



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

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 ☐

21-JUN-2016

SEP 23 2016

Reference No.

10875569

OWNER INFORMATION (Type or Print)

Name

Address

City

ASHTABULA

State OH

Zip Code

Daytime Telephone Number

E-mail Address

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

1D7HA16K34J

Make

DODGE

Model

RAM 1500

Model Year

2004

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

3.7

Multiple Failure:

Incident Date(s)

21-JUN-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS

Failure Mileage

150000

Failure Speed

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: DOTM19ABC036)

☐ 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

☐ Yes ☒ No

Fire

☒ Yes ☐ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

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 OWNED A 2004 DODGE RAM 1500. WHILE THE VEHICLE WAS STATIONARY, THE VEHICLE ERUPTED INTO FLAMES ON THE DRIVER SIDE. THE VEHICLE WAS DESTROYED. THERE WERE NO INJURIES AND A POLICE REPORT WAS NOT FILED. THE CONTACT WAS NOT NEAR THE VEHICLE AT THE TIME OF THE EXPLOSION. THE FIRE DEPARTMENT EXTINGUISHED THE FIRE. THE VEHICLE WAS NOT REPLACED. THE MANUFACTURER WAS NOT MADE AWARE OF THE ISSUE. SHORTLY AFTER, THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 15V313000 (AIR BAGS). IT WAS DIAGNOSED THAT THE AIR BAG EXPLODED AND COMBUSTED INTO FLAMES DUE TO THE NATURE OF THE TAKATA AIR BAG RECALL. THE FAILURE MILEAGE WAS APPROXIMATELY 150,000.

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 to 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.

Aug. 10, 2016

[REDACTED] and [REDACTED]
[REDACTED]
Ashtabula, OH [REDACTED]

Dear Sir or Madam:

RE: Recall on 2004 Dodge Ram 1500

I am writing to express my frustration over the recent recall I received in the mail for Driver Airbag Inflator.

On June 16, 2015 about 7:20 pm as we sat down to for dinner. We heard an explosion! We jumped up and looked out the window and saw my truck on fire. We then preceded to call 911 and went outside to meet the Fire Department. The cab was fully engulfed in flames. When the Fire Department arrived the engine compartment was on fire too. By the time the FIRE was out the truck was a total loss. We just had liability on the truck. NO fire or theft!

Then to receive a Recall Notice that states: "The Driver Airbag Inflator may RUPTURE, due to excessive internal pressure if exposed to high levels of absolute humidity for extended periods of time."

The truck wasn't driven for 3 days due to the use of my motorcycle. I'm really upset that I lost my truck to a defective part of yours! If anyone was driving my truck they could have lost their life! So what can be done to remedy the error on your part?

I'm very blessed there wasn't a casualty do to this part, but I lost my transportation that was up and running every day. I depended on that truck in the winter to get to and from work.

Thank you for your time in advance. I will be waiting to hear back from you. I am enclosing the Fire Department Report and the pictures I took throughout this experience.

Sincerely

[REDACTED] and [REDACTED]



FIAT CHRYSLER AUTOMOBILES

DRIVER AIRBAG INFLATOR

IMPORTANT SAFETY RECALL

R25 / NHTSA 15V-313

This notice applies to your vehicle (VIN: 1D7HA16K34J [REDACTED])

This notification letter is sent to you in accordance with the National Traffic and Motor Vehicle Safety Act.

Dear [REDACTED]

FCA US LLC has decided that a defect, which relates to motor vehicle safety, exists in certain 2004 through 2009 model year Dodge RAM 1500/2500/3500 Pickup, 2004 through 2008 model year Dodge Durango, 2007 through 2008 model year Chrysler Aspen, 2003 through 2010 model year Chrysler 300/Dodge Charger/Dodge Magnum, and 2005 through 2011 model year Dodge Dakota vehicles.

