U.S. Department of Transportation
National Highway Traffic Safety Administration

2009 JAN -7 PM 4:07

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	**Repository** ☐
15-DEC-2008	Reference No. 10251831

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address				
City SCOTTSDALE	**State** AZ	**Zip Code**	Evening Telephone Number	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 12/31/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2G4WS52J93	BUICK	CENTURY	2003

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
APRIL 28/2008	SEE INVOICE (ANN) - TEL 480-355-6900		No: Cylinders 6	GAS
Original Owner ☐	Dealer's City MESA - AZ -	State AZ / Zip Code 85206		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
	☒ Antilock Brakes ☒ Cruise Control			05-SEP-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 061000 ENGINE AND ENGINE COOLING: ENGINE	Failure Mileage	Failure Speed
	~~55000~~ cc 45000	0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No	0	0	Y

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNED A 2003 BUICK CENTURY. AN HOUR AND FIFTEEN MINUTES AFTER PARKING THE VEHICLE AT HIS RESIDENCE, THE CONTACT WAS INFORMED THAT IT WAS ON FIRE. HE NOTICED FLAMES COMING FROM THE ENGINE COMPARTMENT. THE FIRE DEPARTMENT WAS CALLED AND A REPORT WAS FILED. THE FIRE QUICKLY SPREAD THROUGHOUT THE CONTACT'S HOME BEFORE THE FIRE DEPARTMENT COULD ARRIVE. IT TOOK APPROXIMATELY ONE AND A HALF HOURS TO EXTINGUISH THE FIRE. THE HOME AND CARPORT WERE SEVERELY DAMAGED. THE VEHICLE WAS DESTROYED AND THE HOME WAS CONDEMNED DUE TO THE FIRE. THERE WERE NO INJURIES. THE FIRE DEPARTMENT STATED THAT THE ORIGIN OF THE FIRE WAS THE ENGINE COMPARTMENT. THE FAILURE AND CURRENT MILEAGES WERE LESS THAN 55,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

NO INCIDENTS
NO FAILURES
NO CRASHES
NO INJURIES

CAN. INVOICE W/FIRST OIL CHANGE
+ FIRE DISTRICT P.T. SUPPL FIRE REPORT + ORIGIN INVESTIGATION REPORT

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department
of Transportation
National Highway
Traffic Safety
Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

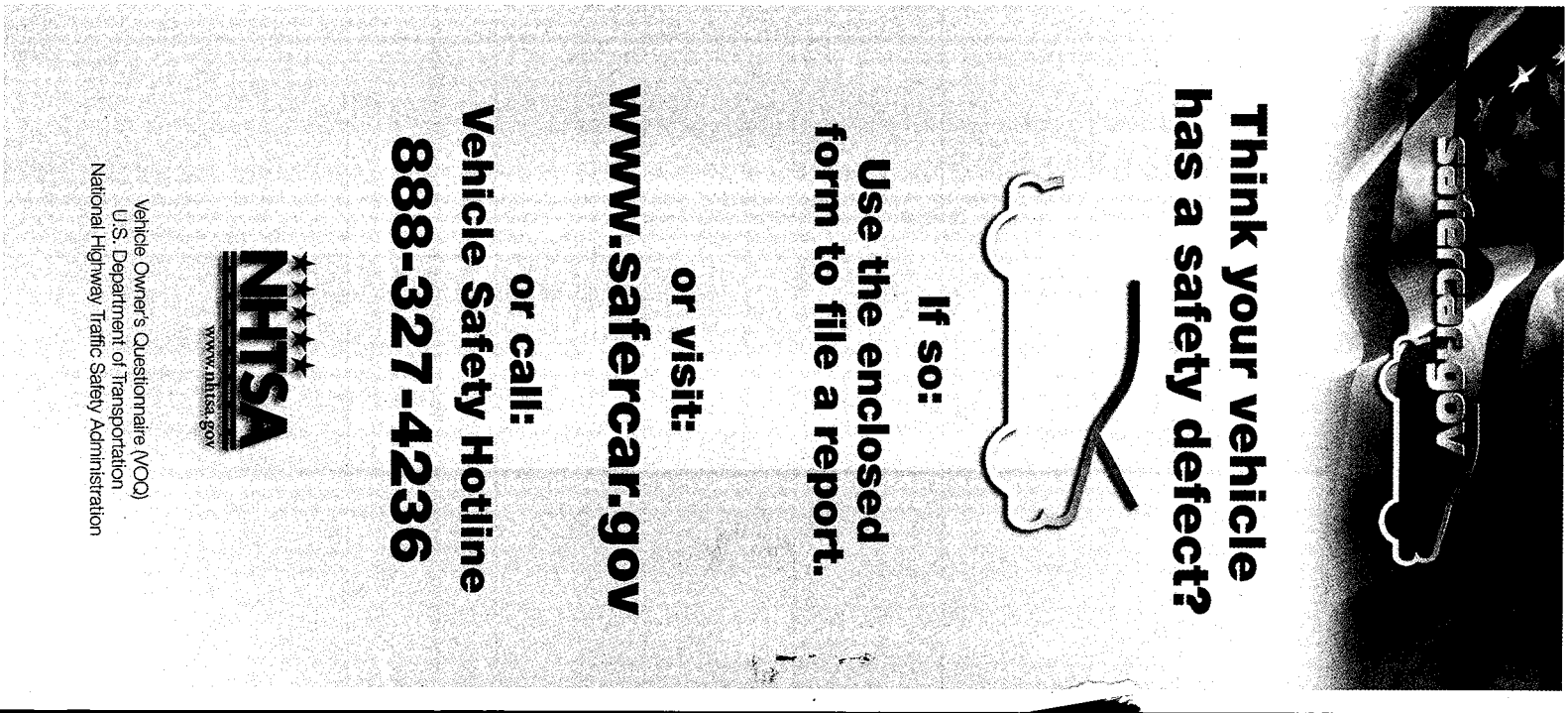
Official Business
Penalty for Private Use $300

