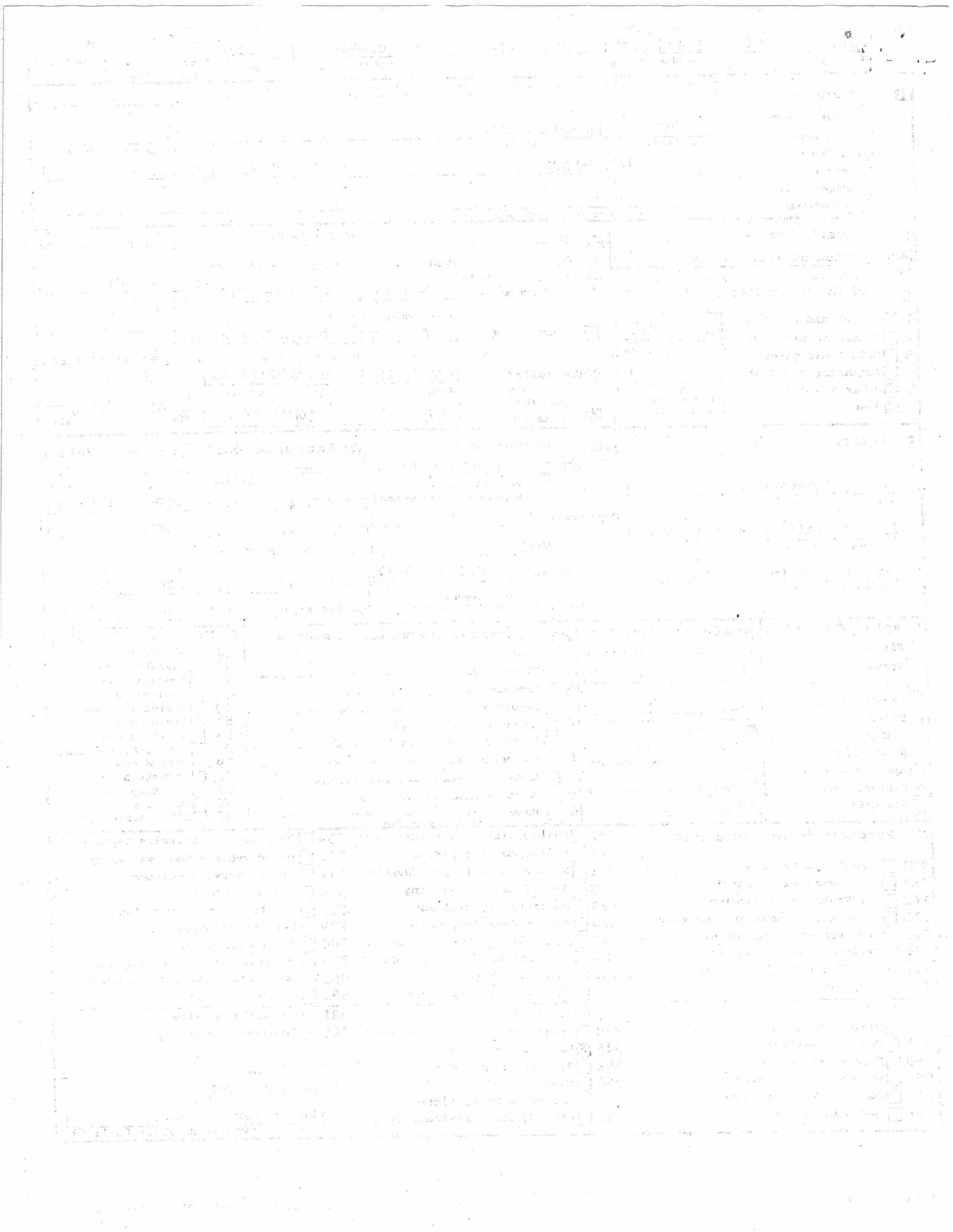


<b>A</b> FDID <u>08101</u> * State <u>MI</u> * Incident Date <u>07/19/2010</u> * Station <u>1</u> Incident Number <u>10-0005494</u> * Exposure <u>000</u> * <div style="float:right;"><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity</div>		MM DD YYYY		NFIRS -1 Basic	
<b>B Location*</b> <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 <u>1700</u> <u>E</u> <u>MEDICAL CENTER</u> <input type="checkbox"/> Intersection Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to Apt./Suite/Room City State Zip Code <input type="checkbox"/> Directions <u>ANN ARBOR</u> <u>MI</u> <u>48104</u> Cross street or directions, as applicable					
<b>C Incident Type *</b> <u>422</u> <u>Chemical spill or leak</u> Incident Type		<b>E1 Date &amp; Times</b> Midnight is 0000 Check boxes if dates are the same as Alarm Date. ALARM always required Alarm * <u>07</u> <u>19</u> <u>2010</u> <u>19:17:53</u> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * <u>07</u> <u>19</u> <u>2010</u> <u>19:24:21</u> CONTROLLED Optional, Except for wildland fires <input checked="" type="checkbox"/> Controlled <u>07</u> <u>19</u> <u>2010</u> <u>23:04:43</u> LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit <u>07</u> <u>19</u> <u>2010</u> <u>23:04:43</u> <input checked="" type="checkbox"/> Cleared		<b>E2 Shift &amp; Alarms</b> Local Option <u>1</u> <u>01</u> <u>1</u> Shift or Alarms District Platoon	
<b>D Aid Given or Received*</b> 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None Their FDID Their State Their Incident Number		<b>E3 Special Studies</b> Local Option Special Study ID# Special Study Value			
<b>F Actions Taken *</b> <u>86</u> <u>Investigate</u> Primary Action Taken (1) <u>82</u> <u>Notify other agencies.</u> Additional Action Taken (2) <u>40</u> <u>Hazardous condition,</u> Additional Action Taken (3)		<b>G1 Resources *</b> <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression <u>          </u> <u>          </u> EMS <u>          </u> <u>          </u> Other <u>0008</u> <u>0017</u> <input type="checkbox"/> Check box if resource counts include aid received resources.		<b>G2 Estimated Dollar Losses &amp; Values</b> LOSSES: Required for all fires if known. Optional for non fires. None Property \$ <u>          </u> , <u>000</u> , <u>000</u> <input type="checkbox"/> Contents \$ <u>          </u> , <u>000</u> , <u>000</u> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <u>          </u> , <u>000</u> , <u>000</u> <input type="checkbox"/> Contents \$ <u>          </u> , <u>000</u> , <u>000</u> <input type="checkbox"/>	
