



NFIRS-1 Basic

A

08101	MI	12	24	2022	AAFD Fire Station 6 (AAFD Fire Station 6)	3731161	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract:

Street Address
 Intersection
 In Front Of
 Rear Of
 Adjacent To
 Directions
 US National Grid

1000	E-East	STADIUM	BLVD-Boulevard	
Number	Prefix	Street or Highway	Street Type	Suffix

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

Cross Street

<p>C Incident Type</p> <p><input style="width: 100%;" type="text" value="122-Fire in motor home, camper, recreational vehicle"/></p>	<p>E1 Dates and Times</p> <p>Alarm <input style="width: 20px;" type="text" value="12"/> <input style="width: 20px;" type="text" value="24"/> <input style="width: 40px;" type="text" value="2022"/> <input style="width: 40px;" type="text" value="22:16"/></p> <p>Arrival <input style="width: 20px;" type="text" value="12"/> <input style="width: 20px;" type="text" value="24"/> <input style="width: 40px;" type="text" value="2022"/> <input style="width: 40px;" type="text" value="22:22"/></p> <p>Controlled <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Last Unit Cleared <input style="width: 20px;" type="text" value="12"/> <input style="width: 20px;" type="text" value="24"/> <input style="width: 40px;" type="text" value="2022"/> <input style="width: 40px;" type="text" value="23:53"/></p>	<p>E2 Shifts and Alarms</p> <p><input style="width: 20px;" type="text" value="3"/> <input style="width: 20px;" type="text" value="1"/> <input style="width: 20px;" type="text" value="6"/></p> <p>Shift or Platoon Alarms District</p>								
<p>D Aid Given Or Received</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; text-align: center;"><input style="width: 100%;" type="text"/></td> <td style="width: 50%; text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center;">Their FDID</td> <td style="text-align: center;">Their State</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">Their Incident Number</td> </tr> </table> <p> <input type="checkbox"/> 1 Mutual Aid Received <input type="checkbox"/> 2 Auto. Aid Received <input type="checkbox"/> 3 Mutual Aid Given <input type="checkbox"/> 4 Auto. Aid Given <input type="checkbox"/> 5 Other Aid Given <input checked="" type="checkbox"/> None </p>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Their FDID	Their State	<input style="width: 100%;" type="text"/>		Their Incident Number			<p>E3 Special Studies</p> <p><input style="width: 40px;" type="text" value="9244"/> <input style="width: 40px;" type="text" value="4 - Unknown"/></p> <p>ID# Value</p>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>									
Their FDID	Their State									
<input style="width: 100%;" type="text"/>										
Their Incident Number										

F Actions Taken <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">11-Extinguishment by fire service personnel</div> Primary Action Taken	G1 Resources <input checked="" type="checkbox"/> Apparatus or Personnel Module is used. <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Apparatus</td> <td style="text-align: center;">Personnel</td> </tr> <tr> <td>Suppression</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">7</td> </tr> <tr> <td>EMS</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Other</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table> <input type="checkbox"/> Resource counts include aid received resources.		Apparatus	Personnel	Suppression	3	7	EMS	0	0	Other	0	0	G2 Estimated Dollar Losses and Values Losses: Required for all fires if known. Optional for all non-fires. None <table style="width:100%; border-collapse: collapse;"> <tr> <td>Property: \$</td> <td style="border: 1px solid black; width: 150px;">60,000.00</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Contents: \$</td> <td style="border: 1px solid black;">10,000.00</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table> Pre-Incident Values: Optional None <table style="width:100%; border-collapse: collapse;"> <tr> <td>Property: \$</td> <td style="border: 1px solid black; width: 150px;">60,000.00</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Contents: \$</td> <td style="border: 1px solid black;">10,000.00</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>	Property: \$	60,000.00	<input type="checkbox"/>	Contents: \$	10,000.00	<input type="checkbox"/>	Property: \$	60,000.00	<input type="checkbox"/>	Contents: \$	10,000.00	<input type="checkbox"/>
	Apparatus	Personnel																								
Suppression	3	7																								
EMS	0	0																								
Other	0	0																								
Property: \$	60,000.00	<input type="checkbox"/>																								
Contents: \$	10,000.00	<input type="checkbox"/>																								
Property: \$	60,000.00	<input type="checkbox"/>																								
Contents: \$	10,000.00	<input type="checkbox"/>																								

