## ATTACHMENT B

A MM 56294 KY 12		302 11-00030		Delete NFIRS -1 Change Basic
[ Check th	is box to Indicate that the addres	tation Incident Numb	on the Wildland Fire	No Activity
B Location*	n Section B "Alternative Location	Specification". Use only for Wil	Idland fires.	
X Street address 520 Intersection Number (Miles	2   RIVER TRAD		***************************************	Street Type Suffix
In front of	Louisville		KY   4	0229 - 30111X
Rear of Apt./Suite/R	DOM City		State Z	ip Code
Directions Cross stre	et or directions, as applicab			
C Incident Type *	E1 Date &	Times Mid	hight is 0000	E2 Shift & Alarms
111   Building fire   Incident Type	Check boxes if dates are the same as Alarm	Month Day LARM always required	Year Hr Min Sec	Local Option
D Aid Given or Received*	Date. Alarm 🕏	12 06	2011 07:03:00	Shift or Alarms District Platoon
1 Mutual aid received	Arrival	RRIVAL required, unless cance	2011  07:04:00	Ез
2 X Automatic aid recv.  Their FDI  Mutual aid given	D Their     -	NTROLLED Optional, Except fo	or wildland fires	Special Studies
4 Automatic aid given	Controlled		Least for all disast fires	Local Option
5 Other aid given None The Incident	Number Last Unit	T UNIT CLEARED, required ex	2011  23:00:00	Special Special Study ID# Study Value
F Actions Taken *	₩ Check th	nis box and skip this		ar Losses & Values all fires if known. Optional
    11    Extinguishment by 1	ire Personne	if an Apparatus or all form is used.	for non fires	None
Primary Action Taken (1)	Suppression	paratus Personnel P	1	000 , 000
82   Notify other agenc	.   ""		Contents \$,  PRE-INCIDENT VALUE:	000 , 000
Additional Action Taken (2)	Other	0001	FRE INCIDENT VALOR.	Optional
Additional Action Taken (3)		px if resource counts	Property \$,	000 , 000
	include	aid received resources.	Contents \$,	000, 000
Completed Modules H <sub>1</sub> *Casua XFire-2 Dead	lties None H3 Ha	azardous Material	s Release L	Mixed Use Property
X Structure-3 Fire	)	- iral Gas: slow leak, no eva	auation or HazMat actions 20	
Civil Fire Cas4	,	oane gas: <21 lb. tank (as	in home BBQ grill) 33	Medical use
Fire Serv. Cas5		Oline: vehicle fuel tank or posene: fuel burning equipment	1 67	in a land
H2 Detec		sel fuel/fuel oil:vehic		h-mail 9
Wildland Fire-8 1 Detector a	lerted occupants 6 Hous	sehold solvents: home/of	60	
X Apparatus-9  X Personnel-10  2 Detector of		or oil: from engine or porta	63	Military use
Arson-11 U Unknown	IP 닌-~	nt: from paint cans totaling < or: Special HazMat actions requ	uired or spill > 55gal., 00	
J Property Use* Structur	es 341 Clinic	Please complete the HazHat clinic type infirmar		goods,sales,repairs
131 Church, place of worship	Lannul .	dentist office	- Land	cle/boat sales/repair
161 Restaurant or cafeteria		or jail, not juvenil -family dwelling	e 571 Gas or ser. 599 Masiness o	rice station  ffice
162 Bar/Tavern or nightclub	429 Multi-	Tamily dwelling	Lund	enerating plant
213 Elementary school or kinder		g/boarding house	- Investigation of the contract of the contrac	/science lab
215 High school or junior high 241 College, adult education	Bastond	cial hotel or motel ntial, board and care	700 Manufactur	oultry storage(barn)
311 Care facility for the aged	464 Dormite			ntial parking garage
331 Hospital		nd beverage sales	891 Warehouse	
Outside 124 Playground or park	936 Vacant	lot care for plot of land	981 Construction of 984 Industrial	on site plant yard
655 Crops or orchard	938Graded/ 946   Lake, :			
669 Forest (timberland)	951 Railro	nd right of way	Lookup and enter a Pr you have NOT checked	operty Use code only if a Property Use box:
807 Outdoor storage area 919 Dump or sanitary landfill	960 Other	street //divided highway	Property Use	119
931 Open land or field		//divided mighway ntial street/driveway	, 1 or 2 famil	y dwelling S-1 Revision 03/11/99

incident location. Then skip the three duplicate address lines.    52   Numb	Erert Ms., Mrs. First Nam 02 Per Office Box 40219 Ee Zip Code			Area Code Phone Num	Suffix
The rest of t  Local Option  Check this box if Mr., I same address as incident location. Then skip the three duplicate address lines.	Ms., Mrs. First Name of the Bryce		Ritter   MI Last Name   Richmond   City	Area Code Phone Num	Suffix
find a fully involve at a neighbor's house were leaving they he that there dog was the origin house. Total loss and the The homeowner and did not have an L.G. & E gas crew we the occupants came storm drain line in and MSD was request scene as well as Lo levels up to two he drains by flushing Haz-Mat was declared Louisville Met the lead in the origas leak. The leak in the pipe about the water pipe that had created some undergoreated the hole and the season of t	yed house fine. Stated had to navig still insid The family home was in lived out only renters it was on the sout of the hand around the burs after of the hand around the size of the some damageround turbund the nature of the nature of the nature of the size of the some damageround turbund the nature of the size of the size of the some damageround turbund the nature of the size of the size of the size of the size of the nature of the nature of the nature of the size of the nature of the size of	of a house fire with ire. All occupants with they were in the house through falling de. There was also also lost two vehical near the farm of state and the occupants are when the house house. There were do the home. We had aff this. Also called atter Company. The amour arrival. We did quest from MSD. With also was called in to use of this incident underground in a four a "bic pen". Under ge to it. It is believed the house are which created and gas escaped into into the house and when the second was a second with the second was a second with the second was a second with the house and when the second was a seco	were out of the house and the house debris. The male fire damage to the les in the fire.  Inpants of the homes a reported gas exploded. The compactive levels active fire coming for supervisors rea was monitored mitigate the nation the gas levels.  Two areas were in inch plastic greath the gas pipulated that the war a "sand blasting the ground. At	ouse and across e exploded and as e occupant also e homes on eithe. The cars and home where renting leak in the area rew ran to the home in the sewer line g from the storm from L,G, & E to and we had explained gas from the in the sewers a vestigation and dug up in search as line which had e was a % inch co ter pipe failed " effect on the the time of this	the street s they stated r side of me was a  the house and a ouse as e and drains o the osive e storm Level I  they are h of the d a hole opper and pipe which report
L Authorization  [1 Officer in charge ID	Signature			gnment Month	12 2011 Day Year 2011
Check Box if X 1 same as Officer Member making report in charge.		ndorf, Michael J	Position or rank Assig	gnment Month	Day Year