<b>Completed Modules</b> <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. 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		<b>H1* Casualties</b> <input type="checkbox"/> None Deaths Injuries Fire <u>          </u> <u>          </u> Service <u>          </u> <u>          </u> Civilian <u>          </u> <u>          </u> <b>H2 Detector</b> Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		<b>H3 Hazardous Materials Release</b> N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form	
<b>J Property Use* Structures</b> 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 or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 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		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 type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family 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/care for plot of land 946 <input checked="" 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		539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 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 Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use <u>946</u> <u>Lake, river, stream</u>	

NFIRS-1 Revision 03/11/99



**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

07/22/2010 12:16:24 LSTRICKFADEN

Duty Officer: BC Lowe

Dispatch T-1 &amp; E-1: 19:17:53

L-5 : 19:44:09

WDSAD ADV: 19:46:26

E-4: 19:48:32

HZ1 &amp; E-6: 19:52:09

BC req EOC to contact on cell: 20:01:05

Boom in place Gallup: 20:23:38

County HAZ MAT on standby: 20:34:55

FF Tanner to Sta 2 for equip: 20:58:53

Returned L-5: 21:08:51

E-4: 21:34:36

E-1: 21:59:45

BC: 22:54:48

T-1, HZ1, E6: 23:03:57

Initial T-1 & R-1 requested for report of a large oil/fuel spill in the river below the UM helipad. Caller indicated it was a approximately 20 foot oil/fuel spill in the river at the end of the parking lot. Units arrived in area, unable to locate source or spill at our location, requested caller met us for better location. U of M DPS (Joseph Anderson) on scene, headed back to pick up caller from [REDACTED] to show where she saw spill.

