# Marblehead Fire Department
## Incident Report

## Incident #: 13-2060-IN Exp. 0

Call #: 13-13223

Location: WOODMAN, JOANNE
24 LEE ST
MARBLEHEAD,MA 01945

District: Downtown
Station: MHEAD CNETRAL

Officer In Charge: Rice, Daniel A. on 10/26/2013
Report By: Rice, Daniel A. on 10/26/2013
Approved By: Rice, Daniel A. on 10/26/2013

## Basic Incident Information

Incident Type: **Building fire**
Property Use: Multifamily dwelling
Mixed Use Property: Not mixed use
Actions Taken: Fire control or extinguishment, other
Notify other agencies.

Owner: WOODMAN, JOANNE
24 LEE ST
Apartment B5
MARBLEHEAD, MA 01945

Property Loss: $100000
Contents Loss: $75000

Pre-Incident Value: Undetermined
Pre-Incident Value: Undetermined

## Resources Used Summary

Alarm: 10/26/2013 @ 1412
Cleared: 10/26/2013 @ 1629

Arrived: 10/26/2013 @ 1416

Shift: 2

Alarms: 0

Aid: Mutual aid received

| | Apparatus | Personnel |
|---|---|---|
| Suppression: | 3 | 9 |
| EMS: | 0 | 0 |
| Other: | 2 | 2 |

## Casualties Summary

| | Deaths | Injuries |
|---|---|---|
| Fire Service: | 0 | 0 |
| Civilian: | 0 | 0 |

| # | People and Entities Involved | Type | Sex | Age | Home # | Work # |
|---|---|---|---|---|---|---|
| 1 | | | | | | |

# Incident #: 13-2060-IN Exp. 0

## Fire

Buildings involved: 2 On site mat 1: Housewares -Bulk storage or warehousing
Residential living units: 5 On site mat 2: Wood, other -Bulk storage or warehousing
Acres Burned:

Area of origin: Cooking area, kitchen
Cause of ignition: Unintentional
Heat source: Heat source: other
Item first ignited: Cooking materials, including edible materials
Type of material:
1st Contributing Ignition Factor:
2nd Contributing Ignition Factor:

Human factors contributing to ignition: None

Mobile Property Involved: None

Pre-fire plan available: No

## Structure

Structure type: Enclosed building Stories above grade: 3
Building status: In Normal Use Stories below grade: 0
Main floor size: 4000 square feet

Story of fire origin: 3
Fire spread: Beyond building of origin
Stories with minor damage:
Stories with significant damage: 1
Stories with heavy damage:
Stories with extreme damage:

Detector presence: Present
Type: Smoke
Power: Hardwire only
Operation: Detector operated
Effectiveness: Detector alerted occupants, occupants responded

Automatic extinguishment system: None Present

| # | Apparatus | Type | Dates/Times | Per Use | Actions Taken |
|---|---|---|---|---|---|
| 1 | FIRE Chiefs Car C1 | Mobile command post | Disp 10/26/2013 @ 1455<br>Arr 10/26/2013 @ 1455<br>Clr 10/26/2013 @ 1629<br>InQt 10/26/2013 @<br>InSv 10/26/2013 @ 1629 | 1 | Other |

## Incident #: 13-2060-IN Exp. 0

| | | | | | |
|---|---|---|---|---|---|
| 2 | Fire Prevention Offi<br>C2 | Support apparatus, o | Disp 10/26/2013 @ 1432<br>Arr 10/26/2013 @ 1443<br>Clr 10/26/2013 @ 1629<br>InQt 10/26/2013 @<br>InSv 10/26/2013 @ 1629 | 1 | Other |
| 3 | Engine 1<br>ENG1 | Engine | Disp 10/26/2013 @ 1412<br>Arr 10/26/2013 @ 1417<br>Clr 10/26/2013 @ 1618<br>InQt 10/26/2013 @<br>InSv 10/26/2013 @ 1618 | 3 | Suppr |
| 4 | Engine 2<br>ENG2 | Engine | Disp 10/26/2013 @ 1412<br>Arr 10/26/2013 @ 1416<br>Clr 10/26/2013 @ 1629<br>InQt 10/26/2013 @<br>InSv 10/26/2013 @ 1629 | 3 | Suppr |
| 5 | Ladder<br>LADDER1 | Quint | Disp 10/26/2013 @ 1412<br>Arr 10/26/2013 @ 1417<br>Clr 10/26/2013 @ 1618<br>InQt 10/26/2013 @<br>InSv 10/26/2013 @ 1618 | 3 | Suppr |