<b>A</b> 50	6294 K.	nte * Incident Date *	2011   802   11-0003047   001   Change   B   Station   Incident Number * Exposure *   No Activity	IRS -1 asic
В г	ocation*	Check this box to In Module In Section B	Indicate that the address for this incident is provided on the Wildland Fire ensus Tract	
	Street address Intersection In front of Rear of Adjacent to Directions	Apt./Suite/Room City	ouisville KY 40229 -	fix
C Inc	cident Type		E1 Date & Times Midnight is 0000 E2 Shift & A	larms
111	Building fire		Check boxes if Month Day Year Hr Min Sec Local Option dates are the	1
D Ai	<sup>Type</sup> d Given or R	Received*	same as Alarm ALARM always required	59 istrict
2 X Aut 3 Mut 4 Au	tual aid receive tomatic aid receive tual aid given tomatic aid given her aid given	V. Their FDID Their State	X Arrival * 12 06 2011 07:04:00 E3  CONTROLLED Optional, Except for wildland fires Special Structural Local Option  LAST UNIT CLEARED, required except for wildland fires  Last Unit Special S	n
F Ac	tions Taken †	k	G <sub>1</sub> Resources * G <sub>2</sub> Estimated Dollar Losses & V	alues
Addit	Extinguis  ry Action Taken (1)  ional Action Taken (1)		Check this box and skip this section if an Apparatus or Personnel form is used.  Apparatus Personnel Suppression 0006 0028 Contents \$ , 000 , 000    EMS	None
TAXLE	Total Recon Taken (		Check box if resource counts include aid received resources.	ם ע
XFire- XStruc Civil Fire EMS-C HazMa Wildl XAppas	-2 cture-3 l Fire Cas4 Serv. Cas5 6 at-7 land Fire-8 ratus-9 onnel-10	H1*Casualties  Deaths Inj  Fire Service  Civilian  H2 Detector  Required for Confined  1 Detector alerted occ  2 Detector did not ale  U Unknown	N None    Natural Gas: slow leak, no evauation or HazMat actions   Not Mixed	se ntial e
_	operty Use*	Structures	341 Clinic, clinic type infirmary 539 Household goods, sales, repair 342 Doctor/dentist office 579 Motor vehicle/boat sales/re	9
161	High school or College, adult Care facility f Hospital Itside Playground or p Crops or orchar Forest (timberl	eafeteria ightclub ol or kindergarten junior high education or the aged eark ed and)	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  949 Manufacturing plant 819 Livestock/poultry storage (b) 882 Non-residential parking gar 891 Warehouse 981 Construction site 984 Industrial plant yard  Lookup and enter a Property Use code only i you have NOT checked a Property Use box:	age
919 🔲	Outdoor storage Dump or sanitar Open land or fi	y landfill	960 Other street  961 Highway/divided highway  962 Residential street/driveway  968 Toperty Use 419  1 or 2 family dwelling  NFIRS-1 Revision 03/1	1/99

incident location. Then skip the three duplicate address lines.  Post Office  State Zi	Business name (if applicable)  Area Code Phone Number  Suffix  Prefix Street or Highway  Street Type Suffix
same address as incident location. Then skip the three duplicate address lines.    5204   Number	and skip tion.  Business name (if Applicable)  Area Code Phone Number  Brian  Lamb  Limb  Suffix  RIVER TRAIL  Prefix Street or Highway  Louisville
had significant damage sheathing under the sid of the home and this al	re that was on the right side of 5206 River Trail Place. This house to the outside with regards to siding damage and the plywood ing. The fire also came through a horizontal window on the left side lowed fire into the structure. There was some interior fire damage check for extension in the walls and attic. There may be some damage
L Authorization	Allendorf, Michael J   FM     12   12   2011
Officer in charge ID	Allendorf, Michael J FM 12 12 2011 Signature Position or rank Assignment Month Day Year
Check Box if X 1 same as Officer Member making report ID in charge.	Allendorf, Michael J FM 12 12 2011 Signature Position or rank Assignment Month Day Year

A	YYYY  2011   802   11-0003047   003   Change   Basic   Station   Incident Number
B Location* Check this box to In Module In Section B	dicate that the address for this incident is provided on the Wildland Fire. "Alternative Location Specification". Use only for Wildland fires.
	RIVER TRAIL   PL   Street Type Suffix   Street Type Suffix   State Zip Code   State
C Incident Type *	Midnight is 0000
	E1 Date & Times  Check boxes if Month Day Year Hr Min Sec Local Option  Local Option
Incident Type	dates are the same as Alarm ALARM always required [2   659
D Aid Given or Received*	Date. Alarm * 12 06 2011 07:03:00 Shift or Platoon District
1 Mutual aid received 2 X Automatic aid recv. 3 Mutual aid given 4 Automatic aid given 5 Other aid given N None  Their FDID Their State Their FDID Their State Their State	ARRIVAL required, unless canceled or did not arrive  X Arrival * 12 06 2011 07:04:00 E3  CONTROLLED Optional, Except for wildland fires  LAST UNIT CLEARED, required except for wildland fires  Last Unit  Cleared 12 06 2011 23:00:00 Special Study Value
F Actions Taken *	G <sub>1</sub> Resources * G <sub>2</sub> Estimated Dollar Losses & Values
86   Investigate	Check this box and skip this section if an Apparatus or Personnel form is used.  Apparatus Personnel Property \$   , 000 , 000
Primary Action Taken (1)	Suppression 0006 0028 contents \$   000 , 000
Additional Action Taken (2)	EMS   PRE-INCIDENT VALUE: Optional
Additional Action laken (2)	Other   0001
Additional Action Taken (3)	Property \$ , 000, 000
	include aid received resources.   Contents \$   ,   000 ,   000
Completed Modules	N None    Note Mixed   Assembly use   Education use   Medical use   Medi
J Property Use* Structures	341 Clinic, clinic type infirmary 539 Household goods, sales, repairs 342 Doctor/dentist office 579 Motor vehicle/boat sales/repair
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	342 Doctor/dentist office 579 Motor vehicle/boat sales/repair 361 Prison or jail, not juvenile 571 Gas or service station 419 1-or 2-family dwelling 599 Business office 429 Multi-family dwelling 615 Electric generating plant 439 Rooming/boarding house 629 Laboratory/science lab 449 Commercial hotel or motel 700 Manufacturing plant 459 Residential, board and care 819 Livestock/poultry storage(barn) 464 Dormitory/barracks 882 Non-residential parking garage 519 Food and beverage sales 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 984 Ochevation site 984 Industrial plant yard 984 Industrial plant yard 984 Industrial plant yard 984 Industrial plant yard 985 Vacant lot 986 Construction site 987 Vacant lot 988 Construction site 988 Industrial plant yard 989 Industrial plant yard

	son/Entity I Option		Business name (if ap	plicable)	- 4 m va	Area Cod	Phone Number	***************************************
duplicate lines.	the three address Number	Office Box	Prefix Street or Hi	Apt./Suite/Room	Last Name  City  Forms (NFIRS	-1S) as necess:	Street Type	Suffix Suffix
K2 Owner	The rest of th	s box and skip	Business name (if Ap	plicable)		Area Code	Phone Number	
X Check this same address incident I Then skip duplicate lines.	nocation. the three address	office Box			Last Name  Louisvil	le	PL Street Type	Suffix Suffix
damage t a crack	tion ne was across to the home in the found	It did a dation acc	et from the ppear to hav ording to th yard and ma	e some buck e homeowner	led siding . The gara	above the g age door fro	garage and m om the house	ay have across
רי								
L Author	rization				i de Grandian en d'al de a purp comité mét de la définié pour é dont de produ			
L1 of:	ficer in charge ID	Alle	ndorf, Micha		tion or rank	Assignment	Month Day	2011 Year
Check Box if X 1 same as Officer Mer in charge.	mber making report I		ndorf, Michae		tion or rank	Assignment	12 12 Day	2011 Year

