

<b>A</b>		MM DD YYYY 04 13 2010	FDID 08101	State MI	Station 1	Incident Number 10-0003802	Exposure 000	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
<b>B Location*</b>									
<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire 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									
Number/Milepost: 516 W STADIUM BLVD City: ANN ARBOR MI 48104 Cross street or directions, as applicable									
<b>C Incident Type *</b>			<b>E1 Date &amp; Times</b>				<b>E2 Shift &amp; Alarms</b>		
111 Building fire			Midnight is 0000				Local Option		
Incident Type			Check boxes if dates are the same as Alarm Date.				Shift or Alarms District Platoon		
<b>D Aid Given or Received*</b>			ALARM always required				2 1		
1 <input type="checkbox"/> Mutual aid received			Alarm * 04 13 2010 01:41:09				ARRIVAL required, unless canceled or did not arrive		
2 <input type="checkbox"/> Automatic aid recvd.			<input checked="" type="checkbox"/> Arrival * 04 13 2010 01:47:40				CONTROLLED Optional, except for wildland fires		
3 <input type="checkbox"/> Mutual aid given			Controlled				LAST UNIT CLEARED, required except for wildland fires		
4 <input type="checkbox"/> Automatic aid given			Last Unit				<b>E3 Special Studies</b>		
5 <input type="checkbox"/> Other aid given			<input checked="" type="checkbox"/> Cleared 04 13 2010 04:26:45				Local Option		
N <input checked="" type="checkbox"/> None							Special Study ID# Special Study Value		
<b>F Actions Taken *</b>			<b>G1 Resources *</b>			<b>G2 Estimated Dollar Losses &amp; Values</b>			
11 Extinguishment by fire			<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.			LOSSES: Required for all fires if known. Optional for non fires. None			
12 Salvage & overhaul			Apparatus Personnel			Property \$ 200,000			
51 Ventilate			Suppression 0008 0024			Contents \$ 065,000			
			EMS			PRE-INCIDENT VALUE: Optional			
			Other			Property \$ 200,000			
			<input type="checkbox"/> Check box if resource counts include aid received resources.			Contents \$ 065,000			
<b>Completed Modules</b>		<b>H1* Casualties</b>		<b>H3 Hazardous Materials Release</b>				<b>I Mixed Use Property</b>	
<input checked="" type="checkbox"/> Fire-2		Deaths Injuries		N <input type="checkbox"/> None				NN <input type="checkbox"/> Not Mixed	
<input checked="" type="checkbox"/> Structure-3		Fire Service 001		1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions				10 <input type="checkbox"/> Assembly use	
<input type="checkbox"/> Civil Fire Cas.-4		Civilian		2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)				20 <input type="checkbox"/> Education use	
<input checked="" type="checkbox"/> Fire Serv. Cas.-5				3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container				33 <input type="checkbox"/> Medical use	
<input type="checkbox"/> EMS-6		<b>H2 Detector</b>		4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage				40 <input type="checkbox"/> Residential use	
<input type="checkbox"/> HazMat-7		Required for Confined Fires.		5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable				51 <input type="checkbox"/> Row of stores	
<input type="checkbox"/> Wildland Fire-8		1 <input type="checkbox"/> Detector alerted occupants		6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only				53 <input type="checkbox"/> Enclosed mall	
<input checked="" type="checkbox"/> Apparatus-9		2 <input type="checkbox"/> Detector did not alert them		7 <input type="checkbox"/> Motor oil: from engine or portable container				58 <input type="checkbox"/> Bus. & Residential	
<input checked="" type="checkbox"/> Personnel-10		U <input type="checkbox"/> Unknown		8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons				59 <input type="checkbox"/> Office use	
<input checked="" type="checkbox"/> Arson-11				9 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal.. Please complete the HazMat form				60 <input type="checkbox"/> Industrial use	
				0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal.. Please complete the HazMat form				63 <input type="checkbox"/> Military use	
								65 <input type="checkbox"/> Farm use	
								66 <input type="checkbox"/> Other mixed use	
<b>J Property Use*</b>									
Structures									
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/boarded 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									
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									
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									
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									
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.

