

A	49009 <small>FDID</small>	IN <small>State</small>	02/03/2018 <small>Incident Date</small>	03 <small>Station</small>	F118027030 <small>Incident Number</small>	000 <small>Exposure</small>	NFIRS -1 Basic
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B	Location		<input type="checkbox"/> See Wildland Fire Module for Location	<small>Census Tract</small>
1 Street address	1509 <small>Number/Milepost</small>	ASBURY <small>Prefix Street or Highway</small>		ST <small>Street Type Suffix</small>
	Apt./Suite/Room	INDIANAPOLIS <small>City</small>	IN <small>State</small>	46203- <small>Zip Code</small>
	<small>Cross Street or Directions</small>			

C Incident Type 111 Building fire <small>Incident Type</small>	E1 Dates & Times	E2 Shifts & Alarms <small>Local Option</small>
D Aid Given or Received N None	<small>Date</small> <small>Time</small>	A
	Dispatch 02/03/2018 07:14:17	<small>Shift or platoon</small> <small>Alarms</small> <small>District</small>
	<input checked="" type="checkbox"/> Arrival 02/03/2018 07:16:42	E3 Special Studies <small>Local Option</small>
<input type="checkbox"/> Controlled	<small>Special Study ID#</small> <small>Special Study Value</small>	
	<input checked="" type="checkbox"/> Last Unit Cleared 02/03/2018 11:05:19	

F Action Taken	G1 Resources	G2 Estimated Dollar Losses & Values
11 Extinguishment by fire service personnel <small>Primary Action Taken (1)</small>	<input 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. <small>None</small>
12 Salvage & overhaul <small>Additional Action Taken (2)</small>	<small>Apparatus</small> <small>Personnel</small>	Property \$ 30,000 <input type="checkbox"/>
<small>Additional Action Taken (3)</small>	Suppression 6 23	Contents \$ 0 <input checked="" type="checkbox"/>
	EMS 2 2	PRE-INCIDENT VALUE:
	Other 5 6	Property \$ 40,000 <input type="checkbox"/>
	<input type="checkbox"/> Check box if resource counts include aid received resources.	Contents \$ 0 <input checked="" type="checkbox"/>

Completed Modules	H1 Casualties <input checked="" type="checkbox"/> None	H3 Hazardous Materials Release	I Mixed Use Property
<input checked="" type="checkbox"/> Fire-2	<small>Fire Deaths</small> <small>Injuries</small>	N None	NN Not mixed use
<input checked="" type="checkbox"/> Structure-3	<small>Fire Service</small>		
<input type="checkbox"/> Civilian Fire Cas.-4	<small>Civilian</small>		
<input type="checkbox"/> Fire Serv. Casualty-5	H2 Detector		
<input type="checkbox"/> EMS-6	2 Detector did not alert occupants		
<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			

J	Property Use
	419 1 or 2 family dwelling

M	Authorization			
	<small>Officer in charge ID</small> 67832093	<small>Rank</small> Battalion Chief	<small>Assignment</small>	<small>Date</small>
	<small>Signature</small> TODD R FELGEN			
<input type="checkbox"/> Check box if same as Officer in charge	<small>Member Making Report's ID</small> 94812295	<small>Rank</small> Captain	<small>Assignment</small>	<small>Date</small> 02/03/2018
	<small>Signature</small> WILLIAM R CALLAHAN			

K1 Person/Entity Involved

Local Option Business name (if applicable) 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

K2 Owner

Local Option Same as person involved? Then check this box and skip the rest of this section. Business name (if applicable) () - 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