**L Authorization**

108

Officer in charge ID

STRICKFADEN, LEA

Signature

LT

Position or rank

Assignment

07

Month

19

Day

2010

Year

Check Box if same as Officer in charge.

☒ 108

Member making report ID

STRICKFADEN, LEA

Signature

LT

Position or rank

Assignment

07

Month

19

Day

2010

Year





08101

MI

MM

DD

YYYY

7

19

2010

1

10-0005494

000

Complete  
Narrative

FDID

\*

State \*

Incident Date \*

Station

Incident Number \*

Exposure \*

## Narrative:

07/22/2010 12:16:24 LSTRICKFADEN

Duty Officer: BC Lowe

Dispatch T-1 &amp; E-1: 19:17:53

L-5 : 19:44:09

WDSO ADV: 19:46:26

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Initial T-1 & R-1 requested for report of a large oil/fuel spill in the river below the UM helipad. Caller indicated it was a approximately 20 foot oil/fuel spill in the river at the end of the parking lot. Units arrived in area, unable to locate source or spill at our location, requested caller met us for better location. U of M DPS (Joseph Anderson) on scene, headed back to pick up caller from [REDACTED] to show where she saw spill. Second caller from [REDACTED], [REDACTED] advising could see large spill behind Towers leaking into the river. L-5 requested by BC to check behind Huron Towers along with T-1 crew. Film on surface noted in water traveling down river covering side to side. E-4 requested by BC to check further down river at Gallup Park for spill. Haz Mat 1 & E-6 deployed to place boom at Gallup Park and to where believe to be source entering river. Source located from a large drain, north east parking lot of Nicholas Arboretum. Requested U of M retrieve schematics for drain to find where it may be entering drain, its source which appeared to be from U of M properties. BC notified County EOC, City Emergency Management, County Haz Mat, Drain Commission and requested for U of M OSHA (Jeff Wilson 763-3303). Booms, pads, pillows and pool used to dike. PH taken revealing 7, neutral. Attempted to identify material with Haz ID with 88% indication of Phosphoric Acid. Sample indicated that there was a mixture of products. Attempted to narrow down chemical but were unsuccessful getting a definitive reading. FF Tanner requested for more booms, pads and pillows. FF Tanner arrived on scene to assist deploying booms and pads, using protective boots and gloves for personnel entering the river also FF Tanner compiled list of equipment used. Scene terminated turning over to U of M OSHA, Jeff Wilson. All Ann Arbor units returned to quarters.



**A**         ☐ Delete ☐ Change **NFIRS - 9 Apparatus or Resources**

FID \* State \* Incident Date \* Station Incident Number \* Exposure \*

B Apparatus or Resource	Date and Times					Sent	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
	Check if same as alarm date								
	Month	Day	Year	Hour	Min				
1 ID <input type="text" value="VEH-16"/> Type <input type="text" value="71"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="19:17"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	Arrival <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="19:24"/>				
	Clear <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="21:59"/>				
2 ID <input type="text" value="VEH-18"/> Type <input type="text" value="12"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="19:17"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	Arrival <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="19:25"/>				
	Clear <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="23:03"/>				
3 ID <input type="text" value="VEH-24"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="19:48"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	Arrival <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="19:54"/>				
	Clear <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="21:08"/>				
4 ID <input type="text" value="VEH-25"/> Type <input type="text" value="12"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="19:44"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	Arrival <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="19:49"/>				
	Clear <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="21:08"/>				
5 ID <input type="text" value="VEH-26"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="19:54"/>	<input checked="" type="checkbox"/>	<input type="text" value="2"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	Arrival <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="20:03"/>				
	Clear <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="23:04"/>				
6 ID <input type="text" value="VEH-3"/> Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="19:46"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	Arrival <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="19:46"/>				
	Clear <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="22:54"/>				
7 ID <input type="text" value="VEH-40"/> Type <input type="text" value="93"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="19:52"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	Arrival <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="20:03"/>				
	Clear <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="23:04"/>				
8 ID <input type="text" value="VEH-41"/> Type <input type="text" value="93"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="20:35"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	Arrival <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="20:58"/>				
	Clear <input checked="" type="checkbox"/>	<input type="text" value="7"/>	<input type="text" value="19"/>	<input type="text" value="2010"/>	<input type="text" value="23:04"/>				
9 ID <input type="text" value=""/> Type <input type="text" value=""/>	Dispatch <input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	Arrival <input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>				
	Clear <input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>				

