

















## NFIRS-1 Basic

A

00173	OR	04	21	2020	Gold Hill (GH)	J201120443	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract:  
0000.00

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

14775		HIGHWAY 234		
Number	Prefix	Street or Highway	Street Type	Suffix

	GOLD HILL	OR	97525
Apt./Suite/Room	City	State	Zip Code

Cross Street

C

### Incident Type

111-Building fire

D

### Aid Given Or Received

- 1 Mutual Aid Received
- 2 Auto. Aid Received
- 3 Mutual Aid Given
- 4 Auto. Aid Given
- 5 Other Aid Given
- None

Medford Fire Department (00224)	Oregon
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Their FDID	Their State
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Their Incident Number

E1 Dates and Times

Alarm 04 | 21 | 2020 | 13:33

Arrival 04 | 21 | 2020 | 13:47

Controlled

Last Unit Cleared 04 | 21 | 2020 | 15:42

E2 Shifts and Alarms

B Shift  | 77

Shift or Alarms District Platoon

E3 Special Studies

ID#  | Value

<b>F Actions Taken</b>  <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">11-Extinguishment by fire service personnel</div> Primary Action Taken	<b>G1 Resources</b> <input type="checkbox"/> Apparatus or Personnel Module is used.  <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%; text-align: center;">Apparatus</th> <th style="width:35%; text-align: center;">Personnel</th> </tr> </thead> <tbody> <tr> <td>Suppression</td> <td style="text-align: center; border: 1px solid black;">6</td> <td style="text-align: center; border: 1px solid black;">15</td> </tr> <tr> <td>EMS</td> <td style="text-align: center; border: 1px solid black;">0</td> <td style="text-align: center; border: 1px solid black;">0</td> </tr> <tr> <td>Other</td> <td style="text-align: center; border: 1px solid black;">2</td> <td style="text-align: center; border: 1px solid black;">2</td> </tr> </tbody> </table> <input checked="" type="checkbox"/> Resource counts include aid received resources.		Apparatus	Personnel	Suppression	6	15	EMS	0	0	Other	2	2	<b>G2 Estimated Dollar Losses and Values</b>  <b>Losses:</b> Required for all fires if known. Optional for all non-fires. None <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Property: \$</td> <td style="width:20%; text-align: center; border: 1px solid black;">0</td> <td style="width:20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents: \$</td> <td style="text-align: center; border: 1px solid black;">0</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> <b>Pre-Incident Values:</b> Optional None <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Property: \$</td> <td style="width:20%; text-align: center; border: 1px solid black;">0</td> <td style="width:20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents: \$</td> <td style="text-align: center; border: 1px solid black;">0</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	Property: \$	0	<input checked="" type="checkbox"/>	Contents: \$	0	<input checked="" type="checkbox"/>	Property: \$	0	<input checked="" type="checkbox"/>	Contents: \$	0	<input checked="" type="checkbox"/>
	Apparatus	Personnel																								
Suppression	6	15																								
EMS	0	0																								
Other	2	2																								
Property: \$	0	<input checked="" type="checkbox"/>																								
Contents: \$	0	<input checked="" type="checkbox"/>																								
Property: \$	0	<input checked="" type="checkbox"/>																								
Contents: \$	0	<input checked="" type="checkbox"/>																								

<b>Completed Modules</b> <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	<b>H1 Casualties</b> <input checked="" type="checkbox"/> None <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%; text-align: center;">Deaths</th> <th style="width:35%; text-align: center;">Injuries</th> </tr> </thead> <tbody> <tr> <td>Fire Service</td> <td style="text-align: center; border: 1px solid black;">0</td> <td style="text-align: center; border: 1px solid black;">0</td> </tr> <tr> <td>Civilian</td> <td style="text-align: center; border: 1px solid black;">0</td> <td style="text-align: center; border: 1px solid black;">0</td> </tr> </tbody> </table>		Deaths	Injuries	Fire Service	0	0	Civilian	0	0	<b>H3 Hazardous Materials Release</b> <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	<b>I Mixed Use Property</b> <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	0										
	<b>H2 Detector</b> Required for Confined Fires <input type="checkbox"/> 1 - Detector Alerted Occupants <input type="checkbox"/> 2 - Detector Did Not Alert Them <input type="checkbox"/> 3 - Unknown											

<b>J Property Use</b> <input type="checkbox"/> None <b>Structures</b> 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, Kindegarten 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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<b>Outside</b> 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	<b>Property Use:</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">926-Outbuilding, protective shelter</div> <b>Description</b> 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	
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:**

Units responded to a structure fire. On scene of the old Power House plant. Abandon building has not been used in years and is in disrepair.