BC05 Companies were sent to the 1500 Blk of South Asbury for reported vacant residence fire across the street from caller. Upon arrival of first arriving Eg03 found a 2 1/2 story wood framed residence with heavy smoke and fire showing from B/C corner of the house with exposure to the south (D) side of the structure, Eg03 performed an attack through the A side of the structure with a 1 3/4 in hand line. EG29 approached from the south and laid a 3 in supply line to EG03. Became BU ATTACK 2 bu to Eg03 and stretched to the 1st floor rear to extinguish the remaining fire. LD 15 search, performed primary and secondary search of the entire vacant which was unfounded. LD 29 was vent went to the roof and cut 2 holes. EG15 laid a secondary supply line 3 in from State St. Brought 1 3/4 handline as exposure. LD 7 RIT. No utilities were active on this vacant. Power lines were down in the rear of the residence. IPL requested and confirmed enroute. Cut power at the pole in the ally rear. Investigations requested due to volume of fire and inability to identify cause or origin. All benchmarks announce to control via command on OPS1. Initial plug was frozen, DPW requested EG15 stated

L 2

Remarks:

Local Option

plug at State and Cottage as broken. Scene left to Investigations.

Attack: EG03 B/U Attack: EG29 Exposure: EG15 Search: LD15 Vent: LD29 RIT: LD07 EMS:
EDO South and Medic 29 Safety: Safety 6

Hydrant -1400 Asbury EG29 State and Cottage EG15

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<p>B Property Details</p> <p>B1 1.00 <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved</small></p> <p>B2 1.00 <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small></p> <p>B3 <input checked="" type="checkbox"/> None <small>Acres burned (outside fires)</small> <input type="checkbox"/> Less than one acre</p>	<p>C On-Site Materials or Products <input checked="" type="checkbox"/> None</p> <p>On-site material (1) <input type="checkbox"/></p> <p>On-site material (2)</p> <p>On-site material (3)</p>
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<p>D Ignition</p> <p>D1 24 Cooking area, kitchen <small>Area of fire origin</small></p> <p>D2 UU Undetermined <small>Heat source</small></p> <p>D3 UU Undetermined <small>Item first ignited</small> <input type="checkbox"/> <small>Check box if fire spread was confined to object of origin</small></p> <p>D4 UU Undetermined <small>Type of material first ignited</small> <input type="checkbox"/> <small>Required only if item first ignited code is 00 or <70</small></p>	<p>E1 Cause of Ignition <input type="checkbox"/> <small>Check box if this is an exposure report.</small></p> <p>U <input checked="" type="checkbox"/> Cause undetermined after investigation</p> <hr/> <p>E2 Factors Contributing to Ignition <input type="checkbox"/> None</p> <p>UU Undetermined Factor contributing to ignition (1)</p> <p>Factor contributing to ignition (2)</p>	<p>E3 Human Factors Contributing to Ignition</p> <p>1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved</p> <hr/> <p>7 <input type="checkbox"/> Age was a factor</p> <p>Estimated age of person involved</p> <p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p>
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<p>F1 Equipment Involved in Ignition</p> <p><input checked="" type="checkbox"/> None <small>If equipment was not involved, skip to Section G</small></p> <p>Equipment Involved</p> <p>Brand</p> <p>Model</p> <p>Serial #</p> <p>Year</p>	<p>F2 Equipment Power</p> <p>Equipment Power Source</p> <hr/> <p>F3 Equipment Portability</p> <p><input type="checkbox"/></p> <p><small>Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.</small></p>	<p>G Fire Suppression Factors</p> <p>Enter up to three codes. <input checked="" type="checkbox"/> None</p> <p>Fire suppression factor (1)</p> <p>Fire suppression factor (2)</p> <p>Fire suppression factor (3)</p>
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<p>H1 Mobile Property Involved</p> <p><input checked="" type="checkbox"/> None</p>	<p>H2 Mobile Property Type & Make</p> <p>Mobile property type</p> <p>Mobile property make</p>	<p>Local Use</p> <p><input type="checkbox"/> Pre-Fire Plan Available</p> <p><small>Some of the information presented in this report may be based upon reports from other agencies:</small></p> <p><input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached</p> <hr/> <hr/> <hr/> <hr/>
<p>Mobile property model</p> <p>Year</p> <p>License Plate Number State VIN Number</p>		

