

A		FDID 14162 *	State FL *	MM 08 DD 05 YYYY 2017 *	Station 31	Incident Number 20-0052424 *	Exposure 000 *	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
B Location*		<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.							
<input checked="" type="checkbox"/> Street address		Number/Milepost 13023	Prefix SW	Street or Highway HWY 200			Street Type	Suffix	
<input type="checkbox"/> Intersection									
<input type="checkbox"/> In front of									
<input type="checkbox"/> Rear of									
<input type="checkbox"/> Adjacent to		Apt./Suite/Room	City DUNNELLON	State FL	Zip Code 34432				
<input type="checkbox"/> Directions		Cross street or directions, as applicable							
C Incident Type *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms			
Incident Type 531 Smoke or odor removal		Check boxes if dates are the same as Alarm Date. ALARM always required				Local Option			
D Aid Given or Received *		Alarm * 08 05 2017 14:18:52				B			
1 <input type="checkbox"/> Mutual aid received		ARRIVAL required, unless canceled or did not arrive				Shift or Alarms District			
2 <input type="checkbox"/> Automatic aid rcv.		<input checked="" type="checkbox"/> Arrival * 08 05 2017 14:40:05				Platoon			
3 <input type="checkbox"/> Mutual aid given		CONTROLLED Optional, Except for wildland fires				E3 Special Studies			
4 <input type="checkbox"/> Automatic aid given		<input type="checkbox"/> Controlled				Local Option			
5 <input type="checkbox"/> Other aid given		LAST UNIT CLEARED, required except for wildland fires				Special Study ID#			
N <input checked="" type="checkbox"/> None		<input checked="" type="checkbox"/> Last Unit Cleared 08 05 2017 15:26:07				Special Study Value			
F Actions Taken *		G1 Resources *		G2 Estimated Dollar Losses & Values					
86 Investigate		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.		LOSSES: Required for all fires if known. Optional for non fires. None					
81 Incident command		Apparatus 0007 Personnel 0010		Property \$, 000 , 000 <input type="checkbox"/>					
00 Action taken, Other		EMS		Contents \$, 000 , 000 <input type="checkbox"/>					
		Other		PRE-INCIDENT VALUE: Optional					
		<input type="checkbox"/> Check box if resource counts include aid received resources.		Property \$, 000 , 000 <input type="checkbox"/>					
				Contents \$, 000 , 000 <input type="checkbox"/>					
Completed Modules		H1* Casualties <input type="checkbox"/> None		H3 Hazardous Materials Release				I Mixed Use Property	
<input type="checkbox"/> Fire-2		Deaths Injuries		N <input type="checkbox"/> None				NN <input type="checkbox"/> Not Mixed	
<input type="checkbox"/> Structure-3		Fire Service		1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions				10 <input type="checkbox"/> Assembly use	
<input type="checkbox"/> Civil Fire Cas.-4		Civilian		2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)				20 <input type="checkbox"/> Education use	
<input type="checkbox"/> Fire Serv. Cas.-5				3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container				33 <input type="checkbox"/> Medical use	
<input type="checkbox"/> EMS-6				4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage				40 <input type="checkbox"/> Residential use	
<input type="checkbox"/> HazMat-7		H2 Detector		5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable				51 <input type="checkbox"/> Row of stores	
<input type="checkbox"/> Wildland Fire-8		Required for Confined Fires.		6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only				53 <input type="checkbox"/> Enclosed mall	
<input checked="" type="checkbox"/> Apparatus-9		1 <input type="checkbox"/> Detector alerted occupants		7 <input type="checkbox"/> Motor oil: from engine or portable container				58 <input type="checkbox"/> Bus. & Residential	
<input checked="" type="checkbox"/> Personnel-10		2 <input type="checkbox"/> Detector did not alert them		8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons				59 <input type="checkbox"/> Office use	
<input type="checkbox"/> Arson-11		U <input type="checkbox"/> Unknown		9 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form				60 <input type="checkbox"/> Industrial use	
J Property Use* Structures				341 <input type="checkbox"/> Clinic, clinic type infirmary				63 <input type="checkbox"/> Military use	
131 <input type="checkbox"/> Church, place of worship				342 <input type="checkbox"/> Doctor/dentist office				65 <input type="checkbox"/> Farm use	
161 <input type="checkbox"/> Restaurant or cafeteria				361 <input type="checkbox"/> Prison or jail, not juvenile				80 <input type="checkbox"/> Other mixed use	
162 <input type="checkbox"/> Bar/Tavern or nightclub				419 <input type="checkbox"/> 1-or 2-family dwelling					
213 <input type="checkbox"/> Elementary school or kindergarten				429 <input type="checkbox"/> Multi-family dwelling					
215 <input type="checkbox"/> High school or junior high				439 <input type="checkbox"/> Rooming/boarding house					
241 <input type="checkbox"/> College, adult education				449 <input type="checkbox"/> Commercial hotel or motel					
311 <input type="checkbox"/> Care facility for the aged				459 <input type="checkbox"/> Residential, board and care					
331 <input type="checkbox"/> Hospital				464 <input type="checkbox"/> Dormitory/barracks					
				519 <input type="checkbox"/> Food and beverage sales					
Outside				539 <input type="checkbox"/> Household goods, sales, repairs					
124 <input type="checkbox"/> Playground or park				579 <input type="checkbox"/> Motor vehicle/boat sales/repair					
655 <input type="checkbox"/> Crops or orchard				571 <input type="checkbox"/> Gas or service station					
669 <input type="checkbox"/> Forest (timberland)				599 <input type="checkbox"/> Business office					
807 <input type="checkbox"/> Outdoor storage area				615 <input type="checkbox"/> Electric generating plant					
919 <input type="checkbox"/> Dump or sanitary landfill				629 <input type="checkbox"/> Laboratory/science lab					
931 <input type="checkbox"/> Open land or field				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					
				936 <input type="checkbox"/> Vacant lot				981 <input type="checkbox"/> Construction site	
				938 <input type="checkbox"/> Graded/care for plot of land				984 <input type="checkbox"/> Industrial plant yard	
				946 <input type="checkbox"/> Lake, river, stream					
				951 <input type="checkbox"/> Railroad right of way				Lookup and enter a Property Use code only if you have NOT checked a Property Use box:	
				960 <input type="checkbox"/> Other street				Property Use 644	
				961 <input type="checkbox"/> Highway/divided highway				Gas distribution, gas pipeline	
				962 <input type="checkbox"/> Residential street/driveway				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 _____