\_\_\_\_\_ **Angela** \_\_\_\_\_ **R** **Schlagheck** \_\_\_\_\_  
Mr., Ms., Mrs. First Name MI Last Name Suffix  
\_\_\_\_\_ **516** \_\_\_\_\_ **W** **STADIUM** \_\_\_\_\_ **BLVD** \_\_\_\_\_  
Number Prefix Street or Highway Street Type Suffix  
\_\_\_\_\_ **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-1S) as necessary

**K2 Owner**  Same as person involved? Then check this box and skip the rest of this section. \_\_\_\_\_  
Local Option Business name (if Applicable) Area Code Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

\_\_\_\_\_ **Rudy** \_\_\_\_\_ \_\_\_\_\_ **Unknown** \_\_\_\_\_  
Mr., Ms., Mrs. First Name MI Last Name Suffix  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Number Prefix Street or Highway Street Type Suffix  
\_\_\_\_\_ **ANN ARBOR** \_\_\_\_\_  
Post Office Box Apt./Suite/Room City  
\_\_\_\_\_ **MI** **48104** - \_\_\_\_\_  
State Zip Code

**L Remarks**

Local Option  
04/13/2010 07:15:22 ETAYLOR

Dispatching:  
All AAFD units were dispatched to 512 W. Stadium Blvd for a structure fire. Central dispatch informed responding units that a neighbor reported flames and smoke coming from the structure. Engine Six arrived first right in front of the downtown units, Tower 11, Rescue 11 and BC12. Heavy flames and smoke coming from the front of a two story ordinary construction structure was reported into the initial size up. FF Lukosavich pulled Engine Six's leader line in preparation of extinguishing the fire, as a walk around the building was done to find flames coming out of the first story rear window. Downtown units arrived within 20 to 25 seconds after Engine Six, in which cross lays were pulled off of Engine Six as well.

Engine Three, Engine Four, and Ladder Five assisted with extinguishment, ventilation, utility shut down, and assuring that there was no extensions of the fire were reaching the second half of the duplex, 514 W. Stadium.

BC12 called the fire under control at 02:40:49.

Origin:  
It appeared that the fire originated within the front side of the unit, based on flames upon arrival. The cause of the fire is undetermined at this time, but is still being investigated.

Building Dimensions:

**L Authorization**

\_\_\_\_\_ **124** \_\_\_\_\_ **TAYLOR, ELLEN** \_\_\_\_\_ **LT** \_\_\_\_\_ **OF** \_\_\_\_\_ **04** **13** **2010**  
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge.

**124** \_\_\_\_\_ **TAYLOR, ELLEN** \_\_\_\_\_ **LT** \_\_\_\_\_ **OF** \_\_\_\_\_ **04** **13** **2010**  
Member making report ID Signature Position or rank Assignment Month Day Year

08101  
FDID \*

MI  
State \*

MM DD YYYY  
4 13 2010  
Incident Date \*

1  
Station

10-0003802  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

04/13/2010 07:15:22 ETAYLOR

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**Origin:**

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**Building Dimensions:**

The building consisted of two units, a duplex, approximately 24' x 36'. The unit where the fire started, 516 W. Stadium, was a complete loss estimated at \$250,000. Note that the fire address was actually 516 W. Stadium not 512 W. Stadium which was the dispatched address.

The secondary unit, 514 W. Stadium, received smoke damage, especially on the first floor and basement levels. It has been estimated at \$15,000 of damage. This unit has been reported as an exposure since it has a different address.

**On Scene / After Fire Control Information:**

The neighbor, Michael Giacchetti, returned home from the Necto Night Club to find a glow in his neighboring duplex. He knew that the unit did not have electricity or gas, so he investigated closer to hear a smoke detector going off. He then kicked the back door twice with no avail of entry to then trying the knob which opened the door. He then saw a blanket on fire located on the pull out couch in the front living area. He grabbed the blanket and flipped it to put out the flames, but stated that it was still smoking. He then went back to his adjoining unit to get his wife and kids out of his unit. He called 911 immediately to report the fire. When he came out with his wife and kids, flames were shooting out of the front window. The wife told her husband that someone was staying next door. Mr. Giacchetti then continued to scream up to the second floor until a gentleman came out of the building.

The gentleman, Grigorios Floros, was staying in the unit with the approval of his friend for the night. The original tenant, Angela Schlagheck, who showed up at the scene later allowed him to stay in her unit while she was staying at her parents house in Canton, MI. She was staying at her parents because there was no electricity or gas in her unit. She stated that she stopped by her unit to visit her friend around 12:45 AM and left around 1:15 AM for her parents house. While she was visiting she stated that she saw three candles and that she

08101  
FDID \*

MI  
State \*

MM DD YYYY  
4 13 2010  
Incident Date \*

1  
Station

10-0003802  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

blew out at least two before leaving.