<p>I1 Structure Type If fire was in an enclosed building or a portable/mobile structure complete the rest of this form</p> <p>1 <input checked="" type="checkbox"/> Enclosed building</p>	<p>I2 Building Status</p> <p>6 <input checked="" type="checkbox"/> Vacant and unsecured</p>	<p>I3 Building Height Do not count the ROOF as a story</p> <p>2 Total number of stories at or above grade</p> <p>1 Total number of stories below grade</p>	<p>I4 Main Floor Size</p> <p>744 Total square feet</p> <p>OR</p> <p>BY</p> <p>Length in feet Width in feet</p>	<p>NFIRS - 3 Structure Fire</p>
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<p>J1 Fire Origin</p> <p>1 <input type="checkbox"/> Below grade Story of fire origin</p>	<p>J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story</p> <p>0 Number of stories w/ minor damage (1 to 24% flame damage)</p> <p>0 Number of stories w/ minor damage (25 to 49% flame damage)</p> <p>1 Number of stories w/ minor damage (50 to 74% flame damage)</p> <p>1 Number of stories w/ minor damage (75 to 100% flame damage)</p>	<p>K Material Contributing Most To Flame Spread</p> <p><input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine</p> <p>K1 UU Undetermined Item contributing most to flame spread</p> <p>K2 UU Undetermined Type of material contributing most to flame spread</p>
<p>J2 Fire Spread</p> <p>4 <input checked="" type="checkbox"/> Confined to building of origin</p>		

<p>L1 Presence of Detectors (In area of the fire)</p> <p>N <input checked="" type="checkbox"/> None present</p>	<p>L3 Detector Power Supply</p> <p><input type="checkbox"/></p>	<p>L5 Detector Effectiveness Required if detector operated.</p> <p><input type="checkbox"/></p>
<p>L2 Detector Type</p> <p><input type="checkbox"/></p>	<p>L4 Detector Operation</p> <p><input type="checkbox"/></p>	<p>L6 Detector Effectiveness Required if detector failed to operate.</p> <p><input type="checkbox"/></p>

<p>M1 Presence of Automatic Extinguishment System</p> <p>N <input checked="" type="checkbox"/> None Present</p>	<p>M3 Automatic Extinguishment System Failure Reason</p> <p><input type="checkbox"/></p>	<p>M5 Automatic Extinguishment System Failure Reason</p> <p>Required if system failed</p> <p><input type="checkbox"/></p>
<p>M2 Type of Automatic Extinguishment System Required if fire was within designated range of AES</p> <p><input type="checkbox"/></p>	<p>M4 Number of Sprinkler Heads Required if system operated</p> <p>Number of sprinkler heads operating</p>	

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B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
1 ID BC05 Type 92	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0714 Arrival <input checked="" type="checkbox"/> 02/03/2018 0716 Clear <input checked="" type="checkbox"/> 02/03/2018 0907	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Other	10

Narrative see main narrative

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
2 ID CR087 Type 00	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0725 Arrival <input checked="" type="checkbox"/> 02/03/2018 0802 Clear <input checked="" type="checkbox"/> 02/03/2018 1105	<input type="checkbox"/>	1	<input checked="" type="checkbox"/> Other	86

Narrative Investigate fire see O&C Report

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
3 ID CR090 Type 00	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0725 Arrival <input checked="" type="checkbox"/> 02/03/2018 0758 Clear <input checked="" type="checkbox"/> 02/03/2018 1105	<input type="checkbox"/>	1	<input checked="" type="checkbox"/> Other	86

Narrative Investigate fire see O&C Report

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
4 ID EDO06 Type 70	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0717 Arrival <input checked="" type="checkbox"/> 02/03/2018 0727 Clear <input checked="" type="checkbox"/> 02/03/2018 0832	<input type="checkbox"/>	1	<input checked="" type="checkbox"/> EMS	90

Narrative On scene for EMS. Released by command after fire under control.

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
5 ID EG03 Type 11	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0714 Arrival <input checked="" type="checkbox"/> 02/03/2018 0716 Clear <input checked="" type="checkbox"/> 02/03/2018 1006	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	11

Narrative arrived on scene first engine to find heavy fire showing from first floor. ext command and began interior attack. ext fire and asst with overhaul. marked in service.

