

A		MM DD YYYY 08101 MI 04 23 2010	Station 1	Incident Number 10-0003979	Exposure 000	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
B Location*		<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.					
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions		2515 GEORGETOWN <small>Number/Milepost Prefix Street or Highway</small>		BLVD <small>Street Type Suffix</small>		ANN ARBOR MI 48104 <small>Apt./Suite/Room City State Zip Code</small>	
C Incident Type *		E1 Date & Times			E2 Shift & Alarms		
111 Building fire <small>Incident Type</small>		Check boxes if dates are the same as Alarm Alarm * 04 23 2010 01:02:00 <small>ALARM always required</small>			Midnight is 0000 Local Option 3 5 <small>Shift or Alarms District Platoon</small>		
D Aid Given or Received*		E3 Special Studies					
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		Controlled <small>CONTROLLED Optional, Except for wildland fires</small> Last Unit Cleared 04 23 2010 04:50:00 <small>LAST UNIT CLEARED, required except for wildland fires</small>			Local Option Special Study ID# Special Study Value		
F Actions Taken *		G1 Resources *		G2 Estimated Dollar Losses & Values			
11 Extinguishment by fire <small>Primary Action Taken (1)</small> Additional Action Taken (2) Additional Action Taken (3)		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0007 0023 EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.		LOSSES: Required for all fires if known. Optional for non fires. Property \$ 210,000 Contents \$ 100,000 PRE-INCIDENT VALUE: Optional Property \$ 240,000 Contents \$ 120,000			
Completed Modules		H1* Casualties		H3 Hazardous Materials Release		I Mixed Use Property	
<input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input checked="" 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 checked="" type="checkbox"/> Arson-11		Deaths Injuries Fire Service 001 Civilian H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input checked="" type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		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		NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use	
J Property Use*		Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school 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 checked="" 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 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 419 1 or 2 family dwelling 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 ABHINAND MI LATH Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City ANN ARBOR

State MI Zip Code 48104

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner

Local Option _____ Business name (if Applicable) _____ Area Code _____ Phone Number _____

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

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

04/23/2010 06:54:45 RRUPPEL

LADDER FIVE RESPONDED FOR A REPORTED HOUSE FIRE WITH PEOPLE TRAPPED ON THE ROOF. UPON ARRIVAL THE TWO STORY RESIDENCE WAS WELL INVOLVED WITH FLAMES THROUGH THE ROOF AND FIRST AND SECOND FLOOR. A BYSTANDER STATED THEY THOUGHT EVERYONE WAS OUT. WE STRETCHED A PRE CONNECTED INCH AND THREE QUARTER LINE TO THE FRONT DOOR FOR ATTACK. ADDITIONAL CREWS WERE ON THE SCENE AS WE ENTERED THE FRONT DOOR FOR ATTACK. AFTER DARKING THE FIRST FLOOR DOWN WE WERE ADVANCING TO THE SECOND FLOOR AND MADE IT TO THE TOP OF THE STAIRS WHEN WE RAN OUT OF WATER. WE WERE EVENTUALLY ORDERED OUT OF THE DWELLING FOR LACK OF WATER. SOON AFTER WE REENTERED THE RESIDENCE WITH MULTIPLE CREWS SEVERAL GOING TO THE SECOND FLOOR AND FIRST. CREWS WERE ON THE SCENE FOR SOME TIME WITH OVER HAUL. REPORTED TO BE FINISHED AT A LATER TIME.

05/03/2010 15:35:50 CHEIN

At approximately 1130 hours on May 3, 2010, Captain Budd contacted this officer and requested that Ladder 5 meet FP1 at 2515 Georgetown to assist FP1 with her investigation. Ladder 5 arrived at the address at 1319 hours and was met by FP1. FP1 requested that we sort through the debris on the second floor of the building looking for any container that may have contained a flammable liquid that may have been used as an accelerant during the fire.

FP1 then left the address.

D/O Sullivan, FF Reddmann, and Lt. Hein used hands, shovels, and a New York Hook to sort

L Authorization

095 RUPPEL, ROBERT LT _____ 04 23 2010
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if 095 RUPPEL, ROBERT LT _____ 04 23 2010
 same as Officer Member making report ID Signature Position or rank Assignment Month Day Year in charge.