| # | ID | Personnel | Start | End | | Dty Station App |
|---|---|---|---|---|---|---|
| 1 | F24 | Gilliland, Jason R. | 10/26/2013 @ 1455 | 10/26/2013 @ 1629 | | C1 |
| 2 | F30 | Porter, Michael A. | 10/26/2013 @ 1432 | 10/26/2013 @ 1629 | | C2 |
| 3 | F28 | Rice, Daniel A. | 10/26/2013 @ 1412 | 10/26/2013 @ 1618 | FF | ENG1 |
| 4 | F70 | Attridge, Patrick B. | 10/26/2013 @ 1412 | 10/26/2013 @ 1618 | FF | ENG1 |
| 5 | F73 | Patterson, Matthew I. | 10/26/2013 @ 1412 | 10/26/2013 @ 1618 | FF | ENG1 |
| 6 | F42 | Borowski, Mark S. | 10/26/2013 @ 1412 | 10/26/2013 @ 1629 | FF | ENG2 |
| 7 | F65 | Hatfield, Adam J. | 10/26/2013 @ 1412 | 10/26/2013 @ 1629 | FF | ENG2 |
| 8 | F68 | Ridge, Eric M. | 10/26/2013 @ 1412 | 10/26/2013 @ 1629 | FF | ENG2 |
| 9 | F37 | Boardway, Arthur H. | 10/26/2013 @ 1412 | 10/26/2013 @ 1618 | FF | LADDER1 |
| 10 | F51 | Sprague, Charles W. | 10/26/2013 @ 1412 | 10/26/2013 @ 1618 | FF | LADDER1 |
| 11 | F67 | Tina, Matthew J. | 10/26/2013 @ 1412 | 10/26/2013 @ 1618 | FF | LADDER1 |

### State

Critical incident: No

Incident #: 13-2060-IN Exp. 0

NARRATIVE FOR CAPTAIN DANIEL A RICE

Ref: 13-2060-IN

Entered: 10/26/2013 @ 1739 Entry ID: F28
Modified: 10/26/2013 @ 1739 Modified ID: F28

All apparatus dispatched to this address for smoke comming from a building. E-2 arrived on scene and reported fire showing on the roof. Lt. Hatfield called for a working fire upon seeing darkened windows on the 3rd floor. E-2 crew stretched a 1 1/2 up the rear porch to reach the 3rd floor apartment and forced entry. Sight was obscured by smoke but the Lt. reported hearing the fire to his left. Lt. reported that they knocked down the visible fire and were checking for extension. Members of L-1 crew assisted. I took command and preformed a 360 while knocking on doors to evacuate. The first hydrant did not work. E-1 crew hand jacked the supply line to another hydrant. Salem E-5 requested to the fire. L-1 crew reported fire through the roof. C-1 took command. Crews open the roof and checked for extension. Fire in the rafters was knocked down from crews on the 3rd floor. Salem E-5 was RIT. Crews preformed salvage and overhaul. The building was turned over to the condo association with a board up company securing the building.

**A** — FDID: 09168 | State: MA | Incident Date (MM DD YYYY): 10 26 2013 | Station: MARB | Incident Number: 2060 | Exposure: 0

☐ Delete ☐ Change ☐ No Activity

**NFIRS-1 BASIC**
OMB 1660-0069
Expires 06/30/2009
*Paperwork Burden Notice on Back

**B — Location Type**

☐ Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification. Use only for Wildland fires."

Census Tract: ____ - ____

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions
☐ US National Grid

Number/Milepost: 24 | Prefix: | Street or Highway: LEE | Street Type: ST | Suffix:

Apt./Suite/Room: B5 | City: MARBLEHEAD | State: MA | Zip Code: 01945 -

Cross Street, Directions or National Grid, as applicable:

**C — Incident Type**

111 Building fire

**D — Aid Given or Received** ☐ None

1 ☒ Mutual aid received
2 ☐ Auto. aid received
3 ☐ Mutual aid given
4 ☐ Auto. aid given
5 ☐ Other aid given