Mr. Floros was asked if he needed any medical attention, but was consistently stated that he was fine.

The Giachhetti family was escorted back to their duplex to obtain personal items before leaving the scene. The Red Cross was called to assist in putting up the family for the night.

**Fire Investigation:**

Fire Marshall Chamberlain arrived on scene for investigative purposes. Tower One stayed on scene to assist the Fire Marshall with lighting as Engine Six went to station one to reload clean hose lines. Engine Six returned to the scene after reloading the hose lines and responding to another call to assist HVA. Engine Six picked up a light and discussed the fire in more detail with the Fire Marshall.

Engine Six left the scene with the Fire Marshall.

BC Hubbard

-----  
04/18/2010 09:51:55 ETAYLOR

All individual personnel names were added to each apparatus for complete accountability of who was at the scene.

The injury report was updated with the proper age of the firefighter who was injured at the scene.

Also wanted to note that some of the times were estimated because of inaccurate times reported by central dispatch.

**A** 08101 MI 04 13 2010 1 10-0003802 000  Delete  Change  No Activity **NFIRS -2**  
 FDID \* State \* Incident Date \* Station Incident Number \* Exposure \* **Fire**

**B Property Details**

**B1** 0002  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 or Products**  None 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

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

On-site material (1)                      

On-site material (2)                      

On-site material (3)                      

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** UU Undetermined  
 Area of fire origin \*

**D2** UU Undetermined  
 Heat source \*

**D3** UU Undetermined  
 Item first ignited \* 1  Check Box if fire spread was confined to object of origin

**D4**                        
 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

**E2 Factors Contributing To Ignition**

UU Undetermined  None  
 Factor Contributing To Ignition (1)

                       
 Factor Contributing To Ignition (2)

**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

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

                       
 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

            
 Mobile property model

                       
 License Plate Number State VIN Number

**H2 Mobile Property Type & Make**

                       
 Mobile property type

                       
 Mobile property make

                       
 Year

**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

<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 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 checked="" type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>I3 Building * Height</b> 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>	<b>I4 Main Floor Size*</b> <div style="text-align: right;">NFIRS-3 Structure Fire</div> Total square feet: _____, _____, 864 OR Length in feet: _____ 036 BY Width in feet: _____ 024
<b>J1 Fire Origin *</b> 001 <input type="checkbox"/> Below Grade Story of fire origin	<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) 003 _____ 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 <span style="float: right;">Skip To Section L</span> <b>K1</b> _____ Item contributing most to flame spread <b>K2</b> _____ Type of material contributing most of flame spread <span style="float: right;">Required only if item contributing code is 00 or &lt;70</span>	
<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 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	<b>L1 Presence of Detectors *</b> (In area of the fire) N <input type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px;">Skip to section M</span> 1 <input checked="" type="checkbox"/> Present U <input 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 checked="" type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
<b>L2 Detector Type</b> 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	<b>L4 Detector Operation</b> 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input 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 <span style="border: 1px solid black; padding: 2px;">Complete rest of Section M</span>	<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>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>M4 Number of Sprinkler Heads Operating</b> Required if system operated _____ Number of sprinkler heads operating	NFIRS-3 Revision 01/19/99	

<b>A</b> PDID * <u>08101</u> State * <u>MI</u> Incident Date * MM <u>4</u> DD <u>13</u> YYYY <u>2010</u> Station <u>1</u> Incident Number * <u>10-0003802</u> Exposure * <u>000</u> <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change NFIRS - 5 Fire Service Casualty						
<b>B Injured Person</b> Identification Number First Name <u>Clifford</u> MI Last Name <u>Blackford</u> Suffix 1 <input checked="" type="checkbox"/> Male * 1 <input type="checkbox"/> Career 2 <input type="checkbox"/> Female 2 <input type="checkbox"/> Volunteer					<b>C Casualty * Number</b> <u>1</u> Casualty Number	
<b>D Age or Date of Birth *</b> Age <u>39</u> OR Date Of Birth <u>4</u> / <u>13</u> / <u>2010</u> In years OR Month Day Year			<b>E Date &amp; Time of Injury</b> Midnight is 0000 Date of Injury <u>4</u> / <u>13</u> / <u>2010</u> Time of Injury <u>02:00:00</u> Month Day Year Hour Minutes		<b>F Responses</b> <u>0</u> Number of prior responses during past 24 hours	
<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 type="checkbox"/> Not transported		
		<b>G3 Severity</b> 1 <input type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input checked="" 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> _____ Activity at time of injury		
<b>H1 Primary Apparent Symptom</b> _____ Primary apparent symptom		<b>I1 Cause of Firefighter Injury</b> _____ Cause of Injury		<b>I3 Object Involved in Injury</b> <input type="checkbox"/> None _____ Object involved in injury		
<b>H2 Primary Area of Body Injured</b> _____ Primary injured body part or area		<b>I2 Factor Contributing to Injury</b> _____ Contributing Factor				
<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 Remarks 04/13/2010 07:54:47 ETAYLOR During initial fire attack a second floor window sill was pushed out over a ladder which eventually came down on FF Blackford's right hand. He was seen by a physician and diagnosed with a contusion. At this time, FF Blackford is scheduled to return to work his next work day. 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"/> Below grade Story of Injury <input type="checkbox"/> Injury occurred outside						