A   MM DD	YYYY  2011   802   11-0003047   002   Change   Basic    Station   Incident Number
B Location* Check this box to I. Module In Section B	dicate that the address for this incident is provided on the Wildland Fire "Alternative Location Specification". Use only for Wildland fires.
X Street address Intersection In front of Rear of Adjacent to  Directions  5133 Number/Milepost Prefix Prefix City	uisville KY 40229
C Incident Type *	E1 Date & Times Midnight is 0000 E2 Shift & Alarms
111   Building fire     Incident Type	Check boxes if Month Day Year Hr Min Sec dates are the same as Alarm ALARM always required Date. Alarm # 12 06 2011 07:03:00 Shift or Alarms District
Mutual aid received  Mutual aid received  Mutual aid recv.  Mutual aid given  Mutual aid given  Mutual aid given  Mutual aid given  Their FDID Their State	ARRIVAL required, unless canceled or did not arrive  X Arrival * 12 06 2011 07:04:00  CONTROLLED Optional, Except for wildland fires  Controlled
F Actions Taken *	G <sub>1</sub> Resources * G <sub>2</sub> Estimated Dollar Losses & Values
Primary Action Taken (1)  Additional Action Taken (2)  Additional Action Taken (3)	Check this box and skip this section if an Apparatus or Personnel form is used.  Apparatus Personnel  Suppression 0006 0028 Contents \$ , 000 , 000    EMS
Completed Modules    X   Fire-2	None    None   Not Mixed
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)	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  936 Vacant lot 938 Graded/care for plot of land 946 Lake, river, stream 951 Railroad right of way  579 Motor vehicle/boat sales, repairs 679 Motor vehicle/boat sales/repair 670 Das or service station 670 Electric generating plant 670 Manufacturing plant 870 Manufacturing plant 870 Motor vehicle/boat sales/repair 671 Cas or service station 672 Laboratory/science lab 770 Manufacturing plant 871 Construction site 872 Non-residential parking garage 873 Construction site 984 Industrial plant yard 984 Industrial plant yard 984 Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
807 Outdoor storage area 919 Dump or sanitary landfill 931 Open land or field	960 Other street 961 Highway/divided highway 962 Residential street/driveway 962 NFIRS-1 Revision 03/11/99

incident location. Then skip the three duplicate address Number lines.  Post 0	Business name (if applicable)  Area Code Phone Number  Mrs. First Name  MI Last Name  Suffix  Prefix Street or Highway  Apt./Suite/Room City  Zip Code  Check this box and attach Supplemental Forms (NFIRS-1S) as necessary
same address as incident location. Then skip the three duplicate address lines.    Size	ox and skip
siding and plywood s rails and assembly a	left side of 5204 River Trail Place. The home had major damage to the eathing under the siding. There also was damage to the vinyl porch ideamage to the shingles from the heat and flying brands that landed on this home had any foundation damage from the blast.
L Authorization	Allendorf, Michael J   FM   12   12   2011
Check I I I same as Officer Member making report II in charge.	Allendorf, Michael J   FM   Lalendorf, Michael J   FM   Lalendorf, Month Day Year   Year

A 56294 KY 12  FDID * State * Incide		802 11-000 Station Incident Number	
B Injured Person	gazza gigye gyheldingy A er ti digi eden di namoni et i kanad i kinda kinda ga Gazza kinda ga	* 1 ∏Male 2 🛚	Female C Casualty * Number
Luciana First Name	MI Last Name	Coelho	Suffix   Casualty Number
Months (for Infants) 2	□White □Black	F Affiliation  1 X Civilian 2 EMS, not f.	•
OR 0	Am. Indian, Eskimo Asian Other, multi-racial Undetermined Ethnicity	G Date & Time of	1 Minor 2 Moderate 3 Severe 4 Life threatening 2011
Month Day Year	☐ Hispanic	Month Day Year Human Factors	Hour Minutes
1 X Escaping	ncluding    X   None     Check al     1   Aslee     2   Uncor     3   Possi     4   Possi     by ot     5   Possi     6   Physi     7   Physi	ributing to Injur  l applicable boxes  p  nscious  bly impaired by alcoh  bly impaired  ther drug  bly mentally disabled  cally disabled  cally restrained  tended person  ime of Incident  and not involved  igin & not involved	Y to Injury  None Enter up to three contributing factors  NN None Contributing factor (1)  Contributing factor (2)  Contributing factor (3)  M3 Story at Time of Incident Complete ONLY if injury occurred INSIDE  Story at START of incident 1 Below Grade
	4 In area or origin U Undetermined	n at Time of Injury stermined, leave sion N.  Skip To Section N  not in area	M4 Story Where Injury Occurred  Story where injury   1 Below Grade occurred, if different   1 Below Grade from M3  M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin  21 Bedroom - < 5 persons;  Specific location at time of injury
N Primary Apparent Sympt  01 Smoke only, asphyxiation  11 Burns & smoke inhalation  12 Burns only	on 1 Head		P Disposition  [X] Transported to emergency care facility  Remarks Local option
21 Cut, laceration 33 Strain or sprain 96 Shock 98 Pain only Look up code only if the symptom is NOT f UU Undetermined Primary apparent symptom	ound above 8 Interna	extremities extremities	NFIRS-4 Revision 11/17/98

A	the state of the s	DD Y 2 6	2011	802 Station	11-000 Incident Numb		000   Exposure *	Delete Change	NFIRS - 4 Civilian Fire Casualty
В	Injured Person		,	* 1 🏻 Male	2 🗆	]Femal	<b>e</b>	(	Casualty * Number
1	Ererton	<sub>MI</sub>	Last Name	Co	elho		Sur	IIX	1 Casualty Number
D z	Age or date of birth*		2	]	iliation			H s	Severity *
Ag	Months (for Infants) 2			2   3	Civilian EMS, not f: Police Other				inor oderate
١.	U	Undetermi	ned	G Date &	Time of	: Inji	Midnight is 0000 lry	4 L	evere ife threatening
	Month Day Year	E <sub>2</sub> Ethnic	_	Month Da	6 2 Year	2011	Hour Minutes	5 De	acn
2	Cause of Injury  Exposed to fire products if flame heat, smoke, & gas  Exposed to toxic fumes off than smoke  Jumped in escape attempt  Fell, slipped or tripped		None		to Injur		None	to Inj	tributing ury cibuting factors
5 6 7 8 9 0	Caught or trapped Structural collapse Struck by/or contact with Overexertion Multiple causes Other Undetermined	abject	3 Possii 4 Possii by ot 5 Possii 6 Physi 7 Physi	bly impaire bly impaire her drug bly mentall cally disab cally restr ended perso	d y disabled led ained		Contributing fac	· · · · · · · · · · · · · · · · · · ·	
L	Activity When Injured	111		me of Inc		Мз s	tory at Time		cident
2 3 4 5 6 7 8	Escaping  Rescue attempt  Fire control  Return to fire before control  Return to fire after control  Sleeping  Unable to act  Irrational act	3 Not in 4 In area U Undeter  M2General Check ONE blank and  1 In area 2 N In buil	area of ori area of ori or origin mined Location Box. If under skip to Section of fire or ding, but r	gin & not in and involved at Time of termined, leaving N.	involved nvolved ed of Injury	M4 S Store occur from	plete ONLY if casu	Injury (	1 Below Grade Time of Injury
	Other Undetermined	3 Outside	, but not i	1	Skip to ection M5		cific location at	time of ir	jury
И	Primary Apparent Sympon 01 Smoke only, asphyxiati 11 Burns & smoke inhalati 12 Burns only 21 Cut, laceration 33 Strain or sprain 96 Shock 98 Pain only	on I	Head  Meck & Thorax  Mathematical Mechanics  Mathematical Mechanics  Mathematical Mechanics  Mechan	n xtremities	7 Injured			mergency Local opt	care facility
Look	up code only if the symptom is NOT i  UU   Undetermined  Primary apparent symptom	found above	7   Lower e 3   Interna 9   Multipl		:s		N	FIRS-4 R	evision 11/17/98

