

A		FDID 71000 *	State VA *	Incident Date 11 10 2018 *	Station 08	Incident Number 18-0039156 *	Exposure 000 *	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic	
B Location*		<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.								
<input checked="" type="checkbox"/> Street address		Number/Milepost 750	Prefix	Street or Highway BERKLEY	Street Type AV	Suffix				
<input type="checkbox"/> Intersection										
<input type="checkbox"/> In front of										
<input type="checkbox"/> Rear of		Apt./Suite/Room	City NORFOLK	State VA	Zip Code 23523					
<input type="checkbox"/> Adjacent to										
<input type="checkbox"/> Directions		Cross street or directions, as applicable								
C Incident Type *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms				
Incident Type 571 <u>Cover assignment, standby, move</u>		Check boxes if dates are the same as Alarm Date. ALARM always required				Local Option				
D Aid Given or Received *		Month 11 Day 10 Year 2018 Hr 20 Min 07 Sec 09				A 01				
1 <input type="checkbox"/> Mutual aid received		ARRIVAL required, unless canceled or did not arrive				Shift or District				
2 <input type="checkbox"/> Automatic aid rcv.		<input checked="" type="checkbox"/> Arrival * 11 10 2018 20:10:17				Platoon				
3 <input checked="" type="checkbox"/> Mutual aid given		CONTROLLED Optional, Except for wildland fires				E3 Special Studies				
4 <input type="checkbox"/> Automatic aid given		<input type="checkbox"/> Controlled				Local Option				
5 <input type="checkbox"/> Other aid given		LAST UNIT CLEARED, required except for wildland fires				Special Study ID#				
N <input type="checkbox"/> None		<input checked="" type="checkbox"/> Last Unit Cleared 11 10 2018 23:38:49				Special Study Value				
F Actions Taken *		G1 Resources *			G2 Estimated Dollar Losses & Values					
Primary Action Taken (1) 56 <u>Provide air supply</u>		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.			LOSSES: Required for all fires if known. Optional for non fires. None					
Additional Action Taken (2)		Apparatus 0007 Personnel			Property \$ 000,000					
Additional Action Taken (3)		EMS			Contents \$ 000,000					
		Other			PRE-INCIDENT VALUE: Optional					
		<input type="checkbox"/> Check box if resource counts include aid received resources.			Property \$ 000,000					
					Contents \$ 000,000					
Completed Modules		H1* Casualties <input type="checkbox"/> None			H3 Hazardous Materials Release			I Mixed Use Property		
<input type="checkbox"/> Fire-2		Deaths Injuries			N <input type="checkbox"/> None			NN <input type="checkbox"/> Not Mixed		
<input type="checkbox"/> Structure-3		Fire Service			1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions			10 <input type="checkbox"/> Assembly use		
<input type="checkbox"/> Civil Fire Cas.-4		Civilian			2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)			20 <input type="checkbox"/> Education use		
<input type="checkbox"/> Fire Serv. Cas.-5					3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container			33 <input type="checkbox"/> Medical use		
<input type="checkbox"/> EMS-6		H2 Detector			4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage			40 <input type="checkbox"/> Residential use		
<input type="checkbox"/> HazMat-7		Required for Confined Fires.			5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable			51 <input type="checkbox"/> Row of stores		
<input type="checkbox"/> Wildland Fire-8		1 <input type="checkbox"/> Detector alerted occupants			6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only			53 <input type="checkbox"/> Enclosed mall		
<input checked="" type="checkbox"/> Apparatus-9		2 <input type="checkbox"/> Detector did not alert them			7 <input type="checkbox"/> Motor oil: from engine or portable container			58 <input type="checkbox"/> Bus. & Residential		
<input checked="" type="checkbox"/> Personnel-10		U <input type="checkbox"/> Unknown			8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons			59 <input type="checkbox"/> Office use		
<input type="checkbox"/> Arson-11					9 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form			60 <input type="checkbox"/> Industrial use		
J Property Use* Structures		341 <input type="checkbox"/> Clinic, clinic type infirmary			539 <input type="checkbox"/> Household goods, sales, repairs			63 <input type="checkbox"/> Military use		
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office			579 <input type="checkbox"/> Motor vehicle/boat sales/repair			65 <input type="checkbox"/> Farm use		
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile			571 <input type="checkbox"/> Gas or service station			00 <input type="checkbox"/> Other mixed use		
162 <input type="checkbox"/> Bar/Tavern or nightclub		419 <input type="checkbox"/> 1-or 2-family dwelling			599 <input type="checkbox"/> Business office					
213 <input type="checkbox"/> Elementary school or kindergarten		429 <input type="checkbox"/> Multi-family dwelling			615 <input type="checkbox"/> Electric generating plant					
215 <input type="checkbox"/> High school or junior high		439 <input type="checkbox"/> Rooming/boarding house			629 <input type="checkbox"/> Laboratory/science lab					
241 <input type="checkbox"/> College, adult education		449 <input type="checkbox"/> Commercial hotel or motel			700 <input type="checkbox"/> Manufacturing plant					
311 <input type="checkbox"/> Care facility for the aged		459 <input type="checkbox"/> Residential, board and care			819 <input type="checkbox"/> Livestock/poultry storage(barn)					
331 <input type="checkbox"/> Hospital		464 <input type="checkbox"/> Dormitory/barracks			882 <input type="checkbox"/> Non-residential parking garage					
Outside		519 <input type="checkbox"/> Food and beverage sales			891 <input type="checkbox"/> Warehouse					
124 <input type="checkbox"/> Playground or park		936 <input type="checkbox"/> Vacant lot			981 <input type="checkbox"/> Construction site					
655 <input type="checkbox"/> Crops or orchard		938 <input type="checkbox"/> Graded/care for plot of land			984 <input type="checkbox"/> Industrial plant yard					
669 <input type="checkbox"/> Forest (timberland)		946 <input type="checkbox"/> Lake, river, stream			Lookup and enter a Property Use code only if you have NOT checked a Property Use box:					
807 <input type="checkbox"/> Outdoor storage area		951 <input type="checkbox"/> Railroad right of way			Property Use 600					
919 <input type="checkbox"/> Dump or sanitary landfill		960 <input type="checkbox"/> Other street			Ind., utility, defense, agriculture					
931 <input type="checkbox"/> Open land or field		961 <input type="checkbox"/> Highway/divided highway								
		962 <input type="checkbox"/> Residential street/driveway								