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



25171 **1 0 2 6 8 9** **HONDA OF SUPERSTITION SPRINGS**

UNIT# 55091

INVOICE

6229 E Auto Park Drive
Mesa, Arizona 85206
(480) 355-6900
Fax: (480) 355-6950

GOLD CANYON, AZ
HOME: . BUS:

EPA# ARZ000500108

SERVICE ADVISOR: 161 ALONSO MOLINA

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG
WH	03	BUICK CENTURY	2G4WS52J93		47778/47778	

IN SERVICE DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	PAYMENT	INV. DATE
28APR08 IS			17:00 27AUG08		CASH	27AUG08

R.O. OPENED	DATE CUST. NOTIFIED	OPTIONS: STK:55091 DLR:
11:09 27AUG08	12:02 27AUG08	

LINE	OPCODE	TECH	TYPE	HOURS		LIST	NET	TOTAL
A	CUSTOMER REQUESTS OIL & FILTER CHANGE AND INSPECT FLUIDS, SET TIRE PRESSURE TO SPECS AND TEST BATTERY							
	LOFC				CUSTOMER REQUESTS OIL & FILTER CHANGE AND INSPECT FLUIDS, SET TIRE PRESSURE TO SPECS AND TEST BATTERY			
	464		IA					(N/C)
1	21040		OIL FILTER					(N/C)
5	08798-9014		5359385-OILXX		OIL, MOTOR (5W30)			(N/C)

THANK YOU FOR CHOOSING HONDA OF SUPERSTITION SP RINGS FOR YOUR SERVICE NEEDS. TODAY WE CHANGED YOUR OIL, OIL FILTER AND SET YOUR TIRE PRESSURE TO SPECS. YOUR TIRES MEASURE 8/32NDS FRONT AN D 8/32NDS REAR. [MINIMUM @2/32NDS] WE CHECKED A ND TOPPED OFF FLUIDS AS NEEDED. *** THANK YOU A GAIN FOR YOUR BUSINESS. ***

****

DID YOUR SERVICE ADVISOR EXPLAIN ALL OF THE REPAIRS AND CHARGES FOR THIS VISIT TO YOUR SATISFACTION?"

.....

"Environmental compliance & Shop supply charge. This charge is 8% of the total labor charge. The charge in no instance exceeds $15.82 per repair order."

I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE.

CUSTOMER SIGNATURE _____

I HAVE RECEIVED A COPY OF THIS INVOICE

EPA# ARZ000500108

ALL PARTS NEW UNLESS OTHERWISE NOTED

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
ADJUSTMENTS	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

"THIS MILEAGE MAINTENANCE SCHEDULE IS THE RECOMMENDATION OF SUPERSTITION SPRINGS HONDA AND NOT THE MANUFACTURER OF YOUR AUTOMOBILE. THESE RECOMMENDATIONS INCLUDE SERVICES WHICH ARE NOT REQUIRED TO MAINTAIN YOUR WARRANTY."

CUSTOMER COPY

SUPPLEMENTAL FIRE CAUSE AND ORIGIN INVESTIGATION REPORT

2008-049537

7373 E. US Hwy. 60, Space 70, Gold Canyon, AZ 85218

09-05-2008

Background:

On Friday, September 5th, 2008 at 17:32 hours the Apache Junction Fire District responded to a structure fire call at the above address. L264 was first on-scene (17:25 hrs) providing an on-scene report of heavy smoke and fire coming from a carport with extension into the structure. L264 took initial command and began deploying resources in an offensive mode. I (PV261) arrived shortly after L264 and assumed command. Additional units arrived and assisted in extinguishment operations. Units assisting during extinguishment and overhaul included; E261, E262, TRV263, E217, U263, T264, B261, RH262, B202, and SW265. Extinguishment and overhaul operations were completed without incident.