Completed Modules <input type="checkbox"/> 2 - Fire <input type="checkbox"/> 3 - Structure Fire <input type="checkbox"/> 4 - Civilian Fire Cas. <input type="checkbox"/> 5 - Fire Service Cas. <input type="checkbox"/> 6 - EMS <input type="checkbox"/> 7 - HazMat <input type="checkbox"/> 8 - Wildland Fire <input type="checkbox"/> 9 - Apparatus <input type="checkbox"/> 10 - Personnel <input type="checkbox"/> 11 - Arson	H1 Casualties <input type="checkbox"/> None <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Deaths</td> <td style="text-align: center;">Injuries</td> </tr> <tr> <td>Fire Service</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Civilian</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">1</td> </tr> </table> H2 Detector Required for Confined Fires <input type="checkbox"/> 1 - Detector Alerted Occupants <input type="checkbox"/> 2 - Detector Did Not Alert Them <input checked="" type="checkbox"/> 3 - Unknown		Deaths	Injuries	Fire Service	0	0	Civilian	0	1	H3 Hazardous Materials Release <input type="checkbox"/> 1 - Natural Gas <input type="checkbox"/> 2 - Propane Gas <input type="checkbox"/> 3 - Gasoline <input type="checkbox"/> 4 - Kerosene <input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil <input type="checkbox"/> 6 - Household Solvents <input type="checkbox"/> 7 - Motor Oil <input type="checkbox"/> 8 - Paint <input type="checkbox"/> 0 - Other <input checked="" type="checkbox"/> None	I Mixed Use Property <input type="checkbox"/> Not Mixed <input type="checkbox"/> 10 - Assembly Use <input type="checkbox"/> 20 - Education Use <input type="checkbox"/> 33 - Medical Use <input type="checkbox"/> 40 - Residential Use <input type="checkbox"/> 51 - Row Of Stores <input type="checkbox"/> 53 - Enclosed Mall <input type="checkbox"/> 58 - Business and Residential <input type="checkbox"/> 59 - Office Use <input type="checkbox"/> 60 - Industrial Use <input type="checkbox"/> 63 - Military Use <input type="checkbox"/> 65 - Farm Use <input type="checkbox"/> 00 - Other Mixed Use
	Deaths	Injuries										
Fire Service	0	0										
Civilian	0	1										

J Property Use <input type="checkbox"/> None 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, Kindergarten 215 <input type="checkbox"/> High School, Junior High 241 <input type="checkbox"/> College, Adult Education 311 <input type="checkbox"/> Nursing Home 331 <input type="checkbox"/> Hospital	341 <input type="checkbox"/> Clinic, Clinic-Type Infirmary 342 <input type="checkbox"/> Doctor/Dentist Office 361 <input type="checkbox"/> Prison or Jail, Not Juvenile 419 <input type="checkbox"/> 1- or 2-Family Dwelling 429 <input type="checkbox"/> MultiFamily Dwelling 439 <input type="checkbox"/> Rooming/Boarding House 449 <input type="checkbox"/> Commerical 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 571 <input type="checkbox"/> Gas or Service Station 579 <input type="checkbox"/> Motor Vehicle/Boat Sales/Repairs 599 <input type="checkbox"/> Business Office 615 <input type="checkbox"/> Electric-Generating Plant 629 <input type="checkbox"/> Laboratory/Science Laboratory 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
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Outside 124 <input type="checkbox"/> Playground or Park 655 <input type="checkbox"/> Crops or Orchard 669 <input type="checkbox"/> Forest (Timberland) 807 <input type="checkbox"/> Outdoor Storage Area 919 <input type="checkbox"/> Dump or Sanitary Landfill 931 <input type="checkbox"/> Open Land or Field 936 <input type="checkbox"/> Vacant Lot	938 <input type="checkbox"/> Graded/Cared for Plot of Land 946 <input type="checkbox"/> Lake, River, Stream 951 <input type="checkbox"/> Railroad Right-of-Way 960 <input type="checkbox"/> Other Street 961 <input type="checkbox"/> Highway/Divided Highway 962 <input type="checkbox"/> Residential Street/Driveway 981 <input type="checkbox"/> Construction Site 984 <input type="checkbox"/> Industrial Plant Yard	Property Use: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">965-Vehicle parking area</div> Description Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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K2				
Owner				
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room		City	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
State	Zip Code			
<input type="text"/>	<input type="text"/>			

