. INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

AUG 22 2014

U.S. Department of Transportation

National Highway Traffic Safety Administration

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 ☐
25-JUN-2014	Reference No. 10605917

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address NOEMAIL@UNK.GOV
City JEFFERSON HILLS	State PA	Zip Code [redacted]	Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
WAULT64B83N[redacted]	AUDI	A6	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
06/10/2014	Pittsburgh Auto Depot (412) 884-7611			6	Unleaded Premium
Original Owner ☐	Dealer's City Pittsburgh	State pa	Zip Code 15210		

Transmission Type			Multiple Failure:	Incident Date(s)
AUTO	☒ Antilock Brakes ☒ Cruise Control	Powertrain AWD	Check engine light came on	10-JUN-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: FUEL/PROPULSION SYSTEM (PWS), 070000 FUEL SYSTEM, GASOLINE	Failure Mileage	Failure Speed
	87434	60

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	N

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 OWNS A 2003 AUDI A6. THE CONTACT STATED THAT THE SERVICE ENGINE WARNING LIGHT ILLUMINATED. THE CONTACT MENTIONED A LOUD NOISE COMING FROM THE FRONT OF THE VEHICLE INTERMITTENTLY. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER WHO RESET THE CODES BUT THE FAILURE RECURRED. THE VEHICLE WAS TAKEN BACK TO THE AUTHORIZED DEALER WHO INDICATED THAT THE ENGINE MOUNT NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED BUT THE FAILURE RECURRED. IN ADDITION, THE CONTACT STATED WHILE DRIVING 60 MPH, SMOKE STARTED TO EMIT FROM THE ENGINE COMPLARTMENT. THE CONTACT MENTIONED THAT THE FIRE HAD CONSUMED AND BURNED THROUGH THE HOOD AROUND TO THE FRONT DRIVERS SIDE OF THE VEHICLE. THE CONTACT EXITED THE VEHICLE AND THE FIRE DEPARTMENT WAS ABLE TO EXTINGUISH THE FIRE. A POLICE REPORT WAS FILED. NO INJURIES HAD BEEN SUSTAINED. THE CONTACT WAS NOT NOTIFIED OF NHTSA CAMPAIGN ID NUMBER: 11V267000 (FUEL SYSTEM, OTHER), NHTSA CAMPAIGN ID NUMBER: 07V375000 (FUEL SYSTEM, GASOLINE) AND NHTSA CAMPAIGN ID NUMBER: 08V157000 (FUEL SYSTEM, GASOLINE). THE VEHICLE WAS DESTROYED. THE CONTACT WAS AWAITING AN INSURANCE ADJUSTOR TO INSPECT THE VEHICLE. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 87,434.

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

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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

I was driving to my friends place on I 376 West. The incident occured when I was about 20 min from my exit. My car started smoking and it began to progress as I was driving towards the Hopewell, Pa exit. I then pulled over on the side of the road because my vehicle was over heating so bad till the point that I couldnt breath and see out my car. When I got out my car not even 5 min went by before I saw sparks underneath my car near the engine. The sparks progress in the front of the car and caught on fire really bad. The fire mainly stayed in the front of the car gain towards my front doors. The front of the vehicle was totalled at the end of the scene.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