PV261 responded to the fire scene and arrived at approx. 17:26 hours.

PV261 began the investigation after an operational briefing with L264 crew members.

PV261 conducted the examination and investigation under the continuing authority of exigent circumstances.

The fire scene was secured with boarding and fencing by Seymore Builders at the conclusion of the investigation.

Fire Suppression Response Summary:

(See attached AJFD Fire Incident Report Summary)

Fire Discovery:

Neighbors noticed the smoke coming from the carport and car at the address noted above and called the initial 9-1-1 calls in as a car fire. As the fire grew in intensity, additional callers caused dispatch to upgrade to a residential structure fire.

Structure of Origin:

The structure of origin was a 2003 Buick Century 4-door sedan. This vehicle was parked. Nose first, in the covered carport area of exposure #1.

Exposure #1

This exposure was an approx. 58' long by 44' pre-manufactured home. The home was oriented in a north-south position with exposures on three sides. The structure had a covered single-vehicle carport. Exterior walls consisted of wood stud framing with wood exterior siding and gypsum board finish. The roof consisted of wood truss framing with plywood sheathing and rolled paper under red clay tiles.

Interior walls consisted of wood stud framing with gypsum board on both sides. The structure was occupied and fully furnished at the time of the fire. The structure was a two bed-room, one-bath model, approx. 1800 square feet with an approx. 200 square foot covered carport on the east side of the structure. There was also a covered porch area of approx. 200 square feet at the north-east corner of the structure. The only exterior doors to the home were located on the south side (main front door), and the east side (rear patio door).

The structure had an attached storage room under the carport roof-canopy used for misc. storage and as the laundry room. This was located on the east side of the main home and separated the carport from the back patio. The structure was equipped with electricity (Salt River Project - SRP), and water utility services (Arizona Water Company). The structure was owned and occupied by Mr. Willy H. Geerdts, and Marcella M. Goedemont, his wife.

Fire Loss was estimated as follows:

Building Value:	$140,000	Building Loss:	$140,000
Contents Value:	$300,000	Contents Loss:	$250,000
Vehicle Value:	$11,000	Contents Loss:	$11,000
Total Value:	$451,000	Total Loss:	$401,000

The home was fully insured through State Farm Insurance. I was not able to get any of the specific insurance information.

Fire Scene Examination:
The vehicle identified as the structure of origin was completed destroyed by fire. The fire had burned all compartments of the vehicle, the tires and all non metallic parts were destroyed. I was not able to determine the point of origin within the vehicle, however; the earliest eye witness accounts seem to corroborate an engine compartment fire.

External examination of the exposure #1 revealed heavy damage to the exterior of the structure on the east side. This was the side directly adjacent to the carport. The north, south and west exterior walls were not damaged by the fire but did suffer some smoke staining, and overhaul damage. The carport area, including the storage/laundry-room, was completely destroyed by fire. The fire damaged the underside of the carport and patio roof covering, but did not threaten the structural stability of same.
Electrical had been in the on position at the time of the fire. Fire personnel secured the main electrical panel associated with the fire structure.
The carport area showed the lowest signs of damage, and a vertical pattern showed where the direct impingement of flames had occurred from the burning car.
The area under roof on the east side of the structure had heavy flame damage from front to back as there was direct connection from carport to patio (See Scene Sketches & Diagrams)

Interior examination of exposure #1 revealed that the fire had breached the east wall of the living room area (this wall was directly adjacent to the vehicle), causing heavy fire damage to the living room area. Burn patterns and related damage indicators support the spread of fire from the exterior carport area into the interior.

The kitchen area suffered heavy smoke and heat damage, but little direct flame impingement. The west bedrooms and hall-way suffered only smoke and overhaul damage.

The home was furnished in a manner that would be expected for a full-time residency. I was not able to discern all of the electrical components from the interior along the east wall of the living room.

Witness Information:
and [redacted] Owners/Occupants:
s were interviewed at approx. 16:45 hours at the fire scene. They stated that they were eating dinner at the kitchen table when they heard a loud 'pop'. At that same time a neighbor came to their back patio door and told them their car was on fire. [redacted] s came out the back door and went south through the alcove pass-way towards the car to see for himself. He stated that he could not get to the car because of the fire coming towards him. He retreated into the home and together he and his wife exited the house together.
Both parties stated they do not smoke. [redacted] is stated that he had fueled the vehicle that afternoon, and that they had been home from running errands for about 2 hours before the fire.
Both parties stated that they did not see, hear or smell anything out of the ordinary on the afternoon of the fire before leaving their home, or upon returning.