L Remarks:

E-6 was dispatched for a small outside fire behind the urgent care at 1000 E Stadium. Pd arrived prior to us and stated it was a RV that was fully involved. We advised dispatch to also send E-4 and the BC to this call. Upon our arrival, there was a RV that was fully involved with no exposures. It had been used by a non-profit to sell Christmas trees for the holiday. We used a pre-connect to extinguish the fire and connected to a hydrant with large diameter hose. E-4 assisted us with extinguishment and overhaul. The RV was a total loss. There was significant overhaul to extinguish all the hot spots. PD was on scene and stated someone had been in the RV burning candles and caught the vehicle on fire. This person had already been transported to the hospital prior to our arrival. BC Hedding went to the hospital and took his statement. PD was investigating the fire and had camera footage from the building on the other end of the parking lot. Once the fire was out and overhaul complete, we replaced our tools and left the scene with PD.

M Authorization

Officer In Charge ID	Signature	Position or Rank	Assignment	Date
141	Peterson, Scott			12/25/2022
Member Making Report ID	Signature	Position or Rank	Assignment	Date
141	Peterson, Scott			12/25/2022

NFIRS-2 Fire

A	08101	MI	12	24	2022	AAFD Fire Station 6 (AAFD Fire Station 6)	3731161	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B</p> <p>Property Details</p> <p>B1 <input type="text"/> <input type="checkbox"/> Not Residential Estimated number of residential living units in the building of origin whether or not all units became involved</p> <p>B2 <input type="text"/> <input type="checkbox"/> Buildings Not Involved Number of buildings involved</p> <p>B3 <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre Acres burned (outside fires)</p>	<p>C</p> <p>On-Site Materials Or Products</p> <p>On-Site Materials Storage Use</p>
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<p>D</p> <p>Ignition</p> <p>D1 <input type="text"/> Area of Fire Origin</p> <p>D2 <input type="text"/> Heat Source</p> <p>D3 <input type="text"/> Item First Ignited</p> <p>D4 <input type="text"/> Type of Material First Ignited</p>	<p>E1</p> <p>Cause of Ignition</p> <p><input type="checkbox"/> 1 - Intentional <input type="checkbox"/> 2 - Unintentional <input type="checkbox"/> 3 - Failure of Equipment or Heat Source <input type="checkbox"/> 4 - Act of Nature <input type="checkbox"/> 5 - Cause Under Investigation <input checked="" type="checkbox"/> U - Cause Undetermined After Investigation</p> <hr/> <p>E2</p> <p>Factors Contributing to Ignition</p> <p><input type="text"/> Undetermined Factor Contributing to Ignition</p>	<p>E3</p> <p>Human Factors Contributing to Ignition</p> <p>Check all applicable boxes</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> 1 - Asleep <input type="checkbox"/> 2 - Possibly impaired by alcohol or drugs <input type="checkbox"/> 3 - Unattended person <input type="checkbox"/> 4 - Possibly Mentally Disabled <input type="checkbox"/> 5 - Physically Disabled <input type="checkbox"/> 6 - Multiple Persons Involved</p> <hr/> <p><input type="checkbox"/> 7 - Age Was A Factor</p> <p>Estimated Age of Person Involved <input type="text"/></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
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<p>F1</p> <p>Equipment Involved In Ignition</p> <p><input checked="" type="checkbox"/> Undetermined</p> <p><input type="text"/> Equipment Involved</p> <p>Brand <input type="text" value="Unknown"/></p> <p>Model <input type="text"/></p> <p>Serial # <input type="text"/></p> <p>Year <input type="text"/></p>	<p>F2</p> <p>Equipment Power Source</p> <p><input checked="" type="checkbox"/> Undetermined</p> <p><input type="text"/> Equipment Power Source</p> <hr/> <p>F3</p> <p>Equipment Portability</p> <p><input checked="" type="checkbox"/> 1 - Portable <input type="checkbox"/> 2 - Stationary Portable equipment normally can be moved by one or two persons.</p>	<p>G</p> <p>Fire Suppression Factors</p>
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<p>H1</p> <p>Mobile Property Involved</p> <p><input type="checkbox"/> 1 - Not involved in ignition, but burned</p> <p><input type="checkbox"/> 2 - Involved in ignition, but did not burn</p> <p><input type="checkbox"/> 3 - Involved in ignition and burned</p> <p><input checked="" type="checkbox"/> None</p>	<p>H2</p> <p>Mobile Property Type and Make</p> <p><input type="text" value="14-Motor home, camper, bookmobile."/></p> <p>Mobile Property Type</p> <p><input type="text" value="OO-Other Make"/></p> <p>Mobile Property Make</p>	<p>Local Use</p> <p><input type="checkbox"/> Pre-Fire Plan Available</p> <p><input type="checkbox"/> Arson Report Attached</p> <p><input type="checkbox"/> Police Report Attached</p> <p><input type="checkbox"/> Coroner Report Attached</p> <p><input type="checkbox"/> Other Reports Attached</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><input type="text" value="Motor Home"/></p>	<p><input type="text" value="1996"/></p>	
<p>Mobile Property Model</p>		<p>Year</p>
<p><input type="text" value="Michigan"/></p>	<p><input type="text" value="EQQ 5249"/></p>	<p><input type="text" value="5B4MP67G443380179"/></p>
<p>State</p>	<p>License Plate Number</p>	<p>VIN</p>

