

A		FDID 14162 *	State FL *	MM 08 DD 05 YYYY 2017	Station 31	Incident Number 20-0052501 *	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 type="checkbox"/> Street address		Number/Milepost SW Hwy 200		Prefix Street or Highway		Street Type		Suffix	
<input checked="" type="checkbox"/> Intersection		Apt./Suite/Room		City DUNNELLON		State FL		Zip Code 34432	
<input type="checkbox"/> In front of		Cross street or directions, as applicable SW 136th PL							
<input type="checkbox"/> Rear of									
<input type="checkbox"/> Adjacent to									
<input type="checkbox"/> Directions									
C Incident Type *			E1 Date & Times Midnight is 0000				E2 Shift & Alarms		
Incident Type 700 False alarm or false call, Other			Check boxes if dates are the same as Alarm Date. ALARM always required				Local Option		
			Month Day Year Hr Min Sec				Shift or Alarms District		
			Alarm * 08 05 2017 20:03:53				Platoon		
			ARRIVAL required, unless canceled or did not arrive						
D Aid Given or Received *			<input checked="" type="checkbox"/> Arrival * 08 05 2017 20:03:53				E3 Special Studies		
1 <input type="checkbox"/> Mutual aid received			CONTROLLED Optional, Except for wildland fires				Local Option		
2 <input type="checkbox"/> Automatic aid rcv.			LAST UNIT CLEARED, required except for wildland fires				Special Study ID#		
3 <input type="checkbox"/> Mutual aid given							Special Study Value		
4 <input type="checkbox"/> Automatic aid given			<input type="checkbox"/> Controlled						
5 <input type="checkbox"/> Other aid given			<input checked="" type="checkbox"/> Last Unit Cleared 08 05 2017 20:06:29						
N <input checked="" type="checkbox"/> None									
F Actions Taken *			G1 Resources *			G2 Estimated Dollar Losses & Values			
Primary Action Taken (1) 92 Standby			Check this box and skip this section if an Apparatus or Personnel form is used. <input checked="" type="checkbox"/>			LOSSES: Required for all fires if known. Optional for non fires. None			
Additional Action Taken (2)			Apparatus Personnel			Property \$ 000,000			
Additional Action Taken (3)			Suppression 0001 0003			Contents \$ 000,000			
			EMS			PRE-INCIDENT VALUE: Optional			
			Other			Property \$ 000,000			
			<input type="checkbox"/> Check box if resource counts include aid received resources.			Contents \$ 000,000			
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	
								63 <input type="checkbox"/> Military use	
								65 <input type="checkbox"/> Farm use	
								00 <input type="checkbox"/> Other mixed use	
J Property Use* Structures			341 <input type="checkbox"/> Clinic, clinic type infirmary			539 <input type="checkbox"/> Household goods, sales, repairs			
131 <input type="checkbox"/> Church, place of worship			342 <input type="checkbox"/> Doctor/dentist office			579 <input type="checkbox"/> Motor vehicle/boat sales/repair			
161 <input type="checkbox"/> Restaurant or cafeteria			361 <input type="checkbox"/> Prison or jail, not juvenile			571 <input type="checkbox"/> Gas or service station			
162 <input type="checkbox"/> Bar/Tavern or nightclub			419 <input type="checkbox"/> 1-or 2-family dwelling			599 <input type="checkbox"/> Business office			
213 <input type="checkbox"/> Elementary school or kindergarten			429 <input type="checkbox"/> Multi-family dwelling			615 <input type="checkbox"/> Electric generating plant			
215 <input type="checkbox"/> High school or junior high			439 <input type="checkbox"/> Rooming/boarding house			629 <input type="checkbox"/> Laboratory/science lab			
241 <input type="checkbox"/> College, adult education			449 <input type="checkbox"/> Commercial hotel or motel			700 <input type="checkbox"/> Manufacturing plant			
311 <input type="checkbox"/> Care facility for the aged			459 <input type="checkbox"/> Residential, board and care			819 <input type="checkbox"/> Livestock/poultry storage (barn)			
331 <input type="checkbox"/> Hospital			464 <input type="checkbox"/> Dormitory/barracks			882 <input type="checkbox"/> Non-residential parking garage			
			519 <input type="checkbox"/> Food and beverage sales			891 <input type="checkbox"/> Warehouse			
Outside			936 <input type="checkbox"/> Vacant lot			981 <input type="checkbox"/> Construction site			
124 <input type="checkbox"/> Playground or park			938 <input type="checkbox"/> Graded/care for plot of land			984 <input type="checkbox"/> Industrial plant yard			
655 <input type="checkbox"/> Crops or orchard			946 <input type="checkbox"/> Lake, river, stream						
669 <input type="checkbox"/> Forest (timberland)			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:			
807 <input type="checkbox"/> Outdoor storage area			960 <input type="checkbox"/> Other street			Property Use 961			
919 <input type="checkbox"/> Dump or sanitary landfill			961 <input checked="" type="checkbox"/> Highway/divided highway			Highway or divided highway			
931 <input type="checkbox"/> Open land or field			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