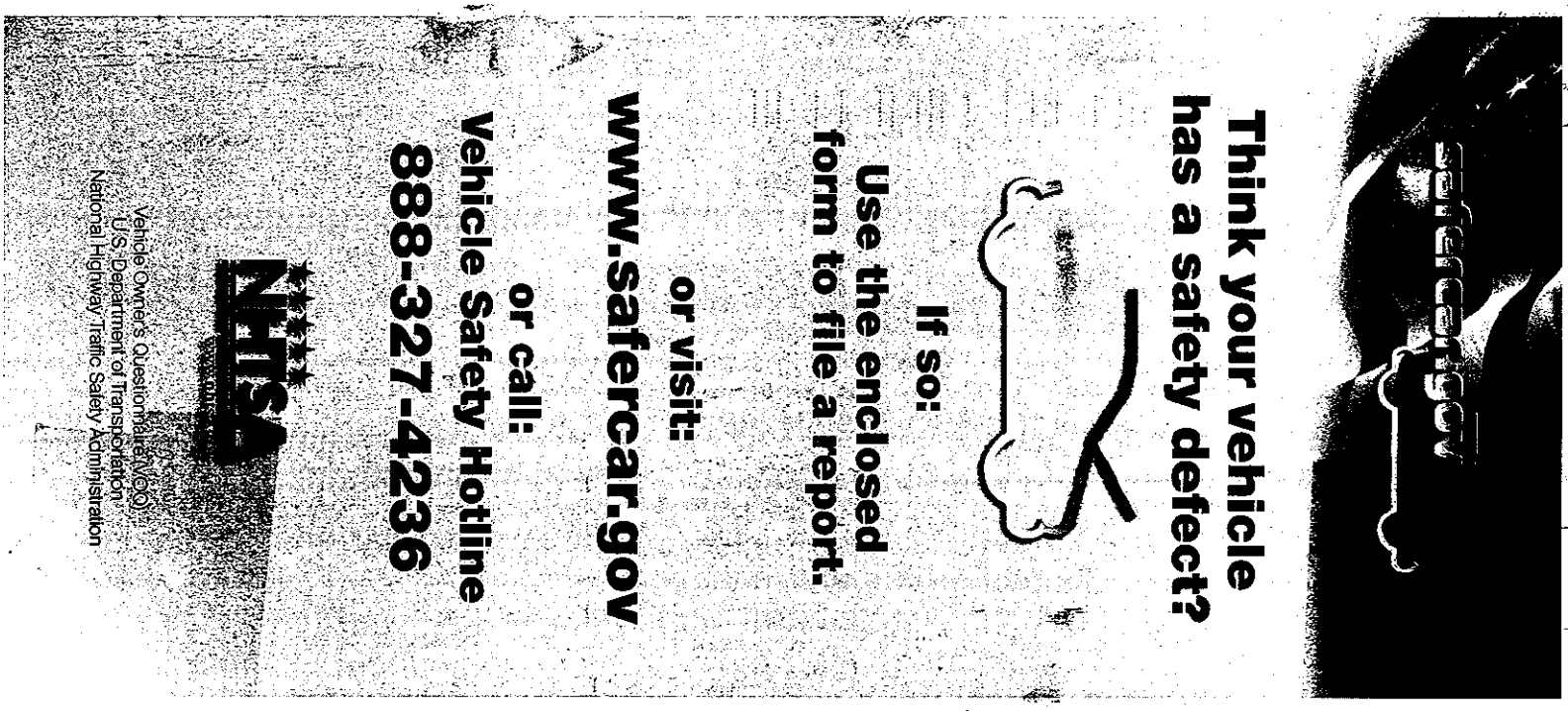
Official Business
Penalty for Private Use $300

**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



Quote for 2003 Audi A6 Quattro - Mileage: 87,465

The Repair Zone

2306 Saw Mill Run Blvd.
Pittsburgh, PA 15210
Phone: 4126683184
Email:

Type	Description	Qty/Hrs	Unit Price	Subtotal
Flat	STATE INSPECTION	1.00		18.00
Flat	EMISSION TEST	1.00		38.99
Part	WIPER BLADES	2.00	20.00	40.00
Part	L LOWER CONTROL ARM/BALLL JOINT	1.00	90.00	90.00
Part	L UPPER CONTROL ARM/BALL JOINT (FORWARD ARM)	1.00	50.00	50.00
Part	L UPPER CONTROL ARM/BALLJOINT (REARWARD)	1.00	36.00	36.00
Part	L SWAY BAR LINK	1.00	20.48	20.48
Labor	RR CONTROL ARMS & LINK	2.0	35.00	70.00
Part	FRONT BRAKE HOSES	2.00	16.72	33.44
Part	FRONT BRAKES	1.00	25.47	25.47
Part	FRONT ROTORS	2.00	29.99	59.98
Labor	RR BRAKES & BRAKE HOSES / BLEED SYSTEM	1.2	35.00	42.00
Part	3RD BRAKE BULBS (PACK OF 2)	1.00	4.49	4.49
Labor	RR BULBS	0.2	35.00	7.00
Part	R UPPER CONTROL ARM/BALLJOINT	1.00	36.00	36.00
Part	CONTROL ARM BOLT KIT	1.00	18.70	18.70
Flat	OIL CHANGE	1.00		30.00
Labor	CLEAN TIRE BEADS (ALL 4)	0.9	35.00	31.50
Part	REAR BRAKES	1.00	13.94	13.94
Labor	RR BRAKES & CUT ROTORS	1.2	35.00	42.00
Flat	SHOP SUPPLY	1.00		4.00
Note	VIN # 006281			