	A MM  56294 KY 12  FDID * State * Incide		[ 802 ] 11-0003 Station Incident Number		Civilian Fire
	B Injured Person	•	* 1 □ Male 2 🔀 F	'emale	C Casualty *
	Alicia First Name	Last Name	Coelho	Suffix	2 Casualty Number
	Months (for Infants) 2 3 4 OR 0	□White □Black □Am. Indian,Eskimo □Asian □Other, multi-racial □Undetermined	F Affiliation  1 X Civilian  2 EMS, not fir  3 Police 0 Other  G Date & Time of	Injury  1  2  3  4	Severity *  Minor  Moderate Severe Life threatening Death
واستها والمراقع والم	I Cause of Injury  1 Exposed to fire products in flame heat, smoke, & gas  2 Exposed to toxic fumes other than smoke  3 Jumped in escape attempt  4 Fell, slipped or tripped  5 Caught or trapped  6 structural collapse  7 struck by/or contact with or  8 Overexertion  9 Multiple causes  0 other  U Undetermined	Conting    X None   Check all     1		To Ir  None Enter up to three cor  Contributing factor (1)	
	1 X Escaping 2 Rescue attempt 3 Fire control 4 Return to fire before control 5 Return to fire after control 6 Sleeping 7 Unable to act 8 Irrational act	M1 Location at Ti  1 In area of origin 2 Not in area of ori 3 Not in area of ori 4 In area or origin U Undetermined  M2General Location Check ONE Box. If undet blank and skip to Secti 1 In area of fire or 2 Not in area of fire or 3 Outside, but not i	and not involved  gin & not involved  gin, but involved  and involved  at Time of Injury  termined, leave  ton N.  Skip To  Section N  not in area	Complete ONLY if injury Story at START of incident  M4 Story Where Injury Story where injury occurred, if different from M3  M5 Specific Location Complete ONLY if casualty NOT  21   Bedroom - < 5 Specific location at time of	ry occurred INSIDE  1   Below Grade  Occurred  1   Below Grade  at Time of Injury in area of origin persons;
	N Primary Apparent Sympto  O1 Smoke only, asphyxiation  11 Burns & smoke inhalation  12 Burns only  21 Cut, laceration  33 Strain or sprain  96 Shock  98 Pain only  Look up code only if the symptom is NOT for	1 Head 2 Neck & 3 Thorax 4 Abdomen 5 Spine 6 Upper e	shoulder Restrictions Restriction Restrictions Restriction Res	Disposition Transported to emergencemarks Local of	
	Primary apparent symptom		e body parts	NFTRS-4	Revision 11/17/98

A MM DD Y    56294     KY   12   06       FDID	YYY 2011 802 11-0003047 Station Incident Number *	Delete NFIRS -2 Change Fire No Activity
B Property Details  B1 0003 Not Residential  Estimated Number of residential living unit building of origin whether or not all units became involved	or Products  Enter up to three codes. Check one or more boxes for each code entered.  INNN   None  On-site material (1)	omplete if there were any significant mounts of commercial, industrial, energy or gricultural products or materials on the roperty, whether or not they became involved  1 Bulk storage or warehousing 2 Processing or manufacturing 3 Packaged goods for sale 4 Repair or service
B2 XBuildings not involved	On-site material (2)	Bulk storage or warehousing Processing or manufacturing Packaged goods for sale Repair or service    Bulk storage or warehousing
Acres burned (outside fires) Less than one acre	On-site material (3)	Processing or manufacturing Packaged goods for sale Repair or service
D Ignition  D1   00   Other Area of fire origin *  D2   00   Heat source: other Heat source *	E1  Cause of Ignition  Check box if this is an exposure report.  Skip to section G  1	Check all applicable boxes  1
D3 UU Undetermined  Item first ignited * 1	Factors Contributing To Ignit	tion 6   Multiple persons involved 7   Age was a factor Estimated age of person envolved 1   Male 2   Female
Equipment Involved In Ignition None If Equipment was not involved, Skip to Section G NNN   None	Equipment Power Source	re Suppression Factors  ter up to three codes.   None
Equipment Involved  Brand  Model  Serial #	1 Portable 2 Stationary  Fire superior of the	ppression factor (1)  ppression factor (2)  ppression factor (3)
None  Not involved in ignition, but burned  Involved in ignition, but did not burn  Involved in ignition and burned	fobile Property Type & Make    None	Local Use    Pre-Fire Plan Available
License Plate Number State V	N Number	NFIRS-2 Revision 01/19/99

If Fire was In enclosed building or a portable/mobile structure complete the rest of this form  1	2 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  O01 Total number of stories at or above grade  001 Total number of stories below grade	OR
J1 Fire Origin * J3  O01 Below Grade Country of fire origin  J2 Fire Spread *  1 Confined to object of origin 2 Confined to room of origin 3 Confined to floor of origin 4 X Confined to building of origin 5 Beyond building of origin	Number of Stor  Damaged By Flam  In the ROOF as part of the high  (1 to 24% flame damage)  Number of stories w/ signiff (25 to 49% flame damage)  Number of stories w/ heavy of (50 to 74% flame damage)  Number of stories w/ extreme (75 to 100% flame damage)	me To Check of St. of Rur licant damage K1 Litem	cerial Contributing Most  Flame Spread  A if no flame spread skip To section L nable to determine  Contributing most to flame spread  Contributing most to flame spread  Contributing most to flame spread  Contributing contributing code is 00 or<70
L1 Presence of Detectors *  (In area of the fire)  N None Present Skip to section M  1 X Present  U Undetermined  L2 Detector Type  1 X Smoke  2 Heat  3 Combination smoke - heat  4 Sprinkler, water flow detection  5 More than 1 type present  O Other  U Undetermined	L3 Detector Power  1 Battery only 2 Hardwire only 3 Plug in 4 Enartwire with bat 5 Plug in with batt 6 Mechanical 7 Multple detectors power supplies 0 Other U Undetermined  L4 Detector Opera 1 Fire too smal to activate 2 Operated (Complete Section 3 Failed to Ope (Complete Section U Undetermined	Required  1   Alert 2   Occup 3   There ery 4   Faile U   Undet  E   L6   Det Required  1   Power 1   Power 1   Lack 5   Batte n L5) 6   Batte rate 0   Other	ector Failure Reason d if detector failed to operate failure, shutoff or disconnect per installation or placement tive of maintenance, includes cleaning ry missing or disconnected ry discharged or dead
d Danagant	System Required if fire  1   Operate  2   Operate  3   Fire to  4   Failed to  0   Other  U   Undetern  M4   Number  Heads O  Required if	cic Extinguishment Operation  a was within designed range d & effective (Go to N d & not effective (N d small to activate to operate (Go to M5  mined  of Sprinkler operating system operated  prinkler heads operatin	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

