CL-10895550 - 2179 [redacted]

for your complaint.

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

Please mail the corrected information to:

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation (NVS-210)
1200 New Jersey Ave, SE
West Building
Washington, DC 20590

Include VIN 1N4AA5AP1AC

OCT 28 2016

We hope that you find this information helpful. However, if you need additional information on our services please feel free to contact us at 1-888-327-4236.

Thank you,

NHTSA.dot.gov Response Team

Disclaimer: "This response is for information purposes only and does not constitute an official communication of the U.S. Department of Transportation. For an official response, please write U.S. Department of Transportation, National Highway Traffic Safety Administration, 1200 New Jersey Ave, SE, West Building, Washington, DC 20590.

Entered on 10/06/2016 at 9:58:00 AM EDT (GMT-0400) by nhtsa.webmaster@dot.gov:
Sender Name: [redacted]
Sender Email: [redacted]
Subject: Dodge "form" letter on car fire
Comments: ODI number is: 10895550 My sons car had an engine fire in August ... Dodge finally completed their investigation and sent us what appears to be a form letter denying any culpability with is 2014 model even though the 2015 models are on a recall for engine fires. I suspect they may not bounded the affected models to include 2014 ... what are our next options/steps? Do you have any lawyer recommendations that take this cases/car companies on for a part of the recovery? His garage burned down as a result and there was damage to the siding on the house. Thanks for your help. P.S. I can send you the form letter if that would help.

Contact Information:

Last Name: [redacted] **First Name:** [redacted]'s Mother
Email Address [redacted] **Contact Source:** Owner

NM
110216
SMD

[redacted]

From: U.S. DOT National Highway Traffic Safety Administration <donotreplyodi@dot.gov>
Sent: Saturday, August 13, 2016 4:39 PM
To: [redacted]
Subject: EXT: [SUSPECTED SPAM] Thanks for Letting Us Know About Your Vehicle

This email is to confirm we received your vehicle complaint submitted to the National Highway Traffic Safety Administration (NHTSA). Thank you for this public service as it is through actions like yours that together we can save lives on America's roadways.

Your tracking number assigned by NHTSA for this issue is **10895550**. Please keep this number for your records and for future reference. Once your complaint has been processed, you will be able to view it online and find any related documents. Please allow two business days for NHTSA to review your complaint.

What happens next?

Your complaint will be reviewed by NHTSA technical staff and entered into our database. If any additional information is needed, a NHTSA investigator will contact you.

Every complaint is taken seriously, reviewed in detail and analyzed for defects trends. Your complaint is important because it helps to inform NHTSA, other vehicle owners and manufacturers about potential safety concerns. Such information helps save lives, and we encourage you to share the resources available at www.SaferCar.gov with your family, friends and others in your community.

Will my vehicle be recalled?

When a manufacturer or NHTSA determines that a car or item of motor vehicle equipment creates an unreasonable risk to safety or fails to meet minimum safety standards, the manufacturer is required to fix that car or equipment. That can be done by repairing it, replacing it, offering a refund (for equipment) or, in rare cases, repurchasing the car.

If your vehicle is included in a recall, the manufacturer will contact you. Sign up to receive recall email alerts from NHTSA if there's ever a recall involving your vehicle.

If you have any other questions regarding your complaint, please contact NHTSA's Office of Defects Investigation:

- Phone: 888-327-4236, Monday-Friday, 8:00AM to 8:00PM EST(Spanish-speaking representatives available)
  TTY: 888-424-9153
  (Please have your ODI number referenced above available.)

- Email: http://www.nhtsa.gov/Contact
  (Please indicate your ODI Number referenced above in the contact form.)

Thank you for contacting us and playing a critical role in helping to keep our roads safe.

PLEASE DO NOT REPLY TO THIS EMAIL, IT HAS BEEN AUTO-GENERATED.

To find out more about NHTSA, visit SaferCar.gov, and follow us on Facebook and Twitter.

Review our Privacy Policy.