NFIRS-5 Revision 8/18/99

**A** FDID 08101 \* State MI \* Incident Date 4 13 2010 Station 1 Incident Number 10-0003802 \* 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 <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
	Check if same as alarm date										
	Month	Day	Year	Hour	Min						
1 ID <u>VEH-16</u> Type <u>71</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:41</u>			<input checked="" type="checkbox"/> Suppression			
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:48</u>	<input checked="" type="checkbox"/>	<u>4</u>	<input type="checkbox"/> EMS			
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>03:08</u>			<input type="checkbox"/> Other			
2 ID <u>VEH-18</u> Type <u>12</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:41</u>			<input checked="" type="checkbox"/> Suppression			
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:48</u>	<input checked="" type="checkbox"/>	<u>4</u>	<input type="checkbox"/> EMS			
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>04:12</u>			<input type="checkbox"/> Other			
3 ID <u>VEH-23</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:41</u>			<input checked="" type="checkbox"/> Suppression			
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:55</u>	<input checked="" type="checkbox"/>	<u>4</u>	<input type="checkbox"/> EMS			
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>03:06</u>			<input type="checkbox"/> Other			
4 ID <u>VEH-24</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:41</u>			<input checked="" type="checkbox"/> Suppression			
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:49</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input type="checkbox"/> EMS			
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>02:54</u>			<input type="checkbox"/> Other			
5 ID <u>VEH-25</u> Type <u>12</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:41</u>			<input checked="" type="checkbox"/> Suppression			
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:55</u>	<input checked="" type="checkbox"/>	<u>4</u>	<input type="checkbox"/> EMS			
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>03:05</u>			<input type="checkbox"/> Other			
6 ID <u>VEH-26</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:41</u>			<input checked="" type="checkbox"/> Suppression			
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:47</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input type="checkbox"/> EMS			
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>04:26</u>			<input type="checkbox"/> Other			
7 ID <u>VEH-3</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:41</u>			<input checked="" type="checkbox"/> Suppression			
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:48</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> EMS			
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>03:27</u>			<input type="checkbox"/> Other			
8 ID <u>VEH-61</u> Type <u>60A</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:59</u>			<input checked="" type="checkbox"/> Suppression			
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>03:05</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> EMS			
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>04:26</u>			<input type="checkbox"/> Other			
9 ID <u>        </u> Type <u>        </u>	Dispatch <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>			<input type="checkbox"/> Suppression			
	Arrival <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>			<input type="checkbox"/> EMS			
	Clear <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>			<input type="checkbox"/> Other			

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



<b>A</b>		FDID * <u>08101</u>	State * <u>MI</u>	MM <u>4</u> DD <u>13</u> YYYY <u>2010</u>	Station <u>1</u>	Incident Number * <u>10-0003802</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change	NFIRS - 10 Personnel
<b>B Apparatus or Resource *</b>		Date and Times Check if same as alarm date			Sent	Number of * People	Use	Actions Taken		
Use codes listed below		Month Day Year Hours/mins			<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.		
<u>1</u>	ID <u>VEH-16</u> Type <u>71</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u> <u>13</u> <u>2010</u>	<u>01:41</u>	Sent <input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<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	
131		HUGHES, MATTHEW		D/O	X					
139		LALONDE, DANIELLE		FF	X					
152		BOLEN, TILVIS		FF	X					
173		HANSELMAN, MARK		FF	X					
<u>2</u>	ID <u>VEH-18</u> Type <u>12</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u> <u>13</u> <u>2010</u>	<u>01:41</u>	Sent <input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<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	
091		BUDD, JAMES		CAPT.	X					
142		ADAMS, JAMES		D/O	X					
150		KOSTANKO, BRENT		FF	X					
154		TIERNAN, JAMES		FF	X					
<u>3</u>	ID <u>VEH-23</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u> <u>13</u> <u>2010</u>	<u>01:41</u>	Sent <input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<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	
099		EDMAN, MARK		LT	X					
135		BOONSTRA, ANDREW		FF	X					
137		WILSON, RUSSELL		D/O	X					
138		TUDOR, ROBERT		D/O	X					

