

<b>A</b>		MM DD YYYY 04 03 2010	Station 1	Incident Number 10-0003673	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		928 S STATE ST ANN ARBOR MI 48104 Number/Milepost Prefix Street or Highway Street Type Suffix City State Zip Code 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		Check boxes if dates are the same as Alarm Date. Alarm * 04 03 2010 05:17:44 Month Day Year Hr Min Sec ALARM always required			Local Option 1 02 1 Shift or Alarms District Platoon		
<b>D Aid Given or Received*</b>		<b>E3 Special Studies</b>					
1 <input checked="" 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 type="checkbox"/> None		ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * 04 03 2010 05:23:59 CONTROLLED Optional, Except for wildland fires <input checked="" type="checkbox"/> Controlled 04 03 2010 06:03:22 LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Cleared 04 03 2010 14:15:00			Local Option 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 Primary Action Taken (1) 12 Salvage & overhaul 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 0009 0030 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. None Property \$ 000,000 Contents \$ 000,000 PRE-INCIDENT VALUE: Optional Property \$ 000,000 Contents \$ 000,000			
<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 <input checked="" type="checkbox"/> Structure-3 <input checked="" 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		None Deaths Injuries Fire Service 001 Civilian 001 002 <b>H2 Detector</b> Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		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	
<b>J Property Use*</b>		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 type="checkbox"/> 1-or 2-family dwelling 429 <input checked="" 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 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 429 Multifamily 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

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

 More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary
**K2 Owner**
 Same as person involved? Then check this box and skip The rest of this section.

Local Option

Business name (if Applicable)

Area Code

Phone Number

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

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

**L Remarks**

Local Option

04/05/2010 17:01:21 SLOWE

T1, R1, B1 DISPATCHED TO A REPORTED SMALL BAG ON FIRE NEXT TO A PORCH. WHILE THESE UNITS WERE RESPONDING CENTRAL DISPATCH STATED THAT THE PORCH IS NOW ON FIRE. CENTRAL DISPATCH CONTACTED E3, E4, L5, E6 TO RESPOND TO LOCATION OF FIRE DUE TO THE INFORMATION THEY WERE RECEIVING FROM CALLERS.

T1, R1, B1 ARRIVED ON THE SCENE, B1 TOOK COMMAND, TO FIND HEAVY FIRE SHOWING FROM A 2 STORY HOUSE. R1 PARKED JUST SOUTH OF THE ADDRESS AND T1 PARKED JUST NORTH OF THE ADDRESS. R1 BEGAN PULLING A LEADER LINE TO THE FRONT OF THE HOUSE. T1 AND R1 WITNESSED A SUBJECT RUNNING ACROSS THE STREET ON FIRE. T1 FF WENT TO GET A WATER FIRE EXTINGUISHER TO ASSIST SUBJECT ON FIRE. T1 OFFICER WENT TOWARDS SUBJECT ON FIRE AND FOUND R1 OFFICER AND T1 DRIVER TRYING TO EXTINGUISH THIS PERSON BY HITTING AND ROLLING SUBJECT ON THE GROUND.

SUBJECTS WERE THEN NOTICED ON THE REAR PORCH ROOF JUMPING FROM THE ROOF. T1 CREW PLACED a 24 ft LADDER TO THE REAR OF THE STRUCTURE. T1 AND R1 MET AT THE FRONT PORCH. T1 OFFICER ADVISED CREWS AND COMMAND THAT A REPORT WAS GIVEN BY OCCUPANTS WHO WERE IN THE STRUCTURE THAT 1 PERSON WAS STILL INSIDE IN THE BACK BEDROOM OR REAR LEFT BEDROOM. R1 CREW KNOCKED DOWN FIRE ENOUGH FOR T1 TO START A SEARCH ON THE MAIN LEVEL.

T1 CREW SEARCHED MAIN LEVEL AND FOUND NO ONE INSIDE. R1 CREW WORKED ON EXTINGUISHING MORE FIRE ON THE MAIN FLOOR AND 2ND FLOOR. E3 CREW ARRIVED AND RESCUED ONE MORE FROM THE REAR PORCH AREA FROM A LADDER. E3 ALSO SEARCHED MAIN FLOOR AREA. E6 CREW PULLED A 2ND LINE TO THE FRONT WHICH THEY TOOK TO THE 2ND FLOOR. E4 PULLED A 3RD LINE WHICH WE USED ON THE MAIN LEVEL. L5 WENT TO THE 2ND LEVEL TO ASSIST WITH OVERHAUL AND TO CHECK FOR EXTENSION.

**L Authorization**

087

Officer in charge ID

COOK, KEVIN

Signature

BC

Position or rank

Assignment

04

05

2010

Month Day Year

 Check Box if same as Officer in charge.

083

Member making report ID

LOWE, STEVEN

Signature

CAPT.

Position or rank

Assignment

04

05

2010

Month Day Year

08101

FDID \*

MI

State \*

MM

4

DD

3

YYYY

2010

1

Station

10-0003673

Incident Number \*

000

Exposure \*

Complete  
Narrative

## Narrative:

04/05/2010 17:01:21 SLOWE

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PITTSFIELD TWP FIRE WAS CALLED TO USE AS A RIT TEAM AND WE ALSO USED THEM IN OVERHAUL. AAFD SHIFT 3 CALLBACK PERSONNEL WERE USED TO RELIEF CREWS FIRST ASSIGNED AND TO CONTINUE CHECKING FOR EXTENSION OF FIRE AND OVERHAUL.

FIRE CREWS ON THE SCENE WERE RELIEVED BY SHIFT 2 AND SHIFT TOOK CONTROL OF FIRE SCENE.

FIRE MARSHAL CHAMBERLAIN WAS ON THE SCENE JUST BEHIND FIRST UNITS AND STARTED THE INVESTIGATION ONCE CREWS FOUND IT SAFE TO ENTER.

3 CIVILIANS WERE TRANSPORTED TO THE HOSPITAL. 2 WITH BURNS AND 1 WITH CUTS AND SMOKE INHALATION. 1 FIRE FIGHTER RECEIVED A MINOR BURN BUT WAS NOT TRANSPORTED.

2 EXPOSURE FIRES WERE ALSO NOTED. 1 EXPOSURE WILL BE A HOUSE, 934 S.STATE WHICH RECEIVED SIDING DAMAGE ON THE NORTH SIDE OF THE HOME. 2ND EXPOSURE WILL BE A CAR PARKED IN THE DRIVE OF THE STRUCTURE FIRE WHICH RECEIVED DAMAGE TO THE FRONT END FROM THE FIRE.

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04/08/2010 08:42:05 CBUSCEMI

On arrival, E4 crew reported to command, we were directed to the rear of the structure to assist E3 with a primary search. After finding no one we exited the structure, E4 officer stretched a third line from R1 and E4 crew began to extinguish fire on the B side. After

08101  
FDID \*

MI  
State \*

MM DD  
4 3  
Incident Date \*

YYYY  
2010

1  
Station

10-0003673  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

knocking down the B side we extinguished fire on the porch and entered main floor of the building. We extinguished fire in the front room of the main level. Afterwards we conducted a secondary search of the second floor and conducted overhaul of the structure.

<b>A</b>	FDID * <u>08101</u>	State * <u>MI</u>	MM <u>04</u>	DD <u>03</u>	YYYY <u>2010</u>	Station <u>1</u>	Incident Number * <u>10-0003673</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -2 Fire
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**B Property Details**

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

**B2** 002  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.

241 Furniture  
 On-site material (1)

                   
 On-site material (2)

                   
 On-site material (3)

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

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2	<input type="checkbox"/> Processing or manufacturing
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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** 72 Exterior balcony,  
 Area of fire origin \*

**D2** UU Undetermined  
 Heat source \*

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

**D4** 50 Natural product, Other  
 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

**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 checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>I3 Building * Height</b> Count the ROOF as part of the highest story <u>002</u> Total number of stories at or above grade <u>001</u> Total number of stories below grade	<b>I4 Main Floor Size*</b> <div style="text-align: right;">NFIRS-3 Structure Fire</div> <u>    </u> , <u>003</u> , <u>500</u> Total square feet <div style="text-align: center;">OR</div> <u>    </u> , <u>    </u> BY <u>    </u> , <u>    </u> Length in feet                      Width in feet
<b>J1 Fire Origin *</b> <u>001</u> <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 <u>    </u> Number of stories w/ minor damage (1 to 24% flame damage) <u>    </u> Number of stories w/ significant damage (25 to 49% flame damage) <u>    </u> Number of stories w/ heavy damage (50 to 74% flame damage) <u>    </u> Number of stories w/ extreme damage (75 to 100% flame damage)	<b>K Material Contributing Most To Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine      Skip To Section L <b>K1</b> <u>UU</u> <u>Undetermined</u> Item contributing most to flame spread <b>K2</b> <u>UU</u> <u>Undetermined</u> Type of material contributing most of flame spread      Required only if item contributing code is 00 or <70	
<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 type="checkbox"/> Confined to building of origin 5 <input checked="" type="checkbox"/> Beyond building of origin	<b>L1 Presence of Detectors *</b> (In area of the fire) N <input type="checkbox"/> None Present      Skip to section M 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 checked="" 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	<b>L5 Detector Effectiveness</b> Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
<b>L2 Detector Type</b> 1 <input 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 type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input checked="" type="checkbox"/> Undetermined	<b>L6 Detector Failure Reason</b> Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	
<b>M1 Presence of Automatic Extinguishment System *</b> N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present      Complete rest of Section M	<b>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 <u>    </u> Number of sprinkler heads operating	NFIRS-3 Revision 01/19/99	

