

<b>A</b>		FDID <b>14162</b> *	State <b>FL</b> *	Incident Date <b>08/06/2017</b> *	Station <b>31</b>	Incident Number <b>20-0052584</b> *	Exposure <b>000</b> *	<input type="checkbox"/> Delete <input 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 Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.											
<input checked="" type="checkbox"/> Street address		13821		SW	Hwy 200			Street Type	Suffix				
<input type="checkbox"/> Intersection		Number/Milepost		Prefix	Street or Highway			Street Type	Suffix				
<input type="checkbox"/> In front of				DUNNELLON			FL	34432					
<input type="checkbox"/> Rear of		Apt./Suite/Room		City			State	Zip Code					
<input type="checkbox"/> Adjacent to													
<input type="checkbox"/> Directions		Cross street or directions, as applicable											
<b>C Incident Type *</b>		<b>E1 Date &amp; Times</b>				<b>E2 Shift &amp; Alarms</b>							
651   Smoke scare, odor of smoke		Midnight is 0000				Local Option							
Incident Type		Check boxes if dates are the same as Alarm Date.				Shift or District							
<b>D Aid Given or Received *</b>		ALARM always required				Platoon							
1 <input type="checkbox"/> Mutual aid received		Alarm * 08   06   2017   06:06:33				ARRIVAL required, unless canceled or did not arrive							
2 <input type="checkbox"/> Automatic aid rcv.		<input checked="" type="checkbox"/> Arrival * 08   06   2017   06:23:39				CONTROLLED Optional, Except for wildland fires							
3 <input type="checkbox"/> Mutual aid given		<input type="checkbox"/> Controlled				LAST UNIT CLEARED, required except for wildland fires							
4 <input type="checkbox"/> Automatic aid given		<input checked="" type="checkbox"/> Last Unit				Special Studies							
5 <input type="checkbox"/> Other aid given		Cleared 08   06   2017   07:15:41				Local Option							
N <input checked="" type="checkbox"/> None						Special Study ID#							
						Special Study Value							
<b>F Actions Taken *</b>		<b>G1 Resources *</b>				<b>G2 Estimated Dollar Losses &amp; Values</b>							
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							
Primary Action Taken (1)		Apparatus				Property \$							
Additional Action Taken (2)		Suppression 0001   0003				Contents \$							
Additional Action Taken (3)		EMS				PRE-INCIDENT VALUE: Optional							
		Other				Property \$							
		<input type="checkbox"/> Check box if resource counts include aid received resources.				Contents \$							
<b>Completed Modules</b>		<b>H1* Casualties</b>				<b>H3 Hazardous Materials Release</b>				<b>I Mixed Use Property</b>			
<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 evaluation 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		<b>H2 Detector</b>				4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage				40 <input type="checkbox"/> Residential use			
<input type="checkbox"/> HazMat-7		Required for Confined Fires.				5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable				51 <input type="checkbox"/> Row of stores			
<input type="checkbox"/> Wildland Fire-8		1 <input type="checkbox"/> Detector alerted occupants				6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only				53 <input type="checkbox"/> Enclosed mall			
<input checked="" type="checkbox"/> Apparatus-9		2 <input type="checkbox"/> Detector did not alert them				7 <input type="checkbox"/> Motor oil: from engine or portable container				58 <input type="checkbox"/> Bus. & Residential			
<input checked="" type="checkbox"/> Personnel-10		U <input type="checkbox"/> Unknown				8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons				59 <input type="checkbox"/> Office use			
<input type="checkbox"/> Arson-11						9 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form				60 <input type="checkbox"/> Industrial use			
<b>J Property Use* Structures</b>		341 <input type="checkbox"/> Clinic, clinic type infirmary				539 <input type="checkbox"/> Household goods, sales, repairs				63 <input type="checkbox"/> Military use			
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office				579 <input type="checkbox"/> Motor vehicle/boat sales/repair				65 <input type="checkbox"/> Farm use			
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile				571 <input type="checkbox"/> Gas or service station				66 <input type="checkbox"/> Other mixed use			
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							
Outside		519 <input type="checkbox"/> Food and beverage sales				891 <input type="checkbox"/> Warehouse							
124 <input type="checkbox"/> Playground or park		936 <input type="checkbox"/> Vacant lot				981 <input type="checkbox"/> Construction site							
655 <input type="checkbox"/> Crops or orchard		938 <input type="checkbox"/> Graded/care for plot of land				984 <input type="checkbox"/> Industrial plant yard							
669 <input type="checkbox"/> Forest (timberland)		946 <input type="checkbox"/> Lake, river, stream				Lookup and enter a Property Use code only if you have NOT checked a Property Use box:							
807 <input type="checkbox"/> Outdoor storage area		951 <input type="checkbox"/> Railroad right of way				Property Use				644			
919 <input type="checkbox"/> Dump or sanitary landfill		960 <input type="checkbox"/> Other street								Gas distribution, gas pipeline			
931 <input type="checkbox"/> Open land or field		961 <input type="checkbox"/> Highway/divided highway											
		962 <input type="checkbox"/> Residential street/driveway											