<b>A</b>		MM DD YYYY	FDID * <u>08101</u>		State * <u>MI</u>	Incident Date * <u>4</u> <u>13</u> <u>2010</u>	Station <u>1</u>	Incident Number * <u>10-0003802</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change	NFIRS - 10 Personnel	
<b>B Apparatus or Resource</b>		Date and Times Check if same as alarm date				Sent	Number of People	Use	Actions Taken				
Use codes listed below		Month Day Year Hours/mins				<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.				
<u>1</u>	ID <u>VEH-24</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:41</u>	Sent <input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Type <u>11</u>	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:49</u>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>02:54</u>						<input type="checkbox"/>	<input type="checkbox"/>
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken						
109	SMITH, PHILLIP	D/O	<input checked="" type="checkbox"/>										
172	CLOSE, ERNEST	FF	<input checked="" type="checkbox"/>										
187	MAGUIRE, JOHN	FF	<input checked="" type="checkbox"/>										
<u>2</u>	ID <u>VEH-25</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:41</u>	Sent <input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Type <u>12</u>	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:55</u>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>03:05</u>						<input type="checkbox"/>	<input type="checkbox"/>
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken						
104	HEIN, CARL	LT	<input checked="" type="checkbox"/>										
125	SULLIVAN, TERENCE	D/O	<input checked="" type="checkbox"/>										
189	REDDMANN, MICHAEL	FF	<input checked="" type="checkbox"/>										
191	BLACKFORD, CLIFFORD	FF	<input checked="" type="checkbox"/>										
<u>3</u>	ID <u>VEH-26</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:41</u>	Sent <input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Type <u>11</u>	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>01:47</u>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>13</u>	<u>2010</u>	<u>04:26</u>						<input type="checkbox"/>	<input type="checkbox"/>
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken						
115	HARRISON, IRA	D/O	<input checked="" type="checkbox"/>										
124	TAYLOR, ELLEN	LT	<input checked="" type="checkbox"/>										
196	LUKOSAVICH, JONATHAN	PR	<input checked="" type="checkbox"/>										

**A**

FDID \* 08101 State \* MI Incident Date \* 4 13 2010 Station 1 Incident Number \* 10-0003802 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 \* Use Check ONE box for each apparatus to indicate its main use at the incident. Actions Taken List up to 4 actions for each apparatus and each personnel.

**1** ID VEH-3 Dispatch  4 13 2010 01:41 Sent  Number of People \* 1 Use  Suppression  EMS  Other

Type 92 Arrival  4 13 2010 01:48 Clear  4 13 2010 03:27

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
077	HUBBARD, OLLICE	BC	X				

**2** ID VEH-61 Dispatch  4 13 2010 01:59 Sent  Number of People \* 1 Use  Suppression  EMS  Other

Type 60A Arrival  4 13 2010 03:05 Clear  4 13 2010 04:26

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

**3** ID            Dispatch                  Sent  Number of People \*     Use  Suppression  EMS  Other

Type     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"/>				

08101  
FDIDMI  
State4 | 13  
Incident Date

2010

1  
Station10-0003802  
Incident Number000  
ExposureResponding  
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
VEH-16 R-1 * 2000 PIERCE	01:41:09	01:41:09	01:48:02	03:08:35

Staff ID\Staff Name	Activity	Rank	Position	Role
131 HUGHES, MATTHEW	Fire At Scene	Driver/Oper		
139 LALONDE, DANIELLE	Fire At Scene	Firefighter		
152 BOLEN, TILVIS	Fire At Scene	Firefighter		
173 HANSELMAN, MARK	Fire At Scene	Firefighter		

VEH-18 T-1 \* 1996 EMERGENCY ONE TOWER 01:41:09 01:41:09 01:48:02 04:12:03

Staff ID\Staff Name	Activity	Rank	Position	Role
091 BUDD, JAMES	Fire At Scene	Captain		
142 ADAMS, JAMES	Fire At Scene	Driver/Oper		
150 KOSTANKO, BRENT	Fire At Scene	Firefighter		
154 TIERNAN, JAMES	Fire At Scene	Firefighter		