08101

FDID

*

MI

State

*

MM

DD

YYYY

4

23

2010

Incident Date

*

1

Station

10-0003979

Incident Number

*

000

Exposure

*

Complete
Narrative

Narrative:

04/23/2010 06:54:45 RRUPPEL

LADDER FIVE RESPONDED FOR A REPORTED HOUSE FIRE WITH PEOPLE TRAPPED ON THE ROOF. UPON ARRIVAL THE TWO STORY RESIDENCE WAS WELL INVOLVED WITH FLAMES THROUGH THE ROOF AND FIRST AND SECOND FLOOR. A BYSTANDER STATED THEY THOUGHT EVERYONE WAS OUT. WE STRETCHED A PRE CONNECTED INCH AND THREE QUARTER LINE TO THE FRONT DOOR FOR ATTACK. ADDITIONAL CREWS WERE ON THE SCENE AS WE ENTERED THE FRONT DOOR FOR ATTACK. AFTER DARKING THE FIRST FLOOR DOWN WE WERE ADVANCING TO THE SECOND FLOOR AND MADE IT TO THE TOP OF THE STAIRS WHEN WE RAN OUT OF WATER. WE WERE EVENTUALLY ORDERED OUT OF THE DWELLING FOR LACK OF WATER. SOON AFTER WE REENTERED THE RESIDENCE WITH MULTIPLE CREWS SEVERAL GOING TO THE SECOND FLOOR AND FIRST. CREWS WERE ON THE SCENE FOR SOME TIME WITH OVER HAUL.
REPORTED TO BE FINISHED AT A LATER TIME.

05/03/2010 15:35:50 CHEIN

At approximately 1130 hours on May 3, 2010, Captain Budd contacted this officer and requested that Ladder 5 meet FP1 at 2515 Georgetown to assist FP1 with her investigation. Ladder 5 arrived at the address at 1319 hours and was met by FP1. FP1 requested that we sort through the debris on the second floor of the building looking for any container that may have contained a flammable liquid that may have been used as an accelerant during the fire.

FP1 then left the address.

D/O Sullivan, FF Reddmann, and Lt. Hein used hands, shovels, and a New York Hook to sort through the debris on the second floor. No containers were located in the debris that were notable or of particular concern. There was an assortment of containers indicating they were various hair care products that were found in the closet at the south end of the hallway and in the southern bedrooms, but none that seemed out of place or unusual for a home.

Ladder 5 closed and locked the front door, and left the scene at 1444 hours.

FP1 was contacted at 1505 hours and advised that we did not locate any suspicious containers.

A separate report was written for this investigation as well.