**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 RESPONDED TO ADDRESS GIVEN FOR POSSIBLE GAS LEAK WHICH IS IN THE AREA OF THE SABAL TRAIL NATURAL GAS LIFT STATION. IT SHOULD BE NOTED THAT E31 RESPONDED TO THE SAME AREA THE PERVIOUS DAY FOR ODOR. DAVE RUNOWSKI WITH SABAL TRAIL CAME OUT. DAVE ADVISED THAT THE SYSYEM WAS BEING WORKED ON FRIDAY. HE COMPLETED HIS CHECK OF THE FACILITY AND ADVISED THAT THERE IS A MERCAPTON LEAK AND HE WOULD BE TAKING CARE OF IT. DAVE ADVISED THAT NO HEALTH OR SAFEY CONCERNS. E31 STAGED AT HWY 200 & ENTRANCE, E31 CONTATCED DAVE RUNOWSKI WITH NO ANSWER UPON INITAL CALL. HE CALLED BACK WITHIN 15MIN AND ADVISED HE WAS ENROUTE TO THE LOCTATION. E31 NOTICTED A SLIGHT MERCAPTON SMELL PRESENT. DAVE RUNOWSKI ARRIVED ON SCENE AND COMPLETED A CHECK OF THE SYSYEM AND ADVISED ALL IS WORKING WITH NO FAULTS. E31 WAS COMPLETE

08/06/2017 08:18:02 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  000442 Tyre, Benjamin Joseph FF3 - 44 08 06 2017  
 same as Officer in charge. Member making report ID Signature Position or rank Assignment Month Day Year

14162  
FDID \*

FL  
State \*

MM DD  
8 6  
Incident Date \*

YYYY  
2017

31  
Station

20-0052584  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

E31 RESPONDED TO ADDRESS GIVEN FOR POSSIBLE GAS LEAK WHICH IS IN THE AREA OF THE SABAL TRAIL NATURAL GAS LIFT STATION. IT SHOULD BE NOTED THAT E31 RESPONDED TO THE SAME AREA THE PVIOUS DAY FOR ODOR. DAVE RUNOWSKI WITH SABAL TRAIL CAME OUT. DAVE ADVISED THAT THE SYSYTEM WAS BEING WORKED ON FRIDAY. HE COMPLETED HIS CHECK OF THE FACILITY AND ADVISED THAT THERE IS A MERCAPTON LEAK AND HE WOULD BE TAKING CARE OF IT. DAVE ADVISED THAT NO HEALTH OR SAFEY CONCERNS. E31 STAGED AT HWY 200 & ENTRANCE, E31 CONTATCED DAVE RUNOWSKI WITH NO ANSWER UPON INITAL CALL. HE CALLED BACK WITHIN 15MIN AND ADVISED HE WAS ENROUTE TO THE LOCTATION. E31 NOTICTED A SLIGHT MERCAPTON SMELL PRESENT. DAVE RUNOWSKI ARRIVED ON SCENE AND COMPLETED A CHECK OF THE SYSYTEM AND ADVISED ALL IS WORKING WITH NO FAULTS. E31 WAS COMPLETE

08/06/2017 08:18:02 benjamin.tyre

<b>A</b>	FDID <u>14162</u> *	State <u>FL</u> *	Incident Date MM <u>8</u> DD <u>6</u> YYYY <u>2017</u> *	Station <u>31</u>	Incident Number <u>20-0052584</u> *	Exposure <u>000</u> *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 9 Apparatus or Resources</b>
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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 <u>3</u>	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>6</u> <u>2017</u> <u>06:10</u> Arrival <input checked="" type="checkbox"/> <u>8</u> <u>6</u> <u>2017</u> <u>06:23</u> Clear <input checked="" type="checkbox"/> <u>8</u> <u>6</u> <u>2017</u> <u>07:15</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 ID <u>      </u> Type <u>      </u>	Dispatch <input checked="" type="checkbox"/> <u>8</u> <u>6</u> <u>2017</u> <u>06:10</u> Arrival <input checked="" type="checkbox"/> <u>8</u> <u>6</u> <u>2017</u> <u>06:23</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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>Type of Apparatus or Resources</b> 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;"> <b>More Apparatus? Use Additional Sheets</b> </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 6 2017 \* Station 31 Incident Number 20-0052584 \* 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 E31 Dispatch  8 6 2017 06:10 Sent  3  Suppression  EMS  Other

Type 11 Arrival  8 6 2017 06:23 Clear  8 6 2017 07:15

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    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 6  
Incident Date

2017

31  
Station

20-0052584  
Incident Number

000  
Exposure

Responding  
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
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E31 Engine 31	06:10:24	06:14:29	06:23:39	07:15:41
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Staff ID\Staff Name	Activity	Rank	Position	Role
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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 6	YYYY 2017	31 Station	20-0052584 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		1.09	1.09	0.00
000442 Tyre, Benjamin Joseph	E31	FIRE Fire Response		FF3 - 44		1.09	1.09	0.00
003185 D'Amico, Derrick	E31	FIRE Fire Response		FFP - 04		1.09	1.09	0.00
<b>Total Participants: 3</b>				<b>Total Personnel Hours:</b>		3.27		

An 'X' next to the unit denotes driver.