**Type of Apparatus or Resources**

**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

**Aircraft**

- 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

**Medical & Rescue**

- 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

More Apparatus?  
 Use Additional  
 Sheets

**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

NN None  
 UU Undetermined

NFIRS-9 Revision 11/17/98



**A** FDID 08101 \* State MI \* Incident Date 7 19 2010 \* Station 1 Incident Number 10-0005494 \* Exposure 000 \* ☐ Delete ☐ Change **NFIRS - 10 Personnel**

**B Apparatus or Resource** \* **Date and Times** \* **Sent** \* **Number of People** \* **Use** \* **Actions Taken**

Use codes listed below Check if same as alarm date Month Day Year Hours/mins

Check ONE box for each apparatus to indicate its main use at the incident.

List up to 4 actions for each apparatus and each personnel.

**1** ID VEH-16 Dispatch ☒ 7 19 2010 19:17 Sent ☒ 3 ☐ Suppression ☐ EMS ☒ Other

Type 71 Arrival ☒ 7 19 2010 19:24 ☒ Clear ☒ 7 19 2010 21:59

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
120	LUICK, MARK	D/O	X				
151	RAMIREZ, PABLO	D/O	X				
174	NIELSEN, CHRIS	FF	X				

**2** ID VEH-18 Dispatch ☒ 7 19 2010 19:17 Sent ☒ 3 ☐ Suppression ☐ EMS ☒ Other

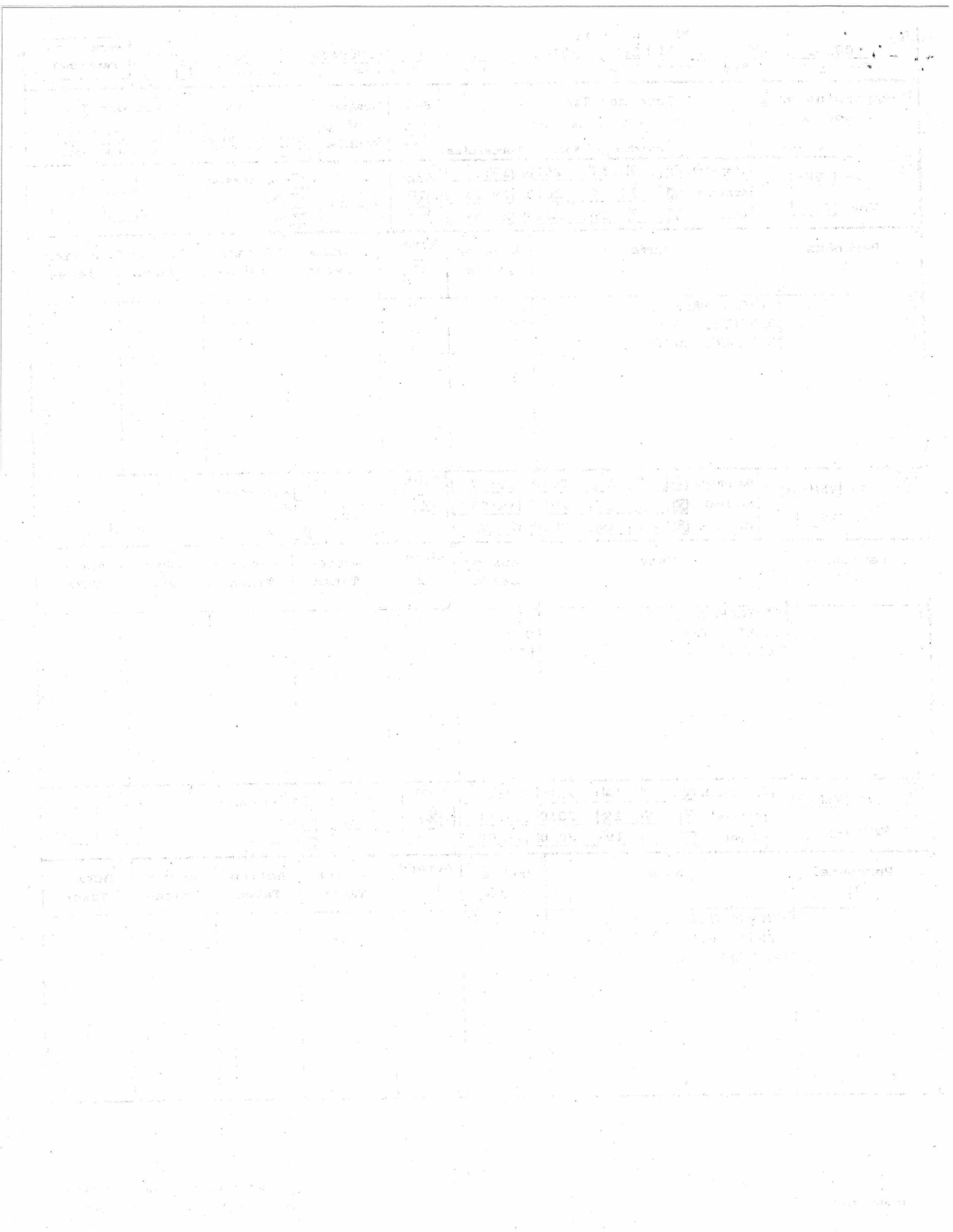
Type 12 Arrival ☒ 7 19 2010 19:25 ☒ Clear ☒ 7 19 2010 23:03