Their FDID | Their State | Their Incident Number

**E1 — Dates & Times**

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

| | Month | Day | Year | Hour | Min |
|---|---|---|---|---|---|
| | ALARM always required | | | | |
| Alarm ☆ | 10 | 26 | 2013 | 1412 | |
| | ARRIVAL required, unless canceled or did not arrive | | | | |
| ☒ Arrival ☆ | 10 | 26 | 2013 | 1416 | |
| | CONTROLLED optional, except for wildland fires | | | | |
| ☐ Controlled | | | | | |
| | LAST UNIT CLEARED, required except for wildland fires | | | | |
| ☒ Last Unit Cleared | 10 | 26 | 2013 | 1629 | |

**E2 — Shifts & Alarms**

Local Option

Shift or Platoon: 2 | Alarms: 0 | District: DOWN

**E3 — Special Studies**

Local Option

Special Study ID# | Special Study Value

**F — Actions Taken**

10 Fire control or extinguishment, other
Primary Action Taken (1)

82 Notify other agencies.
Additional Action Taken (2)

Additional Action Taken (3)

**G1 — Resources**

☒ Check this box and skip this block if an Apparatus or Personnel Module is used.

| | Apparatus | Personnel |
|---|---|---|
| Suppression | 3 | 9 |
| EMS | 0 | 0 |
| Other | 2 | 2 |

☐ Check box if resource counts include aid received resources.

**G2 — Estimated Dollar Losses and Values**

LOSSES: Required for all fires if known. Optional for non fires. ☐ None

Property: $ 100,000 ☐
Contents: $ 75,000 ☐

PRE-INCIDENT VALUE: Optional

Property: $ ☐
Contents: $ ☐

**Completed Modules**

☒ Fire-2
☒ Structure Fire-3
☐ Civilian Fire Cas.-4
☐ Fire Service Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☐ Apparatus-9
☒ Personnel-10
☐ Arson-11

**H1 — Casualties** ☒ None

| | Deaths | Injuries |
|---|---|---|
| Fire Service | | |
| Civilian | | |

**H2 — Detector**

Required for confined fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

**H3 — Hazardous Materials Release** ☐ None

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

**I — Mixed Use Property** ☒ Not mixed

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

**J — Property Use** ☐ None

*Structures*

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/tavern or nightclub
213 ☐ Elementary school, kindergarten
215 ☐ High school, junior high
241 ☐ College, adult education
311 ☐ Nursing Home
331 ☐ Hospital
341 ☐ Clinic, clinic-type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1- or 2-family dwelling
429 ☒ Multifamily dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods, sales, repairs
571 ☐ Gas or service station
579 ☐ Motor vehicle/boat sales/repairs
599 ☐ Business office
615 ☐ Electric-generating plant
629 ☐ Laboratory/science laboratory
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage (barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

*Outside*

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/cared for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right-of-way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box:

Property Use: 429 Multifamily dwelling

NFIRS-1 Revision 01/01/07

## A

FDID: 09168 | State: MA | Incident Date (MM DD YYYY): 10 26 2013 | Station: MARB | Incident Number: 2060 | Exposure: 0

☐ Delete ☐ Change ☐ No Activity

**NFIRS-1 BASIC**
OMB 1660-0069
Expires 06/30/2009

## K1 Person/Entity Involved

Local Option

Business name (if applicable) | Area Code | Phone Number

☐ Check this box if same address as incident Location (Section B). 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

Local Option

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

Business name (if applicable): WOODMAN, JOANNE | Area Code | Phone Number

☒ Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. | First Name | MI | Last Name | Suffix

Number: 24 | Prefix | Street or Highway: LEE | Street Type: ST | Suffix

Post Office Box | Apt./Suite/Room: B5 | City: MARBLEHEAD

State: MA | Zip Code: 01945 —

## L Remarks:

Local Option

ITEMS WITH A ☆ MUST **ALWAYS** BE COMPLETED!