Type of Apparatus or Resource	Aircraft	Medical & Rescue	
Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other	41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other	71 Rescue unit 72 Urban search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> More apparatus? Use additional sheets. </div> NN None UU Undetermined

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B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
6	ID EG15 Type 11	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0714 Arrival <input checked="" type="checkbox"/> 02/03/2018 0722 Clear <input checked="" type="checkbox"/> 02/03/2018 0925	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	86

Narrative Engine 15 arrived 2nd and lay out 500ft of 3 inch to Engine 03, placed back up line in service and advanced to first floor and basement extinguishing hot spots. Assisted with overhaul

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
7	ID EG29 Type 11	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0714 Arrival <input checked="" type="checkbox"/> 02/03/2018 0719 Clear <input checked="" type="checkbox"/> 02/03/2018 1023	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	11

Narrative dispatched for a residence. upon arrival we were second and engine 29 laid a 3" water supply from south to residence. we took our 1 and 3/4" attack line and proceeded to area between house and exposure to south and extinguished exposure fire and entered exposure to check for extension, there was none. we were re- assigned to back up attack and entered and assisted extinguishment of residence and protected means of egress. when finished we overhauled and picked up lines and returned to service.

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
8	ID LD07 Type 12	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0717 Arrival <input checked="" type="checkbox"/> 02/03/2018 0724 Clear <input checked="" type="checkbox"/> 02/03/2018 0831	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	12

Narrative Disp residence fire as working RIT. Arrived and staged to the north. Brought 2 24 inch ladders, RIT bag and supplies, Pike poles, Irons. Staged on Aside of structure. Thru 24inch ladder to B side of structure for egress. Told to ventilate. Took A side windows and pulled wall and siding. Returned to RIT. Released by command. Ld07 with par and all equipment and returned to service.

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
9	ID LD15 Type 12	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0714 Arrival <input checked="" type="checkbox"/> 02/03/2018 0718 Clear <input checked="" type="checkbox"/> 02/03/2018 1012	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	21 12

Narrative Arrived first truck, assigned search. Once complete transitioned to overhaul.

Type of Apparatus or Resource	Aircraft	Medical & Rescue	
Ground Fire Suppression	41 Aircraft: fixed wing tanker	71 Rescue unit	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">More apparatus? Use additional sheets.</div> NN None UU Undetermined
11 Engine	42 Helitanker	72 Urban search & rescue unit	
12 Truck or aerial	43 Helicopter	73 High angle rescue unit	
13 Quint	40 Aircraft, other	75 BLS unit	
14 Tanker & pumper combination		76 ALS unit	
16 Brush truck	Marine Equipment	70 Medical and rescue unit, other	
17 ARF (Aircraft Rescue and Firefighting)	51 Fire boat with pump	Other	
10 Ground fire suppression, other	52 Boat, no pump	91 Mobile command post	
Heavy Ground Equipment	50 Marine apparatus, other	92 Chief officer car	
21 Dozer or plow		93 HazMat unit	
22 Tractor	Support Equipment	94 Type 1 hand crew	
24 Tanker or tender	61 Breathing apparatus support	95 Type 2 hand crew	
20 Heavy equipment, other	62 Light and air unit	99 Privately owned vehicle	
	60 Support apparatus, other	00 Other apparatus/resource	

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B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
10	ID LD29 Type 12	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0714 Arrival <input checked="" type="checkbox"/> 02/03/2018 0722 Clear <input checked="" type="checkbox"/> 02/03/2018 0930	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	11

Narrative I29 assigned ventilation, cut hole in roof and assisted w interior operations

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
11	ID SF06 Type 92	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0714 Arrival <input checked="" type="checkbox"/> 02/03/2018 0728 Clear <input checked="" type="checkbox"/> 02/03/2018 0839	<input type="checkbox"/>	1	<input checked="" type="checkbox"/> Other	55

Narrative single fam res, vacant, gas meter removed by Citz, 360 with live elec wire found down on C/D corner, no other hazards noted. remained on C/D corner until IPL arrived to cut wire from the pole. one ff reported slight to command for dehydration. he was checked out by EDO6 and medics on scene and returned to duty after a period of rest and some fluid intake. observed operations until released by command, no other inj reported at that time.