A [56294 *	MM DD    KY   12   06     State * Incident Date	YYYY   <u>2011</u>   *	802   11-00030   Station   Incident Numb		000 xposure *	Delete Change No Activity	NFIRS -2 Fire
Estimated	Not Residentia Number of residential living of origin whether or not all	g units in	C On-Site Materials or Products Enter up to three codes. Ch or more boxes for each code    NNN	agr Pro eck one	Bulk Proce	ere were any signiful mercial, industrial,	s on the ame involved ehousing acturing
Number of	001 Buildings not	involved	On-site material (2)	1 2 3 4 1	Proce Packa Repai	storage or wardssing or manufaged goods for a carvice storage or war	acturing sale ehousing
Acres burn (outside i	Trees then one	acre	On-site material (3)	2 3 4	Packa Repai	essing or manuf aged goods for ar or service	sale
D Ignition		E <sub>1</sub>	Cause of Ignition  Check box if this is an exposition G	osure report.	- 1	uman Factors contributing To ck all applicable	
D1 UU Un	determined	2	Failure of equipment or he	at source	1 2 3	Asleep Possibly impair alcohol or dru Unattended per	ıgs
D2 UU Un Heat source *	determined	5	Act of nature  Cause under investigation  Cause undetermined after i		n 5	Possibly menta Physically Dis Multiple perso	abled
D3 <u>99   Mu</u> Item first igni	Itiple items first tted * 1  was confined to obo of origin	spread ject			ione 7	Age was a fact	tor
D4 L	Required only if item ignited code is 00 or	first	Factor Contributing To Ignition (2			son envolved	2 Female
E1	t Involved In Ignit uipment was not involved,Sk on G	-	Equipment Power			ression Factories three codes.	ors XX
NNN Nor			ment Power Source  quipment Portability  1  Portable	NNN Fire sup	None ppression fa	ctor (1)	
Model			2 Stationary	Fire sup	opression fa	ctor (2)	
Serial #		moved be use	le equipment normally can be by one person, is designed to in multiple locations, and es no tools to install.	Fire sup	opression fa	ctor (3)	
H <sub>1</sub> Mobile P	roperty Involved	H <sub>2 Mobil</sub>	e Property Type & Ma	ke	Local	Use re-Fire Plan Av	railahle
X		1	None		Some o	of the information preport may be based of their Agencies	resented in
	in ignition, but burned	Mobile prop	erry cybe		Arson	report attache	ed
	ignition, but did not burn ignition and burned	Mobile prop	erty make		Coror	e report attacl	ched
1		Į.	1 1	,	[ ]Other	reports attacl	nea
Moblie property	model		Year				
<u> </u>							
License Plate N	umber St.	ite VIN Numbe	r		NI	FIRS-2 Revision	01/19/99

I1 Structure Type *  If Fire was In enclosed building or a portable/mobile structure complete	I2	Building	g Status *		uilding *  - eight	14 Main Floo	or Size*	NFIRS-3 Structure Fire		
the rest of this form  1 X Enclosed Building	1	Under cons	truction	1	ROOF as part ghest story			Fire		
2 Portable/mobile structure		Cocupied &	-	l			. ا ئىسم	1		
3 Open structure			routinely used r renovation	1	002 number of stories	Total square		.00		
4 Air supported structure	<u>                                   </u>	Vacant and		at or	above grade					
5 Tent	6	Vacant and	unsecured	1 1 0	001	C	R <sub>.</sub>			
6 Open platform (e.g. piers) 7 Underground structure (work area.	. 7[	Being demo	lished	Total	number of stories					
8 Connective structure (e.g. fence	"I o F	Other		below	grade	Lenght in fee	BY Wid	th in feet		
O Other type of structure	ا م	] Undetermin	ed			nengii in rec				
J <sub>1 Fire Origin *</sub>	<b>J</b> з		er of Stori ged By Flam		<del></del> -	erial Contri Tame Spread	_	lost		
Below Grade	Count	-	part of the high		, l <u> </u>	if no flame spread		ip To		
001   Story of fire origin	1	1 Number of c	tories w/ minor d	amage	OR sam	e as material first ble to determine				
	L		lame damage)	amage						
J <sub>2</sub> Fire Spread *	l	Number of s	tories w/ signifi	.cant damag	_ K1					
1 Confined to object of origin	L	1	flame damage)	_	Item c	ontributing most to	flame spread			
2 Confined to room of origin	ł	Number of s	tories w/ heavy d	amage	K2 1	1.1		J		
3 Confined to floor of origin	L	- (50 to 74% :	flame damage)			material contribut	ing Requir	ed only if item		
4 Confined to building of origin	ı		tories w/ extreme	damage		flame spread	contri	buting s 00 or<70		
5 X Beyond building of origin		.↓ (75 to 100%	flame damage)							
L1 Presence of Detectors	k	L3 Detec	tor Power	Supply	L <sub>5</sub> Dete	ector Effect	iveness			
(In area of the fire)	. 1	1 Date	wr only		Requ:	ired if detect	or operate	đ		
N None Present Skip section		1 Batte			1 Alerte	d Occupants, o	ccupants r	esponded		
1 X Present		3 Plug			2 0ccupai	nts failed to	respond			
			"TTO "TO!! DOLUGET!   O [_]			were no occupa				
U Undetermined			in with batte	ery	1	to alert occu	pants			
L <sub>2</sub> Detector Type		6 Mecha				rmined				
			le detectors supplies	tz.	L6 Dete	ctor Failur	e Reason	l		
1 X Smoke		0 Tother				Required if detector failed to operate				
2 Heat		U Undet								
3 Combination smoke - heat		L4 Dete	ctor Opera	tion	1 Power failure, shutoff or disconnect 2 Improper installation or placement					
4 Sprinkler, water flow detect	ion	1	ire too small		3 Defect		a dr brade	21.022.0		
i —		t	o activate		"- LJ	f maintenance,				
5 More than 1 type present			perated Complete Section	a 1.5)	1	y missing or d		d		
O Cother		l	ailed to Oper		0 Other	y discharged o	r dead			
<b>ʊ</b> ∏Undetermined			Complete Section	n L6)	U Undeter		A COLUMN TO THE PARTY OF THE PA			
		ט [אַן ט	ndetermined							
$ m M_{1}$ Presence of Automatic Extingui	shment	System 🛧	M3 Automat	ic Extin	guishment	1	ic Extingu			
N X None Present			_	Operatio		_	Failure Re			
i	mplete	i	Required if fire		r designed range Stive (Go to M4	-	if system fail	.ed		
	of Sect		2 Operated			1 System s				
M2 Type of Automatic Extinguishm Required if fire was within design			3 Fire too			2 Not enoug				
1 Wet pipe sprinkler	rer rang	pu ou estro	4 Failed t			3 Agent dis		ut ala		
2 Dry pipe sprinkler			0 Other			4 Wrong ty		em		
3 Other sprinkler system			U Undeterm	uned		5 Fire not				
4 Dry chemical system			M4 Number	of Sprin	kler	6 System co				
5 Foam system			_	perating		7 Lack of I				
6 Halogen type system 7 Carbon dioxide (CO <sub>2</sub> ) syste	em		Required if	system op	erated	8 Manual In	icervention	.1		
0 Other special hazard system						U Undeterm	ined			
U Undetermined			Number of sp	orinkler b	neads operating	NFIRS-3	Revision 0	1/19/99		