A		FDID <input type="text" value="08101"/> *	State <input type="text" value="MI"/> *	Incident Date <input type="text" value="04"/> <input type="text" value="23"/> *	YYYY <input type="text" value="2010"/>	Station <input type="text" value="1"/>	Incident Number <input type="text" value="10-0003979"/> *	Exposure <input type="text" value="000"/> *	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -2 Fire			
B Property Details B1 <input type="text" value="0001"/> <input type="checkbox"/> Not Residential <i>Estimated Number of residential living units in building of origin whether or not all units became involved</i> B2 <input type="text" value="001"/> <input type="checkbox"/> Buildings not involved <i>Number of buildings involved</i> B3 <input type="text"/> <input type="checkbox"/> None <i>Acres burned (outside fires)</i> <input type="checkbox"/> Less than one acre				C On-Site Materials <input type="checkbox"/> None <i>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</i> Enter up to three codes. Check one or more boxes for each code entered. On-site material (1) <input type="text"/> <input type="text"/> On-site material (2) <input type="text"/> <input type="text"/> On-site material (3) <input type="text"/> <input type="text"/> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service									
D Ignition D1 <input type="text" value="UU"/> <input type="checkbox"/> Undetermined <i>Area of fire origin *</i> D2 <input type="text" value="UU"/> <input type="checkbox"/> Undetermined <i>Heat source *</i> D3 <input type="text" value="UU"/> <input type="checkbox"/> Undetermined <i>Item first ignited *</i> 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin D4 <input type="text"/> <input type="text"/> <input type="checkbox"/> Required only if item first ignited code is 00 or <70 <i>Type of material first ignited</i>				E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input checked="" type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation			E2 Factors Contributing To Ignition <input type="text" value="UU"/> <input type="checkbox"/> Undetermined <input checked="" type="checkbox"/> None <i>Factor Contributing To Ignition (1)</i> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <i>Factor Contributing To Ignition (2)</i>				E3 Human Factors Contributing To Ignition Check all applicable boxes 1 <input checked="" type="checkbox"/> Asleep <input type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved <input type="text"/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		
F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G <input type="text"/> <input type="text"/> <i>Equipment Involved</i> Brand <input type="text"/> Model <input type="text"/> Serial # <input type="text"/> Year <input type="text"/>				F2 Equipment Power <input type="text"/> <input type="text"/> <i>Equipment Power Source</i> F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <i>Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.</i>		G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None <input type="text"/> <input type="text"/> <i>Fire suppression factor (1)</i> <input type="text"/> <input type="text"/> <i>Fire suppression factor (2)</i> <input type="text"/> <input type="text"/> <i>Fire suppression factor (3)</i>							
H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned			H2 Mobile Property Type & Make <input type="text"/> <input type="text"/> <i>Mobile property type</i> <input type="text"/> <input type="text"/> <i>Mobile property make</i>			Local Use <input type="checkbox"/> Pre-Fire Plan Available <i>Some of the information presented in this report may be based upon reports from other Agencies</i> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached							
<input type="text"/> <input type="text"/> <input type="text"/> <i>Mobile property model</i> Year <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>License Plate Number State VIN Number</i>									

I1 Structure Type * 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	I2 Building Status * 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	I3 Building * Height Count the ROOF as part of the highest story _____ 002 _____ <small>Total number of stories at or above grade</small> _____ 001 _____ <small>Total number of stories below grade</small>	I4 Main Floor Size* NFIRS-3 Structure Fire _____ , _____ , _____ 900 <small>Total square feet</small> OR _____ , _____ 030 BY _____ , _____ 030 <small>Length in feet Width in feet</small>
J1 Fire Origin * _____ 001 _____ <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	J3 Number of Stories Damaged By Flame 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) _____ Number of stories w/ extreme damage (75 to 100% flame damage)	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 _____ <small>Item contributing most to flame spread</small> K2 _____ <small>Type of material contributing most of flame spread Required only if item contributing code is 00 or <70</small>	
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * <small>(In area of the fire)</small> N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input checked="" type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness 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
L2 Detector Type 1 <input checked="" 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	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input checked="" type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	L6 Detector Failure Reason 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 checked="" type="checkbox"/> Undetermined	
M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M	M2 Type of Automatic Extinguishment System * 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 ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M3 Automatic Extinguishment System Operation 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	M5 Automatic Extinguishment System Failure Reason 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
M4 Number of Sprinkler Heads Operating Required if system operated _____ <small>Number of sprinkler heads operating</small>		NFIRS-3 Revision 01/19/99	

A FDID 08101 * State MI * Incident 4 Date 23 2010 Station 1 Incident Number 10-0003979 * 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. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	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>4</u>	<u>23</u>	<u>2010</u>	<u>01:02</u>	<input checked="" type="checkbox"/>	<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>4</u>	<u>23</u>	<u>2010</u>	<u>01:12</u>	<input checked="" type="checkbox"/>	<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>4</u>	<u>23</u>	<u>2010</u>	<u>01:02</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 ID <u>VEH-24</u> Type <u>11</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>4</u>	<u>23</u>	<u>2010</u>	<u>01:02</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 ID <u>VEH-25</u> Type <u>12</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>4</u>	<u>23</u>	<u>2010</u>	<u>01:02</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 ID <u>VEH-26</u> Type <u>11</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>4</u>	<u>23</u>	<u>2010</u>	<u>01:02</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 ID <u>VEH-3</u> Type <u>92</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>4</u>	<u>23</u>	<u>2010</u>	<u>01:02</u>	<input checked="" type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Type of Apparatus or Resources**
- | | | | |
|--|--|--|--|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <p>More Apparatus?
Use Additional
Sheets</p> | <ul style="list-style-type: none"> 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 |
|--|--|--|--|