The problem is... The driver airbag inflator housing in your vehicle may rupture, due to excessive internal pressure, during normal airbag deployment events. This condition is more likely to occur if your vehicle has been exposed to high levels of absolute humidity for extended periods of time. An inflator rupture, during airbag deployment events, could result in metal fragments striking and potentially seriously injuring the vehicle occupants.

What your dealer will do... FCA will repair your vehicle free of charge (parts and labor). To do this, your dealer will replace your driver airbag inflator. The work will take up to 1 hour to complete. However, additional time may be necessary depending on service schedules.

What you must do to ensure your safety... Simply contact your Chrysler, Jeep, Dodge or RAM dealer right away to schedule a service appointment. Please bring this letter with you to your dealer.

If you need help... If you have questions or concerns which your dealer is unable to resolve, please contact the FCA Recall Assistance Center at 1-800-853-1403.

Please help us update our records by filling out the attached prepaid postcard if any of the conditions listed on the card apply to you or your vehicle. If you have further questions go to recalls.mopar.com.

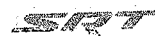
If you have already experienced this specific condition and have paid to have it repaired, you may visit www.fcarecallreimbursement.com to submit your reimbursement request online or you can mail your original receipts and proof of payment to the following address for reimbursement consideration: FCA Customer Assistance, P.O. Box 21-8004, Auburn Hills, MI 48321-8007. Attention: Recall Reimbursement. Once we receive and verify the required documents, reimbursement will be sent to you within 60 days. If you've had previous repairs and/or reimbursement you may still need to have the recall repair performed on your vehicle.

If your dealer fails or is unable to remedy this defect without charge and within a reasonable time, you may submit a written complaint to the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590, or you can call the toll-free Vehicle Safety Hotline at 1-888-327-4236 (TTY 1-800-424-9153) or go to safercar.gov.

We're sorry for any inconvenience, but we are sincerely concerned about your safety. Thank you for your attention to this important matter.

Customer Services / Field Operations
FCA US LLC

Note to lessors receiving this recall: Federal regulation requires that you forward this recall notice to the lessee within 10 days.



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vn. ner's

name ed:

IMPORTANT SAFETY RECALL

S43 / NHTSA 16V-352

This notice applies to your vehicle (VIN: 1D7HA16K34J [REDACTED]).

Dear [REDACTED],

This interim notice is sent to you in accordance with the National Traffic and Motor Vehicle Safety Act to inform you that your vehicle^[1] requires a safety recall repair. FCA US has decided that a defect, which relates to motor vehicle safety, exists in certain 2007-09 Chrysler Aspen, 2005-12 Chrysler 300, 2008-12 Dodge Challenger, 2006-12 Dodge Charger, 2005-11 Dodge Dakota, 2004-09 Dodge Durango, 2005-08 Dodge Magnum, 2004-10 Dodge RAM and 2007-12 Jeep Wrangler vehicles.

YOUR ADDITIONAL OPTIONS

1. RECOMMENDED OPTION

Visit recalls.mopar.com to sign up for email notification for when remedy parts become available. You will be asked to provide your Vehicle Identification Number (VIN), provided above

2. Wait for FCA US to contact you again, by mail, with a follow-up recall notice when remedy parts are available

3. Visit www.safercar.gov/rs/takata for more information on Takata recalls

4. Call the FCA Recall Assistance Center at 1-800-853-1403. An agent can sign you up for email notification for when remedy parts become available, or answer any other questions that you may have

Why is my vehicle being recalled?

What is the risk?

How do I resolve this important airbag issue?

What do I need to do?

The front passenger airbag inflator may rupture, due to excessive internal pressure, during normal airbag deployment events. This condition is more likely to occur if your vehicle has been exposed to high levels of absolute humidity for extended periods of time.

An inflator rupture may result in metal fragments striking the vehicle occupants resulting in serious injury or death.

Parts required to provide a permanent remedy for this condition are not currently available. We are making every effort to obtain these parts as quickly as possible, and will service your vehicle free of charge (parts and labor).