E-31 dispatched for odor investigation around the 140000 block of hwy 200 and the pipe line. UOA to the area a strong smell of mercaptan was in the air at this time, E-31 assumed command and added command staff and Hazmat. Contact was made to the company that services the pipe line and they advised a responder was enroute. E-31 crew donned an air pack to conform no visible active leak, none noted. The smell would come and go. Pipe line personnel, Dave truck # 80856 on scene (approximately 1602). After going up to look at the service area he returned to advise there was a mercaptan leak and he had shut down the system to fix it. Once district 4 arrived and advised of the situation all MCFR units cleared. Dave called back at approximately 1629 to advise system was back up running correctly.

08/05/2017 16:56:28 mike.felton

L Authorization

_____|000128| _____|Felton, Michael Gregory| _____|FF6-25| _____|08|05|2017|
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. _____|000128| _____|Felton, Michael Gregory| _____|FF6-25| _____|08|05|2017|
 Member making report ID Signature Position or rank Assignment Month Day Year

14162
FDID *

FL
State *

MM DD
8 5
Incident Date *

YYYY
2017

31
Station

20-0052424
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

E-31 dispatched for odor investigation around the 140000 block of hwy 200 and the pipe line. UOA to the area a strong smell of mercaptan was in the air at this time, E-31 assumed command and added command staff and Hazmat. Contact was made to the company that services the pipe line and they advised a responder was enroute. E-31 crew donned an air pack to conform no visible active leak, none noted. The smell would come and go. Pipe line personnel, Dave truck # 80856 on scene (approximately 1602). After going up to look at the service area he returned to advise there was a mercaptan leak and he had shut down the system to fix it. Once district 4 arrived and advised of the situation all MCFR units cleared. Dave called back at approximately 1629 to advise system was back up running correctly.