7701 and 7702 can handle with personnel on scene.

Fire was started in the walls and increased into the ceiling area. The property has little value and the damage is not able to be calculated.

**M Authorization**

1114	Clark, Cody	ENG		04/22/2020
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
1090	Tuers, Scott	CAPT		04/22/2020
Member Making Report ID	Signature	Position or Rank	Assignment	Date

# NFIRS-2 Fire

**A**

00173	OR	04	21	2020	Gold Hill (GH)	J201120443	0
FDID	State	Month	Day	Year	Station	Number	Exposure

<p><b>B</b></p> <p><b>Property Details</b></p> <p><b>B1</b> <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><b>B2</b> <input type="text"/> <input type="checkbox"/> Buildings Not Involved          Number of buildings involved</p> <p><b>B3</b> <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre          Acres burned (outside fires)</p>	<p><b>C</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>On-Site Materials Or Products</b></td> <td style="width: 50%;"><b>On-Site Materials Storage Use</b></td> </tr> </table>	<b>On-Site Materials Or Products</b>	<b>On-Site Materials Storage Use</b>
<b>On-Site Materials Or Products</b>	<b>On-Site Materials Storage Use</b>		

<p><b>D</b></p> <p><b>Ignition</b></p> <p><b>D1</b> <input type="text"/> 75-Wall assembly, concealed wall space          Area of Fire Origin</p> <p><b>D2</b> <input type="text"/> 00-Heat source: other          Heat Source</p> <p><b>D3</b> <input type="text"/> 10-Structural component or finish, other          Item First Ignited</p> <p><b>D4</b> <input type="text"/> 63-Sawn wood, including all finished lumber          Type of Material First Ignited</p>	<p><b>E1</b></p> <p><b>Cause of Ignition</b></p> <p><input checked="" 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 type="checkbox"/> U - Cause Undetermined After Investigation</p> <hr/> <p><b>E2</b></p> <p><b>Factors Contributing to Ignition</b></p> <p><input type="text"/> 00-Factors contributing to ignition, other          Factor Contributing to Ignition</p>	<p><b>E3</b></p> <p><b>Human Factors Contributing to Ignition</b></p> <p>Check all applicable boxes</p> <p><input type="checkbox"/> None  <input type="checkbox"/> 1 - Asleep  <input type="checkbox"/> 2 - Possibly impaired by alcohol or drugs  <input checked="" 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  <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><b>F1</b></p> <p><b>Equipment Involved In Ignition</b></p> <p><input checked="" type="checkbox"/> None</p> <p><input type="text"/> Equipment Involved</p> <p>Brand <input type="text"/></p> <p>Model <input type="text"/></p> <p>Serial # <input type="text"/></p> <p>Year <input type="text"/></p>	<p><b>F2</b></p> <p><b>Equipment Power Source</b></p> <p><input type="text"/> Equipment Power Source</p> <hr/> <p><b>F3</b></p> <p><b>Equipment Portability</b></p> <p><input type="checkbox"/> 1 - Portable  <input type="checkbox"/> 2 - Stationary          Portable equipment normally can be moved by one or two persons.</p>	<p><b>G</b></p> <p><b>Fire Suppression Factors</b></p>
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H1

**Mobile Property Involved**

- 1 - Not involved in ignition, but burned
- 2 - Involved in ignition, but did not burn
- 3 - Involved in ignition and burned
- None

H2

**Mobile Property Type and Make**

Mobile Property Type

Mobile Property Make

**Local Use**

- Pre-Fire Plan Available
- Arson Report Attached
- Police Report Attached
- Coroner Report Attached
- Other Reports Attached