FCA US will contact you again, by mail, with a follow-up recall notice when remedy parts are available. Once you receive your follow-up notice, simply contact your Chrysler, Jeep, Dodge or RAM dealer right away to schedule a service appointment^[2]. Additional options for your next steps are included on the left side of this notification. We appreciate your patience.

If you have already experienced this specific condition and have paid to have it repaired, you may visit www.fcarecallreimbursement.com to submit your reimbursement request online^[3]. Once we receive and verify the required documents, reimbursement will be sent to you within 60 days. If you have had previous repairs performed and/or already received reimbursement, you may still need to have the recall repair performed.

We apologize for any inconvenience, but are sincerely concerned about your safety. Thank you for your attention to this matter.

Ask your dealer about the following notification(s). Our records indicate that your vehicle also requires repair for notification(s): R25

Customer Care / Field Operations
FCA US LLC

Note to lessors receiving this recall: Federal regulation requires that you forward this recall notice to the lessee within 10 days

[1] If you no longer own this vehicle, please help us update our records. Call the FCA Recall Assistance Center at 1-800-853-1403 to update your information.

[2] If your dealer fails or is unable to remedy this defect without charge and within a reasonable time, you may submit a written complaint to the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590, or you can call the toll-free Vehicle Safety Hotline at 1-888-327-4236 (TTY 1-800-424-9153), or go to safercar.gov.

[3] You can also mail in your original receipts and proof of payment to the following address for reimbursement consideration: FCA US Customer Assistance, P.O. Box 21-8004, Auburn Hills, MI 48321-8007, Attention: Recall Reimbursement.



IMPORTANT SAFETY RECALL

S43 / NHTSA 16V-352

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A FDID <u>04145</u> * State <u>OH</u> * Incident Date <u>06</u> <u>16</u> <u>2015</u> * Station <u>1</u> * Incident Number <u>[REDACTED]</u> * Exposure <u>000</u> * ☐ Delete ☐ Change ☐ No Activity		NFIRS -1 Basic	
B Location* ☐ Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires. ☒ Street address <u>[REDACTED]</u> <u>[REDACTED]</u> ☐ Intersection Number/Milepost Prefix <u>[REDACTED]</u> Street or Highway <u>[REDACTED]</u> Street Type <u>[REDACTED]</u> Suffix <u>[REDACTED]</u> ☐ In front of <u>[REDACTED]</u> <u>Ashtabula</u> <u>OH</u> <u>[REDACTED]</u> - <u>[REDACTED]</u> ☐ Rear of Apt./Suite/Room City State Zip Code ☐ Adjacent to ☐ Directions Cross street or directions, as applicable			
C Incident Type * <u>131</u> <u>Passenger vehicle fire</u> Incident Type		E1 Date & Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. ALARM always required Alarm * <u>06</u> <u>16</u> <u>2015</u> <u>19:40:00</u> ARRIVAL required, unless canceled or did not arrive ☒ Arrival * <u>06</u> <u>16</u> <u>2015</u> <u>19:44:00</u> CONTROLLED Optional, Except for wildland fires ☒ Controlled <u>06</u> <u>16</u> <u>2015</u> <u>19:47:00</u> LAST UNIT CLEARED, required except for wildland fires ☒ Last Unit <u>06</u> <u>16</u> <u>2015</u> <u>20:21:00</u> ☒ Cleared	
D Aid Given or Received* 1 ☐ Mutual aid received 2 ☐ Automatic aid recvd. 3 ☐ Mutual aid given 4 ☐ Automatic aid given 5 ☐ Other aid given N ☒ None Their FDID Their State Their Incident Number		E2 Shift & Alarms Local Option <u>A</u> <u>1</u> Shift or Alarms District Platoon E3 Special Studies Local Option Special Study ID# Special Study Value	
F Actions Taken * <u>11</u> <u>Extinguishment by fire</u> 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 <u>0002</u> <u>0005</u> 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 \$ <u>[REDACTED]</u> <u>005</u> <u>000</u> ☐ Contents \$ <u>[REDACTED]</u> <u>000</u> <u>200</u> ☐ PRE-INCIDENT VALUE: Optional Property \$ <u>[REDACTED]</u> <u>005</u> <u>000</u> ☐ Contents \$ <u>[REDACTED]</u> <u>000</u> <u>200</u> ☐			
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 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 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		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/boardings house 449 ☐ Commercial hotel or motel 459 ☐ Residential, board and care 464 ☐ Dormitory/barracks 519 ☐ Food and beverage sales 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 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 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 <u>931</u> <u>Open land or field</u>	
NFIRS-1 Revision 03/11/99			