Weather Information:
The weather was clear and warm. There were no lightning strikes recorded before or during the time of the fire in the general area of the fire.

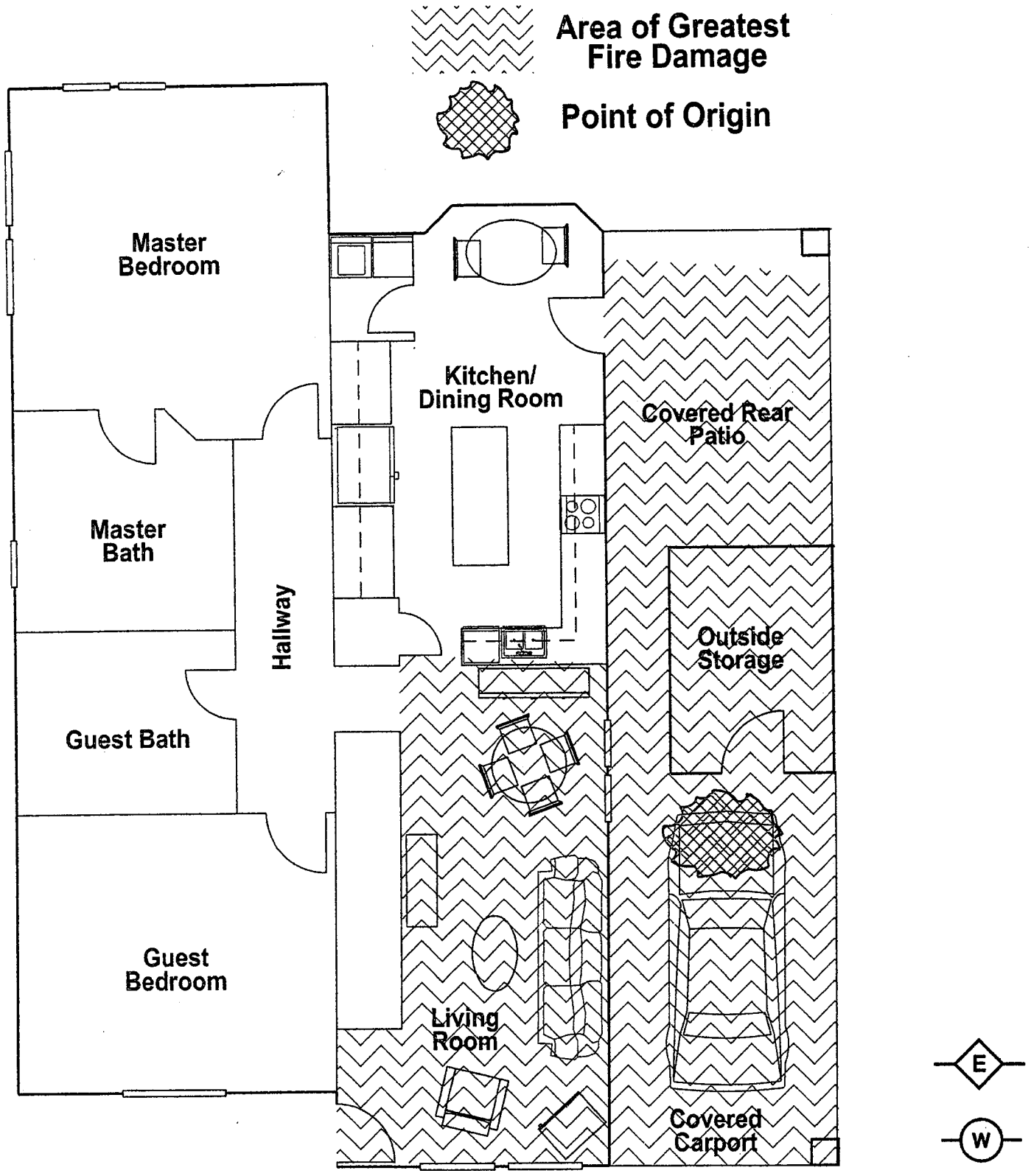
Summary, Opinions and Conclusions:
Upon completion of the fire scene examination and after reviewing the information gained, and utilizing the process of elimination, I hereby submit the following as a summary, opinion and conclusion regarding the cause and origin of this fire:

- The cause of this fire shall be listed as accidental.
- Ignition source with the highest probability shall be listed as mechanical malfunction with the vehicle. A sequence of events linking the ignition source to materials first ignited could not be determined.
- The area of origin with the highest probability is the engine compartment of the 2003 Buick Century.
- No accelerants were identified.
- Natural causes could be ruled out.

