

**A** 08101 MI 09 16 2010 1 10-0006534 000  Delete  Change  No Activity **NFIRS -1 Basic**

**B Location\***  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. Census Tract        -       

Street address 105 E SUMMIT ST  
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection  In front of  Rear of  Adjacent to  Directions

#2 ANN ARBOR MI 48104  
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

**C Incident Type \*** 111 Building fire  
 Incident Type

**E1 Date & Times** Midnight is 0000  
 Check boxes if dates are the same as Alarm ALARM always required  
 Date. Alarm \* 09 16 2010 05:55:35  
 Month Day Year Hr Min Sec

**E2 Shift & Alarms** Local Option  
2 01 1  
 Shift or Alarms District Platoon

**D Aid Given or Received\***

1  Mutual aid received  
 2  Automatic aid recv.  
 3  Mutual aid given  
 4  Automatic aid given  
 5  Other aid given  
 N  None

Their FDID Their State  
 Their Incident Number

**E3 Special Studies** Local Option  
 Special Study ID# Special Study Value

**F Actions Taken \***

11 Extinguishment by fire  
 Primary Action Taken (1)

12 Salvage & overhaul  
 Additional Action Taken (2)

Additional Action Taken (3)

**G1 Resources \***  Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel  
 Suppression 0007 0018  
 EMS                
 Other              

Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses & Values** LOSSES: Required for all fires if known. Optional for non fires. None

Property \$       , 145, 000  
 Contents \$       , 040, 000

PRE-INCIDENT VALUE: Optional  
 Property \$       , 240, 200  
 Contents \$       , 120, 100

**Completed Modules**

Fire-2  
 Structure-3  
 Civil Fire Cas.-4  
 Fire Serv. Cas.-5  
 EMS-6  
 HazMat-7  
 Wildland Fire-8  
 Apparatus-9  
 Personnel-10  
 Arson-11

**H1\* Casualties**  None  
 Deaths Injuries  
 Fire Service        001  
 Civilian              

**H2 Detector** Required for Confined Fires.  
 1  Detector alerted occupants  
 2  Detector did not alert them  
 U  Unknown

**H3 Hazardous Materials Release**  
 N  None  
 1  Natural Gas: slow leak, no evacuation or HazMat actions  
 2  Propane gas: <21 lb. tank (as in home BBQ grill)  
 3  Gasoline: vehicle fuel tank or portable container  
 4  Kerosene: fuel burning equipment or portable storage  
 5  Diesel fuel/fuel oil: vehicle fuel tank or portable  
 6  Household solvents: home/office spill, cleanup only  
 7  Motor oil: from engine or portable container  
 8  Paint: from paint cans totaling < 55 gallons  
 0  Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

**I Mixed Use Property**  
 NN  Not Mixed  
 10  Assembly use  
 20  Education use  
 33  Medical use  
 40  Residential use  
 51  Row of stores  
 53  Enclosed mall  
 58  Bus. & Residential  
 59  Office use  
 60  Industrial use  
 63  Military use  
 65  Farm use  
 00  Other mixed use

**J Property Use\*** Structures

131  Church, place of worship  
 161  Restaurant or cafeteria  
 162  Bar/Tavern or nightclub  
 213  Elementary school or kindergarten  
 215  High school or junior high  
 241  College, adult education  
 311  Care facility for the aged  
 331  Hospital

341  Clinic, clinic type infirmary  
 342  Doctor/dentist office  
 361  Prison or jail, not juvenile  
 419  1-or 2-family dwelling  
 429  Multi-family dwelling  
 439  Rooming/boarding house  
 449  Commercial hotel or motel  
 459  Residential, board and care  
 464  Dormitory/barracks  
 519  Food and beverage sales

539  Household goods, sales, repairs  
 579  Motor vehicle/boat sales/repair  
 571  Gas or service station  
 599  Business office  
 615  Electric generating plant  
 629  Laboratory/science lab  
 700  Manufacturing plant  
 819  Livestock/poultry storage (barn)  
 882  Non-residential parking garage  
 891  Warehouse

Outside

124  Playground or park  
 655  Crops or orchard  
 669  Forest (timberland)  
 807  Outdoor storage area  
 919  Dump or sanitary landfill  
 931  Open land or field

936  Vacant lot  
 938  Graded/care for plot of land  
 946  Lake, river, stream  
 951  Railroad right of way  
 960  Other street  
 961  Highway/divided highway  
 962  Residential street/driveway

981  Construction site  
 984  Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:  
 Property Use 419  
1 or 2 family dwelling

**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.

**DOUGLAS**  **PENZAENIK**  
 Mr., Ms., Mrs. First Name MI Last Name Suffix  
 **105**  **E**  **SUMMIT**  **ST**  
 Number Prefix Street or Highway Street Type Suffix  
  **#2**  **ANN ARBOR**  
 Post Office Box Apt./Suite/Room City  
  **MI**  **48104** -   
 State Zip Code

 More people involved? Check this box and attach Supplemental Forms (NFIRS-15) as necessary**K2 Owner**

Local Option

 Same as person involved? Then check this box and skip The rest of this section.