	Worksheet	Supplies	Hazmat	Tax	Subtotal
Part $	428.50	0.00		0.00	428.50
Labor $	283.49		0.00	0.00	283.49
				Grand Total	711.99

Tires
6 | 5
6 | 5

Brakes
N | N
N | N

STRAIGHT TIME (HRS.)	FLAT RATE PRICE	R.O. NO.	TIME IN	OFF
03 A6		KEW	'14 JUN 10	2:34PM
		EMP. NO. / OPER. NO. 006281	'14 JUN 10 ON	2:57PM

STRAIGHT TIME (HRS.)	FLAT RATE PRICE	R.O. NO.	TIME IN	OFF
03 A6		KEW	'14 JUN 10	9:59AM
		EMP. NO. / OPER. NO. 006281	'14 JUN 10 ON	1:18PM

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ce:
Email:

The Repair Zone

2306 Saw Mill Run Blvd.
Pittsburgh, PA 15210
Phone: 4126683184
Email:

Type	Description	Qty/Hrs	Unit Price	Subtotal
Part	ENGINE MOUNT (FRONT LOWER (WEOWE)	1.00	12.89	12.89
Labor	RR MOUNT	0.6	35.00	21.00
Part	R/L CONTROL ARM / BUSHING (CUST COMPLAINT)	1.00	58.28	58.28
Labor	RR ARM	0.6	35.00	21.00
Note	VIN # 006281			

	Worksheet	Supplies	Hazmat	Tax	Subtotal
Part $	71.17	0.00		0.00	71.17
Labor $	42.00		0.00	0.00	42.00
				Grand Total	113.17

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Intersection / In front of / Rear of / Adjacent to / Directions

Number/Milepost: | Prefix: | Street or Highway: Route 60/Interstate 376 | Street Type: | Suffix:

Apt./Suite/Room: | City: Aliquippa | State: PA | Zip Code: 15001 -

Cross street or directions, as applicable:

C Incident Type *

131 Passenger 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 [X] 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				
Alarm *	06	21	2014	19:14:28
ARRIVAL required, unless canceled or did not arrive				
[X] Arrival *	06	21	2014	19:28:47
CONTROLLED Optional, Except for wildland fires				
[ ] Controlled				
LAST UNIT CLEARED, required except for wildland fires				
[X] Last Unit Cleared	06	21	2014	20:03:47

E2 Shift & Alarms

Local Option

Shift or Platoon | Alarms | District: 92

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	0002	0006
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.

Property $ [ ],000,000 [ ] None
Contents $ [ ],000,000 [ ]

PRE-INCIDENT VALUE: Optional

Property $ [ ],000,000 [ ]
Contents $ [ ],000,000 [ ]

Completed Modules

[X] Fire-2
[ ] Structure-3
[ ] Civil Fire Cas.-4
[ ] Fire Serv. Cas.-5
[ ] EMS-6
[ ] HazMat-7
[ ] Wildland Fire-8
[X] Apparatus-9
[X] 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 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
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 [X] 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 961

Highway or divided highway

NFIRS-1 Revision 03/11/99

duplicate address lines.

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

Call came in as fully involved vehicle fire. Upon arrival notified county it was in Allegheny County. Fire was contained to the engine. Cut battery cables to cut power to car. Per state PD owner was going to have car removed.

Equipment used: 6 flares, 3 traffic vest, 100' of 1 3/4" hose

Description of damage: engine compartment
Driver: [redacted]

Vehicle: 2003 Audi AG
Lic#[redacted]

Ins Co: Permanenent Generall
Policy#[redacted]

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
9269	Fisher, Ronald	AC2		06	27	2014

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☐	9282	Zak, Millicent			06	27	2014

Narrative:

Call came in as fully involved vehicle fire. Upon arrival notified county it was in Allegheny County. Fire was contained to the engine. Cut battery cables to cut power to car. Per state PD owner was going to have car removed.

Equipment used: 6 flares, 3 traffic vest, 100' of 1 3/4" hose

Description of damage: engine compartment
Driver: [redacted]

Vehicle: 2003 Audi AG
Lic# [redacted]

Ins Co: Permanenent Generall
Policy# [redacted]

B Property Details

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

B2 [ ] [X] Buildings not involved
Number of buildings involved

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

C On-Site Materials or Products

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.