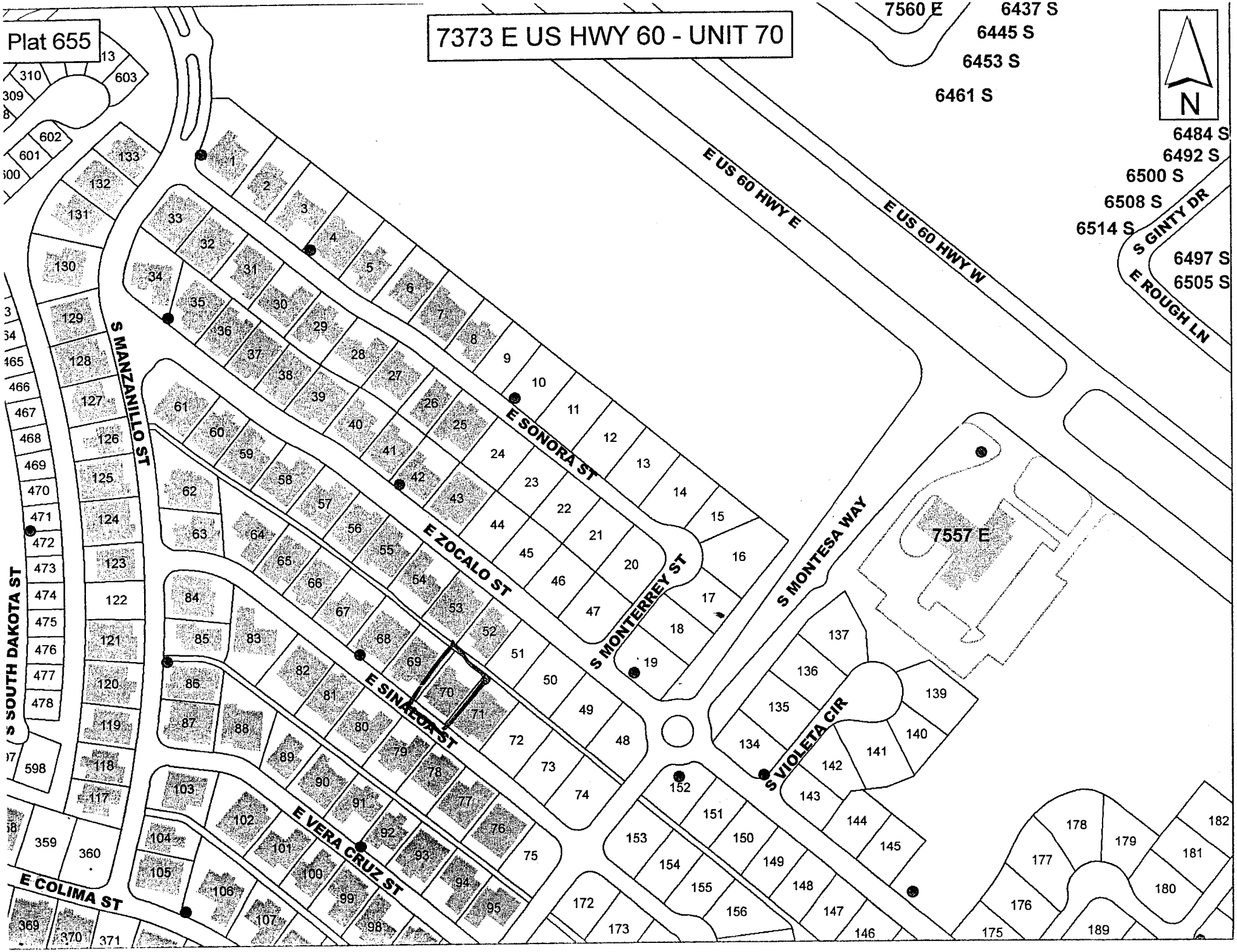
These conclusions are based on evidence noted and shall be considered final.
This investigation shall be considered closed until such time as any new evidence should be brought forward to change or alter these findings. Any findings should be immediately turned over to the Apache Junction Fire District.
Original fire investigation photographs are on file with the Apache Junction Fire District.
Any questions regarding this report should be directed the Fire Prevention Bureau of the Apache Junction Fire District at 480-982-4440.

Respectfully Submitted,

David Montgomery,
Deputy Fire Chief / Fire Investigator
Apache Junction Fire District