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
108	STRICKFADEN, LEA	LT	X				
118	HARRIS, TRACY	D/O	X				
141	PETERSON, SCOTT	FF	X				

**3** ID VEH-24 Dispatch ☒ 7 19 2010 19:48 Sent ☒ 3 ☐ Suppression ☐ EMS ☒ Other

Type 11 Arrival ☒ 7 19 2010 19:54 ☒ Clear ☒ 7 19 2010 21:08

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
105	SUMMERGILL, KATHLEEN	D/O	X				
134	GAMBLE, WILLIAM	FF	X				
193	GRAVELLE, JASON	FF	X				



**A** FDID 08101 \* State MI \* Incident Date 7 19 2010 \* Station 1 Incident Number 10-0005494 \* Exposure 000 \* ☐ Delete ☐ Change NFIRS - 10 Personnel

**B Apparatus or Resource** ☐ Use codes listed below

**Date and Times** Check if same as alarm date ☐ Month 7 Day 19 Year 2010 Hours/mins 19:44

**Sent** ☒ **Number of People** 3

**Use** Check ONE box for each apparatus to indicate its main use at the incident.  
☐ Suppression  
☐ EMS  
☒ Other

**Actions Taken** List up to 4 actions for each apparatus and each personnel.

**1** ID VEH-25  
 Type 12  
 Dispatch ☒ 7 19 2010 19:44  
 Arrival ☒ 7 19 2010 19:49  
 Clear ☒ 7 19 2010 21:08  
 Sent ☒  
 Actions Taken: ☐ ☐  
☐ ☐

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
097	BROW, AMY	LT	X				
106	BERRY, GREGORY	D/O	X				
165	CUE, DAVID	FF	X				

**2** ID VEH-26  
 Type 11  
 Dispatch ☒ 7 19 2010 19:54  
 Arrival ☒ 7 19 2010 20:03  
 Clear ☒ 7 19 2010 23:04  
 Sent ☒  
 Actions Taken: ☐ ☐  
☒ Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
121	ARMITAGE, DANIEL	D/O	X				
184	MCALLISTER, BRYCE	FF	X				

**3** ID VEH-3  
 Type 92  
 Dispatch ☒ 7 19 2010 19:46  
 Arrival ☒ 7 19 2010 19:46  
 Clear ☒ 7 19 2010 22:54  
 Sent ☒  
 Actions Taken: ☐ ☐  
☒ Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
083	LOWE, STEVEN	CAPT.	X				





**A** FDID 08101 \* State MI \* Incident Date 7 19 2010 \* Station 1 Incident Number 10-0005494 \* Exposure 000 \* ☐ Delete ☐ Change NFIRS - 10 Personnel