Mobile Property Model

Year

State

License Plate Number

VIN

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# NFIRS-3 Structure Fire

<b>I1</b> <b>Structure Type</b> <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	<b>I2</b> <b>Building Status</b> <input type="checkbox"/> 1 - Under Construction <input 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 checked="" type="checkbox"/> 6 - Vacant and Unsecured <input type="checkbox"/> 7 - Being Demolished <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	<b>I3</b> <b>Building Height</b> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">1</div> Number of Stories At/Above Grade <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">1</div> Number of Stories Below Grade	<b>I4</b> <b>Main Floor Size</b> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">1000</div> Total Square Feet <b>OR</b> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <span>BY</span> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> Length (ft) X Width (ft)
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<b>J1</b> <b>Fire Origin</b> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">1</div> <input type="checkbox"/> Below Grade Story of Fire Origin	<b>J3</b> <b>Number of Stories Damaged By Flame</b> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;"> </div> Number of Stories w/Minor Damage (1-24%) <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;"> </div> Number of Stories w/Significant Damage (25-49%) <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;"> </div> Number of Stories w/Heavy Damage (50-74%) <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;"> </div> Number of Stories w/Extreme Damage (75-100%)  *Count the roof as part of the highest story	<b>K</b> <b>Type of Material Contributing Most to Flame Spread</b>  K1 <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;"> </div> Item Contributing Most to Flame Spread  K2 <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;"> </div> Type of Material Contributing Most To Flame Spread
<b>J2</b> <b>Fire Spread</b> <input type="checkbox"/> Confined to Object of Origin <input checked="" type="checkbox"/> 2 - Confined to Room of Origin <input 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		

<b>L1</b> <b>Presence of Detectors</b>  <input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> U - Undetermined	<b>L3</b> <b>Detector Power Supply</b> <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	<b>L5</b> <b>Detector Effectiveness</b> <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
<b>L2</b> <b>Detector Type</b> <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	<b>L4</b> <b>Detector Operation</b> <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	<b>L6</b> <b>Detector Failure Reason</b> <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><b>M1</b></p> <p><b>Presence of Automatic Extinguishing System</b></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><b>M3</b></p> <p><b>Operation of Automatic Extinguishing System</b></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><b>M5</b></p> <p><b>Reason for Automatic Extinguishing System Failure</b></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><b>M2</b></p> <p><b>Type of Automatic Extinguishing System</b></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><b>M4</b></p> <p><b>Number of Sprinkler Heads Operating</b></p> <p><input type="text"/></p> <p>Required if system operated</p>	