A		7YY <b>2011</b>	802 Station	11-00030 Incident Numb		00: Exposure		Delete Change No Activity	NFIRS -2 Fire	
B B1	Property Details    0003   Not Residential		C On-Site or Produ	ucts ree codes. Ch	neck one	gricultur roperty,	ral produ whether	were any significal, industrial, octs or materials or not they because or ware or ware	s on the ame involved	
Ð1	Estimated Number of residential living unitabuilding of origin whether or not all unitabecame involved	s in	NNN Nor			2 P1 3 P3 4 P6 1 B1	rocessi ackaged epair o ılk sto	ng or manufa d goods for s or service orage or ware	acturing sale ehousing	
B2	Buildings not involved	red	On-site material	(2)		3 P2	ackaged epair o	ng or manufa l goods for s or service	sale	
Вз	Acres burned (outside fires) Less than one acre	On-site material (3)					Bulk storage or warehousing Processing or manufacturing Packaged goods for sale Repair or service			
D	Ignition	E <sub>1</sub>	Cause of Check box if Skip to sect	this is an exp	osure report			n Factors ributing To all applicable		
		1 2 3	Intentional Unintentiona Failure of e	quipment or he	eat source			Asleep Possibly impai alcohol or dru Unattended per	gs	
D <sub>2</sub>	Heat source *	5 U	Cause under	investigation	investigati		5 🔲 1	Possibly menta Physically Dis Multiple perso	abled	
	Item first ignited * 1 was confined to object of origin  Type of material Required only if item first ignited ignited code is 00 or <70	112 112	imie I:	sure fire		None	Estima	Age was a fact ted age of envolved	or	
	Taniana t Tanaland In Impirion		Factor Contributin		T	re Su		sion Facto		
$\mathbf{F_1}$	Equipment Involved In Ignition  [X]None If Equipment was not involved, Skip to Section G	F <sub>2</sub>	Equipment	LOWEL				ree codes.	□None	
	NNN   None Equipment Involved		quipment Po	rtability	Fire st	suppression factor (1)				
Bra:			1 Portable 2 Stationar	ry	Fire s					
Ser: Yea:	r	moved k be use	le equipment nor by one person, i in multiple loc es no tools to i	s designed to ations, and	Fire s		on factor			
$H_1$	Mobile Property Involved H <sub>2</sub>	Mobil	e Property	Type & Ma	ıke	1	ıl Us∈ ∐Pre-1	e Fire Plan Av	railable	
	X None		None erty type			ti	nis repor	e information protect may be based to Agencies		
1 2 3	Involved in ignition, but did not burn  Involved in ignition and burned		erty make				olice r	port attache eport attach report attach ports attach	ned ched	
	Moblie property model			Year						
	License Plate Number State V	IN Numbe	r				NFIRS	5-2 Revision	01/19/99	

If Fire was In enclosed building or a portable/mobile structure complete the rest of this form    X   Enclosed Building	4 Under major 5 Vacant and 6 Vacant and 7 Being demo	truction coperating routinely used r renovation secured unsecured lished	Count the R of the high  Total nu at or ab	ight OOF as part lest story  Inher of stories ove grade Inher of stories	I4 Main Floor Size*    NFIRS-3   Structure   Fire
J1 Fire Origin *  O01 Below Grade Story of fire origin  J2 Fire Spread * 1 Confined to object of origin 2 Confined to room of origin 3 Confined to floor of origin 4 X Confined to building of origin 5 Beyond building of origin	Damac Count the ROOF as:    Number of s (1 to 24% f   Number of s (25 to 49%     Number of s (50 to 74%     Number of s	er of Stori  ged By Flam part of the high stories w/ minor de stories w/ signific flame damage)  tories w/ heavy da flame damage)  tories w/ extreme flame damage)	est story amage cant damage	To I  Check OR sau OR und  K1   Item	erial Contributing Most  Flame Spread  if no flame spread Skip To  me as material first ignited Section L  able to determine  contributing most to flame spread  f material contributing Required only if item contributing code is 00 or<70
L1 Presence of Detectors *  (In area of the fire)  N None Present  Skip to section  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  O Other  U Undetermined	1   Batte 2   Hardw 3   Flug 4   Hardw 5   Plug 6   Mecha 7   Multr power 0   Other U   Undet  L4 Dete 1   X F  2   O	vire only in wire with batt in with batte unical ble detectors supplies	tion	Required  1	ector Failure Reason  if detector failed to operate  failure, shutoff or disconnect per installation or placement tive of maintenance, includes cleaning ry missing or disconnected ry discharged or dead
	mplete rest  F Section M  ent System * ed range of AES	System Of Required if fire 1  Operated 2  Operated 3  Fire too 4  Failed to 0  Other U  Undeterm	& effect & not ef small to o operate ined  of Sprinkl perating system oper	lesigned range iVe (Go to M fective (M activate (Go to M5)	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

A	MM DD     DD       DD       DD	YYYY <b>2011</b>	<u>802</u>   <u>11-0003</u> Station Incident Num		Exposure	- La change	NFIRS -2 Fire
B B1	Property Details  O003 Not Residential  Estimated Number of residential living un.		C On-Site Material: or Products Enter up to three codes. Cor more boxes for each code  [NNN   None	heck one	gricultu Property,	if there were any signif f commercial, industrial, ral products or material whether or not they because ulk storage or war rocessing or manuf ackaged goods for	s on the came involved ehousing acturing
B2	building of origin whether or not all unibecame involved		On-site material (1)  On-site material (2)		1 B 2 P 3 P	epair or service ulk storage or war rocessing or manuf ackaged goods for epair or service	ehousing acturing
Вз	Acres burned (outside fires) Less than one acre		On-site material (3)		2 P 3 P 4 R	ulk storage or war rocessing or manuf ackaged goods for epair or service	acturing
D	Ignition	E <sub>1</sub>	Cause of Ignition  Check box if this is an exp Skip to section G	oosure report		E3 Human Factors Contributing To Check all applicable	
	76    Wall surface: exterior   Area of fire origin *	3	I  Intentional I  Unintentional I  Failure of equipment or he I  Act of nature	eat source		1 Asleep 2 Possibly impairal polynomial alcohol or drugs	ıgs
D <sub>2</sub>	Heat source *	J E	Cause under investigation	investigati		4 Possibly menta 5 Physically Dis 6 Multiple perso	abled
D <sub>3</sub>	Item first ignited # 1 Check Box if fire spread was confined to object of origin	-	71   Exposure fire Factor Contributing To Ignition (		None	7 Age was a fact Estimated age of person envolved	or
	Type of material Required only if item first first ignited ignited code is 00 or <70	i i	Factor Contributing To Ignition (	1 Male 2 Female			
$F_1$	Equipment Involved In Ignition  Mone If Equipment was not involved, Skip to Section 6	L	Equipment Power			ppression Factor to three codes.	ors
*	NNN   None Equipment Involved		nuipment Portability  1 Portable	Fire s	uppression	on factor (1)	
Mode	el [	J Port ab	2 Stationary le equipment normally can be	Fire s	uppression	on factor (2)	
Seri Yea	:	moved h	by one person, is designed to in multiple locations, and en o tools to install.	Fire s	uppressio	on factor (3)	
$H_1$	Mobile Property Involved H <sub>2</sub>	Mobil	e Property Type & Ma	ke		a <b>l Use</b>   Pre-Fire Plan Av	railable
	,		None		So tl	ome of the information property may be based to come other Agencies	resented in
2 [	Involved in ignition, but did not burn Involved in ignition and burned	obile prop	<u> </u>			cson report attache plice report attache proner report attache cher reports attach	ned ched
	Moblie property model	1	Year				
	License Plate Number State	VIN Numbe	r			NFIRS-2 Revision	01/19/99