**B Apparatus or Resource \*** Use codes listed below

Date and Times	Sent	Number of *	Use	Actions Taken
Check if same as alarm date		People	Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
Month Day Year Hours/mins				

**1** ID VEH-40 Dispatch ☒ 7 19 2010 19:52 Sent ☒ 1 ☐ Suppression ☐ EMS ☒ Other

Type 93 Arrival ☒ 7 19 2010 20:03 ☒ Clear ☒ 7 19 2010 23:04

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
143	BOX, ANDREW	FF	<input checked="" type="checkbox"/>				

**2** ID VEH-41 Dispatch ☒ 7 19 2010 20:35 Sent ☒ 1 ☐ Suppression ☐ EMS ☒ Other

Type 93 Arrival ☒ 7 19 2010 20:58 ☒ Clear ☒ 7 19 2010 23:04

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
153	TANNER, BRADLEY	FF	<input checked="" type="checkbox"/>				

**3** ID        Dispatch ☐                             Sent ☐        ☐ Suppression ☐ EMS ☐ Other

Type        Arrival ☐                             ☐ Clear ☐                            

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
			<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				



08101

FDID

MI

State

7

19

Incident Date

2010

1

Station

10-0005494

Incident Number

000

Exposure

Responding  
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
VEH-16 R-1 * 2000 PIERCE	19:17:53	19:17:53	19:24:21	21:59:45

Staff ID\Staff Name	Activity	Rank	Position	Role
120 LUICK, MARK	Hazardous Condti	Driver/Oper		
151 RAMIREZ, PABLO	Hazardous Condti	Driver/Oper		
174 NIELSEN, CHRIS	Hazardous Condti	Firefighter		

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
VEH-18 T-1 * 1996 EMERGENCY ONE TOWER	19:17:53	19:17:53	19:25:33	23:03:57

Staff ID\Staff Name	Activity	Rank	Position	Role
108 STRICKFADEN, LEA	Hazardous Condti	Lieutenant		
118 HARRIS, TRACY	Hazardous Condti	Driver/Oper		
141 PETERSON, SCOTT	Hazardous Condti	Firefighter		

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
VEH-24 E-4 * 2005 Crimson	19:48:32	19:48:32	19:54:18	21:08:51

Staff ID\Staff Name	Activity	Rank	Position	Role
105 SUMMERSGILL, KATHLEEN	Hazardous Condti	Driver/Oper		
134 GAMBLE, WILLIAM	Hazardous Condti	Firefighter		
193 GRAVELLE, JASON DAVID	Hazardous Condti	Firefighter		

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
VEH-25 L-5 * 1999 EMERGENCY ONE	19:44:09	19:44:09	19:49:57	21:08:51

Staff ID\Staff Name	Activity	Rank	Position	Role
097 BROW, AMY	Hazardous Condti	Lieutenant		
106 BERRY, GREGORY	Hazardous Condti	Driver/Oper		
165 CUE, DAVID	Hazardous Condti	Firefighter		

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
VEH-26 E-6 * 2005 Crimson	19:54:09	19:54:09	20:03:57	23:04:43

Staff ID\Staff Name	Activity	Rank	Position	Role
121 ARMITAGE, DANIEL	Hazardous Condti	Driver/Oper		
184 MCALLISTER, BRYCE	Hazardous Condti	Firefighter		

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
VEH-3 B/C 2005 GMC PICKUP	19:46:19	19:46:19	19:46:19	22:54:48

Staff ID\Staff Name	Activity	Rank	Position	Role
083 LOWE, STEVEN	Hazardous Condti	Captain		