<b>A</b> FDID * <u>08101</u> State * <u>MI</u> Incident Date * MM <u>4</u> DD <u>3</u> YYYY <u>2010</u> Station <u>1</u> Incident Number * <u>10-0003673</u> Exposure * <u>000</u> <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change							NFIRS - 4 Civilian Fire Casualty	
<b>B</b> Injured Person * 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female						<b>C</b> Casualty * Number * <u>1</u>		
First Name <u>COLLIN</u> MI <u>MI</u> Last Name <u>WILLIAM</u> Suffix _____		Casualty Number <u>1</u>						
<b>D</b> Age or date of birth * <u>20</u> <input type="checkbox"/> Months (for Infants) Age <b>OR</b> Month <u>  </u> Day <u>  </u> Year <u>  </u>		<b>E1</b> Race 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian, Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined		<b>F</b> Affiliation 1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other		<b>H</b> Severity * 1 <input type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input checked="" type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death		
		<b>E2</b> Ethnicity <input type="checkbox"/> Hispanic		<b>G</b> Date & Time of Injury Month <u>4</u> Day <u>3</u> Year <u>2010</u> Hour <u>  </u> Minutes <u>  </u>		Midnight is 0000.		
<b>I</b> Cause of Injury 1 <input type="checkbox"/> Exposed to fire products including flame heat, smoke, & gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by/or contact with object 8 <input type="checkbox"/> Overexertion 9 <input checked="" type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined			<b>J</b> Human Factors Contributing to Injury <input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person			<b>K</b> Factors Contributing to Injury <input type="checkbox"/> None Enter up to three contributing factors Contributing factor (1) _____ Contributing factor (2) _____ Contributing factor (3) _____		
<b>L</b> Activity When Injured 1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined			<b>M1</b> Location at Time of Incident 1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin & not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area or origin and involved U <input type="checkbox"/> Undetermined <b>M2</b> General Location at Time of Injury Check ONE Box. If undetermined, leave blank and skip to Section N. 1 <input type="checkbox"/> In area of fire origin <span style="border: 1px solid black; padding: 2px;">Skip To Section N</span> 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area <span style="border: 1px solid black; padding: 2px;">Skip to Section M5</span>			<b>M3</b> Story at Time of Incident Complete ONLY if injury occurred INSIDE Story at START of incident _____ <input type="checkbox"/> Below Grade <b>M4</b> Story Where Injury Occurred Story where injury occurred, if different _____ <input type="checkbox"/> Below Grade from M3 <b>M5</b> Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin _____ Specific location at time of injury		
<b>N</b> Primary Apparent Symptom 01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns & smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up code only if the symptom is NOT found above _____ Primary apparent symptom			<b>O</b> Primary Area of Body Injured 1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck & shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts			<b>P</b> Disposition <input type="checkbox"/> Transported to emergency care facility Remarks _____ Local option _____ _____ _____ _____ _____		

NFIRS-4 Revision 11/17/98

<b>A</b> FDID * <u>08101</u> State * <u>MI</u> Incident Date * <u>4</u> <u>3</u> <u>2010</u> Station <u>1</u> Incident Number * <u>10-0003673</u> Exposure * <u>000</u>						<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change		NFIRS - 4 Civilian Fire Casualty	
<b>B Injured Person</b> * 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female							<b>C Casualty *</b> Number		
First Name <u>REBECCA</u> MI Last Name <u>MARCUS</u> Suffix		Casualty Number <u>2</u>							
<b>D Age or date of birth*</b> Age <u>21</u> <input type="checkbox"/> Months (for Infants)		<b>E1 Race</b> 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian, Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined		<b>F Affiliation</b> 1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other		<b>H Severity *</b> 1 <input type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input checked="" type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death			
OR Month Day Year		<b>E2 Ethnicity</b> <input type="checkbox"/> Hispanic		<b>G Date &amp; Time of Injury</b> Midnight is 0000. <u>4</u> <u>3</u> <u>2010</u> <u>    </u> <u>    </u> Month Day Year Hour Minutes					
<b>I Cause of Injury</b> 1 <input type="checkbox"/> Exposed to fire products including flame heat, smoke, & gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by/or contact with object 8 <input type="checkbox"/> Overexertion 9 <input checked="" type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined			<b>J Human Factors Contributing to Injury</b> <input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person			<b>K Factors Contributing to Injury</b> <input type="checkbox"/> None Enter up to three contributing factors _____ Contributing factor (1) _____ Contributing factor (2) _____ Contributing factor (3)			
<b>L Activity When Injured</b> 1 <input checked="" type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined			<b>M1 Location at Time of Incident</b> 1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin & not involved 3 <input checked="" type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area or origin and involved U <input type="checkbox"/> Undetermined <b>M2 General Location at Time of Injury</b> Check ONE Box. If undetermined, leave blank and skip to Section N. 1 <input type="checkbox"/> In area of fire origin <span style="border: 1px solid black; padding: 2px;">Skip To Section N</span> 2 <input checked="" type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area <span style="border: 1px solid black; padding: 2px;">Skip to Section M5</span>			<b>M3 Story at Time of Incident</b> Complete ONLY if injury occurred INSIDE Story at START of incident <u>2</u> <input type="checkbox"/> Below Grade <b>M4 Story Where Injury Occurred</b> Story where injury occurred, if different from M3 <u>2</u> <input type="checkbox"/> Below Grade <b>M5 Specific Location at Time of Injury</b> Complete ONLY if casualty NOT in area of origin <u>72</u> <u>Exterior balcony,</u> Specific location at time of injury			
<b>N Primary Apparent Symptom</b> 01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input checked="" type="checkbox"/> Burns & smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up code only if the symptom is NOT found above _____ Primary apparent symptom			<b>O Primary Area of Body Injured</b> 1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck & shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input checked="" type="checkbox"/> Multiple body parts			<b>P Disposition</b> <input type="checkbox"/> Transported to emergency care facility Remarks _____ Local option _____ _____ _____ _____ _____ _____ _____ _____			



<b>A</b> FDID <u>08101</u> * State <u>MI</u> * Incident Date <u>4</u> <u>3</u> <u>2010</u> * Station <u>1</u> Incident Number <u>10-0003673</u> * Exposure <u>000</u> * <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change							NFIRS - 4 Civilian Fire Casualty	
<b>B Injured Person</b> * 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female						<b>C Casualty * Number</b>		
<u>REN DEN</u> First Name MI Last Name <u>LEMASTERS</u> Suffix						<u>3</u> Casualty Number		
<b>D Age or date of birth*</b> <u>22</u> <input type="checkbox"/> Months (for Infants) Age <b>OR</b> <u>    </u> <u>    </u> <u>    </u> Month Day Year		<b>E1 Race</b> 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian, Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined		<b>F Affiliation</b> 1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other		<b>H Severity *</b> 1 <input type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input checked="" type="checkbox"/> Death		
		<b>E2 Ethnicity</b> <input type="checkbox"/> Hispanic		<b>G Date &amp; Time of Injury</b> Midnight is 0000. <u>4</u> <u>3</u> <u>2010</u> <u>    </u> <u>    </u> Month Day Year Hour Minutes				
<b>I Cause of Injury</b> 1 <input checked="" type="checkbox"/> Exposed to fire products including flame heat, smoke, & gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by/or contact with object 8 <input type="checkbox"/> Overexertion 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined			<b>J Human Factors Contributing to Injury</b> <input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person			<b>K Factors Contributing to Injury</b> <input type="checkbox"/> None Enter up to three contributing factors <u>21</u> Exits blocked by Contributing factor (1) _____ Contributing factor (2) _____ Contributing factor (3) _____		
<b>L Activity When Injured</b> 1 <input checked="" type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined		<b>M1 Location at Time of Incident</b> 1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin & not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input checked="" type="checkbox"/> In area or origin and involved U <input type="checkbox"/> Undetermined <b>M2 General Location at Time of Injury</b> Check ONE Box. If undetermined, leave blank and skip to Section N. 1 <input checked="" type="checkbox"/> In area of fire origin <input type="checkbox"/> Skip To Section N 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area <input type="checkbox"/> Skip to Section M5		<b>M3 Story at Time of Incident</b> Complete ONLY if injury occurred INSIDE Story at START of incident <u>1</u> <input type="checkbox"/> Below Grade <b>M4 Story Where Injury Occurred</b> Story where injury occurred, if different <u>1</u> <input type="checkbox"/> Below Grade from M3 <b>M5 Specific Location at Time of Injury</b> Complete ONLY if casualty NOT in area of origin <u>72</u> Exterior balcony, Specific location at time of injury				
<b>N Primary Apparent Symptom</b> 01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input checked="" type="checkbox"/> Burns & smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up code only if the symptom is NOT found above _____ Primary apparent symptom			<b>O Primary Area of Body Injured</b> 1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck & shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input checked="" type="checkbox"/> Multiple body parts		<b>P Disposition</b> <input checked="" type="checkbox"/> Transported to emergency care facility Remarks _____ Local option 04/05/2010 17:44:57 SLOWE SUBJECT WAS NOTICED BY FIRST ARRIVING FIRE CREWS RUNNING FROM THE HOUSE ON FIRE. SUBJECT HAD FIRE OVER ENTIRE BODY. LT FROM R1 KNOCKED SUBJECT TO THE GROUND AND BEGAN NFIRS-4 Revision 11/17/98			



**A** FDID \* 08101 State \* MI Incident Date \* MM 4 DD 3 YYYY 2010 Station 1 Incident Number \* 10-0003673 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	
	Check if same as alarm date			Month	Day	Year				Hour	Min
1 ID <u>VEH-09</u> Type <u>60A</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>05:17</u>		<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>05:26</u>							
Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>14:15</u>							
2 ID <u>VEH-16</u> Type <u>71</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>05:17</u>		<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>05:23</u>							
Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>14:15</u>							
3 ID <u>VEH-18</u> Type <u>12</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>05:17</u>		<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>05:23</u>							
Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>14:15</u>							
4 ID <u>VEH-21</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>06:16</u>		<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>06:23</u>							
Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>14:15</u>							
5 ID <u>VEH-23</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>05:19</u>		<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>22</u>	<u>21</u>
Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>05:26</u>							
Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>07:25</u>							<u>12</u>
6 ID <u>VEH-24</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>05:19</u>		<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>05:27</u>							
Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>14:15</u>							
7 ID <u>VEH-25</u> Type <u>12</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>05:19</u>		<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>05:36</u>							
Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>14:15</u>							
8 ID <u>VEH-26</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>05:19</u>		<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>05:26</u>							
Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>14:15</u>							
9 ID <u>VEH-3</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>05:17</u>		<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>05:23</u>							
Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>3</u>	<u>2010</u>	<u>14:15</u>							

**Type of Apparatus or Resources**

**Ground Fire Suppression**

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

**Heavy Ground Equipment**

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

**Aircraft**

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

**Marine Equipment**

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

**Support Equipment**

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

**Medical & Rescue**

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

More Apparatus?  
 Use Additional  
 Sheets

**Other**

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource
- NN None
- UU Undetermined

