID ★	State ★	Incident Date ★		Station	Incident Number ★	Exposure ★			

E1 Additional Incident Times

	Month	Day	Year	Hour	Min
PSAP Received	02	07	2020	20	46
Dispatch Notified	02	07	2020	20	46

B	Apparatus or Resources	Dates and Times		Midnight is 0000	5 ID <input type="text" value="BAT48"/>	En Route <input type="text" value="02"/> <input type="text" value="07"/> <input type="text" value="2020"/> <input type="text" value="2053"/>					
		Month	Day				Year	Hour/Min	Type <input type="text"/>	District <input type="text" value="02"/> <input type="text" value="07"/> <input type="text" value="2020"/>	
1	ID <input type="text" value="T46"/> Type <input type="text"/>	En Route	02	07	2020	2050	District	02	07	2020	
2	ID <input type="text" value="T44"/> Type <input type="text"/>	En Route	02	07	2020	2049	District	02	07	2020	
3	ID <input type="text" value="E46"/> Type <input type="text"/>	En Route	02	07	2020	2050	District	02	07	2020	
4	ID <input type="text" value="E44"/> Type <input type="text"/>	En Route	02	07	2020	2049	District	02	07	2020	
6	ID <input type="text" value="T48"/> Type <input type="text"/>	En Route	02	07	2020	2056	District	02	07	2020	
7	ID <input type="text"/> Type <input type="text"/>	En Route					District				
8	ID <input type="text"/> Type <input type="text"/>	En Route					District				
9	ID <input type="text"/> Type <input type="text"/>	En Route					District				