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

09/16/2010 12:14:01 DKRUEGER

R-1 was initially dispatched for an outdoor smoke investigation. While enroute we were updated by HVA dispatch that we had a working structure fire. The dispatch location was at N. Main St and W. Summit St., while coming to the dispatched location the area was blanketed with smoke, while moderately heavy rain was falling. I noticed a house on E. Summit St, on the North side of the street, with fire issuing from the third floor windows. I gave a size up of the fire, and passed command to the BC, and stated we would be stretching on the fire. A bystander told us that he had gotten both second floor occupants out of the structure, and no one was inside the building. The Occupant, Doug was moving his vehicle out of the driveway, and to the business across the street. The Rescue crew stretched a leader line out and prepared to make entry to third floor. T-1 and the BC arrived on the scene and then we advanced up the stair to the second floor. A fire glow behind the third floor door was noted, we masked up with full PPE and opened the door to a flashed over third floor. The rescue crew advanced up the stairs, and knocked down the fire, and continued extinguishment till our air alarms went off. T-1 was assigned ventilation duty, and E-3 came up to the third floor with a second line. Rescue crew turned over the fire floor to E-3 and went out of the building for new air bottles. T-1 completed the vent hole, and came down from the elevated tower platform. T-1 driver had the PPV fan set up at the front door, which was started after R-1 crew exited the building. E-6 was assigned RIT duties, and they went about setting up ground ladders at the front porch, and the side window of the third floor. The L-5 crew went to the third floor to assist the E-3 crew with overhaul operations. The fire had caused a hole in the third floor about 10 feet in from the front window. The second floor room below the breached floor was cleared of possessions, and they were covered by a tarp so more overhaul operations could be completed.

**L Authorization**

**077**  **HUBBARD, OLLICE**  **BC**        
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if  same as Officer in charge.

**103**  **KRUEGER, DANIEL**  **LT**        
 Member making report ID Signature Position or rank Assignment Month Day Year

08101

FDID

\*

MI

State \*

MM

DD

YYYY

9

16

2010

Incident Date \*

1

Station

10-0006534

Incident Number \*

000

Exposure \*

Complete  
Narrative

**Narrative:**

09/16/2010 12:14:01 DKRUEGER

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**A** FDID \* 08101 State \* MI Incident Date \* MM 09 DD 16 YYYY 2010 Station 1 Incident Number \* 10-0006534 Exposure \* 000  Delete  Change  No Activity NFIRS -2 Fire

**B Property Details**

**B1** 0003  Not Residential  
Estimated Number of residential living units in building of origin whether or not all units became involved

**B2** 001  Buildings not involved  
Number of buildings involved

**B3**  None  
Acres burned (outside fires)  Less than one acre

**C On-Site Materials**  None or Products

Enter up to three codes. Check one or more boxes for each code entered.

**NNN** None  
On-site material (1)

                       
On-site material (2)

                       
On-site material (3)

Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved

- 1  Bulk storage or warehousing
  - 2  Processing or manufacturing
  - 3  Packaged goods for sale
  - 4  Repair or service
- 1  Bulk storage or warehousing
  - 2  Processing or manufacturing
  - 3  Packaged goods for sale
  - 4  Repair or service
- 1  Bulk storage or warehousing
  - 2  Processing or manufacturing
  - 3  Packaged goods for sale
  - 4  Repair or service

**D Ignition**

**D1** 21 Bedroom - < 5 persons;  
Area of fire origin \*

**D2** UU Undetermined  
Heat source \*

**D3** UU Undetermined  
Item first ignited \*  Check Box if fire spread was confined to object of origin

**D4** UU Undetermined  
Type of material first ignited Required only if item first ignited code is 00 or <70

**E1 Cause of Ignition**

Check box if this is an exposure report. Skip to section G

- 1  Intentional
- 2  Unintentional
- 3  Failure of equipment or heat source
- 4  Act of nature
- 5  Cause under investigation
- U  Cause undetermined after investigation

**E3 Human Factors**

Contributing To Ignition

Check all applicable boxes

- 1  Asleep  None
- 2  Possibly impaired by alcohol or drugs
- 3  Unattended person
- 4  Possibly mental disabled
- 5  Physically Disabled
- 6  Multiple persons involved

**E2 Factors Contributing To Ignition**

**NN** None  None  
Factor Contributing To Ignition (1)

                       
Factor Contributing To Ignition (2)

7  Age was a factor  
Estimated age of person involved           

1  Male 2  Female

**F1 Equipment Involved In Ignition**

None If Equipment was not involved, Skip to Section G

                       
Equipment Involved

Brand           

Model           

Serial #           

Year           

**F2 Equipment Power**

                       
Equipment Power Source

**F3 Equipment Portability**

- 1  Portable
- 2  Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

**G Fire Suppression Factors**

Enter up to three codes.  None

**NNN** None  
Fire suppression factor (1)

                       
Fire suppression factor (2)

                       
Fire suppression factor (3)

**H1 Mobile Property Involved**

- None
- 1  Not involved in ignition, but burned
  - 2  Involved in ignition, but did not burn
  - 3  Involved in ignition and burned

**H2 Mobile Property Type & Make**

                       
Mobile property type

                       
Mobile property make

**Local Use**

- Pre-Fire Plan Available  
Some of the information presented in this report may be based upon reports from other Agencies
- Arson report attached
  - Police report attached
  - Coroner report attached
  - Other reports attached