☐ **More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.**

## M Authorization

| Officer in charge ID | Signature | Position or rank | Assignment | Month | Day | Year |
|---|---|---|---|---|---|---|
| F28 | Rice, Daniel | Captain | | 10 | 26 | 2013 |

Check box if same as Officer in charge. ⇨ ☒

| Member making report ID | Signature | Position or rank | Assignment | Month | Day | Year |
|---|---|---|---|---|---|---|
| F28 | Rice, Daniel | Captain | | 10 | 26 | 2013 |

**A**

| FDID | State | Incident Date (MM DD YYYY) | Station | Incident Number | Exposure |
|---|---|---|---|---|---|
| 09168 | MA | 10 26 2013 | MARB | 2060 | 0 |

☐ Delete ☐ Change

**NFIRS-2 FIRE**
OMB 1660-0069
Expires 06/30/2009
*Paperwork Burden Notice on Back

## B Property Details

**B1** 5 — Estimated number of residential living units in building of origin *whether or not all units became involved*
☐ Not Residential

**B2** 2 — Number of buildings involved
☐ Buildings not involved

**B3** ____ , ____ — Acres burned (outside fires)
☒ None
☐ Less than one acre

## C On-Site Materials or Products

☐ None

Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, *whether or not they became involved*.

Enter up to three codes. Check one box for each code entered.

| | On-site material | On-Site Materials Storage Use |
|---|---|---|
| (1) | 244 Housewares | ☒ 1 Bulk storage or warehousing<br>☐ 2 Processing or manufacturing<br>☐ 3 Packaged goods for sale<br>☐ 4 Repair or service<br>☐ U Undetermined |
| (2) | 310 Wood, other | ☒ 1 Bulk storage or warehousing<br>☐ 2 Processing or manufacturing<br>☐ 3 Packaged goods for sale<br>☐ 4 Repair or service<br>☐ U Undetermined |
| (3) | | ☐ 1 Bulk storage or warehousing<br>☐ 2 Processing or manufacturing<br>☐ 3 Packaged goods for sale<br>☐ 4 Repair or service<br>☐ U Undetermined |

## D Ignition

**D1** 24 Cooking area, kitchen — Area of fire origin ☆

**D2** 00 Heat source: other — Heat source ☆

**D3** 76 Cooking materials, including edible ma — Item first ignited ☆ 1 ☐ Check box if fire spread was confined to object of origin

**D4** ____ — Type of material first ignited (Required only if item first ignited code is 00 or <70)

## E1 Cause of Ignition ☆

☐ Check box if this is an exposure report. → Skip to Section G

1 ☐ Intentional
2 ☒ Unintentional
3 ☐ Failure of equipment or heat source
4 ☐ Act of nature
5 ☐ Cause under investigation
U ☐ Cause undetermined after investigation

## E2 Factors Contributing To Ignition ☆ ☒ None

Factor contributing to ignition (1)

Factor contributing to ignition (2)

## E3 Human Factors ☆ Contributing to Ignition

Check all applicable boxes ☒ None

1 ☐ Asleep
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Possibly mentally disabled
5 ☐ Physically disabled
6 ☐ Multiple persons involved
7 ☐ Age was a factor

Estimated age of person involved ____

1 ☐ Male 2 ☐ Female

## F1 Equipment Involved In Ignition

☒ None → If equipment was not involved, skip to Section G

Equipment Involved ____

Brand ____

Model ____

Serial # ____

Year ____

## F2 Equipment Power

Equipment Power Source ____

## F3 Equipment Portability

1 ☐ Portable
2 ☐ Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

## G Fire Suppression Factors

Enter up to three codes. ☒ None

Fire suppression factor (1) ____

Fire suppression factor (2) ____

Fire suppression factor (3) ____

## H1 Mobile Property Involved ☒ None

1 ☐ Not involved in ignition, but burned
2 ☐ Involved in ignition, but did not burn
3 ☐ Involved in ignition and burned

## H2 Mobile Property Type & Make

Mobile property type ____

Mobile property make ____

Mobile property model ____ Year ____

License Plate Number ____ State ____ VIN ____

**Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3)**

## Local Use

☐ Pre-Fire Plan Available

Some of the information presented in this report may be based upon reports from other agencies.