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
12	ID SQ29 Type 71	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0714 Arrival <input checked="" type="checkbox"/> 02/03/2018 0723 Clear <input checked="" type="checkbox"/> 02/03/2018 0935	<input type="checkbox"/>	1	<input checked="" type="checkbox"/> EMS	10

Narrative working residence fire, sq 29 was search, sq 29 assisted engine 3 on second floor, search all clear, equipment picked up, sq 29 exited with par, returned to service.

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
13	ID TS29 Type 61	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0717 Arrival <input checked="" type="checkbox"/> 02/03/2018 0726 Clear <input type="checkbox"/>	<input type="checkbox"/>	1	<input checked="" type="checkbox"/> Other	56

Narrative Established rehab. Exchanged 31 bottles. Released by command. Time/Date: 09:50 on 02/03/2018 by MATTHEW KESTERSON 98212357 98212357

Type of Apparatus or Resource	Aircraft	Medical & Rescue	
Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other	41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other	71 Rescue unit 72 Urban search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> More apparatus? Use additional sheets. </div> NN None UU Undetermined

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B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	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 BC05 Type 92	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0714 Arrival <input checked="" type="checkbox"/> 02/03/2018 0716 Clear <input checked="" type="checkbox"/> 02/03/2018 0907	<input type="checkbox"/>	2	<input checked="" type="checkbox"/> Other	10

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
67832093	FELGEN, TODD	BC	<input type="checkbox"/>	81			
94812295	CALLAHAN, WILLIAM	CP	<input type="checkbox"/>	81			

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	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>
2 ID CR087 Type 00	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0725 Arrival <input checked="" type="checkbox"/> 02/03/2018 0802 Clear <input checked="" type="checkbox"/> 02/03/2018 1105	<input type="checkbox"/>	1	<input checked="" type="checkbox"/> Other	86

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
93331606	ALBIN, JIM	DT	<input type="checkbox"/>	86			

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	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>
3 ID CR090 Type 00	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0725 Arrival <input checked="" type="checkbox"/> 02/03/2018 0758 Clear <input checked="" type="checkbox"/> 02/03/2018 1105	<input type="checkbox"/>	1	<input checked="" type="checkbox"/> Other	86

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
34014211	MOORE, TOMOCK	LT	<input type="checkbox"/>	86			

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	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>
4 ID EDO06 Type 70	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0717 Arrival <input checked="" type="checkbox"/> 02/03/2018 0727 Clear <input checked="" type="checkbox"/> 02/03/2018 0832	<input type="checkbox"/>	1	<input checked="" type="checkbox"/> EMS	90

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
79409426	WILLIAMS, MYLA L	LT	<input type="checkbox"/>	30			

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	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>
5 ID EG03 Type 11	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0714 Arrival <input checked="" type="checkbox"/> 02/03/2018 0716 Clear <input checked="" type="checkbox"/> 02/03/2018 1006	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	11

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
22764541	CLEGG, STEVEN J	LT	<input type="checkbox"/>	11			
19464913	LAMBERT, PAUL C		<input type="checkbox"/>	11			
13327497	THOMPSON, JASON		<input type="checkbox"/>	11			

A	49009 <small>FDID</small>	IN <small>State</small>	02/03/2018 <small>Incident Date</small>	03 <small>Station</small>	F118027030 <small>Incident Number</small>	000 <small>Exposure</small>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel
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B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	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>
5 ID EG03 Type 11	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0714 Arrival <input checked="" type="checkbox"/> 02/03/2018 0716 Clear <input checked="" type="checkbox"/> 02/03/2018 1006	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	11

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
49158559	RUMPLE, TIMOTHY W		<input type="checkbox"/>	11			

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	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>
6 ID EG15 Type 11	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0714 Arrival <input checked="" type="checkbox"/> 02/03/2018 0722 Clear <input checked="" type="checkbox"/> 02/03/2018 0925	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	86