A FDID * State * Incident Date * Station Incident Number * Exposure * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** Same as alarm date **Sent** **Number of * People** **Use** Suppression EMS Other **Actions Taken**

1 ID Dispatch Sent Arrival Clear Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
132	BRUCK, ALLEN	D/O	X				
166	POTBURY, STEPHEN	FF	X				
188	GAKEN, MATTHEW	FF	X				

2 ID Dispatch Sent Arrival Clear Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
089	MENARD, RANDY	CAPT.	X				
135	BOONSTRA, ANDREW	FF	X				
185	ROBBINS, RONALD	FF	X				

3 ID Dispatch Sent Arrival Clear Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
093	PERRY, ALLAN	FF	X				
102	WISELEY, DEREK	LT	X				
117	HOPKINS, PATRICIA	D/O	X				
130	CAMPBELL, DAN	D/O	X				

A		MM	DD	YYYY									NFIRS - 10 Personnel	
FDID * <u>08101</u>		State * <u>MI</u>	Incident Date * <u>4</u> <u>23</u> <u>2010</u>	Station <u>1</u>	Incident Number * <u>10-0003979</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change					
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 checked="" 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									
<u>1</u>	ID <u>VEH-24</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>23</u>	<u>2010</u>	<u>01:02</u>	Sent <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Type <u>11</u>	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>23</u>	<u>2010</u>	<u>01:12</u>	<input checked="" type="checkbox"/>	<u>4</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>23</u>	<u>2010</u>	<u>03:28</u>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel ID	Name		Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken						
101	STABLEY, DANIEL		LT	X										
114	ROBERTS, MICHAEL		D/O	X										
144	DANGLER, DAVID		FF	X										
171	TORRES, JEREMY		FF	X										
<u>2</u>	ID <u>VEH-25</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>23</u>	<u>2010</u>	<u>01:02</u>	Sent <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Type <u>12</u>	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>23</u>	<u>2010</u>	<u>01:07</u>	<input checked="" type="checkbox"/>	<u>4</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>23</u>	<u>2010</u>	<u>04:50</u>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel ID	Name		Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken						
095	RUPPEL, ROBERT		LT	X										
136	PRATT, MICHAEL		D/O	X										
163	ZAHN, BENJAMIN		FF	X										
169	SIDELINGER, CRAIG		T/O	X										
<u>3</u>	ID <u>VEH-26</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>23</u>	<u>2010</u>	<u>01:02</u>	Sent <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Type <u>11</u>	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>23</u>	<u>2010</u>	<u>01:15</u>	<input checked="" type="checkbox"/>	<u>4</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>23</u>	<u>2010</u>	<u>03:16</u>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel ID	Name		Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken						
113	FERRIS, CRAIG		LT	X										
140	HEDDING, KIRK		D/O	X										
153	TANNER, BRADLEY		FF	X										
170	PORTER, ROBERT		FF	X										

City of Ann Arbor

Investigation Profile Report

Investigation Profile - Basic Information

Investigation: Origin and Cause Investigation - 10-0003979 Date: 04/23/2010

Address: 2515 GEORGETOWN BLVD /ANN ARBOR, MI 48104

FDID: 08101

Alarm Date: 04/23/2010

Incident #: 10-0003979

Case Status: 2 Investigation closed

Status Date: 04/26/2010

Investigators:

128 DOUGLAS WARSINSKI

Laboratories Used:

Initial Observations:

Other Investigative Info:

Narrative:

04/28/2010 08:02:39 DWARSINSKI

SUMMARY:

At 7:36 a.m. on Friday, April 23, 2010, I was assigned to investigate a house fire at 2515 Georgetown, Ann Arbor, Michigan that was reported to the Ann Arbor Fire Department at 1:02 a.m. that day. I arrived at 7:50 a.m. and found Inspector Reka FARRACKAND, Ann Arbor Fire Department, standing by at the scene with Ann Arbor Police Detectives Dave MONROE, Bill STANFORD and Detective Lieutenant Mark ST. AMORE.