                                  
Mobile property model Year

                                  
License Plate Number State VIN Number

<b>I1 Structure Type *</b> If Fire was in enclosed building or a portable/mobile structure complete the rest of this form 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) 0 <input type="checkbox"/> Other type of structure	<b>I2 Building Status *</b> 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 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 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>I3 Building * Height</b> Count the ROOF as part of the highest story [ 003 ] <small>Total number of stories at or above grade</small>  [     ] <small>Total number of stories below grade</small>	<b>I4 Main Floor Size*</b> <div style="text-align: right;">NFIRS-3 Structure Fire</div> [     ] , [ 002 ] , [ 100 ] <small>Total square feet</small>  OR [     ] , [     ] BY [     ] , [     ] <small>Length in feet                      Width in feet</small>
<b>J1 Fire Origin *</b> [ 003 ] <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	<b>J3 Number of Stories Damaged By Flame</b> Count the ROOF as part of the highest story [     ] Number of stories w/ minor damage (1 to 24% flame damage) [     ] Number of stories w/ significant damage (25 to 49% flame damage) [     ] Number of stories w/ heavy damage (50 to 74% flame damage) [ 001 ] Number of stories w/ extreme damage (75 to 100% flame damage)	<b>K Material Contributing Most To Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine      Skip To Section L  <b>K1</b> [     ] [     ] <small>Item contributing most to flame spread</small>  <b>K2</b> [     ] [     ] <small>Type of material contributing most of flame spread      Required only if item contributing code is 00 or &lt;70</small>	
<b>J2 Fire Spread *</b> 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input checked="" type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	<b>L1 Presence of Detectors *</b> <small>(In area of the fire)</small> N <input type="checkbox"/> None Present      Skip to section M 1 <input type="checkbox"/> Present U <input checked="" type="checkbox"/> Undetermined	<b>L3 Detector Power Supply</b> 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 checked="" type="checkbox"/> Undetermined	<b>L5 Detector Effectiveness</b> Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> 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
<b>L2 Detector Type</b> 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	<b>L4 Detector Operation</b> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input checked="" type="checkbox"/> Undetermined	<b>L6 Detector Failure Reason</b> Required if detector failed to operate 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 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	
<b>M1 Presence of Automatic Extinguishment System *</b> N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present      Complete rest of Section M	<b>M2 Type of Automatic Extinguishment System *</b> Required if fire was within designed range of AES 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 (CO <sub>2</sub> ) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	<b>M3 Automatic Extinguishment System Operation</b> Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (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	<b>M5 Automatic Extinguishment System Failure Reason</b> Required if system failed 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
<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated [     ] <small>Number of sprinkler heads operating</small>		NFIRS-3 Revision 01/19/99	

<b>A</b> MM DD YYYY <input type="text" value="08101"/> <input type="text" value="MI"/> <input type="text" value="9"/> <input type="text" value="16"/> <input type="text" value="2010"/> <input type="text" value="1"/> <input type="text" value="10-0006534"/> <input type="text" value="000"/> <input type="checkbox"/> Delete <small>FDID *      State *      Incident Date *      Station      Incident Number *      Exposure *</small> <input checked="" type="checkbox"/> Change <b>NFIRS - 5 Fire Service Casualty</b>							
<b>B Injured Person</b> Identification Number <input type="text" value="Brent"/> <input type="text" value="MI"/> <input type="text" value="Kostanko"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>					1 <input checked="" type="checkbox"/> Male * 1 <input checked="" type="checkbox"/> Career 2 <input type="checkbox"/> Female      2 <input type="checkbox"/> Volunteer		<b>C Casualty * Number</b> <input type="text" value="1"/>
<b>D Age or Date of Birth *</b> Age <input type="text" value="41"/> <b>OR</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>			<b>E Date &amp; Time of Injury</b> Midnight is 0000 Date of Injury      Time of Injury <input type="text" value="9"/> <input type="text" value="16"/> <input type="text" value="2010"/> <input type="text" value="06:10:00"/>		<b>F Responses</b> <input type="text" value="10"/> <small>Number of prior responses during past 24 hours</small>		
<b>G1 Usual Assignment</b> 1 <input type="checkbox"/> Suppression 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Prevention 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Communications 7 <input type="checkbox"/> Administration 8 <input type="checkbox"/> Fire investigation 0 <input type="checkbox"/> Other		<b>G2 Physical Condition Just Prior To Injury</b> 1 <input type="checkbox"/> Rested      0 <input type="checkbox"/> Other 2 <input type="checkbox"/> Fatigued      U <input type="checkbox"/> Undetermined 4 <input type="checkbox"/> ILL or Injured		<b>G4 Taken To</b> 1 <input type="checkbox"/> Hospital 4 <input type="checkbox"/> Doctor's office 5 <input type="checkbox"/> Morgue/funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Station or quarters 0 <input type="checkbox"/> Other N <input checked="" type="checkbox"/> Not transported			
		<b>G3 Severity</b> 1 <input checked="" type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input type="checkbox"/> Treated by physician (no lost time) 4 <input type="checkbox"/> Moderate (lost time) 5 <input type="checkbox"/> Severe (lost time) 6 <input type="checkbox"/> Life threatening (lost time) 7 <input type="checkbox"/> Death		<b>G5 Activity at Time of Injury</b> <input type="text" value="31"/> <input type="text" value="Handling charged hose"/> <small>Activity at time of injury</small>			
<b>H1 Primary Apparent Symptom</b> <input type="text" value=""/> <input type="text" value=""/> <small>Primary apparent symptom</small>		<b>I1 Cause of Firefighter Injury</b> <input type="text" value=""/> <input type="text" value=""/> <small>Cause of Injury</small>		<b>I3 Object Involved in Injury</b> <input type="checkbox"/> None <input type="text" value=""/> <input type="text" value=""/> <small>Object involved in injury</small>			
<b>H2 Primary Area of Body Injured</b> <input type="text" value=""/> <input type="text" value=""/> <small>Primary injured body part or area</small>		<b>I2 Factor Contributing to Injury</b> <input type="text" value=""/> <input type="text" value=""/> <small>Contributing Factor</small>					
<b>J1 Where Injury Occurred</b> 1 <input type="checkbox"/> Enroute to FD Location 2 <input type="checkbox"/> At FD location 3 <input type="checkbox"/> Enroute to incident scene 4 <input type="checkbox"/> Enroute to medical facility 5 <input type="checkbox"/> At scene in structure 6 <input type="checkbox"/> At scene outside 7 <input type="checkbox"/> At medical facility 8 <input type="checkbox"/> Returning from incident 9 <input type="checkbox"/> Returning from med facility 0 <input type="checkbox"/> Other		<b>J3 Specific Location</b> Complete as Applicable 65 <input type="checkbox"/> In aircraft 64 <input type="checkbox"/> In boat or ship or barge 63 <input type="checkbox"/> In rail vehicle 61 <input type="checkbox"/> In motor vehicle 54 <input type="checkbox"/> In sewer 53 <input type="checkbox"/> In tunnel 49 <input type="checkbox"/> In structure 45 <input type="checkbox"/> In attic 36 <input type="checkbox"/> In water 35 <input type="checkbox"/> In well 34 <input type="checkbox"/> In ravine 33 <input type="checkbox"/> In quarry or mine 32 <input type="checkbox"/> In ditch or trench 31 <input type="checkbox"/> In open pit 28 <input type="checkbox"/> On steep grade 27 <input type="checkbox"/> On fire escape/outside stairs 26 <input type="checkbox"/> On vertical surface or ledge 25 <input type="checkbox"/> On ground ladder 24 <input type="checkbox"/> On aerial ladder or in basket 23 <input type="checkbox"/> On roof 22 <input type="checkbox"/> Outside at grade 00 <input type="checkbox"/> Other		<b>J4 Vehicle Type</b> Complete ONLY if Specific Location code is >60 1 <input type="checkbox"/> Suppression vehicle 2 <input type="checkbox"/> EMS vehicle 3 <input type="checkbox"/> Other FD vehicle 4 <input type="checkbox"/> Non-FD vehicle  <b>Remarks</b> 09/16/2010 12:25:28 DKRUEGER  After extending a charged hose line to the third floor, and wearing full PPE while breathing air, Brent worked on extinguishing the fire on the third floor. When our low air alarm bells went off, we exited the building, and after taking off his helmet, air mask and hood, he noticed the tops of both ears were very sensitive. They were quit red in color and tender to the touch. The rain storm we were in outside the structure, if protective equipment failed and was a factor in this injury, please complete the other side of this form.			
<b>J2 Story Where Injury Occurred</b> Check this box and enter the story if the injury occurred inside or on a structure <input type="checkbox"/> <input type="checkbox"/> Below grade <input type="text" value=""/> <input type="text" value=""/> <small>Story of Injury</small> 2 <input type="checkbox"/> Injury occurred outside				<b>NFIRS-5 Revision 8/18/99</b>			