08/05/2017 16:56:28 mike.felton

A	FDID 14162 *	State FL *	Incident Date 8 / 5 / 2017 *	Station 31	Incident Number 20-0052424 *	Exposure 000 *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources
----------	---------------------	-------------------	---	-------------------	-------------------------------------	-----------------------	--	---

B Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min	Sent <input type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
1 ID DC4 Type 00	Dispatch <input checked="" type="checkbox"/> 8 / 5 / 2017 14:42 Arrival <input checked="" type="checkbox"/> 8 / 5 / 2017 15:15 Clear <input checked="" type="checkbox"/> 8 / 5 / 2017 15:26	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	
2 ID DC5 Type 92	Dispatch <input checked="" type="checkbox"/> 8 / 5 / 2017 14:42 Arrival <input type="checkbox"/> Clear <input checked="" type="checkbox"/> 8 / 5 / 2017 15:17	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	93
3 ID DIV1 Type 11	Dispatch <input checked="" type="checkbox"/> 8 / 5 / 2017 14:41 Arrival <input type="checkbox"/> Clear <input checked="" type="checkbox"/> 8 / 5 / 2017 15:15	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	93
4 ID E16 Type 11	Dispatch <input checked="" type="checkbox"/> 8 / 5 / 2017 14:42 Arrival <input type="checkbox"/> Clear <input checked="" type="checkbox"/> 8 / 5 / 2017 15:26	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	93
5 ID E31 Type 93	Dispatch <input checked="" type="checkbox"/> 8 / 5 / 2017 14:28 Arrival <input checked="" type="checkbox"/> 8 / 5 / 2017 14:40 Clear <input checked="" type="checkbox"/> 8 / 5 / 2017 15:16	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	
6 ID HM16 Type 93	Dispatch <input checked="" type="checkbox"/> 8 / 5 / 2017 14:41 Arrival <input type="checkbox"/> Clear <input checked="" type="checkbox"/> 8 / 5 / 2017 15:14	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	93
7 ID SQ16 Type	Dispatch <input checked="" type="checkbox"/> 8 / 5 / 2017 14:42 Arrival <input checked="" type="checkbox"/> 8 / 5 / 2017 15:13 Clear <input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	

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	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> More Apparatus? Use Additional Sheets </div>	Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource NN None UU Undetermined
---	--	--	--

A	FDID * <input type="text" value="14162"/>	State * <input type="text" value="FL"/>	Incident Date * MM <input type="text" value="8"/> DD <input type="text" value="5"/> YYYY <input type="text" value="2017"/>	Station <input type="text" value="31"/>	Incident Number * <input type="text" value="20-0052424"/>	Exposure * <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel
----------	---	---	--	---	---	---	--	---------------------------------

B Apparatus or Resource *	Date and Times	Sent	Number of * People	Use	Actions Taken
Use codes listed below	Check if same as alarm date Month Day Year Hours/mins	<input type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.

1	ID <input type="text" value="DC4"/>	Dispatch <input checked="" type="checkbox"/>	8	5	2017	14:42	Sent <input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text"/> <input type="text"/>
	Type <input type="text" value="00"/>	Arrival <input checked="" type="checkbox"/>	8	5	2017	15:15	<input checked="" type="checkbox"/>			<input type="text"/> <input type="text"/>
		Clear <input checked="" type="checkbox"/>	8	5	2017	15:26				<input type="text"/> <input type="text"/>

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

2	ID <input type="text" value="DC5"/>	Dispatch <input checked="" type="checkbox"/>	8	5	2017	14:41	Sent <input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="93"/> <input type="text"/>
	Type <input type="text" value="00"/>	Arrival <input type="checkbox"/>					<input checked="" type="checkbox"/>			<input type="text"/> <input type="text"/>
		Clear <input checked="" type="checkbox"/>	8	5	2017	15:16				<input type="text"/> <input type="text"/>