NFIRS-3 Structure Fire

<p>I1</p> <p>Structure Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Enclosed Building <input checked="" type="checkbox"/> 2 - Portable/Mobile Structure <input type="checkbox"/> 3 - Open Structure <input type="checkbox"/> 4 - Air-Supported Structure <input type="checkbox"/> 5 - Tent <input type="checkbox"/> 6 - Open Platform <input type="checkbox"/> 7 - Underground Structure <input type="checkbox"/> 8 - Connective Structure <input type="checkbox"/> 0 - Other 	<p>I2</p> <p>Building Status</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Under Construction <input checked="" type="checkbox"/> 2 - In Normal Use <input type="checkbox"/> 3 - Idle, Not Routinely Used <input type="checkbox"/> 4 - Under Major Renovation <input type="checkbox"/> 5 - Vacant and Secured <input type="checkbox"/> 6 - Vacant and Unsecured <input type="checkbox"/> 7 - Being Demolished <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined 	<p>I3</p> <p>Building Height</p> <div style="border: 1px solid black; width: 30px; text-align: center; margin: 5px 0;">1</div> <p>Number of Stories At/Above Grade</p> <div style="border: 1px solid black; width: 30px; text-align: center; margin: 5px 0;">0</div> <p>Number of Stories Below Grade</p>	<p>I4</p> <p>Main Floor Size</p> <div style="border: 1px solid black; width: 50px; text-align: center; margin: 5px 0;">300</div> <p>Total Square Feet</p> <p style="text-align: center;">OR</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> BY <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <p>Length (ft) X Width (ft)</p>
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<p>J1</p> <p>Fire Origin</p> <div style="border: 1px solid black; width: 40px; text-align: center; margin: 5px 0;">1</div> <p>Story of Fire Origin</p> <p><input type="checkbox"/> Below Grade</p>	<p>J3</p> <p>Number of Stories Damaged By Flame</p> <ul style="list-style-type: none"> <input type="checkbox"/> Number of Stories w/Minor Damage (1-24%) <input type="checkbox"/> Number of Stories w/Significant Damage (25-49%) <input type="checkbox"/> Number of Stories w/Heavy Damage (50-74%) <input type="checkbox"/> Number of Stories w/Extreme Damage (75-100%) <p style="font-size: small; margin-top: 5px;">*Count the roof as part of the highest story</p>	<p>K</p> <p>Type of Material Contributing Most to Flame Spread</p> <p>K1 <input type="checkbox"/></p> <p>Item Contributing Most to Flame Spread</p> <p>K2 <input type="checkbox"/></p> <p>Type of Material Contributing Most To Flame Spread</p>
<p>J2</p> <p>Fire Spread</p> <ul style="list-style-type: none"> <input type="checkbox"/> Confined to Object of Origin <input type="checkbox"/> 2 - Confined to Room of Origin <input checked="" type="checkbox"/> 3 - Confined to Floor of Origin <input type="checkbox"/> 4 - Confined to Building of Origin <input type="checkbox"/> 5 - Beyond Building of Origin 		