VEH-23 E-3 \* 1999 EMERGENCY ONE 01:41:09 01:41:09 01:55:39 03:06:40

Staff ID\Staff Name	Activity	Rank	Position	Role
099 EDMAN, MARK	Fire At Scene	Lieutenant		
135 BOONSTRA, ANDREW	Fire At Scene	Firefighter		
137 WILSON, RUSSELL	Fire At Scene	Driver/Oper		
138 TUDOR, ROBERT	Fire At Scene	Driver/Oper		

VEH-24 E-4 \* 2005 Crimson 01:41:09 01:41:09 01:49:03 02:54:07

Staff ID\Staff Name	Activity	Rank	Position	Role
109 SMITH, PHILLIP	Fire At Scene	Driver/Oper		
172 CLOSE, ERNEST	Fire At Scene	Firefighter		
187 MAGUIRE, JOHN	Fire At Scene	Firefighter		

VEH-25 L-5 \* 1999 EMERGENCY ONE 01:41:09 01:41:09 01:55:39 03:05:15

Staff ID\Staff Name	Activity	Rank	Position	Role
104 HEIN, CARL	Fire At Scene	Lieutenant		
125 SULLIVAN, TERENCE	Fire At Scene	Driver/Oper		
189 REDDMANN, MICHAEL J	Fire At Scene	Firefighter		
191 BLACKFORD, CLIFFORD R	Fire At Scene	Firefighter		

08101  
FDID

MI  
State

4 13  
Incident Date

2010

1  
Station

10-0003802  
Incident Number

000  
Exposure

Responding  
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
VEH-26 E-6 * 2005 Crimson	01:41:09	01:41:09	01:47:40	04:26:45

Staff ID\Staff Name	Activity	Rank	Position	Role
115 HARRISON, IRA	Fire At Scene	Driver/Oper		
124 TAYLOR, ELLEN	Fire At Scene	Lieutenant		
196 LUKOSAVICH, JONATHAN J	Fire At Scene	Probationar		

VEH-3 B/C 2005 GMC PICKUP	01:41:09	01:41:09	01:48:02	03:27:29
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Staff ID\Staff Name	Activity	Rank	Position	Role
077 HUBBARD, OLLICE	Fire At Scene	Battalion C		

VEH-61 FP-1 * 2004 CHEVROLET MALIBU	01:59:52	02:30:00	03:05:05	04:26:45
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Staff ID\Staff Name	Activity	Rank	Position	Role
084 CHAMBERLAIN, KATHLEEN	Fire At Scene	Fire Marsha		

08101 FDID *	MI State *	MM 4	DD 13	YYYY 2010	1 Station	10-0003802 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
131 HUGHES, MATTHEW	VEH-16	FX Fire At Scene		D/O		1.46	0.00	1.00
139 LALONDE, DANIELLE	VEH-16	FX Fire At Scene		FF		1.46	0.00	1.00
152 BOLEN, TILVIS	VEH-16	FX Fire At Scene		FF		1.46	0.00	1.00
173 HANSELMAN, MARK	VEH-16	FX Fire At Scene		FF		1.46	0.00	1.00
091 BUDD, JAMES	VEH-18	FX Fire At Scene		CAPT.		2.52	0.00	1.00
142 ADAMS, JAMES	VEH-18	FX Fire At Scene		D/O		2.52	0.00	1.00
150 KOSTANKO, BRENT	VEH-18	FX Fire At Scene		FF		2.52	0.00	1.00
154 TIERNAN, JAMES	VEH-18	FX Fire At Scene		FF		2.52	0.00	1.00
099 EDMAN, MARK	VEH-23	FX Fire At Scene		LT		1.43	0.00	1.00
135 BOONSTRA, ANDREW	VEH-23	FX Fire At Scene		FF		1.43	0.00	1.00
137 WILSON, RUSSELL	VEH-23	FX Fire At Scene		D/O		1.43	0.00	1.00
138 TUDOR, ROBERT	VEH-23	FX Fire At Scene		D/O		1.43	0.00	1.00
109 SMITH, PHILLIP	VEH-24	FX Fire At Scene		D/O		1.22	0.00	1.00
172 CLOSE, ERNEST	VEH-24	FX Fire At Scene		FF		1.22	0.00	1.00
187 MAGUIRE, JOHN	VEH-24	FX Fire At Scene		FF		1.22	0.00	1.00
104 HEIN, CARL	VEH-25	FX Fire At Scene		LT		1.40	0.00	1.00
125 SULLIVAN, TERENCE	VEH-25	FX Fire At Scene		D/O		1.40	0.00	1.00
189 REDDMANN, MICHAEL J	VEH-25	FX Fire At Scene		FF		1.40	0.00	1.00
191 BLACKFORD, CLIFFORD R	VEH-25	FX Fire At Scene		FF		1.40	0.00	1.00
115 HARRISON, IRA	VEH-26	FX Fire At Scene		D/O		2.76	0.00	1.00
124 TAYLOR, ELLEN	VEH-26	FX Fire At Scene		LT		2.76	0.00	1.00
196 LUKOSAVICH, JONATHAN	VEH-26	FX Fire At Scene		PR		2.76	0.00	1.00
077 HUBBARD, OLLICE	VEH-3	FX Fire At Scene		BC		1.77	0.00	1.00
084 CHAMBERLAIN, KATHLEEN	VEH-61	FX Fire At Scene		FM		2.45	0.00	1.00