08101

FDID

MI

State

7

19

Incident Date

2010

1

Station

10-0005494

Incident Number

000

Exposure

Responding  
Units/Personnel

VEH-40 HAZMAT-1 \* 2006 Spartan

19:52:09

19:52:09

20:03:56

23:04:43

Staff ID\Staff Name

Activity

Rank

Position

Role

143

BOX, ANDREW

Hazardous Condti

Firefighter

VEH-41 HAZMAT-2 \* (2005 Ford E350

20:35:06

20:35:06

20:58:56

23:04:43

Staff ID\Staff Name

Activity

Rank

Position

Role

153

TANNER, BRADLEY

Hazardous Condti

Firefighter



FDID	08101	State	MI	Incident Date	MM DD YYYY	7 19 2010	Station	1	Incident Number	10-0005494	Exposure	000	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
120 LUICK, MARK	VEH-16	HC Hazardous		D/O		3.78	0.00	0.00
151 RAMIREZ, PABLO	VEH-16	HC Hazardous		D/O		3.78	0.00	0.00
174 NIELSEN, CHRIS	VEH-16	HC Hazardous		FF		3.78	0.00	0.00
108 STRICKFADEN, LEA	VEH-18	HC Hazardous		LT		2.70	0.00	0.00
118 HARRIS, TRACY	VEH-18	HC Hazardous		D/O		2.70	0.00	0.00
141 PETERSON, SCOTT	VEH-18	HC Hazardous		FF		2.70	0.00	0.00
105 SUMMERSGILL, KATHLEEN	VEH-24	HC Hazardous		D/O		3.77	0.00	0.00
134 GAMBLE, WILLIAM	VEH-24	HC Hazardous		FF		3.77	0.00	0.00
193 GRAVELLE, JASON DAVID	VEH-24	HC Hazardous		FF		3.77	0.00	0.00
097 BROW, AMY	VEH-25	HC Hazardous		LT		1.41	0.00	0.00
106 BERRY, GREGORY	VEH-25	HC Hazardous		D/O		1.41	0.00	0.00
165 CUE, DAVID	VEH-25	HC Hazardous		FF		1.41	0.00	0.00
121 ARMITAGE, DANIEL	VEH-26	HC Hazardous		D/O		3.18	0.00	0.00
184 MCALLISTER, BRYCE	VEH-26	HC Hazardous		FF		3.18	0.00	0.00
083 LOWE, STEVEN	VEH-3	HC Hazardous		CAPT.		3.77	0.00	0.00
143 BOX, ANDREW	VEH-40	HC Hazardous		FF		3.77	0.00	0.00
153 TANNER, BRADLEY	VEH-41	HC Hazardous		FF		2.49	0.00	0.00

Total Participants: 17

Total Personnel Hours: 51.37

An 'X' next to the unit denotes driver.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the transparency and accountability of the organization. This section also outlines the various methods used to collect and analyze data, ensuring that the information is reliable and up-to-date.

2. The second part of the document focuses on the implementation of these practices. It details the steps involved in setting up a robust system for data collection and analysis. This includes identifying the key areas of focus, selecting appropriate tools and technologies, and training staff to ensure they are equipped to handle the data effectively. The goal is to create a seamless process that allows for the efficient management of information.

3. The third part of the document addresses the challenges associated with data management. It recognizes that while the benefits of accurate records are clear, there are often obstacles that can hinder the process. These challenges may include limited resources, lack of training, or outdated systems. The document provides strategies to overcome these challenges, such as seeking external support, investing in new technology, and fostering a culture of continuous improvement.

4. The final part of the document summarizes the key findings and offers recommendations for future action. It reiterates the importance of maintaining accurate records and provides a clear roadmap for how the organization can continue to improve its data management practices. The document concludes by expressing confidence in the organization's ability to achieve its goals through the implementation of these practices.

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### Narrative for Brad Tanner for run # 10-0005494

At 20:23 on July 19, 2010 I received a Code Spear Message asking for a Washtenaw County Hazmat Team Leaders only response to Gallup Park for a fuel spill in to the Huron River. Upon receiving the message I contacted the Battalion Chief (Steve Lowe) to find out what was going on and what was needed. There was also a phone call placed to Ed Dreslinski to inform him of what was going on. He did not answer his phone but a message was left.

Acting BC Lowe informed me that earlier that night, they received a call informing that there was a substance that was seen floating in the river. He told me that they were putting booms at Gallup Park to try to catch what they could of the substance and had found the source of the problem. I asked him if he needed the Washtenaw County Team and he stated that he was told that they had some more booming material that was needed. I informed him that we had about another 160 feet of boom material on the red trailer located at station #2.