<p>L1</p> <p>Presence of Detectors</p> <ul style="list-style-type: none"> <input type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input checked="" type="checkbox"/> U - Undetermined 	<p>L3</p> <p>Detector Power Supply</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Battery Only <input type="checkbox"/> 2 - Hardwire Only <input type="checkbox"/> 3 - Plug-In <input type="checkbox"/> 4 - Hardwire With Battery <input type="checkbox"/> 5 - Plug-In With Battery <input type="checkbox"/> 6 - Mechanical <input type="checkbox"/> 7 - Multiple Detectors & Power Supplies <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined 	<p>L5</p> <p>Detector Effectiveness</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Alerted Occupants, Occupants Responded <input type="checkbox"/> 2 - Alerted Occupants, Occupants Failed to Respond <input type="checkbox"/> 3 - There Were No Occupants <input type="checkbox"/> 4 - Failed to Alert Occupants <input type="checkbox"/> U - Undetermined
<p>L2</p> <p>Detector Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Smoke <input type="checkbox"/> 2 - Heat <input type="checkbox"/> 3 - Combination of Smoke and Heat <input type="checkbox"/> 4 - Sprinkler, Water Flow Detection <input type="checkbox"/> 5 - More Than One Type Present <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined 	<p>L4</p> <p>Detector Operation</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Fire Too Small To Activate <input type="checkbox"/> 2 - Operated <input type="checkbox"/> 3 - Failed To Operate <input type="checkbox"/> U - Undetermined 	<p>L6</p> <p>Detector Failure Reason</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Power Failure, Shutoff, or Disconnect <input type="checkbox"/> 2 - Improper Installation or Placement <input type="checkbox"/> 3 - Defective <input type="checkbox"/> 4 - Lack of Maintenance, Dirty <input type="checkbox"/> 5 - Battery Missing or Disconnected <input type="checkbox"/> 6 - Battery Discharged or Dead <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined

<p>M1</p> <p>Presence of Automatic Extinguishing System</p> <p><input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input type="checkbox"/> U - Undetermined</p>	<p>M3</p> <p>Operation of Automatic Extinguishing System</p> <p><input type="checkbox"/> 1 - Operated/Effective <input type="checkbox"/> 2 - Operated/Not Effective <input type="checkbox"/> 3 - Fire Too Small To Activate <input type="checkbox"/> 4 - Failed To Operate <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined</p> <p>Required if fire was within designed range</p>	<p>M5</p> <p>Reason for Automatic Extinguishing System Failure</p> <p><input type="checkbox"/> 1 - System Shut Off <input type="checkbox"/> 2 - Not Enough Agent Discharged <input type="checkbox"/> 3 - Agent Discharged But Did Not Reach Fire <input type="checkbox"/> 4 - Wrong Type of System <input type="checkbox"/> 5 - Fire Not In Area Protected <input type="checkbox"/> 6 - System Components Damaged <input type="checkbox"/> 7 - Lack of Maintenance <input type="checkbox"/> 8 - Manual Intervention <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined</p> <p>Required if system failed or not effective</p>
<p>M2</p> <p>Type of Automatic Extinguishing System</p> <p><input type="checkbox"/> 1 - Wet-Pipe Sprinkler <input type="checkbox"/> 2 - Dry-Pipe Sprinkler <input type="checkbox"/> 3 - Other Sprinkler System <input type="checkbox"/> 4 - Dry Chemical System <input type="checkbox"/> 5 - Foam System <input type="checkbox"/> 6 - Halogen-Type System <input type="checkbox"/> 7 - Carbon Dioxide System <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined</p> <p>Required if fire was within designed range of AES</p>	<p>M4</p> <p>Number of Sprinkler Heads Operating</p> <p><input type="text"/></p> <p>Required if system operated</p>	