Total Participants: 24

Total Personnel Hours: 43.40

An 'X' next to the unit denotes driver.

<b>A</b>		MM DD YYYY	Station	Incident Number	Exposure	Delete <input type="checkbox"/>	NFIRS - 11 Arson
FDID *	State *	Incident Date *	1	10-0003802	000	<input checked="" type="checkbox"/> Change	
<b>B Agency Referred To</b>		<input type="checkbox"/> None		Street Address		Their Case Number	
Agency Name		City		Their ORI			
Agency Phone Number		State Zip Code		Their Federal Identifier (FID)		Their FDID	
<b>C Case Status</b>				<b>D Availability of Material First Ignited</b>			
1 <input type="checkbox"/> Investigation open 2 <input type="checkbox"/> Investigation closed 3 <input type="checkbox"/> Investigation inactive				4 <input type="checkbox"/> Closed with arrest 5 <input type="checkbox"/> Closed with exceptional clearance			
				1 <input type="checkbox"/> Transport to scene 2 <input type="checkbox"/> Available at scene U <input type="checkbox"/> Unknown			
<b>E 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 Apparent Group Involvement</b>				<b>H Incendiary Devices</b> Select one from each category			
1 <input type="checkbox"/> Terrorist group 2 <input type="checkbox"/> Gang 3 <input type="checkbox"/> Anti-government group 4 <input type="checkbox"/> Outlaw motorcycle organization 5 <input type="checkbox"/> Organized crime 6 <input type="checkbox"/> Racial/ethnic hate group 7 <input type="checkbox"/> Religious hate group 8 <input type="checkbox"/> Sexual preference hate group 0 <input type="checkbox"/> Other group N <input type="checkbox"/> No Group involvement, acted alone U <input type="checkbox"/> Unknown				Check up to three factors			
				<b>CONTAINER</b>			
				11 <input type="checkbox"/> Bottle (Glass)      14 <input type="checkbox"/> Pressurized Container      17 <input type="checkbox"/> Box 12 <input type="checkbox"/> Bottle (Plastic)      15 <input type="checkbox"/> Can      00 <input type="checkbox"/> Other Container 13 <input type="checkbox"/> Jug      16 <input type="checkbox"/> Gasoline or fuel can      UU <input type="checkbox"/> Unknown NN <input type="checkbox"/> None			
				<b>IGNITION/DELAY DEVICE</b>			
				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 NN <input type="checkbox"/> None			
<b>G<sub>1</sub> Entry Method</b>				<b>FUEL</b>			
<input type="text"/> Entry Method				11 <input type="checkbox"/> Ordinary Combustibles      16 <input type="checkbox"/> Pyrotechnic material 12 <input type="checkbox"/> Flammable gas      17 <input type="checkbox"/> Explosive material 14 <input type="checkbox"/> Ignitable liquid      00 <input type="checkbox"/> Other material 15 <input type="checkbox"/> Ignitable solid      UU <input type="checkbox"/> Unknown NN <input type="checkbox"/> None			
<b>G<sub>2</sub> Extent of Fire Involvement on Arrival</b>							
<input type="text"/> Extent of Fire Involvement							
<b>I Other Investigative Information</b>		<b>J Property Ownership</b>		<b>K Initial Observations</b>			
Check all that apply		Check all that apply		Check all that apply			
1 <input type="checkbox"/> Code violations 2 <input type="checkbox"/> Structure for sale 3 <input type="checkbox"/> Structure vacant 4 <input type="checkbox"/> Other crimes involved 5 <input type="checkbox"/> Illicit drug activity 6 <input type="checkbox"/> Change in insurance 7 <input type="checkbox"/> Financial problem 8 <input type="checkbox"/> Criminal/Civil actions pending		1 <input type="checkbox"/> Private 2 <input type="checkbox"/> City, town, village, local 3 <input type="checkbox"/> County or parish 4 <input type="checkbox"/> State or province 5 <input type="checkbox"/> Federal 6 <input type="checkbox"/> Foreign 7 <input type="checkbox"/> Military 0 <input type="checkbox"/> Other		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							