[redacted]

From: [redacted]
Sent: Friday, October 07, 2016 4:04 PM
To: [redacted]
Subject: RE: Dodge "form" letter on car fire ISSUE[redacted]

Hey print the case from the NHTSA site as they say below, so that the fire department letter and the Dodge letter can be mailed to the NHTSA, not emailed as they said below.
[redacted]

From:[redacted]
Sent: Friday, October 07, 2016 1:39 PM
To: NHTSAHotline@telesishq.com
Cc:[redacted]
Subject: RE: Dodge "form" letter on car fire ISSUE=[redacted]

Here is the letter we received from Dodge.

Thanks for any help you can give us.

[redacted]

From: NHTSAHotline@telesishq.com [mailto:NHTSAHotline@telesishq.com]
Sent: Friday, October 07, 2016 12:24 PM
To:[redacted]
Subject: EXT: Dodge "form" letter on car fire ISSUE=[redacted]

When replying, type your text above this line.

Notification of Case Change (All times are GMT-0400)

Workspace: NHTSA Hotline Center
Case: Dodge "form" letter on car fire
Case Number[redacted]

Date: 10/07/2016 **Time:** 12:23:52
Creation Date:10/06/2016 **Creation Time:**09:58:00

Symptom:
Entered on 10/07/2016 at 12:23:52 PM EDT (GMT-0400) by Paola Roberts:
Thank you for contacting the U.S. Department of Transportation's Vehicle Safety Hotline Information Center.

You can make corrections or additions to your complaint by mailing your information to the Department of Transportation with a printed copy of your complaint.

A copy of your complaint can be printed from the NHTSA web site at www.nhtsa.dot.gov 24 hours after submission on the Vehicle Safety Hotline. The Office of Defect Investigation Number is required to search

Search Results

ID Number Search Results

Recalls	Investigations	Complaints	Manufacturer Communications
N/A	N/A	1 Result(s)	N/A

Below is a list of safety-related complaints received for this product. Complaints are entered into our complaint database and are used to determine if a safety-related defect trend exists.
Do you have a safety-related complaint? Let us know by going to our File a Safety Complaint page

Date Complaint Filed: 08/13/2016
Component(s): ELECTRICAL SYSTEM , ENGINE
Consumer Location: CINCINNATI, OH

Date of Incident: 08/11/2016
NHTSA ID Number: 10895550

All Products Associated with this Complaint

Details **0 Available Documents**

Crash: No **Fire:** Yes **Number of Injuries:** 0 **Number of Deaths:** 0
Manufacturer: Chrysler (FCA US LLC)
Vehicle Identification No. (VIN): Not Available

SUMMARY:
SONS CAR WAS PARKED IN GARAGE AFTER RETURNING FROM PICKING UP LUNCH IN COLUMBUS OH. MINUTES LATER WHILE IN HOUSE HE NOTICE FIRE, EXPLOSION TYPE SOUND, SAW FLAMES COMING OUT OF GARAGE, CALLED 911 ... BURNED GARAGE- COMPLETELY DESTROYED, CAR TOTALED, FLAMES SPREAD TO SIDE OF HOUSE. FIRE OFFICIALS REPORT SAID CAUSE OF FIRE WAS FROM ENGINE AND AN ELECTRICAL MECHANICAL ISSUE IN ENGINE. HE HAS PHOTOS AND THE OFFICIAL REPORT. HE CONTACTED THE DODGE DEALER THAT VERY AFTERNOON. HIS ADDRESS IS [XXX] INFORMATION REDACTED PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6). *TR

FCA

FIAT CHRYSLER AUTOMOBILES

September 29, 2016

[redacted]
Cincinnati, OH [redacted]

RE:

CAIR: [redacted]
VIN: 2C3CDXCT1EH[redacted]
Vehicle: 2014 DODGE CHARGER

Dear [redacted]

This is in regards to the inspection that was performed on your vehicle.

We have reviewed your recent fire report with deep concern. Needless to say, we sincerely regret the unfortunate fire that occurred.

After our inspection of your vehicle, the information at hand would not permit us to associate the fire with a manufacturing or assembly error. We are sure you will appreciate, fires of this nature can and do occur for a number of reasons not associated with the manufacturing process.

In the absence of any substantiating evidence indicating that the cause of the fire was attributed to a condition existing in the vehicle when it left our manufacturing plant, we find it necessary to deny responsibility in this matter.

Thank you for calling this to our attention.