NNN | None
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 * 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

[X] None

NN | None
Factor Contributing To Ignition (1)

[ ] [ ]
Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 [ ] Asleep [X] 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

[ ] [ ]
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. [X] None

NNN | 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 [X] Involved in ignition and burned

H2 Mobile Property Type & Make

11 | Automobile, passenger
Mobile property type

AU | Audi
Mobile property make

AG
Moblie property model

2003
Year

[redacted]
License Plate Number

PA
State

WAVLT6YB83[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

Resource	Check if same as alarm date	Month	Day	Year	Hour	Min	X	# of People	Check ONE box for each apparatus to indicate its main use at the incident.	
1 ID 923 Type 11	Dispatch	X	6	21	2014	19:14	X	2	X Suppression	
	Arrival	X	6	21	2014	19:28			☐ EMS	
	Clear	X	6	21	2014	20:03			☐ Other	
2 ID 925 Type 14	Dispatch	X	6	21	2014	19:14	X	2	X Suppression	
	Arrival	X	6	21	2014	19:28			☐ EMS	
	Clear	X	6	21	2014	20:03			☐ Other	
3 ID Type	Dispatch	☐					☐		☐ Suppression	
	Arrival	☐							☐ EMS	
	Clear	☐							☐ Other	
4 ID Type	Dispatch	☐					☐		☐ Suppression	
	Arrival	☐							☐ EMS	
	Clear	☐							☐ Other	
5 ID Type	Dispatch	☐					☐		☐ Suppression	
	Arrival	☐							☐ EMS	
	Clear	☐							☐ Other	
6 ID Type	Dispatch	☐					☐		☐ Suppression	
	Arrival	☐							☐ EMS	
	Clear	☐							☐ Other	
7 ID Type	Dispatch	☐					☐		☐ Suppression	
	Arrival	☐							☐ EMS	
	Clear	☐							☐ Other	
8 ID Type	Dispatch	☐					☐		☐ Suppression	
	Arrival	☐							☐ EMS	
	Clear	☐							☐ Other	
9 ID Type	Dispatch	☐					☐		☐ Suppression	
	Arrival	☐							☐ EMS	
	Clear	☐							☐ Other	

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

B Apparatus or Resource *

Use codes listed below

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

List up to 4 actions for each apparatus and each personnel.

1

ID 923

Type 11

		Month	Day	Year	Hours/mins
Dispatch	X	6	21	2014	19:14
Arrival	X	6	21	2014	19:28
Clear	X	6	21	2014	20:03

Sent: X

Number of People: 2

Use: [X] Suppression [ ] EMS [ ] Other

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
9297	Cochran, Jon	FF	X				
9299	Redmond, Lea	FF	X				

2

ID 925

Type 14

		Month	Day	Year	Hours/mins
Dispatch	X	6	21	2014	19:14
Arrival	X	6	21	2014	19:28
Clear	X	6	21	2014	20:03

Sent: X

Number of People: 2

Use: [X] Suppression [ ] EMS [ ] Other

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
9269	Fisher, Ronald	AC2	X				
9293	Sible, Shawn	FF	X				

3

ID

Type

		Month	Day	Year	Hours/mins
Dispatch					
Arrival					
Clear					

Sent:

Number of People:

Use: [ ] Suppression [ ] EMS [ ] Other

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
923 2006 Red Diamond Pumper	19:14:28	19:14:28	19:28:47	20:03:47

Staff ID\Staff Name		Activity	Rank	Position	Role
9297	Cochran, Jon	Fire At Scene	Firefighter		
9299	Redmond, Lea	Fire At Scene	Firefighter		

925 1996 PPIERCE PUMPER 19:14:28 19:14:28 19:28:47 20:03:47

Staff ID\Staff Name		Activity	Rank	Position	Role
9269	Fisher, Ronald	Fire At Scene	2nd Assista		
9293	Sible, Shawn	Fire At Scene	Firefighter		

Staff ID\Staff Name	Unit		Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
9230 Haney, Ed			FS Fire On Standby		FC		0.82	0.82	1.00
9262 Wadding, chris			FS Fire On Standby				0.82	0.82	1.00
9297 Cochran, Jon	923	X	FX Fire At Scene		FF		0.82	0.82	1.00
9299 Redmond, Lea	923		FX Fire At Scene		FF		0.82	0.82	1.00
9269 Fisher, Ronald	925	X	FX Fire At Scene		AC2		0.82	0.82	1.00
9293 Sible, Shawn	925		FX Fire At Scene		FF		0.82	0.82	1.00

Total Participants: 6

Total Personnel Hours: 4.92

An 'X' next to the unit denotes driver.