☐ Arson report attached
☐ Police report attached
☐ Coroner report attached
☐ Other reports attached

NFIRS-2 Revision 01/01/07

FDID: 09168 | State: MA | Incident Date (MM DD YYYY): 10 26 2013 | Station: MARB | Incident Number: 2060 | Exposure: 0 | ☐ Delete ☐ Change

NFIRS-3 STRUCTURE FIRE
OMB 1660-0069
Expires 06/30/2009
*Paperwork Burden Notice on Back

## I Structure Type ☆

If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form

- ☒ Enclosed building
- ☐ Portable/mobile structure
- ☐ Open structure
- ☐ Air-supported structure
- ☐ Tent
- ☐ Open platform (e.g. piers)
- ☐ Underground structure (work areas)
- ☐ Connective structure (e.g. fences)
- ☐ Other type of structure

## I2 Building Status ☆

- 1 ☐ Under construction
- 2 ☒ Occupied & operating
- 3 ☐ Idle, not routinely used
- 4 ☐ Under major renovation
- 5 ☐ Vacant and secured
- 6 ☐ Vacant and unsecured
- 7 ☐ Being demolished
- 0 ☐ Other
- U ☐ Undetermined

## I3 Building Height ☆

Count the roof as part of the highest story

3 — Total number of stories at or above grade

0 — Total number of stories below grade

## I4 Main Floor Size ☆

, 4,000 — Total square feet

OR

, BY , — Length in feet / Width in feet

## I1 Fire Origin ☆

3 — Story of fire origin

☐ Below grade

## I2 Fire Spread ☆

If fire spread was confined to object of origin do not check a box (Ref. Block D3, Fire Module)

- ☐ Confined to room of origin
- ☐ Confined to floor of origin
- ☐ Confined to building of origin
- ☒ Beyond building of origin

## J3 Number of Stories Damaged By Flame

Count the roof as part of the highest story

- Number of stories w/ minor damage (1 to 24% flame damage)
- 1 — Number of stories w/ significant damage (25 to 49% flame damage)
- Number of stories w/ heavy damage (50 to 74% flame damage)
- Number of stories w/ extreme damage (75 to 100% flame damage)

## K Type of Material Contributing Most To Flame Spread

☒ Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine → Skip to Section L

K1 — Item contributing most to flame spread

K2 — Type of material contributing most to flame spread (Required only if item contributing code is 00 or <70.)

## L1 Presence of Detectors ☆

(In area of the fire)

- N ☐ None Present → Skip to section M
- 1 ☒ Present
- U ☐ Undetermined

## L2 Detector Type

- 1 ☒ Smoke
- 2 ☐ Heat
- 3 ☐ Combination smoke and heat
- 4 ☐ Sprinkler, water flow detection
- 5 ☐ More than one type present
- 0 ☐ Other
- U ☐ Undetermined

## L3 Detector Power Supply

- 1 ☐ Battery only
- 2 ☒ Hardwire only
- 3 ☐ Plug-in
- 4 ☐ Hardwire with battery
- 5 ☐ Plug-in with battery
- 6 ☐ Mechanical
- 7 ☐ Multiple detectors & power supplies
- 0 ☐ Other
- U ☐ Undetermined

## L4 Detector Operation

- 1 ☐ Fire too small to activate
- 2 ☒ Operated → Complete Block L5
- 3 ☐ Failed to operate → Complete Block L6
- U ☐ Undetermined

## L5 Detector Effectiveness

Required if detector operated

- 1 ☒ Alerted occupants, occupants responded
- 2 ☐ Alerted occupants, occupants failed to respond
- 3 ☐ There were no occupants
- 4 ☐ Failed to alert occupants
- U ☐ Undetermined

## L6 Detector Failure Reason

Required if detector failed to operate

- 1 ☐ Power failure, shutoff, or disconnect
- 2 ☐ Improper installation or placement
- 3 ☐ Defective
- 4 ☐ Lack of maintenance, includes not cleaning
- 5 ☐ Battery missing or disconnected
- 6 ☐ Battery discharged or dead
- 0 ☐ Other
- U ☐ Undetermined

## M1 Presence of Automatic Extinguishing System ☆

- N ☒ None Present
- 1 ☐ Present
- 2 ☐ Partial System Present → Complete rest of Section M
- U ☐ Undetermined

## M2 Type of Automatic Extinguishment System

Required if fire was within designed range of AES

- 1 ☐ Wet-pipe sprinkler
- 2 ☐ Dry-pipe sprinkler
- 3 ☐ Other sprinkler system
- 4 ☐ Dry chemical system
- 5 ☐ Foam system
- 6 ☐ Halogen-type system
- 7 ☐ Carbon dioxide ($CO_2$) system
- 0 ☐ Other special hazard system
- U ☐ Undetermined

## M3 Operation of Automatic Extinguishing System

Required if fire was within designed range

- 1 ☐ Operated/effective (go to M4)
- 2 ☐ Operated/not effective (go to M4)
- 3 ☐ Fire too small to activate
- 4 ☐ Failed to operate (go to M5)
- 0 ☐ Other
- U ☐ Undetermined

