EVOG * ADD TO ODIND 10057446

# NFIRS -1 Basic

**A** FDID 04405 * | State CA * | Incident Date 01/11/2004 * | Station 13 | Incident number [redacted] * | Exposure 000 * | ☐ Delete ☐ Change ☐ No Activity

**B Location***

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

Census Tract 0233 - 07

09

☒ Street address [redacted] | Street or Highway | Street Type RD | Suffix

☐ Intersection ☐ In front of ☐ Rear of ☐ Adjacent to ☐ Directions | Number/Milepost | Prefix

Apt./Suite/Room | City Stone Mountain | State GA | Zip Code [redacted]

Cross street or directions, as applicable

**C Incident Type ***

130 | Mobile property (vehicle) fire, | Incident Type

**D Aid Given or Received***

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID | Their State | Their Incident Number

**E1 Date & Times**

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

| | Month | Day | Year | Hr Min Sec |
|---|---|---|---|---|
| Alarm * (always required) | 01 | 11 | 2004 | 17:45:00 |
| ☒ Arrival * (required, unless canceled or did not arrive) | 01 | 11 | 2004 | 17:50:00 |
| ☐ Controlled (optional, except for wildland fires) | | | | |
| ☒ Last Unit Cleared (required except for wildland fires) | 01 | 11 | 2004 | 18:24:00 |

**E2 Shift & Alarms** (Local Option)

B | 01 | 13

Shift or Platoon | Alarms | District

**E3 Special Studies** (Local Option)

Special Study ID | Special Study Value

**F Actions Taken ***

11 | Extinguish | Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

**G1 Resources ***

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

| | Apparatus | Personnel |
|---|---|---|
| Suppression | 0001 | 0003 |
| EMS | | |
| Other | | |

☐ Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses & Values**

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

Property $ , 014 , 000 ☐
Contents $ , 000 , 000 ☐

PRE-INCIDENT VALUE: Optional

Property $ , 014 , 000 ☐
Contents $ , 000 , 000 ☐

**Completed Modules**

☒ Fire-2
☐ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. 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**

N ☐ None
1 ☐ Natural Gas:
2 ☐ Propane gas:
3 ☐ Gasoline:
4 ☐ Kerosene:
5 ☐ Diesel fuel/fuel oil:
6 ☐ Household solvents:
7 ☐ Motor oil:
8 ☐ Paint:
0 ☐ Other:

**I Mixed Use Property**

| NN | |
|---|---|
| 10 | ☐ Not Mixed |
| 20 | ☐ Assembly use |
| 33 | ☐ Education use |
| 40 | ☐ Medical use |
| 51 | ☐ Residential use |
| 53 | ☐ Mix of stores |
| 58 | ☐ Enclosed mall |
| 59 | ☐ Bus. & Residential |
| 60 | ☐ Office use |
| 63 | ☐ Industrial use |
| 65 | ☐ Military use |
| 00 | ☐ Film use |

**J Property Use***

**Structures**

| | |
|---|---|
| 131 | ☐ Church, place of worship |
| 161 | ☐ Restaurant or cafeteria |
| 162 | ☐ Bar/Tavern or nightclub |
| 213 | ☐ Elementary school or kindergarten |
| 215 | ☐ High school or junior high |
| 241 | ☐ College, adult education |
| 311 | ☐ Care facility for the aged |
| 331 | ☐ Hospital |
| 341 | ☐ Clinic, clinic type infirmary |
| 342 | ☐ Doctor/dentist office |
| 361 | ☐ Prison or jail, not juvenile |
| 419 | ☐ 1-or 2-family dwelling |
| 429 | ☐ Multi-family 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 |
| 579 | ☐ Motor vehicle/boat sales/repair |
| 571 | ☐ Gas or service station |
| 599 | ☐ Business office |
| 615 | ☐ Electric generating plant |
| 629 | ☐ Laboratory/science lab |
| 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 |
| 918 | ☐ 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 |

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 962

Residential street, road or

NFIRS-1 Revision 03/11/99

A — FDID: 04405 | State: GA | Incident Date (MM/DD/YYYY): 01/11/2004 | Station: 13 | Incident Number: [redacted] | Exposure: 000 | ☐ Delete ☐ Change ☐ No Activity | NFIRS -2 Fire