Plan View
7373 E US Hwy 60, Space 70


7373 E US HWY 60 - UNIT 70
Plat 655
7560 E
6437 S
6445 S
6453 S
6461 S
6484 S
6492 S
6500 S
6508 S
6514 S
6497 S
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E SONORA ST
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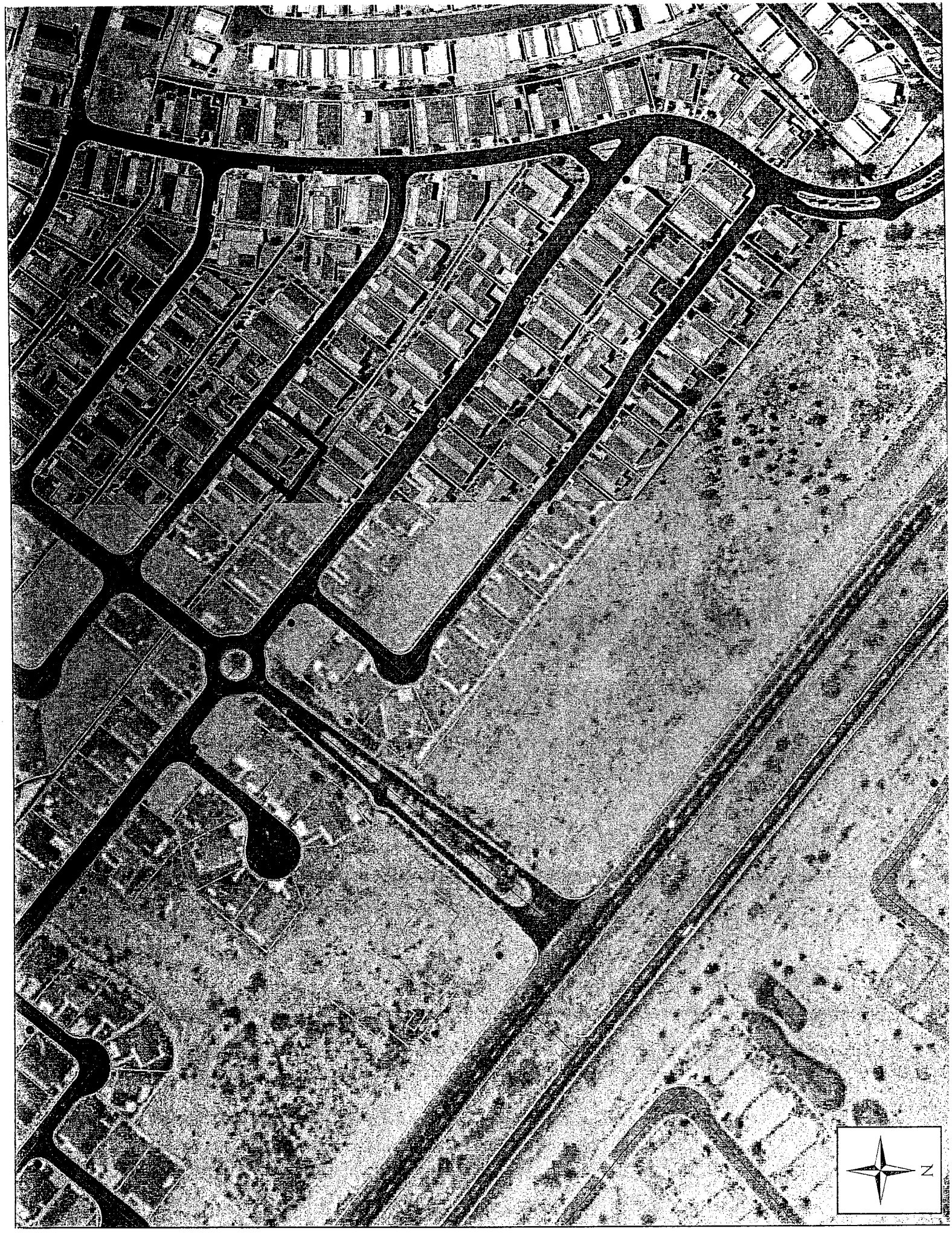
S VIOLETA CIR
7557 E


N

NFIRS -1 Basic

A

FDID *	State *	Incident Date * (MM DD YYYY)	Station	Incident Number *	Exposure *	
12072	AZ	09 05 2008			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 B "Alternative Location Specification". Use only for Wildland fires.

Census Tract ____ - ____

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

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
7373	E	US 60	HWY	E

Apt./Suite/Room	City	State	Zip Code
	Apache Junction	AZ	85219 -

Cross street or directions, as applicable

C Incident Type *

111 Building 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: 08183 Their State: AZ
Their Incident Number:

E1 Date & Times

Midnight is 0000

	Month	Day	Year	Hr Min Sec
Alarm * (ALARM always required)	09	05	2008	17:23:09
☐ Arrival * (ARRIVAL required, unless canceled or did not arrive)	09	05	2008	17:25:29
☐ Controlled (CONTROLLED Optional, Except for wildland fires)	09	05	2008	17:48:47
☐ Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	09	05	2008	20:45:40

Check boxes if dates are the same as Alarm Date.