Sincerely,

Mr. Kon

Mr. Kon
Special Investigations
586-274-8162

TK/sk

FCA US LLC
PO Box 21-8004
Auburn Hills, MI 48321-8004

A | FDID * 25009 | State * OH | Incident Date * MM 08 DD 11 YYYY 2016 | Station 018 | Incident Number * [redacted] | Exposure * 000 | ☐ 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 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 [redacted] Street Type ____ Suffix

Apt./Suite/Room ____ City COLUMBUS State OH Zip Code [redacted] - ____

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 25119 Their State OH
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 *	08	11	2016	12:43:17
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	08	11	2016	12:46:34
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	08	11	2016	13:40:09

E2 Shift & Alarms

Local Option

3 Shift or Platoon | 01 Alarms | BN3 District

E3 Special Studies

Local Option

Special Study ID# ____ Special Study Value ____

F Actions Taken *

11 Extinguishment by fire service personnel
Primary Action Taken (1)

12 Salvage & overhaul
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	0004	0008
EMS		
Other	0003	0006

☐ 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 $ ____ , 030 , 000		☐
Contents $ ____ , 001 , 000		☐

PRE-INCIDENT VALUE: Optional

Property $ ____ , 000 , 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 evauation 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 881

Parking garage, (detached resident

NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved

Local Option

Business name (if applicable) | [redacted] Area Code Phone Number

☐ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. | [redacted] First Name | MI | Last Name | Suffix

Number | Prefix | Street or Highway | Street Type | Suffix

Post Office Box | Apt./Suite/Room | COLUMBUS City

OH State | [redacted] 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) | [redacted] Area Code Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. | [redacted] First Name | MI | Last Name | Suffix

Number | Prefix | Street or Highway | Street Type | Suffix

Post Office Box | Apt./Suite/Room | COLUMBUS City

OH State | [redacted] Zip Code

L Remarks

Local Option

E18 arrived to 1 sty detached garage well involved. All clear given per occupant. Fire ext. w/o incident, siding damaged on rear of home [redacted] E18, 16, L13, M132 were tied up after a situation contained. Inside garage was vehilcle listed in report, fire appears to have originated in engine compt. and spread to roof structure of garage. Owner/occupant states he has been having trouble with vehicle in and out of manual shifting mode and had returned home from driving a short time beofre fire occured. Garage and vehicle overhauled, CFD units cleared at listed time.

On 08/11/2016 at 12:43:17 dispatched To [redacted] /COLUMBUS, OH [redacted]. The location is a Parking garage, (detached residential garage). The incident was determined to be a(n) Building fire.

12:46:34 arrived on scene.

The following involvements were noted:

Name/Business Name Involvement Type

[redacted] Occupant

L Authorization

The following actions were performed on scene:

Extinguishment by fire service personnel

Salvage & overhaul

Units responding were:

Unit B3 responded.

Unit E16 responded.

Unit E18 responded.

Unit L13 responded.

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
K065	Kirchner, Christopher M	LT	L13	08	11	2016

☒ Check Box if same as Officer in charge

Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
K065	Kirchner, Christopher M	LT	L13	08	11	2016

A | 25009 FDID * | OH State * | MM 08 DD 11 YYYY 2016 Incident Date * | 018 Station | [redacted] * | 000 Exposure * | ☐ 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 001 ☐ Buildings not involved
Number of buildings involved

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

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.

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 gear, wheel area
Area of fire origin *

D2 10 | Heat from powered equipment, Other
Heat source *

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

D4 63 | Sawn wood, including all finished lumber
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

20 | Mechanical failure, malfunction, Other
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

[ ] [ ]
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

11 | Automobile, passenger car, ambulance, race car
Mobile property type

DO | Dodge
Mobile property make

charger
Moblie property model

2014
Year

[redacted]
License Plate Number

OH
State

2C3CDXCT1EH[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

I1 Structure Type *
If Fire was In enclosed building or a portable/mobile structure complete the rest of this form

1 [X] 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 [X] 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

, , 300 Total square feet

OR

, 020 BY , 015
Lenght in feet Width in feet

J1 Fire Origin *

001 Story of fire origin

[ ] Below Grade

J2 Fire Spread *

1 [ ] Confined to object of origin
2 [ ] Confined to room of origin
3 [ ] Confined to floor of origin
4 [X] 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)