<b>A</b>	FDID * <u>08101</u>	State * <u>MI</u>	Incident Date * MM <u>4</u> DD <u>3</u> YYYY <u>2010</u>	Station <u>1</u>	Incident Number * <u>10-0003673</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change	NFIRS - 10 Personnel
<b>B Apparatus or Resource *</b> <small>Use codes listed below</small>		<b>Date and Times</b> <small>Check if same as alarm date</small> Month Day Year Hours/mins			Sent <input checked="" type="checkbox"/>	Number of * People <u>1</u>	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
<u>1</u>	ID <u>VEH-09</u> Type <u>60A</u>	Dispatch <input checked="" type="checkbox"/> <u>4</u> <u>3</u> <u>2010</u> <u>05:17</u>	Arrival <input checked="" type="checkbox"/> <u>4</u> <u>3</u> <u>2010</u> <u>05:26</u>	Clear <input checked="" type="checkbox"/> <u>4</u> <u>3</u> <u>2010</u> <u>14:15</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Personnel ID</b>	<b>Name</b>	<b>Rank or Grade</b>	<b>Attend</b> <input checked="" type="checkbox"/>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	
084	CHAMBERLAIN, KATHLEEN	FM	X					
<u>2</u>	ID <u>VEH-16</u> Type <u>71</u>	Dispatch <input checked="" type="checkbox"/> <u>4</u> <u>3</u> <u>2010</u> <u>05:17</u>	Arrival <input checked="" type="checkbox"/> <u>4</u> <u>3</u> <u>2010</u> <u>05:23</u>	Clear <input checked="" type="checkbox"/> <u>4</u> <u>3</u> <u>2010</u> <u>14:15</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"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Personnel ID</b>	<b>Name</b>	<b>Rank or Grade</b>	<b>Attend</b> <input checked="" type="checkbox"/>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	
120	LUICK, MARK	D/O	X					
123	SCHROEDER, MATTHEW	D/O	X					
129	KREGER, STEPHEN	LT	X					
151	RAMIREZ, PABLO	D/O	X					
<u>3</u>	ID <u>VEH-18</u> Type <u>12</u>	Dispatch <input checked="" type="checkbox"/> <u>4</u> <u>3</u> <u>2010</u> <u>05:17</u>	Arrival <input checked="" type="checkbox"/> <u>4</u> <u>3</u> <u>2010</u> <u>05:23</u>	Clear <input checked="" type="checkbox"/> <u>4</u> <u>3</u> <u>2010</u> <u>14:15</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"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Personnel ID</b>	<b>Name</b>	<b>Rank or Grade</b>	<b>Attend</b> <input checked="" type="checkbox"/>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	
083	LOWE, STEVEN	CAPT.	X					
118	HARRIS, TRACY	D/O	X					
141	PETERSON, SCOTT	FF	X					
162	LUSSENDEN, KRISTOPHER	FF	X					

<b>A</b>	FDID * <u>08101</u>	State * <u>MI</u>	Incident Date * MM <u>4</u> DD <u>3</u> YYYY <u>2010</u>	Station <u>1</u>	Incident Number * <u>10-0003673</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change	NFIRS - 10 Personnel
<b>B Apparatus or Resource *</b> <small>Use codes listed below</small>		<b>Date and Times</b> <small>Check if same as alarm date</small> Month Day Year Hours/mins			Sent <input checked="" type="checkbox"/>	Number of * People <u>4</u>	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
<u>1</u>	ID <u>VEH-21</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>06:16</u>	Sent <input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>  </u> <u>  </u> <u>  </u> <u>  </u>
	Type <u>11</u>	Arrival <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>06:23</u>				
		Clear <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>14:15</u>				
<b>Personnel ID</b>	<b>Name</b>	<b>Rank or Grade</b>	<b>Attend</b> <input checked="" type="checkbox"/>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	
135	BOONSTRA, ANDREW	FF	X					
140	HEDDING, KIRK	D/O	X					
173	HANSELMAN, MARK	FF	X					
188	GAKEN, MATTHEW	PR	X					
<u>2</u>	ID <u>VEH-23</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>05:19</u>	Sent <input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>22</u> <u>21</u> <u>12</u> <u>  </u>
	Type <u>11</u>	Arrival <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>05:26</u>				
		Clear <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>07:25</u>				
<b>Personnel ID</b>	<b>Name</b>	<b>Rank or Grade</b>	<b>Attend</b> <input checked="" type="checkbox"/>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	
075	ROBERTSON, SCOTT	LT	X					
090	PELZEL, JEFFERY	D/O	X					
154	TIERNAN, JAMES	FF	X					
196	LUKOSAVICH, JONATHAN	PR	X					
<u>3</u>	ID <u>VEH-24</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>05:19</u>	Sent <input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>  </u> <u>  </u> <u>  </u> <u>  </u>
	Type <u>11</u>	Arrival <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>05:27</u>				
		Clear <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>14:15</u>				
<b>Personnel ID</b>	<b>Name</b>	<b>Rank or Grade</b>	<b>Attend</b> <input checked="" type="checkbox"/>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	
105	SUMMERSGILL, KATHLEEN	D/O	X					
127	BUSCEMI, CHRISTOPHER	LT	X					
134	GAMBLE, WILLIAM	FF	X					
193	GRAVELLE, JASON	FF	X					

<b>A</b>		FDID * <u>08101</u>	State * <u>MI</u>	Incident Date * <u>4</u> <u>3</u> <u>2010</u>	Station <u>1</u>	Incident Number * <u>10-0003673</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 Month Day Year Hours/mins			Sent <input checked="" type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken List up to 4 actions for each apparatus and each personnel.	
Use codes listed below									
<u>1</u>	ID <u>VEH-25</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>05:19</u>	Sent <input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Type <u>12</u>	Arrival <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>05:36</u>					
		Clear <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>14:15</u>					
Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken		
097	BROW, AMY	LT	X						
106	BERRY, GREGORY	D/O	X						
165	CUE, DAVID	FF	X						
186	TAYLOR, CHRISTOPHER	PR	X						
<u>2</u>	ID <u>VEH-26</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>05:19</u>	Sent <input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Type <u>11</u>	Arrival <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>05:26</u>					
		Clear <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>14:15</u>					
Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken		
108	STRICKFADEN, LEA	LT	X						
121	ARMITAGE, DANIEL	D/O	X						
143	BOX, ANDREW	FF	X						
181	FRANCIS, MATTHEW	FF	X						
<u>3</u>	ID <u>VEH-3</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>05:17</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Type <u>92</u>	Arrival <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>05:23</u>					
		Clear <input checked="" type="checkbox"/>	<u>4</u> <u>3</u> <u>2010</u>	<u>14:15</u>					
Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken		
087	COOK, KEVIN	BC	X						

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FDID

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State

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Incident Date

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Exposure

Responding  
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
VEH-09 FP-1 *2007 FORD FREESTAR VAN	05:17:44	05:17:44	05:26:12	14:15:00

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

VEH-16 R-1 \* 2000 PIERCE 05:17:44 05:17:44 05:23:59 14:15:00

Staff ID\Staff Name	Activity	Rank	Position	Role
120 LUICK, MARK	Fire At Scene	Driver/Oper		
123 SCHROEDER, MATTHEW	Fire At Scene	Driver/Oper		
129 KREGER, STEPHEN	Fire At Scene	Lieutenant		
151 RAMIREZ, PABLO	Fire At Scene	Driver/Oper		

VEH-18 T-1 \* 1996 EMERGENCY ONE TOWER 05:17:44 05:17:44 05:23:59 14:15:00

Staff ID\Staff Name	Activity	Rank	Position	Role
083 LOWE, STEVEN	Fire At Scene	Captain		
118 HARRIS, TRACY	Fire At Scene	Driver/Oper		
141 PETERSON, SCOTT	Fire At Scene	Firefighter		
162 LUSSENDEN, KRISTOPHER	Fire At Scene	Firefighter		

VEH-21 E-1 \* 1991 SPARTAN 06:16:18 06:16:18 06:23:59 14:15:00

Staff ID\Staff Name	Activity	Rank	Position	Role
135 BOONSTRA, ANDREW	Fire At Scene	Firefighter		
140 HEDDING, KIRK	Fire At Scene	Driver/Oper		
173 HANSELMAN, MARK	Fire At Scene	Firefighter		
188 GAKEN, MATTHEW L	Fire At Scene	Probationar		

VEH-23 E-3 \* 1999 EMERGENCY ONE 05:19:42 05:19:42 05:26:06 07:25:43

Staff ID\Staff Name	Activity	Rank	Position	Role
075 ROBERTSON, SCOTT	Fire At Scene	Lieutenant		
090 PELZEL, JEFFERY	Fire At Scene	Driver/Oper		
154 TIERNAN, JAMES	Fire At Scene	Firefighter		
196 LUKOSAVICH, JONATHAN J	Fire At Scene	Probationar		

#### Unit Narrative

04/05/2010 18:18:46 SROBERTSON

Lt. Robertson 04-05-2010 17:42

Dispatched to a " small outside fire" Small bag on porch, catching the couch on fire, apt house.

E-3 arrived and staged north of T-1. We were ordered to advance a 2nd line. None was

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Responding  
Units/Personnel

VEH-24 E-4 \* 2005 Crimson 05:19:27 05:19:27 05:27:30 14:15:00

Staff ID\Staff Name	Activity	Rank	Position	Role
105 SUMMERSGILL, KATHLEEN	Fire At Scene	Driver/Oper		
127 BUSCEMI, CHRISTOPHER	Fire At Scene	Lieutenant		
134 GAMBLE, WILLIAM	Fire At Scene	Firefighter		
193 GRAVELLE, JASON DAVID	Fire At Scene	Firefighter		

VEH-25 L-5 \* 1999 EMERGENCY ONE 05:19:27 05:19:27 05:36:35 14:15:00

Staff ID\Staff Name	Activity	Rank	Position	Role
097 BROW, AMY	Fire At Scene	Lieutenant		
106 BERRY, GREGORY	Fire At Scene	Driver/Oper		
165 CUE, DAVID	Fire At Scene	Firefighter		
186 TAYLOR, CHRISTOPHER	Fire At Scene	Probationar		

Unit Narrative

VEH-26 E-6 \* 2005 Crimson 05:19:27 05:19:27 05:26:48 14:15:00

Staff ID\Staff Name	Activity	Rank	Position	Role
108 STRICKFADEN, LEA	Fire At Scene	Lieutenant		
121 ARMITAGE, DANIEL	Fire At Scene	Driver/Oper		
143 BOX, ANDREW	Fire At Scene	Firefighter		
181 FRANCIS, MATTHEW	Fire At Scene	Firefighter		

Unit Narrative

04/14/2010 21:36:59 LSTRICKFADEN

E-6, E-4 & L-5 requested for a structure fire, 928 S State Street. Enroute, downtown & E-3 reported a structure fire requesting AAPD for traffic control. T-1 reported jumpers from the rear. Upon E-6 arrival, E-6 blocked State Street at Hoover. Command requested E-6 pull another line to the front door. Personnel took the high rise bundle from T-1 hooking to R-1 then proceeded to side A, north double door (right side), second floor for search and extinguishment. E-6 D/O turned off gas to building. Regrouped outside, changing air bottles. Reassigned, ventilate roof. T-1 used to access roof placing hole in dormer. Regrouped again gathered all equipment for E-6. Command released E-6 returning to Station #6 for shift change.