# NFIRS-9 Apparatus or Resources

**A**

00173	OR	04	21	2020	Gold Hill (GH)	J201120443	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="7701"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="04/21/2020"/> <input type="text" value="13:33"/> Arrival: <input type="text" value="04/21/2020"/> <input type="text" value="13:48"/> Clear: <input type="text" value="04/21/2020"/> <input type="text" value="14:52"/>	<input 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="11-Extinguishment by fire service personne"/>
ID: <input type="text" value="7702"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="04/21/2020"/> <input type="text" value="13:33"/> Arrival: <input type="text" value="04/21/2020"/> <input type="text" value="13:47"/> Clear: <input type="text" value="04/21/2020"/> <input type="text" value="15:42"/>	<input type="checkbox"/> Sent	<input type="text" value="4"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="11-Extinguishment by fire service personne"/>
ID: <input type="text" value="7708"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="04/21/2020"/> <input type="text" value="13:33"/> Arrival: <input type="text" value=""/> <input type="text" value=""/> Clear: <input type="text" value="04/21/2020"/> <input type="text" value="13:56"/>	<input 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="93-Cancelled en route"/>
ID: <input type="text" value="7746"/> Type: <input type="text" value="24-Tanker or tender"/>	Dispatch: <input type="text" value="04/21/2020"/> <input type="text" value="13:41"/> Arrival: <input type="text" value="04/21/2020"/> <input type="text" value="14:01"/> Clear: <input type="text" value="04/21/2020"/> <input type="text" value="15:42"/>	<input 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="11-Extinguishment by fire service personne"/>
ID: <input type="text" value="7756"/> Type: <input type="text" value="92-Chief officer car"/>	Dispatch: <input type="text" value="04/21/2020"/> <input type="text" value="13:46"/> Arrival: <input type="text" value=""/> <input type="text" value=""/> Clear: <input type="text" value="04/21/2020"/> <input type="text" value="14:49"/>	<input type="checkbox"/> Sent	<input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="93-Cancelled en route"/>
ID: <input type="text" value="8104 (Mutual Aid Vehicle)"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="04/21/2020"/> <input type="text" value="13:33"/> Arrival: <input type="text" value=""/> <input type="text" value=""/> Clear: <input type="text" value="04/21/2020"/> <input type="text" value="13:56"/>	<input type="checkbox"/> Sent	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="93-Cancelled en route"/>
ID: <input type="text" value="BAT2 (Mutual Aid Vehicle)"/> Type: <input type="text" value="92-Chief officer car"/>	Dispatch: <input type="text" value="04/21/2020"/> <input type="text" value="13:33"/> Arrival: <input type="text" value="04/21/2020"/> <input type="text" value="13:47"/> Clear: <input type="text" value="04/21/2020"/> <input type="text" value="14:49"/>	<input type="checkbox"/> Sent	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="73-Provide manpower"/>
ID: <input type="text" value="BAT3"/> Type: <input type="text" value="92-Chief officer car"/>	Dispatch: <input type="text" value="04/21/2020"/> <input type="text" value="13:33"/> Arrival: <input type="text" value="04/21/2020"/> <input type="text" value="13:48"/> Clear: <input type="text" value="04/21/2020"/> <input type="text" value="14:44"/>	<input type="checkbox"/> Sent	<input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="73-Provide manpower"/>



# NFIRS-10 Personnel

A

00173

OR

04

21

2020

Gold Hill (GH)

J201120443

0

FDID

State

Month

Day

Year

Station

Number

Exposure

<b>B</b>	<b>Apparatus/Resource</b>	<b>Dates/Times</b>	<b>Sent</b>	<b>Number of People</b>	<b>Apparatus Use</b>	<b>Actions Taken</b>	
ID:	7701	Dispatch:	04/21/2020 13:33	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11-Extinguishment by fire service personnel
Type:	11-Engine	Arrival:	04/21/2020 13:48				
		Clear:	04/21/2020 14:52				

Personnel ID	Name	Rank	Role	Attend	Actions Taken
1069	Van Wey, Tony	INT		<input type="checkbox"/>	<input type="checkbox"/>
1080	Silver, Greg	P		<input type="checkbox"/>	<input type="checkbox"/>
1090	Tuers, Scott	EMT		<input type="checkbox"/>	<input type="checkbox"/>

ID:	7702	Dispatch:	04/21/2020 13:33	<input type="checkbox"/> Sent	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11-Extinguishment by fire service personnel
Type:	11-Engine	Arrival:	04/21/2020 13:47				
		Clear:	04/21/2020 15:42				

Personnel ID	Name	Rank	Role	Attend	Actions Taken
1112	Cardinal, Andrew	TRT, AEMT		<input type="checkbox"/>	<input type="checkbox"/>
1114	Clark, Cody	TRT, EMT		<input type="checkbox"/>	<input type="checkbox"/>
1130	Lockwood, Tyler	TRT, P		<input type="checkbox"/>	<input type="checkbox"/>
1133	Mattson, Clayton	TRT		<input type="checkbox"/>	<input type="checkbox"/>

ID:	7708	Dispatch:	04/21/2020 13:33	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	93-Cancelled en route
Type:	11-Engine	Arrival:	<input type="checkbox"/> <input type="checkbox"/>				
		Clear:	04/21/2020 13:56				

Personnel ID	Name	Rank	Role	Attend	Actions Taken
1074	Hull, John	EMT		<input type="checkbox"/>	<input type="checkbox"/>
1079	Chenoweth, Adam	P		<input type="checkbox"/>	<input type="checkbox"/>
1141	Tacchini, Connor	P		<input type="checkbox"/>	<input type="checkbox"/>