**A** FDID \* 08101 State \* MI Incident Date \* MM 9 DD 16 YYYY 2010 Station 1 Incident Number \* 10-0006534 Exposure \* 000
 Delete  Change
 NFIRS - 9 Apparatus or Resources

B Apparatus or * Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken	
	Dispatch	Arrival	Clear	Month	Day				Year	Hour
1 ID <u>VEH-16</u> Type <u>71</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>9</u>	<u>16</u>	<u>2010</u>	<u>05:55</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
2 ID <u>VEH-18</u> Type <u>12</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>9</u>	<u>16</u>	<u>2010</u>	<u>05:55</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
3 ID <u>VEH-23</u> Type <u>11</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>9</u>	<u>16</u>	<u>2010</u>	<u>05:55</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
4 ID <u>VEH-25</u> Type <u>12</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>9</u>	<u>16</u>	<u>2010</u>	<u>05:55</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
5 ID <u>VEH-26</u> Type <u>11</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>9</u>	<u>16</u>	<u>2010</u>	<u>05:55</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
6 ID <u>VEH-3</u> Type <u>92</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>9</u>	<u>16</u>	<u>2010</u>	<u>05:55</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
7 ID <u>VEH-61</u> Type <u>60A</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>9</u>	<u>16</u>	<u>2010</u>	<u>05:55</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
8 ID <u>  </u> Type <u>  </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
9 ID <u>  </u> Type <u>  </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

**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 \* 9 16 2010 Station 1 Incident Number \* 10-0006534 Exposure \* 000  Delete  Change **NFIRS - 10 Personnel**

**B Apparatus or Resource \*** Use codes listed below **Date and Times** Check if same as alarm date **Sent**  **Number of \* People** **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-16 Dispatch  9 16 2010 05:55 Sent  3  Suppression  EMS  Other  
 Type 71 Arrival  9 16 2010 05:59 Clear  9 16 2010 08:54

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
103	KRUEGER, DANIEL	LT	X				
131	HUGHES, MATTHEW	D/O	X				
150	KOSTANKO, BRENT	FF	X				

**2** ID VEH-18 Dispatch  9 16 2010 05:55 Sent  3  Suppression  EMS  Other  
 Type 12 Arrival  9 16 2010 05:59 Clear  9 16 2010 08:54

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
091	BUDD, JAMES	CAPT.	X				
142	ADAMS, JAMES	D/O	X				
162	LUSSENDEN, KRISTOPHER	FF	X				

**3** ID VEH-23 Dispatch  9 16 2010 05:55 Sent  3  Suppression  EMS  Other  
 Type 11 Arrival  9 16 2010 05:59 Clear  9 16 2010 08:54