NFIRS-4 Civilian Casualty (1 of 1)

A	08101	MI	12	24	2022	AAFD Fire Station 6 (AAFD Fire Station 6)	3731161	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

B Injured Person <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <table style="width: 100%;"> <tr> <td style="width: 25%;">Terry</td> <td style="width: 25%;"></td> <td style="width: 25%;">Linker</td> <td style="width: 25%;"></td> </tr> <tr> <td style="text-align: center;">First Name</td> <td style="text-align: center;">MI</td> <td style="text-align: center;">Last Name</td> <td style="text-align: center;">Suffix</td> </tr> </table>	Terry		Linker		First Name	MI	Last Name	Suffix	C Casualty Number <table style="width: 100%;"> <tr> <td style="text-align: center;">1</td> </tr> </table>	1
Terry		Linker								
First Name	MI	Last Name	Suffix							
1										

D Age or Date Of Birth <table style="width: 100%;"> <tr> <td style="text-align: center;">52</td> </tr> <tr> <td style="text-align: center;">Age</td> </tr> <tr> <td style="text-align: center;">OR</td> </tr> <tr> <td style="text-align: center;">09/30/1970</td> </tr> <tr> <td style="text-align: center;">Date of Birth</td> </tr> </table>	52	Age	OR	09/30/1970	Date of Birth	E1 Race <input type="checkbox"/> 1 - White <input type="checkbox"/> 2 - Black, African American <input type="checkbox"/> 3 - Am. Indian, Alaska Native <input type="checkbox"/> 4 - Asian <input type="checkbox"/> 5 - Native Hawaiian, Other Pacific Islander <input type="checkbox"/> 0 - Other, Multiracial <input type="checkbox"/> U - Undetermined	F Affiliation <input type="checkbox"/> 1 - Civilian <input type="checkbox"/> 2 - EMS, Not Fire Department <input type="checkbox"/> 3 - Police <input type="checkbox"/> 0 - Other	H Severity <input type="checkbox"/> 1 - Minor <input checked="" type="checkbox"/> 2 - Moderate <input type="checkbox"/> 3 - Severe <input type="checkbox"/> 4 - Life Threatening <input type="checkbox"/> 5 - Death <input type="checkbox"/> U - Undetermined
52								
Age								
OR								
09/30/1970								
Date of Birth								
	E2 Ethnicity <input type="checkbox"/> 1 - Hispanic or Latino <input type="checkbox"/> 0 - Non Hispanic or Latino	G Date and Time of Injury <table style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">Time</td> </tr> </table>			Date	Time		
Date	Time							