Shift one, E-6 crew: D/O Armitage, Lt Strickfaden, FF Box, FF Francis  
 Time of dispatch: 05:19  
 Arrival: 05:26

VEH-3 B/C 2005 GMC PICKUP 05:17:44 05:17:44 05:23:59 14:15:00

Staff ID\Staff Name	Activity	Rank	Position	Role
087 COOK, KEVIN	Fire At Scene	Battalion C		



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Units/Personnel

Unit Narrative

04/05/2010 21:58:50 KCOOK

Dispatch upgrade the original call to a all call after the fire grew into a porch fire. Upon arrival I took command and position the BC truck in a driveway across the street from the fire. After back in I witnessed an occupant from the home run across the street on fire, I contacted Dispatch and asked that HVA hurry to scene. Personnel from both Rescue one and Tower one put out our on fire occupant. They started treatment, Fire Marshal Chamberlain stayed with the burn victim till HVA took over care. Other members of Rescue one st reached hose line, set up water supply and hit the front porch with the deck gun. Capt. of Tower one found there was other people that needed rescue from the rear of the home, he requested ladders to assist in this operation.

I turned on the accountability program on the BC computer and used the clock for a 10 min pars. I continued to ask for PAR for a hour and ten mins. I then turned over accountability to TO Virlee (see below)

Engine three arrived assisted with getting a hose lines in place, assisted in the rear of the building rescue and then began to do a search of the rear of the building. Engine three along with Tower one passed on a all clear for there search. Engine three crew did also check the basement.

Just after that Fire Marshal Chamberlain told me she had talked with three different residents and all occupants were accounted for. Our burned victim (out the front of the home) was our last person inside.

After HVA took care of the patients they set up a rehab area for us.

Engine six arrived pulled another hose line and started to work towards the second floor.

Engine four arrived and worked on putting out fire on the main floor and started do some overhaul.

During this the driver of Engine 6 shut off gas, (I asked dispatch for GTE to get the power shut off, ETA was an hour) and worked with driver of Engine four to put up more ladders.

Ladder five arrived and assisted in move hose line on the second floor. I direct that PPV get set up on L-5 request.

With in a few mins of our arrival I requested a Shift three call back (it was around 530 and shift two would be come in with in a hour) I also requested Pittsfield Township fire for Mutual aid for a RIT team. When PTFD arrived with 8 they set up RIT behind R-1.

At this point all fire that I could see from the outside was out, but some fire on the eves on the gable ends.

I talked with Capt. Lowe and pulled all crews outside. All company officer to BC truck for new assignments. I had two crews work the first (Tower and rescue one) and second floor (engine four and ladder 5). I had Engine three get some lighting set up. Engine Three then moved inside to assist in over hauling on first then second floor. I had engine six crew work off of the tower bucket to work on the eves.

I also used PTFD for overhaul work, they were split into to squad of four. Both Crews worked on the second floor.

All crew continued to do overhaul work in between rehab periods.

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Exposure

Responding  
Units/Personnel

08101 FDID *	MI State *	MM 4	DD 3	YYYY 2010	1 Station	10-0003673 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
084 CHAMBERLAIN, KATHLEEN	VEH-09	FX Fire At Scene		FM		8.95	0.00	1.00
120 LUICK, MARK	VEH-16	FX Fire At Scene		D/O		8.95	0.00	1.00
123 SCHROEDER, MATTHEW	VEH-16	FX Fire At Scene		D/O		8.95	0.00	1.00
129 KREGER, STEPHEN	VEH-16	FX Fire At Scene		LT		8.95	0.00	1.00
151 RAMIREZ, PABLO	VEH-16	FX Fire At Scene		D/O		8.95	0.00	1.00
083 LOWE, STEVEN	VEH-18	FX Fire At Scene		CAPT.		8.95	0.00	1.00
118 HARRIS, TRACY	VEH-18	FX Fire At Scene		D/O		8.95	0.00	1.00
141 PETERSON, SCOTT	VEH-18	FX Fire At Scene		FF		8.95	0.00	1.00
162 LUSSENDEN, KRISTOPHER	VEH-18	FX Fire At Scene		FF		8.95	0.00	1.00
135 BOONSTRA, ANDREW	VEH-21	FX Fire At Scene		FF		7.98	0.00	1.00
140 HEDDING, KIRK	VEH-21	FX Fire At Scene		D/O		7.98	0.00	1.00
173 HANSELMAN, MARK	VEH-21	FX Fire At Scene		FF		7.98	0.00	1.00
188 GAKEN, MATTHEW L	VEH-21	FX Fire At Scene		PR		7.98	0.00	1.00
075 ROBERTSON, SCOTT	VEH-23	FX Fire At Scene		LT		8.95	0.00	1.00
090 PELZEL, JEFFERY	VEH-23	FX Fire At Scene		D/O		8.95	0.00	1.00
154 TIERNAN, JAMES	VEH-23	FX Fire At Scene		FF		8.95	0.00	1.00
196 LUKOSAVICH, JONATHAN	VEH-23	FX Fire At Scene		PR		8.95	0.00	1.00
105 SUMMERSGILL, KATHLEEN	VEH-24	FX Fire At Scene		D/O		8.93	0.00	1.00
127 BUSCEMI, CHRISTOPHER	VEH-24	FX Fire At Scene		LT		8.93	0.00	1.00
134 GAMBLE, WILLIAM	VEH-24	FX Fire At Scene		FF		8.93	0.00	1.00
193 GRAVELLE, JASON DAVID	VEH-24	FX Fire At Scene		FF		8.93	0.00	1.00
097 BROW, AMY	VEH-25	FX Fire At Scene		LT		8.93	0.00	1.00
106 BERRY, GREGORY	VEH-25	FX Fire At Scene		D/O		8.93	0.00	1.00
165 CUE, DAVID	VEH-25	FX Fire At Scene		FF		8.93	0.00	1.00
186 TAYLOR, CHRISTOPHER	VEH-25	FX Fire At Scene		PR		8.93	0.00	1.00
108 STRICKFADEN, LEA	VEH-26	FX Fire At Scene		LT		8.93	0.00	1.00
121 ARMITAGE, DANIEL	VEH-26	FX Fire At Scene		D/O		8.93	0.00	1.00
143 BOX, ANDREW	VEH-26	FX Fire At Scene		FF		8.93	0.00	1.00
181 FRANCIS, MATTHEW	VEH-26	FX Fire At Scene		FF		8.93	0.00	1.00
087 COOK, KEVIN	VEH-3	FX Fire At Scene		BC		8.95	0.00	1.00

Total Participants: 30

Total Personnel Hours: 264.38

An 'X' next to the unit denotes driver.

MM DD YYYY		Station	Incident Number *	Exposure *	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change	<b>NFIRS - 11</b> <b>Arson</b>	
A	08101 FDID *	MI State *	4 3 Incident Date *	2010	1	10-0003673	000
B Agency Referred To <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	
C Case Status				D Availability of Material First Ignited			
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			
E Suspected Motivation Factors <span style="float: right;">Check up to three factors</span>							
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		27 <input type="checkbox"/> Protest		45 <input type="checkbox"/> Sexual excitement		63 <input type="checkbox"/> Auto theft concealment	
15 <input type="checkbox"/> Void contract/lease		28 <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	
F Apparent Group Involvement <span style="float: right;">Check up to three factors</span>				H Incendiary Devices <span style="float: right;">Select one from each category</span>			
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				<b>CONTAINER</b> <span style="float: right;">NN <input type="checkbox"/> None</span> 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			
				<b>IGNITION/DELAY DEVICE</b> <span style="float: right;">NN <input type="checkbox"/> None</span> 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			
G <sub>1</sub> Entry Method				<b>FUEL</b> <span style="float: right;">NN <input type="checkbox"/> None</span> 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			
G <sub>2</sub> Extent of Fire Involvement on Arrival							
I Other Investigative Information <span style="float: right;">Check all that apply</span>				J Property Ownership		K Initial Observations <span style="float: right;">Check all that apply</span>	
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)	
				L Laboratory Used <span style="float: right;">Check all that apply</span>			
				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			

08101  
FDID \*

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MM DD YYYY  
4 3 2010  
Incident Date \*

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Exposure \*

Arson  
Narrative

**Arson Narrative:**

09/09/2010 16:29:19 KCHAMBERLAIN

928 S. State - Structure Fire, 3 April 2010

I. RUN REPORT NARRATIVE: (Kathleen Chamberlain, Fire Marshal)

At Station One picking up some sample collection materials for a previous fire that was under investigation. Had just exited the vehicle on the apparatus floor when Capt. Lowe said to standby - it sounded as though I might be needed at another fire. Dispatch announced that a trash fire was now spreading to the porch and it was on fire, with multiple calls being received. Followed responding Station One apparatus to the scene directly behind Tower One. Upon arrival saw a two story bungalow type of wooden structure with an open porch across most of the front, dormer windows above the porch on the second story. The porch was totally engulfed in flame and fire was spreading up over the porch and onto the second story.

As I was stopping behind the Tower I noticed movement in the vicinity of the porch steps. I initially thought it was someone carrying out a chair that was on fire and tossing it off the porch. I realized that it wasn't a chair, it was a person that was engulfed in flames. The person went off the porch, appearing to be rolling down the steps, and onto the ground, rising up and running across the street in front of the Tower. I saw Tracy Harris, the Tower Driver, jumping out of the rig, after stopping the Tower, and running over to the person. She was patting the flames out with her hands. Someone else was joining her. I pulled my van over to the curb, parked it, and ran over to assist with the burn patient.

When I reached the patient FF Kris Lussenden was with him, spraying him down with a water can. Lussenden went to get a first aid bag and I started evaluating and talking to the patient. I told Lussenden that I would attend and he could go join his crew fighting the fire.