08101  
FDID \*

MI  
State \*

MM DD YYYY  
4 13 2010  
Incident Date \*

1  
Station

10-0003802  
Incident Number \*

0  
Exposure \*

Arson  
Narrative

Arson Narrative:

06/14/2010 14:10:07 KCHAMBERLAIN

West Stadium Fire - requested by officer on scene for investigation due to amount of damage.

Michael Giacchetti, [REDACTED] Shares duplex and was returning home. When entering he saw a glow in the rear window. Saw the fold out couch in the front window and it looked like a blanket on the "bed" was on fire. Went in and thought he put out the blanker then went into his house to get his family out. Power was out in the unit.

Angela Schlagheck, owner, [REDACTED] Friend staying in house: Grigorious Floros, [REDACTED] Angela was at the house until about 01:15 when she left to go to her parents for the night. She and Grigorious had been talking. There were three candles going. She put two of them out before she left. Grigorious thought she had put the third candle out. It apparently was left on a table by the cot in the front window, the area of fire origin. Both are smokers though deny smoking anyplace but at the dining table in the rear half of the unit.

Investigation and witness account support that fire originated in the area of the front window. V pattern and charring indicate this as the area of origin. Portions of the cot and table which had been in this location also indicate heavy charring. Determined that this fire was accidental. Probably due to heat radiated from the candle as it burned down onto the wooden table.

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06/14/2010 14:42:25 KCHAMBERLAIN

13 May 2010

Received a call from Angela Schlagheck. [REDACTED]

She wanted to discuss the fire report and didn't believe that the fire was accidental. She wanted to convey the it may have been arson. She explained that the night of the fire she suspected her neighbor had set the fire but was afraid tot say anything. When she lived there he kept exposing himself to her and was a peeping tom - watching her undress, knocking on her door and when she would open it he would be there with his penis in his hands, shaking like he was on drugs. This started almost 10 months ago and continued to about 8 weeks before the fire. She was a rape victim so this was very upsetting to her.

Her reasoning for him setting the fire was because he said the bed only was on fire. He said he exited the house and got his family out. He didn't attempt to call out and acknowledge that there was a fire. She believes he did this to cover up his exposing crime. Prior to his exposing himself, he was talking about a rapist in the area.

Forwarded this information on to Pop lice Detective Mark St. Amour the same day.



**K1 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: Gregory MI Last Name: Floros Suffix: [ ]  
[ ] Number: 516 Prefix: W Street or highway: STADIUM Street Type: BLVD 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: Michael MI Last Name: Giacchetti Suffix: [ ]  
[ ] Number: 514 Prefix: W. Stadium Street Type: [ ] Suffix: [ ]  
[ ] Post office box [ ] Apt./Suite/Room [ ] City: ANN ARBOR  
[ ] State: MI Zip Code: 48103

**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	10-0003802	000	NFIRS - Involvement User Fields
FDID	State	4	13	2010	Station	Incident Number	Exposure	

<b>Involvement</b>	<b>Involvement</b>	<b>Owner:</b>	<b>Occupant:</b>
<b>Name:</b>	<b>Type:</b>		
Schlagheck, Angela Renee	Tenant		

<b>Involvement</b>	<b>Involvement</b>	<b>Owner:</b>	<b>Occupant:</b>
<b>Name:</b>	<b>Type:</b>		
Floros, Gregory			X

08101	MI	MM	DD	YYYY	1	10-0003802	000	NFIRS - Involvement User Fields
FDID	State	4	13	2010	Station	Incident Number	Exposure	

<b>Involvement</b>	<b>Involvement</b>	<b>Owner:</b>	<b>Occupant:</b>
<b>Name:</b>	<b>Type:</b>		
Giacchetti, Michael Anthony	Tenant		

<b>Involvement</b>	<b>Involvement</b>	<b>Owner:</b>	<b>Occupant:</b>
<b>Name:</b>	<b>Type:</b>		
Unknown, Rudy	Property Owner	X	