He asked if I was able to respond to assist him and the assigned crews in mitigating the problem. I told him that I had to [REDACTED] and I would be in. A phone call was made to the director of the County Team to inform him of what was happening and putting him on standby. While in route the BC asked me to bring more booming materials to his location. I asked him to have PD meet me at Station #2 to unlock the door. After arriving at station #2 and gaining entry, I found out that the red trailer was not there. Making a phone call to Assistant Chief Hollingsworth it was determined that the red trailer was taken to the Wheeler Center for service. I traveled out to the wheeler center and tried to gain entry in to the site with no luck. I then called AC Hollingsworth to come and help me gain entry into the site. After gaining entry in to the site another phone call was made to the BC to see if anything additional was needed off the red trailer. He told me that booms, pads and blankets were being requested.

On arrival to the location of the discharge into the river, I found that the crews had made a very good attempt at stopping the product from entering the river. There were many pads and blankets that were placed in the discharge pipe to the river and more pads and blankets along with a pop up pool that were placed outside of the pipe to catch any of the substance that was not being caught but the primary pads in the pipe.

After surveying the scene and talking with the crews, we felt it was best to leave the current system in place and add 2 more containment boom's into the system. We used rocks that we picked out of the river to make a structure that the 1<sup>st</sup> containment boom would rest against while floating. After that was done and more blankets were place against that boom structure we placed another boom outside of that one as a precautionary measure.

The scene was then turned over to U of M, and a gentleman by the name of Jeff Wilson who informed us he worked for U of M OSEA, told us that U of M was taking responsibility for the incident since the storm water pipe came from the U of M property. We informed him that we were not a cleanup company, but a mitigation team. He told the BC and myself that he had been on the phone with others from OSEA and that they were working on getting a Vactor Truck to the scene to clean up the spill.

# THE HISTORY OF THE UNITED STATES

The history of the United States is a story of growth and change. It begins with the first settlers who came to the Americas, and continues through the years of exploration, settlement, and the struggle for independence. The story is one of a people who have built a great nation from a small group of pioneers.

The early years of the United States were marked by a period of rapid expansion. The country grew from a small strip of land along the Atlantic coast to a vast empire that stretched across the continent. This growth was driven by a combination of factors, including the desire for land, the search for new markets, and the need for a strong central government.

The struggle for independence was a defining moment in the history of the United States. It was a time of great sacrifice and heroism, as the colonists fought against the British to establish a new nation. The war was a long and difficult one, but it ultimately resulted in the birth of the United States as a free and independent country.

The years following the war were a period of rapid growth and development. The United States emerged as a major power in the world, and its influence was felt in every corner of the globe. The country was a beacon of hope and freedom, and it inspired people everywhere to fight for their own rights and liberties.

The history of the United States is a story of a people who have built a great nation from a small group of pioneers. It is a story of growth and change, of struggle and triumph, and of a people who have never been content with the status quo. The United States is a land of opportunity, and it is a land where the dream of a better life is always within reach.

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We left the scene a 23:04

At approximately 7:15 on July 20, 2010 I returned to the scene to see if the containment made it through the night with the heavy rains that we had. It appeared that all of the booming materials had been washed away. The only boom that was left had a rope tied to it but it was not where we placed it. The water level had risen approximately 10 to 12 inches. While I was there, I made contact with Brandi Campbell who works for U of M OSEA. I discussed with her everything that we had done the night before and that we had collected a sample. She asked if she could have a sample of the sample to try to identify what it was. I informed her that the sample was at Station #6.

The U of M OSEA is unable to identify the substance in an email from Andy Burchfield he writes:

Brad:

I was told that someone on your team had their boots contaminated while on the spill Monday night. We were able to test the material yesterday and found it to be a petroleum based product. It had a faint smell of gas like a weed whip or chain saw, maybe 2 stroke oil and gas mixture.... Probably will never know for sure and the source was never found.

Good news is that you do not have to get rid of the boots! Let me know if you have any other questions or concerns.

Andy

Andy Burchfield  
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[REDACTED] - cell  
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Picture taken looking downstream from the 36" discharge pipe.



Another view looking down stream









Next morning after getting 2 inches of rain fall



Gallop Park Bridge after rain