The patient's name was Renden. He said he was 21 years old. When asked he said he wasn't having any trouble breathing. He said that he didn't hurt anywhere. He seemed disoriented and confused regarding what was happening around him. I inquired if he had had quite a bit to drink that evening and he said he had. The lighting was limited but when I looked him over I could not see any area on him that did not look burned. If he had clothes on him, they were burned off and all that remained was the elastic around his waist, from what probably had been his underwear, and a patch of light cloth covering his crotch area. I believed that he probably had burns over 90%+ of his body that were possibly of varying degrees that I wasn't able to make out in the lighting conditions but since he did not indicate considerable pain, I expected that they were 3rd degree. I was concerned about airway compromise but he did not seem to be in respiratory distress, yet. I called HVA Dispatch to advise them of my location and the seriousness of my patient's condition - that he needed priority transport when units arrived. I concentrated on keeping him calm, clean, and keeping onlookers clear of him. O2 was available but its use was restricted, since it seemed to agitate him. When I saw an HVA rig arrive, I flagged them over and assisted loading the patient onto the cot for transport. As Renden was being loaded up I noticed a couple of young men coming across the street from the house. (They were later identified as Danny and Bryan.) When they saw Renden they ran over to him and were obviously overjoyed and relieved to see that he was out of the structure. They had thought he was still inside. Renden acknowledged them and interacted with them - telling them he was fine. HVA finished loading him and took him to their rig for transport.

I reported to the BC and assisted him until more support arrived and the fire was knocked down, appearing to be under control, and I was able to begin my fire investigation.

II. INVESTIGATION:

Property Owner: Metro Property Services 734-668-6686 (Mr. Vessels)

Type: Multi-family Residential. Three Separate Rental Units- Ground, Basement, Upper Level.

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NOTE: Simultaneous interviews were being conducted by Fire and Police Detectives. This report only contains information gathered by this fire investigator. Ann Arbor Police Detectives were the primary photographers of this fire for the City of Ann Arbor investigation purposes. Additional photographs were taken by insurance investigators and Michigan State Police representatives.

HVA DISPATCH TIMELINE: (Provided from HVA)

928 S. State - AA

April 3, 2010

051626

1st caller Micheal [REDACTED]

051605 911 call received for a fire on the porch. Looks like a garbage bag. Couch kind of close by. Knocked at door - no one answering

051721 Couch already smoldering.

051759 Couch catching fire

051807 Occupant answered door

051848 Couch burning

051856 Advised caller again to get everyone out of the house

051910 Deck is starting to burn

051920 Caller now telling occupant to evacuate the house. Can hear audible alarms

051958 Extension into the roof per the caller

052012 Caller yelling into the house to evacuate.

052028 Lost the caller - phone hung up

2nd caller

052029 Received second call . people balking out of the house. Unknown if fully evacuated at this time

052112 Whole front of house is burning - going pretty quick

052133 call taker inquired if everyone was out of the house. Caller advised that one gentleman just jumped in his truck and left

3rd caller

052117 fully engulfed home

4th caller

052146 structure fire - whole house is going - can verbally hear sirens. Cab driver was passing by

5th caller

052149 calling in house fire

052516 Comm Supervisor contacting Chamberlain per BC request- Chamberlain advising she is on scene - requesting an ambulance for a burn victim. Advised 3 units enroute.

03 April 2010

Interview: Caller Michael Breitling, [REDACTED]

On his way home from working at Quickie Burger - heading down State St. to I-94. Living in Ypsilanti. [REDACTED] Works at Quickie Burger until 5AM.

Took State St. past apartment and saw flames on L corner of front porch. Though it was a campfire up on the porch. Stopped and saw that it was a garbage bag on fire. The fire was in the corner (indicating SE corner of porch)- looked like a bag that had fallen open and was on fire. Had a garbage smell - burning garbage.

Knocked and rang at door trying to get people up and called 911.

Got "a kid" up (Danny from the front first floor bedroom). When Danny went to get water Mike was yelling with the other kid (Danny), "all get out". He was going around - yelling and banging on doors in the unit.

Fire was spreading very quickly from trash to couch, half the couch was on fire, then spread

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to the walls of the porch and up to the ceiling. Couldn't believe how fast the fire was spreading from small fire in corner to whole house. Said he'd never seen anything like that. Mike went in the door on the left when facing the structure from the street (door into the first level).

Fire was up to the door of the porch when he heard the smoke alarms going off.

As Mike was leaving the porch he saw a girl coming out carrying "stuff" out the front door ahead of him.

According to Mike- he stopped his truck at the corner and then moved it to a driveway across the street when Fire was arriving. Stayed there during fire, behind the BC vehicle.

Saw a kid coming out of what looked like the window onto the porch. He tripped and his clothes caught on fire.

Interview: Resident Bryan Vessels [REDACTED]

Woke up when Danny was calling that there was a small fire and he was trying to get it out with a pail of water. Grabbed his school work and pc. Put them on the back porch and then went in to help get Renden but he wouldn't wake up. Shook him and tried to carry him out. Half way out he couldn't breathe and couldn't hold on to him (Renden) anymore- went out back door with Danny. Yelled at him (Renden): "Gotta get out!" Not sure what Renden did, maybe thought they were joking. Thinks Renden may have gone back to bed - not a very big guy and was more affected, so more drunk, than the rest of them. Bryan was afraid to go back in - there was so much fire- and was helping people in the back upstairs get out. When he came around the front of the house (streetside) and saw Renden on the stretcher he seemed fine. Question regarding location of Hookah on porch before fire- Bryan said he moved it to approximately the middle front wall of the porch. Had not used it for 2 days. Also said there were 2 charcoal lighter containers on porch along the front wall.

Interview: Resident Danny Farra, [REDACTED]

Sleeping in SE room - level one- (room adjoining porch by front windows where sofa was) and woke up hearing the "delivery guy" (Mike) calling something outside about a garbage bag on fire. Came to door and saw the garbage can all incinerated. Fire was originally small -about 2feet. Went inside and started filling up water to put it out but started getting smokier inside. Mike started getting emphatic that everyone should get out - fire was getting bigger - so he went to Bryan's room and woke him up. He then went to Renden's room - Renden's a heavy sleeper - started shaking him and Bryan came in and tried to carry Renden out. Renden was struggling and he and Bryan went out the back. Both stood outside calling to Renden in the back by his room trying to get him out. Fire Dept. cam and they were told to go around the front. When they got around they saw Renden on the stretcher so figured he must have gone out the front door.

Per Danny the waste receptacle contained garbage, cans, paper.

Interview Misc. Notes:

Per Danny and Bryan- they had gone to sleep around 3AM.

They had been partying at the house, then went out, then came back.

By all accounts alarms heard to be going off by Michael, Bryan, and Danny.

Investigation Comments:

Fire investigation began immediately when fire was knocked down. Porch area, identified by witnesses as where fire was first noticed, was secured and maintained with minimal additional disturbance while the rest of the structure was being extinguished. Pictures were taken and samples pulled from what appeared to be area of origin as soon as access could be made safely. All patterns inside and outside of the porch were consistent with witness accounts placing the area of fire origin in the SE corner of the porch. Remnants of a blue plastic waste container were found. Samples were taken for analysis by the lab for unusual contents/accelerants. It appeared that the fire spread from the waste receptacle to the sofa which was across the front of the porch, against the house and under the front windows. The

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sofa provided the fuel for the fire to grow and spread rapidly. The burn pattern confirmed significant heat build up on the porch.

Fire/heat spread throughout the house's first floor and second floor may possibly have been aided if the front doors were left open: On the first floor, in the effort to warn the other occupants and get water; and on the second floor, during evacuation of the upstairs occupants from the bedroom directly over the porch. (The two occupants in the North bedroom escaped out the second floor rear of the structure.) There was not any fire damage in the basement, only water damage. The two basement occupants evacuated without incident.

Samples taken: 03 April 2010

1. Charred debris collected from the remainder of a trash container found in the SE corner of the front porch. (Debris from N portion of container area - just below top surface layer.)

2. Charred debris collected from remainder of a trash container found in the SE corner of the front porch. Debris contained burned paper and some fabric. (Debris removed from center area of container, close to bottom.)

Other notes: A grow room facility for what appeared to be marijuana plants, in a boarded up closet under the front roof, Southside, was discovered. Ann Arbor Police Detectives investigated.

Structure Secured and Locked by Belfour.

Key provided by Belfour to AAFD, Fire Marshal, Kathleen Chamberlain.

Of particular significance was the preservation of the porch area to maintain minimal disruption to the fire scene. Board up company secured from the outer side of the porch so that development pattern for fire would not be unnecessarily disturbed. Seals were maintained as tight as reasonably possible to provide minimal air movement within the porch area. All attempts were made to preserve scene for any additional future investigation.

06 April 2010 - Investigation, continued

Present: (along with AAPD officers)

Trooper John Richards, Michigan Department of State Police, 517-780-4580

Lt. Richard A. Hetu, Canine Unit, Michigan State Police, 517-322-5812, C [REDACTED]

John Dettling, Hastings Mutual Insurance Co. 734-475-3220

Mike Cook, Investigator, Chartis Global Investigations, Inc., 800-875-5600

David Stayer, Senior Fire Investigator, Kerby, Bailey & Assoc., 248-267-8445, C [REDACTED]

Investigation Comments:

Lt. Hetu provided his accelerant dog, Kye (spelling?). Kye was brought out from the street side and immediately hit on a generator that was in reserve curbside. He was then brought up to the fire structure, onto the porch. He did not hit on anything in the vicinity of the NE corner where the fire had been identified by witnesses as originally being located. He did not hit on anything in the area, against the residence, containing the remains of what had been an upholstered sofa under the front windows. Kye hit on an area just south of the South front entry door, against the residence (West side of the porch). A charcoal igniter fluid container was found there under debris. It was collected into evidence. Kye was taken around the outside perimeter of the residence and hit on another lighter fluid container close to the bushes in front of the porch, just South of the porch steps. This second container was also taken into evidence. These two lighter fluid containers were consistent with the number of containers said to have been on the porch before the fire by resident Bryan Vessels. Investigator David Stayer was the lead insurance investigator. He finished digging the fire scene to his satisfaction. His expressed initial findings appeared consistent with those of this investigator regarding area of origin and fire spread. He also dug for the fire alarms and located them (one may not have been located immediately; however, all were finally accounted for).

Samples taken: 06 April 2010

3. White plastic container collected from under debris on West side of front porch in the area against the house, just to the South of the entry door. (Container was located by



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accelerant dog.)

4. White plastic container collected in brush by stairs leading up to front porch. Partially burned. Collected for possible content comparison and possible prints.

Electrical: Electric breakers all check out.