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

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

Business name (if Applicable)

Area Code

Phone Number

Local Option

☐ 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

Called for a vehicle fire. Upon arrival found pick-up truck, fire mainly in the engine area, and extension into the passenger area. Fire extinguished with pre-connect hose line, and tank water. There was a vehicle near the vehicle that burned, minor damage to that vehicle (melted headlight lens), a 2006 Chevy Cobalt, lic # [REDACTED]. V.I.N. 1G1AK55FX67 [REDACTED]. Residents heard a "boom" and saw the vehicle on fire.

L Authorization

Officer in charge ID

Unknown Staff Member

Signature

Position or rank

Assignment

Month

Day

Year

Check Box if same as Officer in charge. Member making report ID

137

VanNorman, Gary

Signature

FFP

Position or rank

Assignment

06

Month

25

Day

2015

Year

04145	OH	MM 6	DD 16	YYYY 2015	1		000	Complete Narrative
FDID *	State *	Incident Date *		Station	Incident Number *	Exposure *		

Narrative:
Called for a vehicle fire. Upon arrival found pick-up truck, fire mainly in the engine area, and extension into the passenger area. Fire extinguished with pre-connect hose line, and tank water. There was a vehicle near the vehicle that burned, minor damage to that vehicle (melted headlight lens), a 2006 Chevy Cobalt, lic # [REDACTED] V.I.N. 1G1AK55FX67 [REDACTED]. Residents heard a " boom" and saw the vehicle on fire.

A FDID 04145 State OH Incident Date MM 06 DD 16 YYYY 2015 Station 1 Incident Number [REDACTED] Exposure 000 ☐ Delete ☐ Change ☐ No Activity	NFIRS -2 Fire
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B Property Details B1 ☐ Not Residential <i>Estimated Number of residential living units in building of origin whether or not all units became involved</i> B2 ☐ Buildings not involved <i>Number of buildings involved</i> B3 ☐ None <i>Acres burned (outside fires)</i> ☐ Less than one acre	C On-Site Materials ☐ 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 or Products Enter up to three codes. Check one or more boxes for each code entered. On-site material (1) On-site material (2) On-site material (3) 1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service 1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service 1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service
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D Ignition D1 83 Engine area, running <i>Area of fire origin *</i> D2 UU Undetermined <i>Heat source *</i> D3 UU Undetermined <i>Item first ignited *</i> ☐ 1 ☐ was confined to object of origin D4 ☐ ☐ <i>Type of material first ignited</i> 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 UU Undetermined ☒ None <i>Factor Contributing To Ignition (1)</i> <i>Factor Contributing To Ignition (2)</i>	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 <i>Estimated age of person involved</i> 1 ☐ Male 2 ☐ Female
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F1 Equipment Involved In Ignition ☐ None If Equipment was not involved, Skip to Section G <i>Equipment Involved</i> Brand Model Serial # Year	F2 Equipment Power <i>Equipment Power Source</i> 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 <i>Fire suppression factor (1)</i> <i>Fire suppression factor (2)</i> <i>Fire suppression factor (3)</i>
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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 11 Automobile, passenger <i>Mobile property type</i> DO Dodge <i>Mobile property make</i> 2004 <i>Mobile property model</i> <i>Year</i> OH 1D7HA16K34J <i>License Plate Number</i> <i>State</i> <i>VIN Number</i>	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
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A	04145	OH	6	16	2015	1	[Redacted]	000	☐ Delete ☐ Change	NFIRS - 9 Apparatus or Resources
	FDID *	State *	Incident Date *		Station	Incident Number *	Exposure *			