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
099	EDMAN, MARK	LT	X				
137	WILSON, RUSSELL	D/O	X				
184	MCALLISTER, BRYCE	FF	X				



B Apparatus or Resource		Date and Times				Sent	Number of People	Use	Actions Taken			
Use codes listed below		Check if same as alarm date				<input type="checkbox"/>		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	<input type="checkbox"/>		<input type="checkbox"/> Suppression				
1	ID <b>VEH-25</b> Type <b>12</b>	Dispatch <input checked="" type="checkbox"/>	9	16	2010	05:55	Sent <input checked="" type="checkbox"/>	3	<input type="checkbox"/> EMS	<input type="checkbox"/> Other		
		Arrival <input checked="" type="checkbox"/>	9	16	2010	05:59	<input checked="" type="checkbox"/>					
		Clear <input checked="" type="checkbox"/>	9	16	2010	08:54						
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken					
104	HEIN, CARL	LT	X									
125	SULLIVAN, TERENCE	D/O	X									
191	BLACKFORD, CLIFFORD	FF	X									
2	ID <b>VEH-26</b> Type <b>11</b>	Dispatch <input checked="" type="checkbox"/>	9	16	2010	05:55	Sent <input checked="" type="checkbox"/>	3	<input type="checkbox"/> EMS	<input type="checkbox"/> Other		
		Arrival <input checked="" type="checkbox"/>	9	16	2010	05:59	<input checked="" type="checkbox"/>					
		Clear <input checked="" type="checkbox"/>	9	16	2010	08:54						
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken					
105	SUMMERGILL, KATHLEEN	D/O	X									
109	SMITH, PHILLIP	D/O	X									
148	BOMMARITO, GIANNA	FF	X									
3	ID <b>VEH-3</b> Type <b>92</b>	Dispatch <input checked="" type="checkbox"/>	9	16	2010	05:55	Sent <input checked="" type="checkbox"/>	2	<input type="checkbox"/> EMS	<input type="checkbox"/> Other		
		Arrival <input checked="" type="checkbox"/>	9	16	2010	05:59	<input checked="" type="checkbox"/>					
		Clear <input checked="" type="checkbox"/>	9	16	2010	08:54						
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken					
077	HUBBARD, OLLICE	BC	X									
086	VOGEL, ROBERT	BC	X									

**A** FDID \* 08101 State \* MI Incident Date \* 9 16 2010 Station 1 Incident Number \* 10-0006534 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 Day Year Hours/mins

Sent  Number of \* People 1 Use  Suppression  EMS  Other

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

1 ID VEH-61 Dispatch  9 16 2010 05:55 Sent  Arrival  9 16 2010 05:59 Clear  9 16 2010 08:54

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
084	CHAMBERLAIN, KATHLEEN	FM	X				

2 ID  Dispatch       Sent     Suppression  EMS  Other

Arrival       Clear

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

3 ID  Dispatch       Sent     Suppression  EMS  Other

Arrival       Clear

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

08101 FDID	MI State	9 16 Incident Date	2010	1 Station	10-0006534 Incident Number	000 Exposure	Responding Units/Personnel
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Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
VEH-16 R-1 * 2000 PIERCE	05:55:35	05:55:35	05:59:44	08:54:08

Staff ID\Staff Name	Activity	Rank	Position	Role
103 KRUEGER, DANIEL	Fire At Scene	Lieutenant		
131 HUGHES, MATTHEW	Fire At Scene	Driver/Oper		
150 KOSTANKO, BRENT	Fire At Scene	Firefighter		

VEH-18 T-1 * 1996 EMERGENCY ONE TOWER	05:55:35	05:55:35	05:59:44	08:54:08
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Staff ID\Staff Name	Activity	Rank	Position	Role
091 BUDD, JAMES	Fire At Scene	Captain		
142 ADAMS, JAMES	Fire At Scene	Driver/Oper		
162 LUSSENDEN, KRISTOPHER	Fire At Scene	Firefighter		

VEH-23 E-3 * 1999 EMERGENCY ONE	05:55:35	05:55:35	05:59:44	08:54:08
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Staff ID\Staff Name	Activity	Rank	Position	Role
099 EDMAN, MARK	Fire At Scene	Lieutenant		
137 WILSON, RUSSELL	Fire At Scene	Driver/Oper		
184 MCALLISTER, BRYCE	Fire At Scene	Firefighter		

VEH-25 L-5 * 1999 EMERGENCY ONE	05:55:35	05:55:35	05:59:44	08:54:08
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Staff ID\Staff Name	Activity	Rank	Position	Role
104 HEIN, CARL	Fire At Scene	Lieutenant		
125 SULLIVAN, TERENCE	Fire At Scene	Driver/Oper		
191 BLACKFORD, CLIFFORD R	Fire At Scene	Firefighter		

VEH-26 E-6 * 2005 Crimson	05:55:35	05:55:35	05:59:44	08:54:08
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Staff ID\Staff Name	Activity	Rank	Position	Role
105 SUMMERSGILL, KATHLEEN	Fire At Scene	Driver/Oper		
109 SMITH, PHILLIP	Fire At Scene	Driver/Oper		
148 BOMMARITO, GIANNA	Fire At Scene	Firefighter		

VEH-3 B/C 2005 GMC PICKUP	05:55:35	05:55:35	05:59:44	08:54:08
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Staff ID\Staff Name	Activity	Rank	Position	Role
077 HUBBARD, OLLICE	Fire At Scene	Battalion C		
086 VOGEL, ROBERT	Fire At Scene	Battalion C		