Gas can in basement auxiliary area empty.

13 April Fire Brief:

From: Chamberlain, Kathleen

Sent: Tuesday, April 13, 2010 12:18 PM

To: Lanza, Dominick

Subject: 928 S. State - Fire Brief

911 call came in from a passerby at 05:16. He reported a garbage bag burning on the front porch of 928 S. State.

Initial:

By 5:18 the nearby couch was burning and by 05:19 the deck of the porch was burning, audible interior smoke alarms were sounding, and the fire was spreading upwards and into the roof. All attempts were made to alert and evacuate the interior occupants.

At 05:21 reports indicated that the whole front of the house was burning and the fire was spreading quickly. Smoke alarms on the interior were audible

Fire arrival 05:23. Responsibilities included patient care, evacuation, search for victims.

Fire extinguishment, ventilation, salvage and overhaul, scene preservation for cause and origin investigation.

The fire investigation has compiled the following information, in brief:

The fire was first noticed in the corner of the porch. It was a trash fire in a waste container. Fire built and spread to the adjacent sofa (positioned across the front of the residence windows on the porch).

From there the fire continued to build from the ready fuel load of the sofa, building up heat and spreading to the structure itself. The balloon construction and numerous paint layers contributed to the fire spread, changing fire from incipient to growth phase rapidly. The fire breached the front adjacent interior room from the porch.

Attempts to alert the residents resulted in the entry door to the first floor unit being left open, allowing the fire to spread to the inside, building heat and smoke down the hallway.

The attempted evacuation of the upstairs residents via the front stairs left the entry door to the upstairs unit open, permitting fire to gain access to the second floor unit via the stairwell.

The windows left open by the evacuation on the second level in the rear of the structure, drew the heat, fire, and smoke up through the structure in a chimney effect.

Investigation supported witness reports of the fire original and progression.

Students had been partying on the front porch within two hours of the fire being reported.

Considerable smoking paraphernalia was found in the residence, which could indicate that smoking may have occurred on the porch before the fire. The report was that they had gone to sleep approximately two hours before the fire broke out.

At this time the initial ignition of the contents in the waste container is not determined. It is under continued investigation. An accelerant dog did not hit on any accelerants in the area of origin. At this time there has not been any evidence to indicate that this fire was deliberately set. Samples have been collected and are being processed at the Northville State Police Crime Lab. We are awaiting their results to see if they pick up on any "foreign" material.

Occupants:

At the time of the fire it appears that there were two resident occupants in the basement apartment. Both exited without incident.

The first floor unit had three resident occupants. Two exited without incident via the rear

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exit. One of these two had been active in alerting the other residents after he himself was alerted by the passerby who made the original 911 call. The third occupant was difficult to awaken and eventually exited through the front doorway, through the fire, as Fire apparatus was arriving on the scene. He was on fire and ran across the street in front of arriving apparatus. He was attended to by Fire personnel, extinguished and cared for until HVA arrival. He was transported to the hospital where he passed away approximately 12 hours later.

The second floor unit had one occupant that evacuated apparently without injury. A second occupant and his visiting girlfriend attempted to exit via the stairs and front. They encountered fire and were not able to pass, retreated and were evacuated via the upper rear windows. He sustained smoke inhalation, was treated and released that day. She received burns on her legs and is a patient at UofM Burn Center, where she is recovering from her injuries.

Kathleen Chamberlain, Fire Marshal  
 Ann Arbor Fire Department  
 (734) 794-6962 Office  
 [REDACTED] Cell

21 April 2010:

Interview with Rebecca Marcus/ 21 April 2010 AM/ University of Michigan Hospital Outpatient Surgery

Interviewed by Kathleen Chamberlain

DOB: [REDACTED]  
 Home [REDACTED] Cell [REDACTED]

Events of Friday 02 April 2010 through fire on Sunday morning 03 April 2010:

Friends were drinking and partying. Colin (her friend) and DJ & Kim were partying together. Guys downstairs were drinking and partying too but more at the bar than in the apartment. They were out on the porch smoking and a hot ash could have mistakenly ended up in the trash container.

Not sure when they sent to bed - maybe around 1AM but could have been anywhere between 12M and 2 AM. She and Colin were in the North upstairs bedroom.

Remembers that she didn't wake up by alarms - heard DJ. Colin's roommate yelling from outside the window. Colin woke up the rest of the way by shaking her.

They (she and Colin) descended to the landing of the stairs. Still no alarms that she recalls. A lot of smoke and couldn't see well. From the landing could make out the top of the door outlined at the edges in fire. The door was closed (had an automatic closing spring to it so it would swing shut without actually closing it) and lit up at the top. The door had wood around the outside and the center was glass. Decided they could not exit by the front door.

Turned around and went around the stairwell to a detached 1/2 bath in the back to get out the little window over the roof of the porch. Rebecca was fuzzy from the smoke and didn't understand that she was supposed to be going out the window - there was lots of smoke and she was yelling out the window for help. Colin pulled her back - away from the window and went out the window onto the roof. The fire had travelled up the stairs and was behind her. There was an old mattress of DJ's by the bathroom entrance and the whole mattress was catching on fire. She was getting burned. Collin pulled her through the window and out onto the roof (the right corner - NW). DJ and other guys were yelling swing down off the roof. Colin grabbed her by the wrists and DJ grabbed her around the waist and they lifted her down. She thinks Colin was still on the roof - she say a ladder. She ran to the front of the house (State St.) asking for help and an ambulance and waited for the ambulance to arrive.

According to what Kim told her yesterday when she visited Rebecca: She was up because a rash that she had from antibiotics was bothering her. She was walking around and saw a glow - went

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to head downstairs and saw that it was a real fire. She got DJ. DJ went to the bedroom door where she and Colin were and yelled to get them up. They got out the front. Said the fire was so big when they got downstairs they didn't think they'd get out. DJ dove out over the fire. They then went to the alley and were screaming fire, fire, get out to get Colin and Rebecca. Colin slept with his window open so he heard DJ's voice. That is what Rebecca remembers hearing first also is DJ's voice.

The following conversation came up after we had wrapped up the fire portion of the interview. Rebecca started telling me this - explaining that she really hadn't been seeing much of Colin anymore and was breaking off with him. She brought this incident up to explain what had initiated this parting. It is important to note that I never brought up the drugs being found in the house nor did it appear that Rebecca had a clue that there were drugs in the house at anytime.

Rebecca recalls sometime in Oct. or maybe November - not sure but it was either a weekend before or after UofM had a week off (which is why she thinks it might have been Nov. but suggests we check UofM schedule) she was visiting Colin. Colin was not home and she was with Kim and DJ. 2 masked men broke in to the place. They had weapons - one had something like a bottle and another a car jack - and were looking for the guy with the ponytail (Colin has a ponytail). They were looking for drugs/ weed and searched the house. They took Colin's PC. They were saying something like: Where's the weed, we know he's got a lot of it. They were looking for large amounts of it but there wasn't any there...

Doesn't know if PD report was made Told them they should make a report.

That was what started her seeing less of Colin - he was involved with shabby people - but she was still talking to him and seeing him some. He told her he was done with his involvement in moving drugs.

30 APRIL 2010 STATE FORENSIC DIVISION LABORATORY REPORT:

STATE OF MICHIGAN  
DEPARTMENT OF STATE POLICE  
FORENSIC SCIENCE DIVISION  
Sterling Heights Laboratory  
42800 Merrill  
Sterling Heights, MI 48314  
(586) 726-6709  
FAX (586) 726-6661

LABORATORY REPORT

Laboratory No. : NV10-3841  
Investigating Ofcr. : Kathleen Chamberlain  
Agency : Ann Arbor Fire Department  
Agency No. : 10-0003673  
Record No. : 3  
Date Received : April 15, 2010  
Time Received : 1:03 p.m.  
Date Completed : April 30, 2010

Nature of Offense:

9800-7 - Suspicious Situations

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Evidence Received: (The items listed are for reference purposes only. The derivative samples were the only

items received and analyzed.)

Container #1 1 - sealed nylon bag (sample #1) labeled "...928 State St...#1" and identified as collected from a trash container on the front porch

Item #1

charred debris

Item #1extract

1 glass vial containing a carbon strip extract of Item #1

Container #2 1 - sealed nylon bag (sample #2) labeled "...928 S State...book...#2" and identified as collected from a trash container on the front porch

Item #2

burned newspaper and burned fabric

Item #2extract

1 glass vial containing a carbon strip extract of Item #2

Container #3 1 - sealed mason jar (sample #3A) labeled "3A" and identified as collected from the front porch

Item #3A

partially burned apparent white plastic container

Item #3Aextract

1 glass vial containing a carbon strip extract of Item #3A

Container #4 1 - sealed mason jar (sample #3B) labeled "...928 State...3B" and identified as collected from front yard by porch

Item #3B

partially burned apparent white plastic container "odorless lighter fluid"

Item #3Bextract

1 glass vial containing a carbon strip extract of Item #3B

#### Results:

Gas Chromatographic - Mass Spectral (GC-MS) analysis of items 3Aextract and 3Bextract showed the presence of a medium petroleum distillate, which includes but is not limited to some paint thinners, mineral spirits, and charcoal lighter fluids.

Gas Chromatographic - Mass Spectral (GC-MS) analysis of items 1extract and 2extract did not show the presence of any identifiable ignitable liquid residues.

#### Disposition of Evidence:

The samples were discarded after analysis. No open property exists.

#### Relevant Supporting Data:

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Instrumental output and data, photographs, photomicrographs, scanned documentation

Relevant supporting data is case specific and not all of the above may be applicable in every case.

Erin Cohoe, D/Sgt  
State Police Specialist  
Trace Evidence Unit

April 30, 2010

cc David Monroe

13 May 2010: Email

From: St. Amour, Mark  
Sent: Thursday, May 13, 2010 2:27 PM  
To: Chamberlain, Kathleen  
Subject: RE: Recent fire and death that resulted

That is a new take on the fires...Mark

From: Chamberlain, Kathleen  
Sent: Thursday, May 13, 2010 09:35  
To: St. Amour, Mark  
Subject: FW: Recent fire and death that resulted

Mark - I don't believe that anyone from Fire responded to this lady. [REDACTED]

From: A2FP  
Sent: Wednesday, April 07, 2010 10:25 AM  
To: Farrackand, Warreka; Chamberlain, Kathleen; Hollingsworth, Greg; Dziubinski, Edwin; Cretsinger, Melissa; Warsinski, Douglas  
Subject: FW: Recent fire and death that resulted

If anyone would like to respond to this woman please let me know.