K1 Person/Entity Involved Local Option Business name (if applicable) - - Area Code Phone Number

Check This Box if same address as incident location. 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 Same as person involved? Then check this box and skip The rest of this section. Local Option Business name (if Applicable) - - Area Code Phone Number

Check this box if same address as incident location. 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
Local Option

E-8, E-1, E-2, L-8, L-1, R-1, B/B/B/B/B/M-8, and B-1 dispatched to BAE for a reported ship fire on board the USS Oscar Austin. Upon arrival crews were directed to pier 6 where the ship was located. Upon arrival E-8 assumed command and went mobile to establish contact with ships force command structure. They advised they had an electrical fire in a forward space and ships force damage control teams were engaged with fighting the fire. They also had a damage control element from the USS Cole on board assisting with their efforts, in total about 30 personnel. All personnel from the ship and the shipyard were accounted for. The officer in charge advised they just needed NFR crews to stand by if needed. All NFR units were advised to stage upon their arrival. B-1 arrived on scene and assumed command and E-8 was assigned operations. After about 10 minutes ships force advised they had fire control and were just checking for extension and hot spots. They also advised they would not need the entire assignment sent by NFR. B-1 cleared all companies except E-8, L-8, B/B/B/B/B/M-8, and R-1. Command was turned back over to E-8.

Ships force advised they would need assistance with air refill operations, use of our TIC's , flash lights, and atmospheric monitoring equipment.

R-1 was assigned to air ops and established a refilling station for the ships force SCBA's. Once the overhaul was completed and there were no hot spots found by ships force they then began atmospheric monitoring of the involved spaces. R-1 crew assisted with the atmospheric monitoring and L-8 assisted with ventilating the space. All areas where found to have atmospheric readings with in normal limits but PPV was conducted to remove any remaining smoke.

There was one member of ships force personnel who was being evaluated by the ships medical section and they requested for him to be transported to the ER for evaluation. B/B/B/B/B/M-8 was assigned to evaluate and transport the patient. He was able to ambulate off the ship and to the medic unit with out assistance. B/B/B/B/B/M-8 then transported him BLS to SNGHER. Once all air ops, atmospheric monitoring, and ventilation were completed ships force personal advised that remaining NFR units could clear. All NFR units secured their equipment, the scene was TOT, ships personnel and NFR units returned to service.

L Authorization

Local Option Officer in Charge Position or rank Assignment Month Day Year

Crews enter into an IDLH atmosphere Signature Position or rank Assignment Month Day Year

11/11/2018 12:30:27 AM WRANEY

71000
FDID *

VA
State *

MM DD
11 10
Incident Date *

YYYY
2018

08
Station

18-0039156
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

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At no time during the event did any NFR crews enter into an IDLH atmosphere.

11/11/2018 12:30:27 AM WRANEY