The house involved in the fire is a single-family, two-story, wood-frame, colonial style house identified as City of Ann Arbor parcel I.D. #09-09-14-205-021 owned by Abhinand and Vanika LATH since 9/1/2004. The house is a 1966 sq.ft., 4 bedroom, 2 1/2 bath, home, with 4 additional rooms on the first floor. The unfinished basement is 775 sq.ft. and the undamaged attached garage is 399 sq. ft.

The LATH's and their two children were at home and asleep at the time of the fire and escaped. The fire appeared to have originated in the kitchen area. The house was a total loss from the fire.

INVESTIGATION:

Witness Interviews:

1. LATH, Abhinand, owner, occupant

I interviewed LATH, A at the scene of the fire on April 23, 2010

I asked LATH, A if he could recount the events of the evening prior to the fire. He said that he and his family had dinner that was prepared on the stove at around 6:30 p.m. that previous evening. He and his wife Vanika were home in the evening with their two children, Anudtara (daughter) 6-years-old and Ateesh (son) 3-years-old. There was also a caregiver, Angela Herrera, there until about 7:30 p.m. He said he went to bed before his wife at approximately 9:30 p.m.

He said and his wife woke up just after midnight when they woke up upon hearing a loud crash and thought that Anudtara fell out of her bed. When they got out of bed they saw the heavy smoke in the hall. His wife escaped the house with their son down the stairs through the front door. He went to Anudtara's bedroom and woke her up to get her out but when he attempted to escape he could not make it down the stairs through the smoke so he exited out the window on to the outside ledge and proceeded to the garage roof and then to the ground.

Both occupied bedrooms are in the front of the second floor of the house. Anudtara's room is the Northeast room of the second floor and the rest of the family slept in the Southeast room.

* Denotes primary Agency

City of Ann Arbor

Investigation Profile Report

Investigation Profile - Basic Information

There are 4 bedrooms and two baths on the second floor. LATH, A also said he moved the new Volkswagen from the garage without keys by putting it in neutral and allowing it to roll out across the street

I contacted LATH, A an additional telephone interview on April 25, 2010

I asked Lath if he could meet me at the house at 10:00 a.m. on Monday and sign a "consent to search" for the Arson K-9 to examine the house for evidence of ignitable liquids and he agreed. I also asked him what materials covered the vestibule kitchen and dining room floors and the stairs. He told me the floors were tiled from the front door through the kitchen and that he removed the carpet from the stairs and the remainder of the house and returned it to hardwood.

2. LATH, Vanika, owner, occupant (wife of Abhinand)

I interviewed LATH, V at the scene on April 23, 2010

Vanika LATH said she went to bed about 30 minutes after her husband. She said that they woke up upon hearing a crashing noise. She said she took Ateesh out the front door while her husband went to get their daughter. Upon exiting the front door, she observed that the garage door was open. She said she distinctly remembered closing the door at 8:30 p.m. the previous evening. She said that she left the interior door between the garage and house closed but unlocked.

I asked LATH if they used any candles for decorative or religious purposes in the house and she said no that she did not allow smoking or any type of open flame. I asked her if any appliances were left on in the kitchen and she said she started the dishwasher at around 8:30 p.m. and that they had a crock pot style food warmer next to the stove. I asked her if there were any plastic items in the dishwasher and she said the kid's dishes were plastic and that they used a lot of Tupperware type containers because they carried their lunches to work.

I asked her about laundry and she said she washed a load of clothes the previous morning but had not used the dryer since Wednesday night. She told me they did not use the stacked washer-dryer in the kitchen but used the washer and dryer in the basement.

I contacted LATH, V an additional telephone interview on April 25, 2010

I asked LATH if she had seen any flames or felt any heat when she exited the house the night of the fire. She said no and that she just had trouble breathing in the smoke. I asked her what the brand name was of their dishwasher and she said it was a "Kenmore." She said the dishwasher was installed prior to their purchasing the house.

3. RUPPEL, Robert, Lieutenant, Ann Arbor Fire Department Ladder 5, 1st arriving fire apparatus

I interviewed RUPPEL on Sunday, April 25, 2010.