## M4 Number of Sprinkler Heads Operating

Required if system operated

Number of sprinkler heads operating

## M5 Reason for Automatic Extinguishing System Failure

Required if system failed or not effective

- 1 ☐ System shut off
- 2 ☐ Not enough agent discharged
- 3 ☐ Agent discharged but did not reach fire
- 4 ☐ Wrong type of system
- 5 ☐ Fire not in area protected
- 6 ☐ System components damaged
- 7 ☐ Lack of maintenance
- 8 ☐ Manual intervention
- 0 ☐ Other
- U ☐ Undetermined

**A**

| FDID | State | Incident Date (MM DD YYYY) | Station | Incident Number | Exposure |
|---|---|---|---|---|---|
| 09168 | MA | 10 26 2013 | MARB | 2060 | 0 |

☐ Delete ☐ Change

NFIRS-10 PERSONNEL
OMB 1660-0069
Expires 06/30/2009
*Paperwork Burden Notice on Back

**B** Apparatus or Resources | Dates and Times (Midnight is 0000; Check if same date as Alarm date on the basic Module (Block E1); Month Day Year Hours/Mins) | Sent | Number of People | Apparatus Use (Check ONE box for each apparatus to indicate its main use at the incident.) | Actions Taken (List up to 4 actions for each apparatus and each personnel.)

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 ID ENG1<br>☆ Type 11 | Dispatch ☒ 10 26 2013 1412<br>Arrival ☒ 10 26 2013 1417<br>Clear ☒ 10 26 2013 1618 | Sent ☒ | 3 | ☒ Suppression<br>☐ EMS<br>☐ Other | | |

| Personnel ID ☆ | Name | Rank or Grade | Attend X | Action Taken | Action Taken | Action Taken | Action Taken |
|---|---|---|---|---|---|---|---|
| F70 | Patrick Attridge | Fire Fighter | ☒ | | | | |
| F73 | Matthew Patterson | Fire Fighter | ☒ | | | | |
| F28 | Daniel Rice | Captain | ☒ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 ID ENG2<br>☆ Type 11 | Dispatch ☒ 10 26 2013 1412<br>Arrival ☒ 10 26 2013 1416<br>Clear ☒ 10 26 2013 1629 | Sent ☒ | 3 | ☒ Suppression<br>☐ EMS<br>☐ Other | | |

| Personnel ID ☆ | Name | Rank or Grade | Attend X | Action Taken | Action Taken | Action Taken | Action Taken |
|---|---|---|---|---|---|---|---|
| F42 | Mark Borowski | Fire Fighter | ☒ | | | | |
| F65 | Adam Hatfield | Lieutenant | ☒ | | | | |
| F68 | Eric Ridge | Fire Fighter | ☒ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 ID C1<br>☆ Type 91 | Dispatch ☒ 10 26 2013 1455<br>Arrival ☒ 10 26 2013 1455<br>Clear ☒ 10 26 2013 1629 | Sent ☒ | 1 | ☐ Suppression<br>☐ EMS<br>☒ Other | | |

| Personnel ID ☆ | Name | Rank or Grade | Attend X | Action Taken | Action Taken | Action Taken | Action Taken |
|---|---|---|---|---|---|---|---|
| F24 | Jason Gilliland | Chief | ☒ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |

**A**

| FDID ☆ | State ☆ | Incident Date (MM DD YYYY) ☆ | Station | Incident Number ☆ | Exposure ☆ |
|---|---|---|---|---|---|
| 09168 | MA | 10 26 2013 | MARB | 2060 | 0 |

☐ Delete ☐ Change

NFIRS-10 PERSONNEL
OMB 1660-0069
Expires 06/30/2009
*Paperwork Burden Notice on Back