ID:	7746	Dispatch:	04/21/2020 13:41	<input type="checkbox"/> Sent	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11-Extinguishment by fire service personnel
Type:	24-Tanker or tender	Arrival:	04/21/2020 14:01				
		Clear:	04/21/2020 15:42				

Personnel ID	Name	Rank	Role	Attend	Actions Taken
1133	Mattson, Clayton	FF		<input type="checkbox"/>	<input type="checkbox"/>

ID:	7756	Dispatch:	04/21/2020 13:46	<input type="checkbox"/> Sent	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	93-Cancelled en route
Type:	92-Chief officer car	Arrival:	<input type="checkbox"/> <input type="checkbox"/>				
		Clear:	04/21/2020 14:49				

Personnel ID	Name	Rank	Role	Attend	Actions Taken
1117	Blakely, Dave	Division Chief		<input type="checkbox"/>	<input type="checkbox"/>



ID:	8104 (Mutual Aid Vehicle)	Dispatch:	04/21/2020	13:33	<input type="checkbox"/> Sent	0	<input checked="" type="checkbox"/> Suppression	93-Cancelled en route
Type:	11-Engine	Arrival:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> EMS		<input type="checkbox"/> Other	
		Clear:	04/21/2020	13:56				

Personnel ID	Name	Rank	Role	Attend	Actions Taken
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ID:	BAT2 (Mutual Aid Vehicle)	Dispatch:	04/21/2020	13:33	<input type="checkbox"/> Sent	0	<input checked="" type="checkbox"/> Suppression	73-Provide manpower
Type:	92-Chief officer car	Arrival:	04/21/2020	13:47	<input type="checkbox"/> EMS		<input type="checkbox"/> Other	
		Clear:	04/21/2020	14:49				

Personnel ID	Name	Rank	Role	Attend	Actions Taken
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ID:	BAT3	Dispatch:	04/21/2020	13:33	<input type="checkbox"/> Sent	1	<input type="checkbox"/> Suppression	73-Provide manpower
Type:	92-Chief officer car	Arrival:	04/21/2020	13:48	<input type="checkbox"/> EMS		<input checked="" type="checkbox"/> Other	
		Clear:	04/21/2020	14:44				

Personnel ID	Name	Rank	Role	Attend	Actions Taken
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1144	Bancroft, Jeff	EMT		<input type="checkbox"/>	<input type="checkbox"/>
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# NFIRS-1S Supplemental

A

00173

OR

04

21

2020

Gold Hill (GH)

J201120443

0

FDID

State

Month

Day

Year

Station

Number

Exposure

**Structure Fire Water Supply**

**Knockdown Volume**

Question	Answer	Notes
Water volume needed to KNOCKDOWN the fire?	First Engine	
Total Gallons Needed to Achieve Knockdown (prior to overhaul)	100	
Total Gallons Used on Scene? (refer to flow-meter(s))	150	
Did we run out of water prior to Knockdown? (If YES, make note)	No	
Did we run out of water POST Knockdown?	No	

**Hydrant Info - Either on scene or used to fill apparatus during a shuttle etc.**

Question	Answer	Notes
Date / Time of Hydrant Use	N/A	
Hydrant Location Used On Incident (Enter Address)	N/A	
Hydrant Volume Used in Gallons	N/A	
Jurisdiction of Hydrant	N/A	
Issue / Problems with Hydrant	N/A	

**Rural Water Supply Info**

Question	Answer	Notes
Tender Fill Location	N/A	
Type of Rural Water Source	N/A	
Date / Time of Rural Water Supply Access	N/A	
Location of Rural Supply (type address)	N/A	
Water Volume Taken from Rural Supply	N/A	
Issue / Problem With Rural Source	N/A	

**Tenders**

Question	Answer	Notes
Number of Tenders Needed to Achieve KNOCKDOWN	N/A	
Tenders Utilized to Achieve KNOCKDOWN	N/A	
Did Mutual Aid Tender(s) Respond on the First Alarm?	N/A	
Were Tender(s) dispatched that never went enroute? (If yes, make note)	N/A	