Thanks  
Amelia (on behalf of A2fp)

From: Elizabeth D. Mayhand [mailto:[REDACTED]]  
Sent: Tue 4/6/2010 5:27 PM  
To: A2FP  
Subject: Recent fire and death that resulted

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Dear Ann Arbor Fire Prevention,

I am writing in regards to the recent rash of fires in the city, including the one on State street that left one dead and several injured.

I have a sincere desire to provide you with the truth of why these things are happening not just here in our city, but world wide. It is all being caused by our Lord, God. It is a result of His wrath with mankind and our refusal to allow His spirit to dwell in us. It has nothing to do with anything other than His wrath and we dishonor God by crediting this to anything other than Him!

The Lord has promised to destroy the world and while we see warnings from Him everyday, mankind still refuses to accept that God would cause such destruction in the world. It is true. So much more has been promised and will come to be, per Matthew 24 (these are the beginnings of sorrows).

I ask you to consider how you will put fires out during the 3 & 1/2 years of no rain promised in Revelation 11. How will you survive this drought, famine and plagues promised, let alone help the public to?

God is causing all things in the world, good and bad. From the fires, floods, earthquakes, wars, terrorism, job loss, economic woes, illness and increased violence. It is to wake all of us up so that we heed these warnings and return to Him before it is too late.

Don't take my word for it. Ask the Lord yourself. Look up Revelation 11, Isaiah 24 and Matthew 24.

God is judging all of us, this entire world. What we do today will affect what we receive when the days of tribulation (Revelation) arrive. Give God His glory and fear Him now, while we still can.

He is our Lord, our God and Saviour.

I pray that we will be found worthy of His mercy and grace when the truth is revealed to the world.

Elizabeth (Beth) Mayhand

From Isaiah " 45:7 I form the light, and create darkness: I make peace, and create evil: I the LORD do all these things."

20 May 2010 UPDATE EMAIL:

From: Chamberlain, Kathleen

Sent: Thursday, May 20, 2010 1:43 PM

To: Lanza, Dominick

Subject: Update on 928 S. State Street Fire

Results have been returned from the forensic lab MSP on the samples taken from the fire location at 928 S. State..

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Four evidence containers were submitted.

Two sample containers were submitted into evidence that were taken from the base of the waste container (trash can) on the porch that was identified as the origin of the fire.

Two containers were of charcoal lighter fluid containers found on the porch and in the bushes in front of the porch. These were submitted for comparison to the other two samples and confirmation of contents. Also possible prints.

The contents of the first containers did not indicate the presence of any accelerants. The contents of the containers with the charcoal lighter fluid indicated the presence of a medium petroleum distillate, as would be found in charcoal lighter fluid.

Presently, no evidence has been discovered to indicate that accelerants were used to ignite the contents of the waste container on the porch.

At this time there is no evidence to indicate that this fire was deliberately set.

Kathleen Chamberlain, Fire Marshal  
Ann Arbor Fire Department  
(734) 794-6962 Office  
[REDACTED] Cell

INVESTIGATIVE SUMMARY: (To date) Kathleen Chamberlain, Fire Marshal

It is the opinion of this investigator that the fire originated in the waste container that was in the NE corner of the porch. At this time it is not known what material in the container was first ignited or how it became ignited, but the fire appears to have been an incendiary act.

From information gathered in various interviews, the source may have been ignited smoking materials, since from occupant accounts smoking had occurred on and around the porch, at least, earlier that evening in a time frame that could be consistent with a smoldering fire finally getting enough oxygen to evidence itself. Also, there was a great deal of evidence around both the front and rear porch areas of history of discarded smoking materials being tossed off the porches and onto the ground around them. With the wind factor that night and its gusting, tossed smoking materials intended to reach the surrounding ground, could have been caught by the wind and landed in the waste container to smolder. There was also speculation that fireworks had been set off in the vicinity, which may have triggered the ignition of waste materials in the container if an ignited particle landed in the waste container. This investigator never spoke directly with any witness to confirm that fireworks had been set off the evening of the fire.

Three other fires occurred in close proximity to this fire in the surrounding campus area. This fire has been compared to these other fires. There has not been any evidence to date to connect these fires to each other. The similarity between them seems to be that readily available combustibles were involved in each of these fires. The source of none of their ignitions has been identified, to date.

If this fire was deliberately set, there has not been any evidence, to date to support this conclusion.

At this time, this investigator is calling the originating cause and source of this fire:  
UNDETERMINED

**A** FDID 08101 \* State MI Incident Date 04 03 2010 Station 1 Incident Number 10-0003673 \* Exposure 000 \*  Delete  Change  No Activity NFIRS -1 Basic

**B Location\***  Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract \_\_\_\_\_ - \_\_\_\_\_

Street address 928 S STATE ST \_\_\_\_\_  
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection  In front of  Rear of  Adjacent to  Directions

\_\_\_\_\_ ANN ARBOR MI 48104 - \_\_\_\_\_  
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable \_\_\_\_\_

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

**E1 Date & Times** Midnight is 0000  
 Check boxes if dates are the same as Alarm Date. ALARM always required  
 Alarm \* 04 03 2010 05:17:44  
 ARRIVAL required, unless canceled or did not arrive  
 Arrival \* 04 03 2010 05:23:59  
 CONTROLLED Optional, Except for wildland fires  
 Controlled \* 04 03 2010 06:03:22  
 LAST UNIT CLEARED, required except for wildland fires  
 Last Unit Cleared 04 03 2010 14:15:00

**E2 Shift & Alarms** Local Option  
1 02 1  
 Shift or Alarms District Platoon

**D Aid Given or Received\***

1  Mutual aid received 08108 \_\_\_\_\_  
 Their FDID Their State

2  Automatic aid recv. N/A \_\_\_\_\_  
 Their Incident Number

3  Mutual aid given  
 4  Automatic aid given  
 5  Other aid given  
 N  None

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

**F Actions Taken \***

11 Extinguishment by fire  
 Primary Action Taken (1)

\_\_\_\_\_  
 Additional Action Taken (2)

\_\_\_\_\_  
 Additional Action Taken (3)

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

Apparatus Personnel  
 Suppression 0009 0030

EMS \_\_\_\_\_ \_\_\_\_\_

Other \_\_\_\_\_ \_\_\_\_\_

Check box if resource counts include aid received resources.

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

Property \$ \_\_\_\_\_, 000, 000

Contents \$ \_\_\_\_\_, 000, 000

PRE-INCIDENT VALUE: Optional

Property \$ \_\_\_\_\_, 000, 000

Contents \$ \_\_\_\_\_, 000, 000

**Completed Modules**

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

**H1\* Casualties**  None  
 Deaths Injuries  
 Fire Service \_\_\_\_\_ 001  
 Civilian 001 002

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

**H3 Hazardous Materials Release**

N  None

1  Natural Gas: slow leak, no evacuation or HazMat actions  
 2  Propane gas: <21 lb. tank (as in home BBQ grill)  
 3  Gasoline: vehicle fuel tank or portable container  
 4  Kerosene: fuel burning equipment or portable storage  
 5  Diesel fuel/fuel oil: vehicle fuel tank or portable  
 6  Household solvents: home/office spill, cleanup only  
 7  Motor oil: from engine or portable container  
 8  Paint: from paint cans totaling < 55 gallons  
 0  Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

**I Mixed Use Property**

NN  Not Mixed

10  Assembly use  
 20  Education use  
 33  Medical use  
 40  Residential use  
 51  Row of stores  
 53  Enclosed mall  
 58  Bus. & Residential  
 59  Office use  
 60  Industrial use  
 63  Military use  
 65  Farm use  
 00  Other mixed use

**J Property Use\* Structures**

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

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

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

Outside

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

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

981  Construction site  
 984  Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:  
 Property Use 429  
Multifamily dwelling



**K1 Person/Entity Involved**

Local Option \_\_\_\_\_ Business name (if applicable) \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Number \_\_\_\_\_ Prefix \_\_\_\_\_ Street or Highway \_\_\_\_\_ Street Type \_\_\_\_\_ Suffix \_\_\_\_\_

Post Office Box \_\_\_\_\_ Apt./Suite/Room \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**K2 Owner**  Same as person involved? Then check this box and skip The rest of this section.

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

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

Mr.,Ms., Mrs. First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Number \_\_\_\_\_ Prefix \_\_\_\_\_ Street or Highway \_\_\_\_\_ Street Type \_\_\_\_\_ Suffix \_\_\_\_\_

Post Office Box \_\_\_\_\_ Apt./Suite/Room \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**L Remarks**

Local Option

04/05/2010 17:01:21 SLOWE

T1, R1, B1 DISPATCHED TO A REPORTED SMALL BAG ON FIRE NEXT TO A PORCH. WHILE THESE UNITS WERE RESPONDING CENTRAL DISPATCH STATED THAT THE PORCH IS NOW ON FIRE. CENTRAL DISPATCH CONTACTED E3, E4, L5, E6 TO RESPOND TO LOCATION OF FIRE DUE TO THE INFORMATION THEY WERE RECEIVING FROM CALLERS.

T1, R1, B1 ARRIVED ON THE SCENE , B1 TOOK COMMAND, TO FIND HEAVY FIRE SHOWING FROM A 2 STORY HOUSE. R1 PARKED JUST SOUTH OF THE ADDRESS AND T1 PARKED JUST NORTH OF THE ADDRESS. R1 BEGAN PULLING A LEADER LINE TO THE FRONT OF THE HOUSE. T1 AND R1 WITNESSED A SUBJECT RUNNING ACROSS THE STREET ON FIRE. T1 FF WENT TO GET A WATER FIRE EXTINGUISHER TO ASSIST SUBJECT ON FIRE. T1 OFFICER WENT TOWARDS SUBJECT ON FIRE AND FOUND R1 OFFICER AND T1 DRIVER TRYING TO EXTINGUISH THIS PERSON BY HITTING AND ROLLING SUBJECT ON THE GROUND.

SUBJECTS WERE THEN NOTICED ON THE REAR PORCH ROOF JUMPING FROM THE ROOF. T1 CREW PLACED a 24 ft LADDER TO THE REAR OF THE STRUCTURE. T1 AND R1 MET AT THE FRONT PORCH. T1 OFFICER ADVISED CREWS AND COMMAND THAT A REPORT WAS GIVEN BY OCCUPANTS WHO WERE IN THE STRUCTURE THAT 1 PERSON WAS STILL INSIDE IN THE BACK BEDROOM OR REAR LEFT BEDROOM. R1 CREW KNOCKED DOWN FIRE ENOUGH FOR T1 TO START A SEARCH ON THE MAIN LEVEL.