11 Structure Type *		Buildin	g Status *	13 B	uilding *	14 Main Floo	or Size*	NFIRS-3		
If Fire was In enclosed building of portable/mobile structure complete	1				eight			Structure		
the rest of this form				•	ROOF as part			Fire		
1 X Enclosed Building	1	Under cons		or the hi	ighest story					
2 Portable/mobile structure	1 :	X Occupied		١.	.					
3 Open structure	3	-	routinely used	· -	001			.00		
4 Air supported structure	4		or renovation		number of stories above grade	Total square :	feet			
5 Tent	5	Vacant and				C	R			
6 0pen platform (e.g. piers)	6		l unsecured		001		•			
7 Underground structure (work	reas) 7	Being demo	lished	Total below	number of stories	+ 1 1	I mar I	1 1 1		
8 Connective structure (e.g. f	ences) O	Other				Lenght in fee	BY Wid	_ / L th in feet		
0 Other type of structure	ן ט	Undetermin	ied.		i			211 11000		
	T_	``````````								
J <sub>1</sub> Fire Origin *	Jз		er of Stori		1	erial Contri	-	iost		
Below Grad			ged By Flam		1	Plame Spread				
001	Count	the ROOF as	part of the high	lest story	T I Check	if no flame spread ne as material first		ip To		
Story of fire origin	11		stories w/ minor d	amage	OR una	able to determine	agnaced Se	GCION II		
<b>T</b>		→ (1 to 24% 1	Flame damage)		K1	1.1		1		
J <sub>2</sub> Fire Spread *	lı .	Number of	stories w/ signifi	cant damag	re l					
1 Confined to object of origin	L	-1 (25 to 49%	flame damage)		1 tem c	contributing most to	riame spread			
2 Confined to room of origin		. Number of s	stories w/ heavy da	шаде	K2 1					
3 Confined to floor of origin	L		flame damage)	<b></b>						
4 X Confined to building of origin				,		f material contribut f flame spread		ed only if item buting		
5 Beyond building of origin			stories w/ extreme s flame damage)	damage		•	code i	s 00 or<70		
	<u>l</u>	1_					•			
L1 Presence of Detector	s *	L3 Detec	ctor Power	Supply	L5 Dete	ector Effect	iveness			
(In area of the fire)	1	1   Batte	aru onlu		Requ	ired if detect	or operated	£		
N   None Present	ip to	L	-		1 Dalerte	d Occupants, o	ccupants re	esponded		
	tion M	L.	wire only			nts failed to				
1 X Present		3 Plug	n wire with batt	-om:		were no occupar	_			
U Undetermined			in with batte		• <u></u>	to alert occu				
				τY	U Undetermined					
L2 Detector Type		6 Mecha		c	0 1			***		
		]	ole detectors supplies	œ	L6 Dete	ector Failur	e Reason			
1 X Smoke		i			Required	. if detector fa	iled to or	perate		
		0 Other								
2 Heat		0 1 01100		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1   Power	failure, shuto:	ff or disc	onnect		
3 Combination smoke - heat		L4 Dete	ector Opera	tion	h	er installation				
4 Sprinkler, water flow det	ection	1 🗆 F	ire too small		3 Defect					
		t	o activate		4 Lack o	of maintenance,	includes	cleaning		
5 More than 1 type present			perated	T.F.	5 Batter	y missing or d	isconnecte	đ		
O   Other		l	Complete Section ailed to Oper		6 Batter	y discharged on	: dead			
			Complete Section		0 X Other					
U Undetermined		ים ש	Indetermined		U □Undete	rmined				
$M_1$ Presence of Automatic Extin		Creation								
M1 Fresence of Automatic Extin	gursimenc	System &	M3 Automati				ic Extingui			
N X None Present			System (	_		1	Failure Rea			
	Complete	rest	Required if fire			1	f system fail	ed		
1 Present	of Sect	ion M	1 Operated			11 Cuctom ch	ut off			
$M_2$ Type of Automatic Extingui	shment Sy	stem 🛧	2 Operated			2 Not enoug		scharged		
Required if fire was within de	signed rang	e of AES	3 Fire too			3 Agent dis				
1 Wet pipe sprinkler			4 Failed to	o operat	e (Go to M5)	not reach				
2 Dry pipe sprinkler			0 Other	inad		4 Wrong tyr	e of syste	≥m		
3 0ther sprinkler system			U Undeterm	riied		5 Fire not	in area p	cotected		
4 Dry chemical system			M4 Number o	of Sprin	kler	6 System co	mponents d	lamaged		
5 Foam system			Heads Or			7 Lack of m	aintenance	<u></u>		
6 Halogen type system			Required if	_		8 Manual In	tervention	1		
7 $\square$ Carbon dioxide (CO $_2$ ) sy	stem		Indutted II	-Tarem ob		0 Other				
0 0ther special hazard sy	stem				_	U Undetermi	ned	-		
U Undetermined			Number of sp	rinkler h	eads operating	NFIRS-3 F	Revision 01	1/19/99		

