

A FDID * **GA** State * MM **02** DD **26** YYYY **2017** Station **53** Incident Number * 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 **DR** Street Type Suffix
 Apt./Suite/Room City **MARIETTA** State **GA** Zip Code **30060**
 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 received
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None

Their FDID Their State
 Their Incident Number

E1 Date & Times Midnight is 0000

Check boxes if dates are the same as Alarm Date. ALARM always required

Alarm * Month **02** Day **26** Year **2017** Hr **12** Min **33** Sec **54**

ARRIVAL required, unless canceled or did not arrive

Arrival * Month **02** Day **26** Year **2017** Hr **12** Min **39** Sec **34**

CONTROLLED Optional, Except for Wildland fires

Controlled

LAST UNIT CLEARED, required except for wildland fires

Last Unit
 Cleared Month **02** Day **26** Year **2017** Hr **15** Min **32** Sec **28**

E2 Shift & Alarms Local Option

Shift or Alarms District Platoon

B **01** **53**

E3 Special Studies Local Option

Special Study ID# Special Study Value

F Actions Taken *

11 Extinguishment by fire
 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 **0010** **0024**

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 \$ _____, **080**, **000**

Contents \$ _____, **008**, **000**

PRE-INCIDENT VALUE: Optional

Property \$ _____, **145**, **000**

Contents \$ _____, **012**, **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 basket 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 basket actions required or spill > 55gal. Please complete the basket form

I Mixed Use Property

NN Not Mixed

10 Assembly use
 20 Education use
 30 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/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

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 **429**
Multifamily dwelling

K 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 **MARIETTA**

State **GA** Zip Code **30060**

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

E53 responded to report of commercial fire along with a full commercial response which included Engines 51, 52, 54, truck 51, 52 rescue 51, squad 52 and air 54 . E53 arrived on scene to find a three story residential condominium with fire showing from a bay window on the first floor impinging on the deck above and to the Delta side. E53 reported heavy fire and smoke and pulled an 1 3/4 preconnect. E53 crew began fire attack from the exterior removing what was left of window and began extinguishment. E53 knocked down the bulk of fire and approached the front door which was slightly ajar. Before making entry E53 asked resident if anyone was inside and resident stated negative on other occupants. At this time other equipment began arriving on scene. E53 entered structure and began extinguishment from the interior entryway . A crew member from SQ52 approached E53 and asked what assistance was needed. E53 officer stated a line needed to be taken to second floor to check for extension. Also around this time E53 officer's radio was having difficulty transmitting and no additional reports were made by E53. 501 was on scene and took command and began assigning units (See other unit narratives). E53 entered the structure which was filled with trash and debris. Water supply was established at E53. E53 crew extinguished the rest of the fire and salvage and overhaul was begun. E53 crew exited structure. E53 officer met with 501 and gave face to face update. E53 was assigned to overhaul and gained access to delta side apartment #853 and removed some ceiling and wall to check for extension with none found. . 501 released equipment as necessary with exception of 53 and on shift investigator. E53 checked for hotspots with none found. On duty investigator completed investigation. Both units returned to service.

L Authorization

Officer in charge ID _____ Signature _____ Position or rank _____ Assignment _____ Month **03** Day **01** Year **2017**

Check Box if same as Officer in charge.

Officer Member making report ID _____ Signature _____ Position or rank _____ Assignment _____ Month **03** Day **01** Year **2017**