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

3	ID <input type="text" value="DIV1"/>	Dispatch <input checked="" type="checkbox"/>	8	5	2017	14:41	Sent <input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="93"/> <input type="text"/>
	Type <input type="text" value="92"/>	Arrival <input type="checkbox"/>					<input checked="" type="checkbox"/>			<input type="text"/> <input type="text"/>
		Clear <input checked="" type="checkbox"/>	8	5	2017	15:17				<input type="text"/> <input type="text"/>

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

A FDID 14162 * State FL * Incident Date 8 5 2017 * Station 31 Incident Number 20-0052424 * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date Month Day Year Hours/mins Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

1 ID E16 Dispatch 8 5 2017 14:42 Sent 3 Suppression 93 EMS Other

Type 11 Arrival 8 5 2017 15:15 Clear 8 5 2017 15:15

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
000044	Brandlein, Scott	FF5-25	X				
000616	Hoover, Michael	FF2 - 25	X				
002675	Ramsey, Johnathon	FF1 - 19	X				

2 ID E31 Dispatch 8 5 2017 14:28 Sent 3 Suppression EMS Other

Type 11 Arrival 8 5 2017 14:40 Clear 8 5 2017 15:26

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
000128	Felton, Michael	FF6-25	X				
000442	Tyre, Benjamin	FF3 - 44	X				
003185	D'Amico, Derrick	FFP - 04	X				

3 ID HM16 Dispatch 8 5 2017 14:41 Sent 2 Suppression 93 EMS Other

Type 93 Arrival 8 5 2017 15:16 Clear 8 5 2017 15:16

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
000724	Kofke, Brent	FF2 - 22	X				
000903	Brubaker, John	FF1 - 01	X				

A FDID 14162 * State FL * Incident Date 8 5 2017 * Station 31 Incident Number 20-0052424 * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

Month Day Year Hours/mins

1 ID SQ16 Dispatch 8 5 2017 14:42 Sent 2 Suppression EMS Other

Type 93 Arrival 8 5 2017 15:13 Clear 8 5 2017 15:14

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
002717	Boyd, Rolin	FF1 - 19	X				
002883	Zitnick, Dustin	FF1 - 19	X				

2 ID Dispatch Sent Suppression EMS Other

Type Arrival Clear

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

ID Dispatch Sent Suppression EMS Other

Type Arrival Clear

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

14162
FDID

FL
State

8 5
Incident Date

2017

31
Station

20-0052424
Incident Number

000
Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
------	-------------	--------------	--------------	--------------

SQ16 SQUAD 16	14:42:05	14:42:57	15:13:50	15:14:29
---------------	----------	----------	----------	----------

Staff ID\Staff Name	Activity	Rank	Position	Role
---------------------	----------	------	----------	------

14162 FDID *	FL State *	MM 8	DD 5	YYYY 2017	31 Station	20-0052424 Incident Number *	000 Exposure *	Responding Personnel
-----------------	---------------	---------	---------	--------------	---------------	---------------------------------	-------------------	-------------------------

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
000044 Brandlein, Scott Al	E16	FIRE Fire Response		FF5-25		0.55	0.55	0.00
000616 Hoover, Michael	E16	FIRE Fire Response		FF2 - 25		0.55	0.55	0.00
002675 Ramsey, Johnathon Pa	E16	FIRE Fire Response		FF1 - 19		0.55	0.55	0.00
000128 Felton, Michael Greg	E31	FIRE Fire Response		FF6-25		0.96	0.96	0.00
000442 Tyre, Benjamin Josep	E31	FIRE Fire Response		FF3 - 44		0.96	0.96	0.00
003185 D'Amico, Derrick	E31	FIRE Fire Response		FFP - 04		0.96	0.96	0.00
000724 Kofke, Brent C	HM16	FIRE Fire Response		FF2 - 22		0.58	0.58	0.00
000903 Brubaker, John Miller	HM16	FIRE Fire Response		FF1 - 01		0.58	0.58	0.00
002717 Boyd, Rolin W	SQ16	FIRE Fire Response		FF1 - 19		0.54	0.54	0.00
002883 Zitnick, Dustin Mich	SQ16	FIRE Fire Response		FF1 - 19		0.54	0.54	0.00

Total Participants: 10

Total Personnel Hours: 6.77

An 'X' next to the unit denotes driver.