08101 FDID	MI State	9 16 Incident Date	2010	1 Station	10-0006534 Incident Number	000 Exposure	Responding Units/Personnel
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VEH-61 FP-1 \* 2004 CHEVROLET MALIBU      05:55:35      05:55:35      05:59:44      08:54:08

Staff ID\Staff Name	Activity	Rank	Position	Role
084      CHAMBERLAIN, KATHLEEN	Fire At Scene	Fire Marsha		

08101 FDID *	MI State *	MM DD YYYY 9 16 2010 Incident Date *	1 Station	10-0006534 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
103 KRUEGER, DANIEL	VEH-16	FX Fire At Scene		LT		2.98	0.00	1.00
131 HUGHES, MATTHEW	VEH-16	FX Fire At Scene		D/O		2.98	0.00	1.00
150 KOSTANKO, BRENT	VEH-16	FX Fire At Scene		FF		2.98	0.00	1.00
091 BUDD, JAMES	VEH-18	FX Fire At Scene		CAPT.		2.98	0.00	1.00
142 ADAMS, JAMES	VEH-18	FX Fire At Scene		D/O		2.98	0.00	1.00
162 LUSSENDEN, KRISTOPHER	VEH-18	FX Fire At Scene		FF		2.98	0.00	1.00
099 EDMAN, MARK	VEH-23	FX Fire At Scene		LT		2.98	0.00	1.00
137 WILSON, RUSSELL	VEH-23	FX Fire At Scene		D/O		2.98	0.00	1.00
184 MCALLISTER, BRYCE	VEH-23	FX Fire At Scene		FF		2.98	0.00	1.00
104 HEIN, CARL	VEH-25	FX Fire At Scene		LT		2.98	0.00	1.00
125 SULLIVAN, TERENCE	VEH-25	FX Fire At Scene		D/O		2.98	0.00	1.00
191 BLACKFORD, CLIFFORD R	VEH-25	FX Fire At Scene		FF		2.98	0.00	1.00
105 SUMMERSGILL, KATHLEEN	VEH-26	FX Fire At Scene		D/O		2.98	0.00	1.00
109 SMITH, PHILLIP	VEH-26	FX Fire At Scene		D/O		2.98	0.00	1.00
148 BOMMARITO, GIANNA	VEH-26	FX Fire At Scene		FF		2.98	0.00	1.00
077 HUBBARD, OLLICE	VEH-3	FX Fire At Scene		BC		2.98	0.00	1.00
086 VOGEL, ROBERT	VEH-3	FX Fire At Scene		BC		2.98	0.00	1.00
084 CHAMBERLAIN, KATHLEEN	VEH-61	FX Fire At Scene		FM		2.98	0.00	1.00

Total Participants: 18

Total Personnel Hours: 53.64

An 'X' next to the unit denotes driver.