001 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 10 Structural component or finis
Item contributing most to flame spread

K2 63 Sawn wood, including all finis
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 [X] 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 [X] 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 *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 9 Apparatus or Resources
25009	OH	8 / 11 / 2016	018	[redacted]	000	☐ / ☐	

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 B3 Type 92	Dispatch [X] 8 11 2016 12:43 Arrival [X] 8 11 2016 12:49 Clear [X] 8 11 2016 12:59	[X]	1	☐ Suppression ☐ EMS [X] Other	
2 ID E16 Type 11	Dispatch [X] 8 11 2016 12:43 Arrival [X] 8 11 2016 12:47 Clear [X] 8 11 2016 13:40	[X]	1	☐ Suppression ☐ EMS ☐ Other	
3 ID E18 Type 12	Dispatch [X] 8 11 2016 12:43 Arrival [X] 8 11 2016 12:46 Clear [X] 8 11 2016 13:38	[X]	4	[X] Suppression ☐ EMS ☐ Other	
4 ID L13 Type 12	Dispatch [X] 8 11 2016 12:43 Arrival [X] 8 11 2016 12:48 Clear [X] 8 11 2016 12:56	[X]	4	[X] Suppression ☐ EMS ☐ Other	
5 ID L8 Type 71	Dispatch [X] 8 11 2016 12:43 Arrival [X] 8 11 2016 12:51 Clear [X] 8 11 2016 12:58	[X]	4	[X] Suppression ☐ EMS [X] Other	
6 ID R16 Type 00	Dispatch [X] 8 11 2016 12:43 Arrival [X] 8 11 2016 12:47 Clear [X] 8 11 2016 13:11	[X]	1	☐ Suppression ☐ EMS [X] Other	
7 ID SO2 Type	Dispatch [X] 8 11 2016 12:47 Arrival [X] 8 11 2016 12:53 Clear ☐	[X]	1	☐ Suppression ☐ EMS ☐ Other	
☐ ID Type	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
☐ 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 *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
25009	OH	8	11	2016	018	[redacted]	000	☐ Delete ☐ Change	

B

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/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 B3 Type 92	Dispatch [X]	8	11	2016	12:43	[X]	1	☐ Suppression ☐ EMS ☒ Other	
	Arrival [X]	8	11	2016	12:49				
	Clear [X]	8	11	2016	12:59				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
B015	Blair, Christopher	BC	X				

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/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.)
2 ID E16 Type 11	Dispatch [X]	8	11	2016	12:43	[X]	1	☒ Suppression ☐ EMS ☐ Other	
	Arrival [X]	8	11	2016	12:47				
	Clear [X]	8	11	2016	13:17				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
B007	Biedenharn, Michael	LT	X				

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/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.)
3 ID E18 Type 11	Dispatch [X]	8	11	2016	12:43	[X]	1	☒ Suppression ☐ EMS ☐ Other	
	Arrival [X]	8	11	2016	12:46				
	Clear [X]	8	11	2016	13:40				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
K077	Koslow, Stephen	FF	X				

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
25009	OH	8 / 11 / 2016	018	[redacted]	000	☐ / ☐	

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 L13 — Type 12

	Month	Day	Year	Hours/mins
Dispatch	8	11	2016	12:43
Arrival	8	11	2016	12:48
Clear	8	11	2016	13:38

Sent [X] | Number of People: 4 | Use: [X] Suppression ☐ EMS ☐ Other | Actions Taken:

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
B035	Basham, Jeffery	FF	X				
E032	Evans, Jeffrey	FF	X				
K065	Kirchner, Christopher	LT	X				
R091	Robinett, Ernest	FF	X				

2 ID L8 — Type 12

	Month	Day	Year	Hours/mins
Dispatch	8	11	2016	12:43
Arrival	8	11	2016	12:51
Clear	8	11	2016	12:56

Sent [X] | Number of People: 2 | Use: [X] Suppression ☐ EMS ☐ Other | Actions Taken:

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
C043	Crites, Jared	LT	X				
W048	Wood, Scott	FF	X				

3 ID R16 — Type 71

	Month	Day	Year	Hours/mins
Dispatch	8	11	2016	12:43
Arrival	8	11	2016	12:47
Clear	8	11	2016	12:58