E31 DISPATCHED TO ODOR IN AREA FROM SABAL TRAIL GAS LINE, E31 RESPONDED TO PERVIOUS. E31 WAS CANCELLED BY DC4.

08/06/2017 08:28:11 benjamin.tyre

L Authorization

000442 Tyre, Benjamin Joseph FF3 - 44 08 06 2017
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. 000442 Tyre, Benjamin Joseph FF3 - 44 08 06 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

20-0052501
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

E31 DISPATCHED TO ODOR IN AREA FROM SABAL TRAIL GAS LINE, E31 RESPONED TO PERVIOUS. E31 WAS CANCELLED BY DC4.

08/06/2017 08:28:11 benjamin.tyre

A	FDID <u>14162</u> *	State <u>FL</u> *	Incident Date MM <u>8</u> DD <u>5</u> YYYY <u>2017</u> *	Station <u>31</u>	Incident Number <u>20-0052501</u> *	Exposure <u>000</u> *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources
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B Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min	Sent <input checked="" type="checkbox"/>	Number of * People <input type="checkbox"/>	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
1 ID <u>E31</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/> <u>8</u> <u>5</u> <u>2017</u> <u>20:04</u> Arrival <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u> Clear <input checked="" type="checkbox"/> <u>8</u> <u>5</u> <u>2017</u> <u>20:06</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>93</u> <u> </u>
2 ID <u> </u> Type <u> </u>	Dispatch <input checked="" type="checkbox"/> <u>8</u> <u>5</u> <u>2017</u> <u>20:04</u> Arrival <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u> Clear <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>93</u> <u> </u>
ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u> Arrival <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u> Clear <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u>
ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u> Arrival <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u> Clear <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u>
ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u> Arrival <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u> Clear <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u>
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ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u> Arrival <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u> Clear <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u>
ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u> Arrival <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u> Clear <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u>
ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u> Arrival <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u> Clear <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </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	<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
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A FDID 14162 * State FL * Incident Date 8 5 2017 * Station 31 Incident Number 20-0052501 * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Date and Times Check if same as alarm date Sent Number of * People 3 Use Suppression EMS Other Actions Taken 93

Use codes listed below Month Day Year Hours/mins

1 ID E31 Dispatch 8 5 2017 20:04 Sent Arrival Clear 8 5 2017 20:06 Other

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				

2 ID Dispatch Sent Arrival Clear Other

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

ID Dispatch Sent Arrival Clear Other

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

20-0052501
Incident Number

000
Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
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E31 Engine 31	20:04:23			20:06:29
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Staff ID\Staff Name	Activity	Rank	Position	Role
000128 Felton, Michael Gregory	Fire Response	Firefighter		
000442 Tyre, Benjamin Joseph	Fire Response	Firefighter		
003185 D'Amico, Derrick	Fire Response	Probationar		

14162 FDID *	FL State *	MM 8	DD 5	YYYY 2017	31 Station	20-0052501 Incident Number *	000 Exposure *	Responding Personnel	
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
000128 Felton, Michael Gregory	E31	FIRE Fire Response		FF6-25		0.04	0.04	0.00
000442 Tyre, Benjamin Joseph	E31	FIRE Fire Response		FF3 - 44		0.04	0.04	0.00
003185 D'Amico, Derrick	E31	FIRE Fire Response		FFP - 04		0.04	0.04	0.00
Total Participants: 3				Total Personnel Hours:		0.12		

An 'X' next to the unit denotes driver.