<b>A</b>	FDID * <input type="text" value="08101"/>	State * <input type="text" value="MI"/>	Incident Date * MM <input type="text" value="9"/> DD <input type="text" value="16"/> YYYY <input type="text" value="2010"/>	Station <input type="text" value="1"/>	Incident Number * <input type="text" value="10-0006534"/>	Exposure * <input type="text" value="000"/>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change	<b>NFIRS - 11</b> <b>Arson</b>
<b>B</b>	Agency Referred To <input type="checkbox"/> None		Street Address <input type="text"/>		Their Case Number <input type="text"/>			
	Agency Name <input type="text"/>		City <input type="text"/>		Their ORI <input type="text"/>			
	Agency Phone Number <input type="text"/>		State <input type="text"/> Zip Code <input type="text"/>		Their Federal Identifier (FID) <input type="text"/>		Their FDID <input type="text"/>	
<b>C</b>	<b>Case Status</b>				<b>D Availability of Material First Ignited</b>			
	1 <input type="checkbox"/> Investigation open		4 <input type="checkbox"/> Closed with arrest		1 <input type="checkbox"/> Transport to scene			
	2 <input checked="" type="checkbox"/> Investigation closed		5 <input type="checkbox"/> Closed with exceptional clearance		2 <input type="checkbox"/> Available at scene			
	3 <input type="checkbox"/> Investigation inactive				U <input type="checkbox"/> Unknown			
<b>E</b>	<b>Suspected Motivation Factors</b>				Check up to three factors			
	11 <input type="checkbox"/> Extortion		22 <input type="checkbox"/> Hate crime		42 <input type="checkbox"/> Vanity/recognition		54 <input type="checkbox"/> Burglary	
	12 <input type="checkbox"/> Labor unrest		23 <input type="checkbox"/> Institutional		43 <input type="checkbox"/> Thrills		61 <input type="checkbox"/> Homicide concealment	
	13 <input type="checkbox"/> Insurance fraud		24 <input type="checkbox"/> Societal		44 <input type="checkbox"/> Attention/sympathy		62 <input type="checkbox"/> Burglary concealment	
	14 <input type="checkbox"/> Intimidation		31 <input type="checkbox"/> Protest		45 <input type="checkbox"/> Sexual excitement		63 <input type="checkbox"/> Auto theft concealment	
	15 <input type="checkbox"/> Void contract/lease		32 <input type="checkbox"/> Civil unrest		51 <input type="checkbox"/> Homicide		64 <input type="checkbox"/> Destroy records/evidence	
	21 <input type="checkbox"/> Personal		41 <input type="checkbox"/> Fireplay/curiosity		52 <input type="checkbox"/> Suicide		00 <input type="checkbox"/> Other motivation	
					53 <input type="checkbox"/> Domestic violence		UU <input type="checkbox"/> Unknown motivation	
<b>F</b>	<b>Apparent Group Involvement</b>				<b>H Incendiary Devices</b>			
	1 <input type="checkbox"/> Terrorist group		Check up to three factors		Select one from each category			
	2 <input type="checkbox"/> Gang				<b>CONTAINER</b>			
	3 <input type="checkbox"/> Anti-government group				11 <input type="checkbox"/> Bottle (Glass)			
	4 <input type="checkbox"/> Outlaw motorcycle organization				14 <input type="checkbox"/> Pressurized Container			
	5 <input type="checkbox"/> Organized crime				15 <input type="checkbox"/> Can			
	6 <input type="checkbox"/> Racial/ethnic hate group				16 <input type="checkbox"/> Gasoline or fuel can			
	7 <input type="checkbox"/> Religious hate group				17 <input type="checkbox"/> Box			
	8 <input type="checkbox"/> Sexual preference hate group				00 <input type="checkbox"/> Other Container			
	0 <input type="checkbox"/> Other group				UU <input type="checkbox"/> Unknown			
	N <input type="checkbox"/> No Group involvement, acted alone				<b>IGNITION/DELAY DEVICE</b>			
	U <input type="checkbox"/> Unknown				11 <input type="checkbox"/> Wick or Fuse			
					17 <input type="checkbox"/> Road flare/fuse			
					12 <input type="checkbox"/> Candle			
					18 <input type="checkbox"/> Chemical Component			
					13 <input type="checkbox"/> Cigarette & Matchbook			
					19 <input type="checkbox"/> Trailer/Streamer			
					14 <input type="checkbox"/> Electronic Component			
					20 <input type="checkbox"/> Open flame source			
					15 <input type="checkbox"/> Mechanical Device			
					00 <input type="checkbox"/> Other delay device			
					16 <input type="checkbox"/> Remote Control			
					UU <input type="checkbox"/> Unknown			
<b>G1</b>	<b>Entry Method</b>				<b>FUEL</b>			
	<input type="text"/>				11 <input type="checkbox"/> Ordinary Combustibles			
	Entry Method				16 <input type="checkbox"/> Pyrotechnic material			
					12 <input type="checkbox"/> Flammable gas			
					17 <input type="checkbox"/> Explosive material			
<b>G2</b>	<b>Extent of Fire Involvement on Arrival</b>				14 <input type="checkbox"/> Ignitable liquid			
	<input type="text"/>				00 <input type="checkbox"/> Other material			
	Extent of Fire Involvement				15 <input type="checkbox"/> Ignitable solid			
					UU <input type="checkbox"/> Unknown			
<b>I</b>	<b>Other Investigative Information</b>				<b>J Property Ownership</b>			
	Check all that apply				Check all that apply			
	1 <input type="checkbox"/> Code violations				1 <input type="checkbox"/> Private			
	2 <input type="checkbox"/> Structure for sale				2 <input type="checkbox"/> City, town, village, local			
	3 <input type="checkbox"/> Structure vacant				3 <input type="checkbox"/> County or parish			
	4 <input type="checkbox"/> Other crimes involved				4 <input type="checkbox"/> State or province			
	5 <input type="checkbox"/> Illicit drug activity				5 <input type="checkbox"/> Federal			
	6 <input type="checkbox"/> Change in insurance				6 <input type="checkbox"/> Foreign			
	7 <input type="checkbox"/> Financial problem				7 <input type="checkbox"/> Military			
	8 <input type="checkbox"/> Criminal/Civil actions pending				0 <input type="checkbox"/> Other			
					<b>K Initial Observations</b>			
					Check all that apply			
					1 <input type="checkbox"/> Windows ajar			
					5 <input type="checkbox"/> Fire department forced entry			
					2 <input type="checkbox"/> Doors ajar			
					6 <input type="checkbox"/> Forced entry prior to FD arrival			
					3 <input type="checkbox"/> Doors locked			
					7 <input type="checkbox"/> Security system activated			
					4 <input type="checkbox"/> Doors unlocked			
					8 <input type="checkbox"/> Security present, (didn't activate)			
					<b>L Laboratory Used</b>			
					Check all that apply			
					1 <input type="checkbox"/> Local			
					3 <input type="checkbox"/> ATF			
					5 <input type="checkbox"/> Other			
					6 <input type="checkbox"/> Private			
					2 <input type="checkbox"/> State			
					4 <input type="checkbox"/> FBI			
					Federal			
					N <input type="checkbox"/> None			
					NFIRS-11 Revision 11/17/98			

Arson Narrative:  
09/21/2010 11:44:22 KCHAMBERLAIN

Responded to a structure fire.  
Upon arrival briefed by BC Hubbard:

-----  
09/21/2010 14:22:03 KCHAMBERLAIN

Call came in as smoke outside in the area  
Arrival - Heavy smoke and flames coming out of the dormer and wrapping onto the roof.  
Originally one truck was enroute for investigation but upgraded to structure fire and sent first call.  
Tenants were out. Had been asleep on floor below the fire. No one was up when fire started.  
Male occupant woke up and ran out with the female occupant.  
Squad was met upon arrival and told all out.  
No one living on main floor. Tenants were on second floor. Fire in the attic.  
T-1 ventilated roof on west gable side.  
Squad pulled line and entered - Kostanko and Krueger. Were met by heavy heat at the top of the stairs. The attic door was on fire. Fought fire before getting to tope of stairs in attic.  
Knocked down fire and it kept flaring back up.