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 711 Type 11	Dispatch ☒ 6 16 2015 19:40 Arrival ☒ 6 16 2015 19:44 Clear ☒ 6 16 2015 20:21	X	5	☒ Suppression ☐ EMS ☐ Other	
2 ID 714 Type 11	Dispatch ☒ 6 16 2015 19:40 Arrival ☒ 6 16 2015 19:44 Clear ☒ 6 16 2015 20:21	X	0	☒ Suppression ☐ EMS ☐ Other	
3 ID Type	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	
4 ID Type	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	
5 ID Type	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	
6 ID Type	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	
7 ID Type	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	
8 ID Type	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	
9 ID Type	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ 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

A	FDID 04145	State OH	Incident Date 6 16 2015	Station 1	Incident Number [REDACTED]	Exposure 000	☐ Delete ☐ Change	NFIRS - 10 Personnel

B Apparatus or Resource	Date and Times	Sent	Number of People	Use	Actions Taken
Use codes listed below	Check if same as alarm date Month Day Year Hours/mins	☒		Check ONE box for each apparatus to indicate its main use at the incident. ☒ Suppression ☐ EMS ☐ Other	List up to 4 actions for each apparatus and each personnel.
1 ID 711 Type 11	Dispatch ☒ 6 16 2015 19:40 Arrival ☒ 6 16 2015 19:44 Clear ☒ 6 16 2015 20:21	☒	5		

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
137	VanNorman, Gary	FFP	☒				
156	CLIFF, MIKE	FFP	☒				
157	Stitt, Wade	EMT	☒				
197	Ebersole, William	FFE	☒				
198	Tilton, Dan	FFP	☒				

2 ID 714 Type 11	Dispatch ☒ 6 16 2015 19:40 Arrival ☒ 6 16 2015 19:44 Clear ☒ 6 16 2015 20:21	Sent ☒	0	☒ Suppression ☐ EMS ☐ Other	
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Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
			☒				

3 ID Type	Dispatch ☐ Arrival ☐ Clear ☐	Sent ☐		☐ Suppression ☐ EMS ☐ Other	
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Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
			☒				
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

04145 FDID	OH State	6 Incident	16 Date	2015	1 Station	 Incident Number	000 Exposure	Responding Units/Personnel
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Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
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711 2012 Sutphen Pumper	19:40:00	19:40:00	19:44:00	20:21:00
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Staff ID\Staff Name	Activity	Rank	Position	Role
137 VanNorman, Gary	On Duty	Firefighter		
156 CLIFF, MIKE	On Duty	Firefighter		
157 Stitt, Wade	Off Duty Respons	EMT/Firefig		
197 Ebersole, William	On Duty	Firefighter		
198 Tilton, Dan	On Duty	Firefighter		

714 1986 Sutphen Pumper	19:40:00	19:40:00	19:44:00	20:21:00
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Staff ID\Staff Name	Activity	Rank	Position	Role
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FDID	04145	State	OH	Incident	6	Date	16	Year	2015	Station	1	Incident Number		Exposure	000	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
137 VanNorman, Gary	711	ON DUTY On Duty		FFP		24.0	0.68	0.00
156 CLIFF, MIKE	711	ON DUTY On Duty		FFP		24.0	0.68	0.00
157 Stitt, Wade	711	OFF DUTY Off Duty		EMT		24.0	0.68	0.00
197 Ebersole, William	711	ON DUTY On Duty		FFE		24.0	0.68	0.00
198 Tilton, Dan	711	ON DUTY On Duty		FFP		24.0	0.68	0.00

Total Participants: 5

Total Personnel Hours: 120.00

An 'X' next to the unit denotes driver.