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
55747320	DICKS, DAVID B		<input type="checkbox"/>	10			
30182289	SCAHILL, MICHAEL J	ENG	<input type="checkbox"/>	10			
65221116	MANLEY, MICHAEL A		<input type="checkbox"/>	10			
69644116	EBERSOLE, CHRISTOPHER R		<input type="checkbox"/>	10			

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	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>
7 ID EG29 Type 11	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0714 Arrival <input checked="" type="checkbox"/> 02/03/2018 0719 Clear <input checked="" type="checkbox"/> 02/03/2018 1023	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	11

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
12958256	BAKER, BRIAN K	LT	<input type="checkbox"/>	10			
54649868	TAYLOR, CHARLES E		<input type="checkbox"/>	10			
35388632	LEBETER, BRIAN		<input type="checkbox"/>	10			
66014624	COBB, THOMAS C		<input type="checkbox"/>	10			

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	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>
8 ID LD07 Type 12	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0717 Arrival <input checked="" type="checkbox"/> 02/03/2018 0724 Clear <input checked="" type="checkbox"/> 02/03/2018 0831	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	12

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
70315872	TOFFOLO, DUSTY		<input type="checkbox"/>	10			
78272147	HEMPHILL, CHRISTOPHER A	ENG	<input type="checkbox"/>	10			
42096177	GARRETT, GREGORY A	ENG	<input type="checkbox"/>	10			
20817437	HORAN, STEPHEN P	FF	<input type="checkbox"/>	10			

A	49009 FDID	IN State	02/03/2018 Incident Date	03 Station	F118027030 Incident Number	000 Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel
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B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent	Number of People	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>
9 ID LD15 Type 12	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0714 Arrival <input checked="" type="checkbox"/> 02/03/2018 0718 Clear <input checked="" type="checkbox"/> 02/03/2018 1012	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	21 12

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
16810522	WRIGHT, KEVIN M		<input type="checkbox"/>	10			
45087931	SULLIVAN, BRIAN		<input type="checkbox"/>	10			
79223427	HEDRICK, TIMOTHY C	LT	<input type="checkbox"/>	10			
31112565	JONES, KEVIN D		<input type="checkbox"/>	10			

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent	Number of People	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>
10 ID LD29 Type 12	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0714 Arrival <input checked="" type="checkbox"/> 02/03/2018 0722 Clear <input checked="" type="checkbox"/> 02/03/2018 0930	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	11

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
26688502	HORTON, MICHAEL R	CP	<input type="checkbox"/>	10			
85267816	MAY, CARL N	ENG	<input type="checkbox"/>	10			
37046005	STUART, JOHN T		<input type="checkbox"/>	10			

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent	Number of People	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>
11 ID SF06 Type 92	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0714 Arrival <input checked="" type="checkbox"/> 02/03/2018 0728 Clear <input checked="" type="checkbox"/> 02/03/2018 0839	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Other	55

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
15555146	REDD, JAMES E	BC	<input type="checkbox"/>	40			

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent	Number of People	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>
12 ID SQ29 Type 71	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0714 Arrival <input checked="" type="checkbox"/> 02/03/2018 0723 Clear <input checked="" type="checkbox"/> 02/03/2018 0935	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> EMS	10

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
47175433	MORRIS, HARRY	ENG	<input type="checkbox"/>	30			

A	49009 <small>FDID</small>	IN <small>State</small>	02/03/2018 <small>Incident Date</small>	03 <small>Station</small>	F118027030 <small>Incident Number</small>	000 <small>Exposure</small>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel
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B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	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>
13	ID TS29 Type 61	Dispatch <input checked="" type="checkbox"/> 02/03/2018 0717 Arrival <input checked="" type="checkbox"/> 02/03/2018 0726 Clear <input type="checkbox"/>	<input type="checkbox"/>	1	<input checked="" type="checkbox"/> Other	56

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
20920027	SCHNEIDER, DAVID T	LT	<input type="checkbox"/>	56			