I Cause of Injury <input type="checkbox"/> 1 - Exposed to fire products including flame, heat, smoke, and gas <input type="checkbox"/> 2 - Exposed to toxic fumes other than smoke <input type="checkbox"/> 3 - Jumped in escape attempt <input type="checkbox"/> 4 - Fell, slipped, or tripped <input type="checkbox"/> 5 - Caught or trapped <input type="checkbox"/> 6 - Structural Collapse <input type="checkbox"/> 7 - Struck by or contact with object <input type="checkbox"/> 8 - Overexertion or strain <input type="checkbox"/> 9 - Multiple Causes <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	J Human Factors Contributing to Injury <input type="checkbox"/> 1 - Asleep <input type="checkbox"/> 2 - Unconscious <input type="checkbox"/> 3 - Possibly impaired by alcohol <input type="checkbox"/> 4 - Possibly impaired by other drug <input type="checkbox"/> 5 - Possibly mentally disabled <input type="checkbox"/> 6 - Physically disabled <input type="checkbox"/> 7 - Physically restrained <input type="checkbox"/> 8 - Unattended person	K Factors Contributing to Injury
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L Activity When Injured <input type="checkbox"/> 1 - Escaping <input type="checkbox"/> 2 - Rescue Attempt <input type="checkbox"/> 3 - Fire Control <input type="checkbox"/> 4 - Return to Fire Before Control <input type="checkbox"/> 5 - Return to Fire After Control <input type="checkbox"/> 6 - Sleeping <input type="checkbox"/> 7 - Unable to Act <input type="checkbox"/> 8 - Irrational Act <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	M1 Location At Time Of Incident <input type="checkbox"/> 1 - In Area Of Origin And Not Involved <input type="checkbox"/> 2 - Not In Area Of Origin And Not Involved <input type="checkbox"/> 3 - Not In Area Of Origin, But Involved <input type="checkbox"/> 4 - In Area Of Origin And Involved <input type="checkbox"/> 0 - Other Location <input type="checkbox"/> U - Undetermined	M3 Story At Start Of Incident <table style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"><input type="checkbox"/> Below Grade</td> </tr> <tr> <td colspan="2" style="text-align: center;">Story At Start Of Incident</td> </tr> </table>		<input type="checkbox"/> Below Grade	Story At Start Of Incident	
	<input type="checkbox"/> Below Grade					
Story At Start Of Incident						
	M2 General Location At Time Of Injury <input type="checkbox"/> 1 - In Area Of Fire Origin <input type="checkbox"/> 2 - In Building But Not In Area <input type="checkbox"/> 3 - Outside, But Not In Area <input type="checkbox"/> U - Undetermined	M4 Story Where Injury Occurred <table style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"><input type="checkbox"/> Below Grade</td> </tr> <tr> <td colspan="2" style="text-align: center;">Story At Injury Occurred if Different From M3</td> </tr> </table>		<input type="checkbox"/> Below Grade	Story At Injury Occurred if Different From M3	
	<input type="checkbox"/> Below Grade					
Story At Injury Occurred if Different From M3						
		M5 Specific Location At Time Of Injury <table style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				

<p>N</p> <p>Primary Apparant Symptom</p> <p>□</p>	<p>O</p> <p>Primary Area Of Body Injured</p> <p><input type="checkbox"/> 1 - Head</p> <p><input type="checkbox"/> 2 - Neck and shoulder</p> <p><input type="checkbox"/> 3 - Thorax</p> <p><input type="checkbox"/> 4 - Abdomen</p> <p><input type="checkbox"/> 5 - Spine</p> <p><input type="checkbox"/> 6 - Upper extremities</p> <p><input type="checkbox"/> 7 - Lower extremities</p> <p><input type="checkbox"/> 8 - Internal</p> <p><input type="checkbox"/> 9 - Multiple body parts</p>	<p>P</p> <p>Disposition</p> <p><input type="checkbox"/> Transported To Emergency Care Facility</p> <hr/> <p>Remarks</p>
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NFIRS-9 Apparatus or Resources

A

08101	MI	12	24	2022	AAFD Fire Station 6 (AAFD Fire Station 6)	3731161	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B

Apparatus/Resource	Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken
ID: <input type="text" value="81 BC1-1"/> Type: <input type="text" value="92-Chief officer car"/>	Dispatch: <input type="text" value="12/24/2022"/> <input type="text" value="22:22"/> Arrival: <input type="text" value="12/24/2022"/> <input type="text" value="22:27"/> Clear: <input type="text" value="12/24/2022"/> <input type="text" value="22:55"/>	<input type="checkbox"/> Sent	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>
ID: <input type="text" value="81 E1-4"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="12/24/2022"/> <input type="text" value="22:21"/> Arrival: <input type="text" value="12/24/2022"/> <input type="text" value="22:27"/> Clear: <input type="text" value="12/24/2022"/> <input type="text" value="23:42"/>	<input type="checkbox"/> Sent	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>
ID: <input type="text" value="81 E1-6"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="12/24/2022"/> <input type="text" value="22:18"/> Arrival: <input type="text" value="12/24/2022"/> <input type="text" value="22:22"/> Clear: <input type="text" value="12/24/2022"/> <input type="text" value="23:53"/>	<input type="checkbox"/> Sent	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>