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
A		655

E3 Special Studies

Local Option

Special Study ID#: Special Study Value:

F Actions Taken *

11 Extinguishment by fire — 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	0013	0015
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 $	390 , 000	☐
Contents $	000 , 000	☐

PRE-INCIDENT VALUE: Optional

Property $	440 , 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: slow leak, no evaluation 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
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 > 55gal., Please complete the HazMat form

I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Bus. & Residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed 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
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care 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: 419 — 1 or 2 family dwelling

NFIRS-1 Revision 03/11/99

A | 12072 FDID ★ | AZ State ★ | MM 09 DD 05 YYYY 2008 Incident Date ★ | Station | Incident Number ★ | 000 Exposure ★ | ☐ Delete ☐ Change ☐ No Activity | **NFIRS -2 Fire**

B Property Details

B1 0002 ☐ Not Residential
Estimated Number of residential living units in building of origin whether or not all units became involved

B2 001 ☐ 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 80 Vehicle area, Other
Area of fire origin ★

D2 00 Heat source: other
Heat source ★

D3 00 Item First Ignited,
Item first ignited ★ 1 ☐ Check Box if fire spread was confined to object of origin

D4 99 Multiple types of
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

00 Factors
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 envolved

1 ☐ Male 2 ☐ Female

F1 Equipment Involved In Ignition

☐ None If Equipment was not involved,Skip to Section G

000 Other equipment
Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power

20 Gas fuels,
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

Mobile property type

Mobile property make

Moblie property model — Year

License Plate Number — State — 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

I1 Structure Type *

If Fire was In enclosed building or a portable/mobile structure complete the rest of this form

1 ☐ Enclosed Building
2 ☒ Portable/mobile structure
3 ☐ Open structure
4 ☐ Air supported structure
5 ☐ Tent
6 ☐ Open platform (e.g. piers)
7 ☐ Underground structure (work areas)
8 ☐ Connective structure (e.g. fences)
0 ☐ 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

001 — Total number of stories at or above grade

_____ — Total number of stories below grade

I4 Main Floor Size *

NFIRS-3 Structure Fire

_____ , 001 , 440
Total square feet

OR

_____ , 060 BY _____ , 024
Lenght in feet — Width in feet

J1 Fire Origin *

☐ Below Grade

001
Story of fire origin

J2 Fire Spread *

1 ☐ Confined to object of origin
2 ☐ Confined to room of origin
3 ☐ Confined to floor of origin
4 ☒ Confined to building of origin
5 ☐ 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)

_____ 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 Material Contributing Most To Flame Spread

☐ Check if no flame spread OR same as material first ignited OR unable to determine

Skip To Section L

K1 _____ _____
Item contributing most to flame spread

K2 _____ _____
Type of material contributing most of 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 - heat
4 ☐ Sprinkler, water flow detection
5 ☐ More than 1 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 ☐ Multple detectors & power supplies
0 ☐ Other _____
U ☒ Undetermined

L4 Detector Operation

1 ☐ Fire too small to activate
2 ☐ Operated (Complete Section L5)
3 ☐ Failed to Operate (Complete Section L6)
U ☒ Undetermined

L5 Detector Effectiveness

Required if detector operated

1 ☐ Alerted Occupants, occupants responded
2 ☐ 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 cleaning
5 ☐ Battery missing or disconnected
6 ☐ Battery discharged or dead
0 ☐ Other _____
U ☐ Undetermined

M1 Presence of Automatic Extinguishment System *

N ☒ None Present
1 ☐ Present — Complete rest of Section M

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 Automatic Extinguishment System Operation

Required if fire was within designed range

1 ☐ Operated & effective (Go to M4)
2 ☐ Operated & not effective (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 Automatic Extinguishment System Failure Reason

Required if system failed

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

NFIRS-3 Revision 01/19/99

A. FDID * 12072 | State * AZ | Incident Date * MM 9 DD 5 YYYY 2008 | Station | Incident Number * | Exposure * 000 | ☐ Delete ☐ Change