**B**

| Apparatus or Resources | Dates and Times (Midnight is 0000; Check if same date as Alarm date on the basic Module (Block E1)) | Sent [X] | Number of People ☆ | Apparatus Use ☆ (Check ONE box for each apparatus to indicate its main use at the incident.) | Actions Taken (List up to 4 actions for each apparatus and each personnel.) |
|---|---|---|---|---|---|
| 1 ID C2 ☆ Type 60 | Dispatch ☒ 10 26 2013 1432<br>Arrival ☒ 10 26 2013 1443<br>Clear ☒ 10 26 2013 1629 | ☒ | 1 | ☐ Suppression ☐ EMS ☒ Other | |

| Personnel ID ☆ | Name | Rank or Grade | Attend [X] | Action Taken | Action Taken | Action Taken | Action Taken |
|---|---|---|---|---|---|---|---|
| F30 | Michael Porter | Captain | ☒ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |

| | | | | |
|---|---|---|---|---|
| 2 ID LADDER1 ☆ Type 13 | Dispatch ☒ 10 26 2013 1412<br>Arrival ☒ 10 26 2013 1417<br>Clear ☒ 10 26 2013 1618 | ☒ | 3 | ☒ Suppression ☐ EMS ☐ Other |

| Personnel ID ☆ | Name | Rank or Grade | Attend [X] | Action Taken | Action Taken | Action Taken | Action Taken |
|---|---|---|---|---|---|---|---|
| F37 | Arthur Boardway | Fire Fighter | ☒ | | | | |
| F51 | Charles Sprague | Fire Fighter | ☒ | | | | |
| F67 | Matthew Tina | Fire Fighter | ☒ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |

| | | | | |
|---|---|---|---|---|
| 3 ID ☆ Type | Dispatch ☐<br>Arrival ☐<br>Clear ☐ | ☐ | | ☐ Suppression ☐ EMS ☐ Other |

| Personnel ID ☆ | Name | Rank or Grade | Attend [X] | Action Taken | Action Taken | Action Taken | Action Taken |
|---|---|---|---|---|---|---|---|
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |

| FDID | State | Incident Date (MM DD YYYY) | Station | Incident Number | Exposure | | |
|---|---|---|---|---|---|---|---|
| 09168 | MA | 10 26 2013 | MARB | 13-2060-IN | 0 | ☐ Delete ☐ Change | NFIRS - MA State |

## B1 Critical Incident

☐ Yes
☒ No

If no, Skip to section C

## B2 Team Mobilized

☐ Yes
☐ No

## B3 Circumstances

Max of 3 choices.

1 ☐ Serious injury or line of duty death
2 ☐ Suicide of a co-worker
3 ☐ Death or serious injury to a child
4 ☐ Prolonged failed rescue
5 ☐ Multi-casualty incident/disaster
6 ☐ Victim is known to the responder
7 ☐ Any incident where the personal safety of the responder is jeopardized
8 ☐ Incidents with excessive media interest
9 ☐ Any incident with unusually strong emotional components

## C1 Insurance Information

Enter insurance information for the owner entered in section K2 of the Basic form (NFIRS-1).

Insurance Company

Total amount $ ,  ,  ,

## C2 Car Stolen

Was the vehicle entered in section H2 of the Fire form (NFIRS-2) stolen?

☐ Yes
☐ No

## D1 HazMat Tier Levels

01 ☐ Hazard & Risk Assessment
02 ☐ Short Term Operations
03 ☐ Long Term Operations
04 ☐ Multiple Team Operations

## D2 Number of Entries

Number of entries made by emergency personnel

## D3 Suit/PPE Levels

01 ☐ Level A
02 ☐ Level B
03 ☐ Level C
04 ☐ Level D

A

| FDID | State | Incident Date (MM DD YYYY) | Station | 13- Incident Number -IN | Exposure | Delete / Change | NFIRS-AU Authorization |
|---|---|---|---|---|---|---|---|
| 09168 | MA | 10 26 2013 | MARB | 2060 | ALL | ☐ ☐ | |

B **Authorization**

| Check box if same as officer in charge | ID | Name | Position or rank | Assignment | Month | Day | Year |
|---|---|---|---|---|---|---|---|
| | F28 | Rice, Daniel | Captain | | 10 | 26 | 2013 |
| ☒ ⇨ | F28 | Rice, Daniel | Captain | | 10 | 26 | 2013 |
| | Officer in charge ID | | | | | | |
| | Member making report ID | | | | | | |

C **Approval**

By signing this report I affirm that, to the best of my knowledge, all information provided herein is complete and accurate.

| ID | Name | Position or rank | Assignment | Month | Day | Year |
|---|---|---|---|---|---|---|
| F28 | Rice, Daniel | Captain | | 10 | 26 | 2013 |
| Approving Officer ID | | | | | | |