NFIRS-10 Personnel

A

08101	MI	12	24	2022	AAFD Fire Station 6 (AAFD Fire Station 6)	3731161	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B

Apparatus/Resource	Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken
ID: <input type="text" value="81 BC1-1"/>	Dispatch: <input type="text" value="12/24/2022"/> <input type="text" value="22:22"/>	<input checked="" type="checkbox"/> Sent	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/>
Type: <input type="text" value="92-Chief officer car"/>	Arrival: <input type="text" value="12/24/2022"/> <input type="text" value="22:27"/>				
	Clear: <input type="text" value="12/24/2022"/> <input type="text" value="22:55"/>				
Personnel ID	Name	Rank	Role	Attend	Actions Taken
140	Hedding, Kirk			<input type="checkbox"/>	<input type="text" value=""/>

ID: <input type="text" value="81 E1-4"/>	Dispatch: <input type="text" value="12/24/2022"/> <input type="text" value="22:21"/>	<input checked="" type="checkbox"/> Sent	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/>
Type: <input type="text" value="11-Engine"/>	Arrival: <input type="text" value="12/24/2022"/> <input type="text" value="22:27"/>				
	Clear: <input type="text" value="12/24/2022"/> <input type="text" value="23:42"/>				
Personnel ID	Name	Rank	Role	Attend	Actions Taken
187	Maguire, John			<input type="checkbox"/>	<input type="text" value=""/>
156	Karolak, Timothy			<input type="checkbox"/>	<input type="text" value=""/>
237	Cousar, Christian			<input type="checkbox"/>	<input type="text" value=""/>

ID: <input type="text" value="81 E1-6"/>	Dispatch: <input type="text" value="12/24/2022"/> <input type="text" value="22:18"/>	<input checked="" type="checkbox"/> Sent	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/>
Type: <input type="text" value="11-Engine"/>	Arrival: <input type="text" value="12/24/2022"/> <input type="text" value="22:22"/>				
	Clear: <input type="text" value="12/24/2022"/> <input type="text" value="23:53"/>				
Personnel ID	Name	Rank	Role	Attend	Actions Taken
233	Zygmontowicz, Jared			<input type="checkbox"/>	<input type="text" value=""/>
240	Hansen, Taylor			<input type="checkbox"/>	<input type="text" value=""/>
141	Peterson, Scott			<input type="checkbox"/>	<input type="text" value=""/>

NFIRS-1S Supplemental

A

08101	MI	12	24	2022	AAFD Fire Station 6 (AAFD Fire Station 6)	3731161	0
FDID	State	Month	Day	Year	Station	Number	Exposure

Primary Narrative:

E-6 was dispatched for a small outside fire behind the urgent care at 1000 E Stadium. Pd arrived prior to us and stated it was a RV that was fully involved. We advised dispatch to also send E-4 and the BC to this call. Upon our arrival, there was a RV that was fully involved with no exposures. It had been used by a non-profit to sell Christmas trees for the holiday. We used a pre-connect to extinguish the fire and connected to a hydrant with large diameter hose. E-4 assisted us with extinguishment and overhaul. The RV was a total loss. There was significant overhaul to extinguish all the hot spots. PD was on scene and stated someone had been in the RV burning candles and caught the vehicle on fire. This person had already been transported to the hospital prior to our arrival. BC Hedding went to the hospital and took his statement. PD was investigating the fire and had camera footage from the building on the other end of the parking lot. Once the fire was out and overhaul complete, we replaced our tools and left the scene with PD.

Apparatus Narrative for 81 BC1-1:

B/C went up to the UofM ER for a statement from the person that was injured in the fire.

The patient stated that he was using candles inside the RV to cook and keep warm. He said that something around the area he was cooking caught on fire. He put water on it and it spread. He went out of the rv and started throwing snow on the fire, but still not able to extinguish the fire. He said that it really went then, so he went across the street to the CVS building. Patient had soot on his hands and face. Doctor stated that he had some burns to the back of his throat.

Patients Info:



RV Owner Info:

Chris Cashia
General Manager at Revel and Roll
734-341-1793