## B Property Details

B1 [ ] ☐ Not Residential
Estimated Number of residential living units in building of origin whether or not all units became involved

B2 [ ] ☒ Buildings not involved
Number of buildings involved

B3 [ ] ☐ None ☐ Less than one acre
Acres burned (outside fires)

## 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 or more boxes for each code entered.

On-site material (1) [ ]
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-site material (2) [ ]
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-site material (3) [ ]
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

## D Ignition

D1 [83] Engine area, running
Area of fire origin ★

D2 [UU] Undetermined
Heat source ★

D3 [UU] Undetermined
Item first ignited ★ | Check box if fire spread: 1 ☒ was confined to object of origin

D4 [ ] [ ]
Type of material first ignited — Required only if Item First Ignited code is 00 or 990

## 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

UU Undetermined
Factor Contributing To Ignition (1)

[ ] [ ]
Factor Contributing To Ignition (2)

## E3 Human Factors Contributing to Ignition

Check all applicable boxes

1 ☐ Asleep ☒ None
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Possibly mental 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 person, is designed to be use 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

10 Passenger road vehicle.
Mobile property type

FD Ford
Mobile property make

F-150
Mobile property model

2001
Year

[redacted]
Intergraph Serial Number

GA
State

1FTZX172XYN[redacted]
VIN Number

## 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 01/19/99

**A**

| FDID * | State * | Incident Date * (MM / DD / YYYY) | Station | Incident Number * | Exposure * | Delete / Cleared | NFIRS - 10 Personnal |
|---|---|---|---|---|---|---|---|
| 04405 | GA | 1 / 11 / 2004 | 13 | [redacted] | 000 | ☐ / ☐ | |

| B Apparatus or Resource * (Use codes listed below) | Date and Times (Check if same as alarm date) — Month Day Year Hour/mins | Sent [X] | Number of People * | 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 E13 Type 11 | Dispatch [X] 1 11 2004 17:45<br>Arrival [X] 1 11 2004 17:50<br>Clear [X] 1 11 2004 18:24 | Sent [X] | 3 | [X] Suppression ☐ EMS ☐ Other | |

| Personnel ID | Name | Rank or Grade | Attend [X] | Action Taken | Action Taken | Action Taken | Action Taken |
|---|---|---|---|---|---|---|---|
| 420 | COX, DONALD | FF3 | X | | | | |
| 906 | STONE, WILLIAM | FF2 | X | | | | |
| 938 | BAILEY, VENNIE | FMDC | X | | | | |

| 2 ID / Type | Dispatch / Arrival / Clear | Sent | | Suppression / EMS / Other | |
|---|---|---|---|---|---|
| | ☐ ☐ ☐ | ☐ | | ☐ ☐ ☐ | |

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

| 3 ID / Type | Dispatch / Arrival / Clear | Sent | | Suppression / EMS / Other | |
|---|---|---|---|---|---|
| | ☐ ☐ ☐ | ☐ | | ☐ ☐ ☐ | |

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

## 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: Stone Mountain

State: GA | 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

E13 RESPONDED TO A VEHICLE FIRE . TRUCK WAS WELL INVOLVED WHEN E13 CAME ON SCENE .E13 PULLED 100 FT, 1 3/4., AND EXTINGUISHED THE FIRE. TRUCK IS A TOTAL LOSS. OWNER STATED HE PARKED THE TRUCK AND WENT IN THE HOUSE AND A FEW HOURS LATER TRUCK WAS WELL INVOLVED . FIRE APPEARED TO BE ELECTRICAL , STARTED UNDER HOOD. E13 ADVISED OWNER TO CONTACT INS COMPANY.

## L Authorization

| Officer in charge ID | Signature | Position or rank | Assignment | Month | Day | Year |
|---|---|---|---|---|---|---|
| 420 | COX, DONALD A | FF3 | | 01 | 11 | 2004 |

Check Box if same as Officer in charge.

| Member making report ID | Signature | Position or rank | Assignment | Month | Day | Year |
|---|---|---|---|---|---|---|
| 906 | STONE, WILLIAM M | FF1 | | 01 | 11 | 2004 |