RUPPEL said that upon his arrival, he found a fully involved room fire immediately inside the vestibule about 4 feet in from the door. He said the burning was at floor level causing him to be concerned about basement involvement. They attacked the fire with a 1 3/4" pre-connect line supplied by tank water. During the attack he said he could visibly see the fire move around the house as a result of the fire attack. RUPPEL said they ran out of tank water prior to a hydrant supply being established and they were ordered out of the house. Once the water supply was established they attacked the fire again with multiple crews and hand lines. RUPPEL said that the fire department shut off the utilities while operating on the scene but he did not remember which crew did this.

* Denotes primary Agency

City of Ann Arbor

Investigation Profile Report

Investigation Profile - Basic Information

Scene Examination:

I examined the outside of the house and could see where the flames extruded from the back windows upward underneath the roof soffit causing the fire to spread into the attic. There were large debris piles where the firefighters tossed out burned items during overhaul. The garage was intact and suffered little interior fire damage. There was a gas can in the southeast corner of the garage that appeared ½ full of liquid as well as what appeared to be containers of motor oil. The garage door opener was a Lift Master, Formula I, Whisper Drive. I examined the fuse box with Detectives MONROE, STANFORD, and Lt. ST. AMORE. I found the main shut off and the following breakers tripped; #18 dishwasher, #19 kitchen, #23 B-stair/garage, #12-15 washer/dryer (unknown which). STANFORD and I concluded that the garage door could have operated on its own during the fire if the circuit was overloaded.

Damage to the basement was limited to accumulated water. The entire roof was burned away and the second floor appeared to have a "fall-down" fire started from the roof debris. The family room and living room had high heat damage. Virtually all drywall was removed from the kitchen, nook, family room area.

The dining room had charring between the ceiling joist where the metal light fixture penetrated the drywall. The lintel above the entry from the kitchen to the dining room had flame damage indicating high level flame spread from the kitchen into the dining room. MONROE, ST AMORE and I examined the kitchen and found the over-the-stove microwave and exhaust fan on the floor in the center of the kitchen, all the stove knobs were melted but the grooves were all in the same direction up which may be the "off" position. The cabinets above the stove were completely consumed by fire.

The dishwasher was totally destroyed with the metal frame warped from high heat. We found no plastic in the top dish rack but many ceramic bowls instead. The cabinet between the dishwasher and sink was burned away causing the sink to fall into the dishwasher.

The counter with cabinets adjacent to the dishwasher was completely destroyed. Damage was heavier on the side away from the dishwasher which may have been caused by the fire intensifying on that side when the front door was opened allowing fresh air into the fire or may be due to the use of thinner wood on the non-door side of the cabinets or both. There was a soffit above the counter top adjacent to the dishwasher that had the deepest charring on the wood leading away from the dishwasher.

I located the crock pot that was left on the counter adjacent to the stove. I examined the burned wiring which was intact but the insulation had melted away possibly cause by fire attack. I also examined the gas meter and found that the utility company had been there and locked it out.

After completing our examination of the fire scene, we allowed LATH, A back into the house to retrieve personal items such as jewelry boxes and his prescription eyeglasses.

K-9 EXAMINATION:

Garden city Fire Captain Ray WOLINSKI brought his arson detection K-9, DAKOTA, to the scene on Monday, April 26, 2010, to examine the scene under an Ann Arbor Fire Department Consent to Search signed by Abhinand LATH on April 26, 2010. DAKOTA search the first and second floor of the house but did not demonstrate and sign of an ignitable liquid.

ADDITIONAL:

On 4/27/2010, I met with Richard POLCYN of Polcyn Fire Consulting LLC. POLCYN is conducting an

* Denotes primary Agency

City of Ann Arbor

Investigation Profile Report

Investigation Profile - Basic Information

origin and cause investigation for the insurance company. He showed me several areas of cleared floor which he referred to as "pour" patterns. These area of burned floor appeared to be post-flash-over and fire attack burning and there were no saddle burns indicative of a ignitable liquid having been poured. He showed me a burn-through in the dining room floor which he attributed to an ignitable liquid. Burn-throughs can be caused by ignitable liquids or upholstered furniture burning in the area. There were remnants of an upholstered chair in that area. POLCYN said he took samples for lab analysis of these areas. I wanted to take "unbiased" examples for lab analysis at MSP so I asked POLCYN if I could take samples in the same areas he took samples from. He said any samples I would take on the first floor would not reveal the presence of an ignitable liquid because he had "washed the floor already." I took a sample from the upstairs hall that he claimed was "poured" near one of his other samples.