Sent [X] | Number of People: 4 | Use: ☐ Suppression ☐ EMS [X] Other | Actions Taken:

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
D039	Dollison, Mark	FF	X				
D064	Decker, Donald	FF	X				
V013	Vasbinder, Jack	FF	X				
W027	Warner, Rodney	FF	X				

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
25009	OH	8 / 11 / 2016	018	[redacted]	000	☐ Delete ☐ Change	

B

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent	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: SO2 Type: 00	Dispatch	☒ 8	11	2016	12:47	Sent ☒	1	☐ Suppression ☐ EMS ☒ Other	
	Arrival	☒ 8	11	2016	12:53				
	Clear	☒ 8	11	2016	13:11				

Personnel ID	Name	Rank or Grade	Attend ☒	Action Taken	Action Taken	Action Taken	Action Taken
0010	Olney, David	CAPT	X				

2 ID: Type:						Sent			
	Dispatch	☐				☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐							
	Clear	☐							

Personnel ID	Name	Rank or Grade	Attend ☒	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

☐ ID: Type:						Sent			
	Dispatch	☐				☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐							
	Clear	☐							

Personnel ID	Name	Rank or Grade	Attend ☒	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

25009	OH	8	11	2016	018	[redacted]	000	Responding Units/Personnel
FDID	State	Incident Date			Station	Incident Number	Exposure	

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
B3 Battalion-3	12:43:24	12:44:12	12:49:32	12:59:57

Staff ID\Staff Name		Activity	Rank	Position	Role
B015	Blair, Christopher A	On Duty	Battalion C		

E16 Engine-16	12:43:19	12:44:05	12:47:03	13:17:22

Staff ID\Staff Name		Activity	Rank	Position	Role
B007	Biedenharn, Michael A	On Duty	Lieutenant		

E18 Engine-18	12:43:18	12:44:02	12:46:34	13:40:09

Staff ID\Staff Name		Activity	Rank	Position	Role
K077	Koslow, Stephen A	On Duty	Firefighter		

L13 Ladder-13	12:43:20	12:44:02	12:48:22	13:38:40

Staff ID\Staff Name		Activity	Rank	Position	Role
B035	Basham, Jeffery R	On Duty	Firefighter		
E032	Evans, Jeffrey L	On Duty	Firefighter		
K065	Kirchner, Christopher M	On Duty	Lieutenant		
R091	Robinett, Ernest B	On Duty	Firefighter		

L8 Ladder-08	12:43:21	12:44:05	12:51:28	12:56:48

Staff ID\Staff Name		Activity	Rank	Position	Role
C043	Crites, Jared D	On Duty	Lieutenant		
W048	Wood, Scott E	On Duty	Firefighter		

R16 Rescue-16	12:43:23	12:43:57	12:47:23	12:58:40

Staff ID\Staff Name		Activity	Rank	Position	Role
D039	Dollison, Mark D	On Duty	Firefighter		
D064	Decker, Donald E	On Duty	Firefighter		
V013	Vasbinder, Jack D	On Duty	Firefighter		
W027	Warner, Rodney R	On Duty	Firefighter		

SO2 Safety Officer 2	12:47:56	12:48:18	12:53:49	13:11:17

25009	OH	8	11	2016	018	[redacted]	000	Responding Units/Personnel
FDID	State	Incident Date			Station	Incident Number	Exposure	

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
SO2 Safety Officer 2	12:47:56	12:48:18	12:53:49	13:11:17

Staff ID\Staff Name	Activity	Rank	Position	Role

[redacted]

Cinti, OH 10

Origin: 45241
Destination: 20590
0 Lb 3.60 Oz
Oct 25, 16
9405511699816250241-10

1004

PRIORITY MAIL ®2-Day

Expected Delivery Day: 10/27/2016

USPS TRACKING NUMBER

[redacted]

1241
n: 20590
Oz

1004

TY MAIL ®2-Day

: 10/27/2016

S TRACKING NUMBER

[redacted]

Scotch

SUPER STRONG & MOISTURE RESISTANT

W18 226

U.S. Dept. of Transportation
National Highway Traffic Safety Admin.
Office of Defects Investigation (NVS-210)
1200 New Jersey Ave, SE
West Building
Washington, DC
20590

e Mailer

Recyclable

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