T1 CREW SEARCHED MAIN LEVEL AND FOUND NO ONE INSIDE. R1 CREW WORKED ON EXTINGUISHING MORE FIRE ON THE MAIN FLOOR AND 2ND FLOOR. E3 CREW ARRIVED AND RESCUED ONE MORE FROM THE REAR PORCH AREA FROM A LADDER. E3 ALSO SEARCHED MAIN FLOOR AREA. E6 CREW PULLED A 2ND LINE TO THE FRONT WHICH THEY TOOK TO THE 2ND FLOOR. E4 PULLED A 3RD LINE WHICH WE USED ON THE MAIN LEVEL. L5 WENT TO THE 2ND LEVEL TO ASSIST WITH OVERHAUL AND TO CHECK FOR EXTENSION.

**L Authorization**

087 \_\_\_\_\_ COOK, KEVIN \_\_\_\_\_ BC \_\_\_\_\_ 04 05 2010  
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge.  083 \_\_\_\_\_ LOWE, STEVEN \_\_\_\_\_ CAPT. \_\_\_\_\_ 04 05 2010  
 Member making report ID Signature Position or rank Assignment Month Day Year

08101

FDID

\*

MI

State \*

MM

4

DD

3

YYYY

2010

Incident Date \*

1

Station

10-0003673

Incident Number \*

000

Exposure \*

Complete  
Narrative**Narrative:**

04/05/2010 17:01:21 SLOWE

T1, R1, B1 DISPATCHED TO A REPORTED SMALL BAG ON FIRE NEXT TO A PORCH. WHILE THESE UNITS WERE RESPONDING CENTRAL DISPATCH STATED THAT THE PORCH IS NOW ON FIRE. CENTRAL DISPATCH CONTACTED E3, E4, L5, E6 TO RESPOND TO LOCATION OF FIRE DUE TO THE INFORMATION THEY WERE RECEIVING FROM CALLERS.

T1, R1, B1 ARRIVED ON THE SCENE, B1 TOOK COMMAND, TO FIND HEAVY FIRE SHOWING FROM A 2 STORY HOUSE. R1 PARKED JUST SOUTH OF THE ADDRESS AND T1 PARKED JUST NORTH OF THE ADDRESS. R1 BEGAN PULLING A LEADER LINE TO THE FRONT OF THE HOUSE. T1 AND R1 WITNESSED A SUBJECT RUNNING ACROSS THE STREET ON FIRE. T1 FF WENT TO GET A WATER FIRE EXTINGUISHER TO ASSIST SUBJECT ON FIRE. T1 OFFICER WENT TOWARDS SUBJECT ON FIRE AND FOUND R1 OFFICER AND T1 DRIVER TRYING TO EXTINGUISH THIS PERSON BY HITTING AND ROLLING SUBJECT ON THE GROUND.

SUBJECTS WERE THEN NOTICED ON THE REAR PORCH ROOF JUMPING FROM THE ROOF. T1 CREW PLACED a 24 ft LADDER TO THE REAR OF THE STRUCTURE. T1 AND R1 MET AT THE FRONT PORCH. T1 OFFICER ADVISED CREWS AND COMMAND THAT A REPORT WAS GIVEN BY OCCUPANTS WHO WERE IN THE STRUCTURE THAT 1 PERSON WAS STILL INSIDE IN THE BACK BEDROOM OR REAR LEFT BEDROOM. R1 CREW KNOCKED DOWN FIRE ENOUGH FOR T1 TO START A SEARCH ON THE MAIN LEVEL.

T1 CREW SEARCHED MAIN LEVEL AND FOUND NO ONE INSIDE. R1 CREW WORKED ON EXTINGUISHING MORE FIRE ON THE MAIN FLOOR AND 2ND FLOOR. E3 CREW ARRIVED AND RESCUED ONE MORE FROM THE REAR PORCH AREA FROM A LADDER. E3 ALSO SEARCHED MAIN FLOOR AREA. E6 CREW PULLED A 2ND LINE TO THE FRONT WHICH THEY TOOK TO THE 2ND FLOOR. E4 PULLED A 3RD LINE WHICH WE USED ON THE MAIN LEVEL. L5 WENT TO THE 2ND LEVEL TO ASSIST WITH OVERHAUL AND TO CHECK FOR EXTENSION.

PITTSFIELD TWP FIRE WAS CALLED TO USE AS A RIT TEAM AND WE ALSO USED THEM IN OVERHAUL. AAFD SHIFT 3 CALLBACK PERSONNEL WERE USED TO RELIEF CREWS FIRST ASSIGNED AND TO CONTINUE CHECKING FOR EXTENSION OF FIRE AND OVERHAUL.

FIRE CREWS ON THE SCENE WERE RELIEVED BY SHIFT 2 AND SHIFT TOOK CONTROL OF FIRE SCENE.

FIRE MARSHAL CHAMBERLAIN WAS ON THE SCENE JUST BEHIND FIRST UNITS AND STARTED THE INVESTIGATION ONCE CREWS FOUND IT SAFE TO ENTER.

3 CIVILIANS WERE TRANSPORTED TO THE HOSPITAL. 2 WITH BURNS AND 1 WITH CUTS AND SMOKE INHALATION. 1 FIRE FIGHTER RECEIVED A MINOR BURN BUT WAS NOT TRANSPORTED.

2 EXPOSURE FIRES WERE ALSO NOTED. 1 EXPOSURE WILL BE A HOUSE, 934 S.STATE WHICH RECEIVED SIDING DAMAGE ON THE NORTH SIDE OF THE HOME. 2ND EXPOSURE WILL BE A CAR PARKED IN THE DRIVE OF THE STRUCTURE FIRE WHICH RECEIVED DAMAGE TO THE FRONT END FROM THE FIRE.

**A** 08101 MI 04 03 2010 1 10-0003673 001  Delete  Change  No Activity **NFIRS -1 Basic**

**B Location\***  Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract  -   
 Street address 928 S STATE ST  
 Number/Milepost Prefix Street or Highway Street Type Suffix  
 Intersection  
 In front of  
 Rear of  
 Adjacent to  
 Directions  
ANN ARBOR MI 48104  
 Apt./Suite/Room City State Zip Code  
 Cross street or directions, as applicable

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

**E1 Date & Times** Midnight is 0000  
 Check boxes if dates are the same as Alarm Date. ALARM always required  
 Alarm \* 04 03 2010 05:17:44  
 ARRIVAL required, unless canceled or did not arrive  
 Arrival \* 04 03 2010 05:23:59  
 CONTROLLED Optional, Except for wildland fires  
 Controlled 04 03 2010 06:03:22  
 LAST UNIT CLEARED, required except for wildland fires  
 Last Unit  
 Cleared 04 03 2010 14:15:00

**E2 Shift & Alarms** Local Option  
1 02 1  
 Shift or Alarms District Platoon

**D Aid Given or Received\***  
 1  Mutual aid received 08108  
 2  Automatic aid recv. Their FDID Their State  
 3  Mutual aid given  
 4  Automatic aid given  
 5  Other aid given  
 N  None  
 N/A Their Incident Number

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

**F Actions Taken \***  
10 Fire control or  
 Primary Action Taken (1)  
 Additional Action Taken (2)  
 Additional Action Taken (3)

**G1 Resources \***  Check this box and skip this section if an Apparatus or Personnel form is used.  
 Apparatus Personnel  
 Suppression 0009 0030  
 EMS  
 Other  
 Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses & Values** LOSSES: Required for all fires if known. Optional for non fires. None  
 Property \$ 000, 000, 000  
 Contents \$ 000, 000, 000  
 PRE-INCIDENT VALUE: Optional  
 Property \$ 000, 000, 000  
 Contents \$ 000, 000, 000

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

**H1\* Casualties**  None  
 Deaths Injuries  
 Fire Service  
 Civilian  
**H2 Detector** Required for Confined Fires.  
 1  Detector alerted occupants  
 2  Detector did not alert them  
 U  Unknown

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

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

**J Property Use\*** Structures  
 131  Church, place of worship  
 161  Restaurant or cafeteria  
 162  Bar/Tavern or nightclub  
 213  Elementary school or kindergarten  
 215  High school or junior high  
 241  College, adult education  
 311  Care facility for the aged  
 331  Hospital  
 341  Clinic, clinic type infirmary  
 342  Doctor/dentist office  
 361  Prison or jail, not juvenile  
 419  1-or 2-family dwelling  
 429  Multi-family dwelling  
 439  Rooming/boarding house  
 449  Commercial hotel or motel  
 459  Residential, board and care  
 464  Dormitory/barracks  
 519  Food and beverage sales  
 539  Household goods, sales, repairs  
 579  Motor vehicle/boat sales/repair  
 571  Gas or service station  
 599  Business office  
 615  Electric generating plant  
 629  Laboratory/science lab  
 700  Manufacturing plant  
 819  Livestock/poultry storage (barn)  
 882  Non-residential parking garage  
 891  Warehouse  
 Outside  
 124  Playground or park  
 655  Crops or orchard  
 669  Forest (timberland)  
 807  Outdoor storage area  
 919  Dump or sanitary landfill  
 931  Open land or field  
 936  Vacant lot  
 938  Graded/care for plot of land  
 946  Lake, river, stream  
 951  Railroad right of way  
 960  Other street  
 961  Highway/divided highway  
 962  Residential street/driveway  
 981  Construction site  
 984  Industrial plant yard  
 Lookup and enter a Property Use code only if you have NOT checked a Property Use box:  
 Property Use 429  
Multifamily 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

MI

Last Name

Suffix

Number

Prefix Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

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

**K2 Owner**

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

Local Option

Business name (if Applicable)

Area Code

Phone Number

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

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

**L Remarks**

Local Option

04/05/2010 17:18:42 SLOWE

928 S. STATE FIRE MELTED THE SIDING ON THE NORTH SIDE OF 934 S. STATE. BUILDING WAS CHECKED INSIDE BY FIRE CREWS AND BY OWNER OF METRO PROPERTIES. NO PROBLEMS REPORTED OTHER THAN THE MELTED SIDING.

**L Authorization**

087

Officer in charge ID

COOK, KEVIN

Signature

BC

Position or rank

Assignment

04

Month

05

Day

2010

Year

Check Box if same as Officer in charge.

083

Member making report ID

LOWE, STEVEN

Signature

CAPT.

Position or rank

Assignment

04

Month

05

Day

2010

Year