CONCLUSION:

Based upon fire pattern analysis, investigation of the fire scene, and witness statements, it is my opinion with a reasonable degree of professional certainty that this fire originated in the first floor kitchen area in the vicinity of the operating dishwasher. Possible causes combustible plastic coming into contact with the dishwasher heat element that was on at the time or possible malfunction of the dishwasher itself.

PHOTOGRAPHS:

Photographs taken at the scene on April 23, 2010 by WARSINSKI:
P4200064 - P4210165

Photographs taken on April 27, 2010 by WARSINSKI:
P4210166 - P4210178

EVIDENCE:

1. Sample #1 - floor and molding taken from the second floor hallway at the top of the stairs

LCA / FD

File Edit Setup Run Help

Info. for 008577 04/23/10

INCID. ADDRESS: 2515 GEORGETOWN BL-AA RECEIVED AT 01:01:35
 UNITS WERE DISPATCHED AT 01:02:00 ON GRID AA35 CALLBACK 7347478543
 Cross : 3200 LEXINGTON ST-AA,3200 BLUETT RD-AA,G MFC
 Dispatch code : STA Nature : 69D5-STRUCTURE FIRE RES SINGLE
 Dispatcher : MFC Calltaker : MFC

UNIT	TYPE	DISPATCH	RESPOND	ON-SCENE	TRANSPORT	AT HOSP.	AVAILBLE
L15	E	01:02:00	01:05:00	01:07:37			04:50:08
R11	E	01:02:00	01:05:35	01:12:02			04:31:10
TW11	E	01:02:00	01:05:35	01:12:02			03:28:51
E14	E	01:02:00	01:05:35	01:12:06			03:28:05
E16	E	01:02:00	01:05:35	01:15:57			03:16:13
E13	E	01:02:00	01:05:35	01:14:23			03:19:06
BC1	E	01:02:00	01:05:35	01:12:02			04:15:05
130	A	01:02:05	01:05:35				01:25:39
197	A	01:03:09	01:05:35	01:24:50			03:08:31

Notes, PreArrival notes, Print, RPR, <Enter> for list:

Ready Ln 22, Col 58 CAP NUM

LCA / FD

File Edit Setup Run Help

Notes for 6905-STRUCTURE FIRE RES SINGLE at 2515 GEORGETOWN BL-AA

UNIT	TYPE	DISPATCH	RESPOND	ON-SCENE	TRANSPORT	AT HOSP.	AVAILBLE
L15	E	01:02:00	01:05:00	01:07:37			04:50:08
R11	E	01:02:00	01:05:35	01:12:02			04:31:10
TW11	E	01:02:00	01:05:35	01:12:02			03:28:51
E14	E	01:02:00	01:05:35	01:12:06			03:28:05
E16	E	01:02:00	01:05:35	01:15:57			03:16:13
E13	E	01:02:00	01:05:35	01:14:23			03:19:06
BC1	E	01:02:00	01:05:35	01:12:02			04:15:05
130	A	01:02:05	01:05:35				01:25:39
197	A	01:03:09	01:05:35	01:24:50			03:08:31
134	A	01:04:17	01:05:35				02:49:33
BC13	MA	01:16:20		01:16:25			04:15:05
E11	E	04:06:27		04:06:30			06:27:40
Complainant phone: 7347478543							01:01:35
Response area: AA5A							01:01:35
*ANN ARBOR CITY - CAT II STATION 5 AREA							01:01:41
Ambulance service incident 0054643 [MFC] (MFC)							01:01:55
***** DISPATCH EMS P3, ADV ROAD SUPV, CHECK NEED FOR C1 *****							01:02:00

<Enter> FOR MORE LINES, 'X' TO EXIT: _

Ready Ln 22, Col 52 CAP NUM