NFIRS - 9 Apparatus or Resources

B Apparatus or * Resource	Date and Times (Check if same as alarm date)	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken
1 ID B202 Type 92	Dispatch ☐ 9 5 2008 17:25 Arrival ☐ 9 5 2008 17:43 Clear ☐ 9 5 2008 18:25	X	2	☒ Suppression ☐ EMS ☐ Other	
2 ID B261 Type 92	Dispatch ☐ 9 5 2008 17:25 Arrival ☐ 9 5 2008 17:40 Clear ☐ 9 5 2008 20:21	X	0	☒ Suppression ☐ EMS ☐ Other	
3 ID E215 Type 11	Dispatch ☐ 9 5 2008 17:25 Arrival ☐ Clear ☐ 9 5 2008 17:26	X	4	☒ Suppression ☐ EMS ☐ Other	
4 ID E217 Type 11	Dispatch ☐ 9 5 2008 17:26 Arrival ☐ 9 5 2008 17:38 Clear ☐ 9 5 2008 18:48	X	4	☒ Suppression ☐ EMS ☐ Other	
5 ID E261 Type 11	Dispatch ☐ 9 5 2008 17:25 Arrival ☐ 9 5 2008 17:26 Clear ☐ 9 5 2008 19:11	X	0	☒ Suppression ☐ EMS ☐ Other	
6 ID E262 Type 11	Dispatch ☐ 9 5 2008 17:25 Arrival ☐ 9 5 2008 17:35 Clear ☐ 9 5 2008 20:03	X	0	☒ Suppression ☐ EMS ☐ Other	
7 ID L264 Type 12	Dispatch ☐ 9 5 2008 17:23 Arrival ☐ 9 5 2008 17:25 Clear ☐ 9 5 2008 20:03	X	5	☒ Suppression ☐ EMS ☐ Other	
8 ID PV261 Type 00	Dispatch ☐ 9 5 2008 17:31 Arrival ☐ 9 5 2008 17:31 Clear ☐ 9 5 2008 20:45	X	0	☒ Suppression ☐ EMS ☐ Other	
9 ID RH262 Type 60	Dispatch ☐ 9 5 2008 17:27 Arrival ☐ 9 5 2008 17:37 Clear ☐ 9 5 2008 19:49	X	0	☒ Suppression ☐ EMS ☐ Other	

A

FDID *	State *	Incident Date * (MM DD YYYY)	Station	Incident Number *	Exposure *	Delete / Change
12072	AZ	9 5 2008			000	☐ Delete ☐ Change

NFIRS - 9 Apparatus or Resources

B Apparatus or * Resource	Date and Times (Check if same as alarm date)	Month	Day	Year	Hour	Min	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken
1 ID SW265 Type 76	Dispatch ☐	9	5	2008	17:33		X	0	☒ Suppression ☐ EMS ☐ Other	
	Arrival ☐	9	5	2008	17:33					
	Clear ☐	9	5	2008	19:03					
2 ID T264 Type 14	Dispatch ☐	9	5	2008	17:28		X	0	☒ Suppression ☐ EMS ☐ Other	
	Arrival ☐	9	5	2008	19:59					
	Clear ☐	9	5	2008	20:45					
3 ID TRV263 Type 111	Dispatch ☐	9	5	2008	17:59		X	0	☒ Suppression ☐ EMS ☐ Other	
	Arrival ☐	9	5	2008	18:11					
	Clear ☐	9	5	2008	18:50					
4 ID U263 Type 62	Dispatch ☐	9	5	2008	17:27		X	0	☒ Suppression ☐ EMS ☐ Other	
	Arrival ☐	9	5	2008	17:38					
	Clear ☐	9	5	2008	19:29					
5 ID Type	Dispatch ☐						☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival ☐									
	Clear ☐									
6 ID Type	Dispatch ☐						☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival ☐									
	Clear ☐									
7 ID Type	Dispatch ☐						☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival ☐									
	Clear ☐									
8 ID Type	Dispatch ☐						☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival ☐									
	Clear ☐									
9 ID Type	Dispatch ☐						☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival ☐									
	Clear ☐									

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

More Apparatus? Use Additional Sheets

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

NFIRS-9 Revision 11/17/98

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

Local Option

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

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

09/05/2008 21:58:55

L264 dispatched to a possible car fire, enroute Alarm advised fire was in a car port extended to the home. L264 O/S found double wide mobile home with a fully involved car fire in the carport with extent ion to the home exposures to the east and west of the structure, L264 assumed mobile command, pulled a 1.75 line and was in the offensive mode and attacked the fire in the car port and protected the structure on the east side. A second line (2 inch) was pulled to protect the exposure on the west. P261 on scene and assumed command. L264 crew entered the home for primary search all clear given. E262 O/S and assisted interior crews with fire control E261 & E217 O/S and assisted with mop up and salvage operations

Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
124	Gregorie, Mike	CPM		09	05	2008

ck if [X] e Officer charge.

Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
124	Gregorie, Mike	CPM		09	05	2008

rmation Services

12072 09/05/2008

A

FDID *	State *	Incident Date (MM) *	Incident Date (DD) *	Incident Date (YYYY) *	Station	Incident Number *	Exposure *	Delete / Change	Insurance and $Loss
12072	AZ	9	5	2008		08-0049537	000	☐ Delete ☐ Change	

B Estimated Dollar Loss & Value

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
Buildings	$440,000.00	$390,000.00	$0.00	$0.00
Vehicles	$11,000.00	$11,000.00	$0.00	$0.00
Contents	$0.00	$0.00	$0.00	$0.00

C Insurance Company

Business name if applicable

Contact Name

Street or highway

Post office box

City

State

Zip Code - -

Phone Number - -

Agent Name

Policy Number

Policy Coverage ☐ Buildings ☐ Vehicles ☐ Contents