Tower One - Lt. Krueger  
Upon arrival fire had already broken through both top gable windows in attic, facing street.  
Bystander told them all out. Tenant was moving his car across the street.  
Outside arriving could smell smoke - heavy rain and air was heavy. Whole area blanketed in smoke.  
Difficult at first to see the fire when they pulled up.  
All renters out and have someplace else to stay.  
No fire when entered . No fire on second floor. Glow around frame of door and at bottom of stairs. Attic door closed on second floor landing to attic. When opened, flashed and rolled over and down the stairs.  
Fire burned through floor and into bedroom on second floor below. Floor was caving in some about 10 feet north from front windows.  
Upstairs moved chairs and drum set when extinguishing fire.  
Fire was all the way down stairwell and venting out windows in front. Everything was falling down from ceiling.  
Tenants had already been in and took a few personal items out.  
Little damage to rest of structure, from fire, excepting front, street side bedroom (SW) on second floor.

General:  
Management: Metro Properties 734-668-6686, Keith  
Owner: Jeff Ellis- out of town.  
Second level tenants occupy second floor- 2 bedroom. Also have attic they may use as study or TV area.  
First floor unit access via west side of residence. Unit vacant. Tenants recently moved out.

Tenants Interview:  
Kourtni Johnson [REDACTED] Family just moved and she doesn't recall new permanent address.  
Douglas Penzenik [REDACTED]

08101	MI	9	16	2010	1	10-0006534	0	Arson Narrative
FDID *	State *	Incident Date *		Station	Incident Number *	Exposure *		

Kourtni had been working in attic setting up equipment earlier during the day. Before 10PM she turned off all lights and amps.

Both went out.

Kurtin came back around 1AM and went to bed.

Doug came back around 3AM. He was locked out so he threw stones up to Kourtni's window until she woke up and let him in. Probably actually got in around 3:40- 3:50. Both went right to bed.

Both have their own bedrooms.

Didn't notice anything before falling asleep.

Doug woke up to pounding on the side of the house and front door. He came down to the front door, opened it and to lad there was a fire. Two guys were driving by and saw the fire. They called for help. He ran back up the stairs to get Kourtni. She was up, had gotten her kitten and they came down and out of the house together.

When they got out the first fire truck was arriving.

Both are smokers but said they do not smoke inside. Smoke on the porch only.

Kourtni was smoking in the attic while she was setting things up around 2PM. Thought she was last up there around 9PM.

Lots of amp powered equipment and extension cords used. There were some problems with the cords staying in the outlets.

Neither resident heard any smoke alarms going off at any time.

Drums were set up close to stairs. Chairs on each side of the gable with a table between (approx. 10 feet from front of house). Couple of mattresses/old couch under front window.

#### Investigation:

Fire pattern appeared consistent to area in center of room, close to where hole down onto second floor burned through. This area is also consistent to where Kourtni explain she had stretched extension cords from the two outlets (one on each side of the area - E & W) There was also a ceiling light above this location. Another light and outlet were at the top end of the stairwell. All cords, where they plugged into outlets, and light fixture electrical wiring appear intact at source.

Undetermined if any breakers tripped or were turned off by fire.

The central area of the room had been considerably disturbed during extinguishment. There were no obvious wires found where Kourtni said she has an amp hooked up with extension cords, running in the vicinity of where the hole was. It is possible that this area go extremely hot, smoldered, and eventually flared up, particularly if it was under the table area as presented. The table remains looked equally burned from the center to the edges.

A full ashtray was found on shelves on the eastwall. This area did not appear to be where the fire originated.

A great deal of damage was caused to the front of the attic. This is where the fire vented and also where there was considerable fuel load with the sofa and mattresses. I do not believe it was the area of origin.

It is the opinion of this investigator that this fire was accidental. It is likely that it was caused by electrical equipment.



**A**      MM DD YYYY       Delete      **NFIRS - 1S Supplemental**  
 Change

FDID \* 08101    State \* MI    Incident Date \* 9 16 2010    Station 1    Incident Number \* 10-0006534    Exposure \* 000

**K1 Person/Entity Involved** Metro Property Services      734 - 668 - 6686  
 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 124 Prefix \_\_\_\_\_ Street or highway W. SUMMIT Street Type ST Suffix \_\_\_\_\_  
 Post office box \_\_\_\_\_ Apt./Suite/Room \_\_\_\_\_ City ANN ARBOR  
 State MI Zip Code 48104 - \_\_\_\_\_

**K2 Person/Entity Involved** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 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 \_\_\_\_\_ - \_\_\_\_\_

**K3 Person/Entity Involved** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 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 \_\_\_\_\_ - \_\_\_\_\_

**K4 Person/Entity Involved** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 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 \_\_\_\_\_ - \_\_\_\_\_

**K5 Person/Entity Involved** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 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 \_\_\_\_\_ - \_\_\_\_\_

08101	MI	MM	DD	YYYY	1	10-0006534	000	NFIRS - Involvement User Fields
FDID	State	9	16	2010	Station	Incident Number	Exposure	

<b>Involvement Name:</b> PENZAENIK, DOUGLAS	<b>Involvement Type:</b> Occupant	<b>Owner:</b>	<b>Occupant:</b> X
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<b>Involvement Name:</b> Metro Property Services	<b>Involvement Type:</b> Manager	<b>Owner:</b>	<b>Occupant:</b>
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