MN   56294   KY   1.  FDID * State * Incident		YYYY 2011 802 Station	11-0003047 Incident Number *		1	esponding Personnel	
Staff ID\Staff Name	Unit	Activity	Position	PayScl	Statio	n <b>Hrs Hrs</b>	sPd
1 Allendorf, Michael J	8004	FX Fire At Scene			803	16.0 0	0.00
1005 Allendorf, Brandon	8031	FX Fire At Scene			802	0.00 0	0.00
0906 Anderson, Kyle J	8031	OTFR Fire Run	Р3	OD	802	1.00 1	.00
122 Baechle, Tab A	8005	FS Fire On Standb	уy		803	8.95 0	0.00
6 Bailey, John C	8034	OTFR Fire Run			801	15.0 1	.5.0
12 Brown, Kyle L	8081	FX Fire At Scene			801	1.00 0	.00
14 Burgett, William T	8032	FX Fire At Scene			802	15.5 0	.00
132 Campisano, James P		OTFR Fire Run			803	1.00 0	.00
91 Casey, James S	8031	OTFR Fire Run			802	11.2 1	1.2
147 Cravens, Lee E	8090	FX Fire At Scene	P2		802	0.00 0	.00
129 Cruz, Carlos A	8033	FX Fire At Scene	СО		803	11.9 0	.00
28 Eades, Timothy W	8032	OTFR Fire Run			803	0.00 0	.00
1006 Gray, Mitchel	8034	FX Fire At Scene			802	0.00 0	.00
143 Hicks, Robin	8032	FX Fire At Scene			802	15.5 0	.00
39 Kerr, Troy V		OTFR Fire Run			802	0.00 0	.00
128 Kline, Roy J	8035	FX Fire At Scene	со		803	0.00 0	0.00
185 Mckenna, Philip T	8037	OTFR Fire Run			803	10.0 1	.0.0
45 Moody, Samuel S	8032	FX Fire At Scene			802	15.5 0	.00
1003 Moore, Marty	8033	FX Fire At Scene		OT	803	11.9 0	.00
46 Nalley, James B	8037	OTFR Fire Run			803	0.00 0	.00
47 Nalley, Francis A	8051	FX Fire At Scene			801	15.5 0	0.00
53 Sheffer, Robb	8031	OTFR Fire Run	P2	OD	802	1.00 1	00
54 Shofner, Jeffrey S	8081	FX Fire At Scene			801	1.00 0	0.00
131 Taylor, Derik W	8035	K FX Fire At Scene	P2		803	0.00 0	.00
58 Thomas, William M	8033	FX Fire At Scene		OT	803	11.9 0	0.00
59 Tobbe, Jason M		OTFR Fire Run			801	2.50 0	0.00
195 Underwood, Scott P	8031	OTFR Fire Run	СО	OD	802	10.5 1	0.5
175 Winbun, William F	8035	FX Fire At Scene	P6		803	0.00 0	0.00
Total Participants: 30	.Т.		tion 3 $EMS$	RUN			

.T. Station 2 Station 4

Total Personnel Hours: 207.32

1 to the terms of	M DD 2 6 4	YYYY 2011 802 Station	11-0003047 Incident Number *			spondin	- 1
Staff ID\Staff Name	Unit	Activity	Position	PayScl	Station	Hrs	HrsPd
1 Allendorf, Michael J	8004	FX Fire At Scene			803	16.0	0.00
1005 Allendorf, Brandon	8031	FX Fire At Scene			802	0.00	0.00
0906 Anderson, Kyle J	8031	OTFR Fire Run	Р3	OD	802	1.00	1.00
122 Baechle, Tab A	8005	FS Fire On Standb	У		803	8.95	0.00
6 Bailey, John C	8034	OTFR Fire Run			801	15.0	15.0
12 Brown, Kyle L	8081	FX Fire At Scene			801	1.00	0.00
14 Burgett, William T	8032	FX Fire At Scene			802	15.5	0.00
132 Campisano, James P		OTFR Fire Run			803	1.00	0.00
91 Casey, James S	8031	OTFR Fire Run			802	11.2	11.2
147 Cravens, Lee E	8090	FX Fire At Scene	P2		802	0.00	0.00
129 Cruz, Carlos A	8033	FX Fire At Scene	CO		803	11.9	0.00
28 Eades, Timothy W	8032	OTFR Fire Run			803	0.00	0.00
1006 Gray, Mitchel	8034	FX Fire At Scene			802	0.00	0.00
143 Hicks, Robin	8032	FX Fire At Scene			802	15.5	0.00
39 Kerr, Troy V		OTFR Fire Run			802	0.00	0.00
128 Kline, Roy J	8035	FX Fire At Scene	CO		803	0.00	0.00
185 Mckenna, Philip T	8037	OTFR Fire Run			803	10.0	10.0
45 Moody, Samuel S	8032	FX Fire At Scene			802	15.5	0.00
1003 Moore, Marty	8033	FX Fire At Scene		OT	803	11.9	0.00
46 Nalley, James B	8037	OTFR Fire Run			803	0.00	0.00
47 Nalley, Francis A	8051	FX Fire At Scene			801	15.5	0.00
53 Sheffer, Robb	8031	OTFR Fire Run	P2	OD	802	1.00	1.00
54 Shofner, Jeffrey S	8081	FX Fire At Scene			801	1.00	0.00
131 Taylor, Derik W	8035	K FX Fire At Scene	P2		803	0.00	0.00
58 Thomas, William M	8033	FX Fire At Scene		TO	803	11.9	0.00
59 Tobbe, Jason M		OTFR Fire Run			801	2.50	0.00
195 Underwood, Scott P	8031	OTFR Fire Run	CO	OD	802	10.5	10.5
175 Winbun, William F	8035	FX Fire At Scene	P6		803	0.00	0.00
Total Participants: 30	.т.		cion 3 EM	S RUN			

.T. Station 2 Station 4

Total Personnel Hours: 207.32

	2 6 L	2011 802 Station	11-0003047 Incident Number *	002 Exposure *	1	spondin rsonnel	}
Staff ID\Staff Name	Unit	Activity	Position	PayScl	Station	Hrs	HrsPd
1 Allendorf, Michael J	8004	FX Fire At Scene			803	16.0	0.00
1005 Allendorf, Brandon	8031	FX Fire At Scene			802	0.00	0.00
0906 Anderson, Kyle J	8031	OTFR Fire Run	P3	OD	802	1.00	1.00
122 Baechle, Tab A	8005	FS Fire On Standby	•		803	8.95	0.00
6 Bailey, John C	8034	OTFR Fire Run			801	15.0	15.0
12 Brown, Kyle L	8081	FX Fire At Scene			801	1.00	0.00
14 Burgett, William T	8032	FX Fire At Scene			802	15.5	0.00
132 Campisano, James P		OTFR Fire Run			803	1.00	0.0
91 Casey, James S	8031	OTFR Fire Run			802	11.2	11.2
147 Cravens, Lee E	8090	FX Fire At Scene	P2		802	0.00	0.0
129 Cruz, Carlos A	8033	FX Fire At Scene	CO		803	11.9	0.00
28 Eades, Timothy W	8032	OTFR Fire Run			803	0.00	0.00
1006 Gray, Mitchel	8034	FX Fire At Scene			802	0.00	0.00
143 Hicks, Robin	8032	FX Fire At Scene			802	15.5	0.0
39 Kerr, Troy V		OTFR Fire Run			802	0.00	0.0
128 Kline, Roy J	8035	FX Fire At Scene	CO		803	0.00	0.00
185 Mckenna, Philip T	8037	OTFR Fire Run			803	10.0	10.
45 Moody, Samuel S	8032	FX Fire At Scene			802	15.5	0.0
1003 Moore, Marty	8033	FX Fire At Scene		TO	803	11.9	0.0
46 Nalley, James B	8037	OTFR Fire Run			803	0.00	0.00
47 Nalley, Francis A	8051	FX Fire At Scene			801	15.5	0.0
53 Sheffer, Robb	8031	OTFR Fire Run	P2	OD	802	1.00	1.00
54 Shofner, Jeffrey S	8081	FX Fire At Scene			801	1.00	0.00
131 Taylor, Derik W	8035	K FX Fire At Scene	P2		803	0.00	0.00
58 Thomas, William M	8033	FX Fire At Scene		OT	803	11.9	0.0
59 Tobbe, Jason M		OTFR Fire Run			801	2.50	0.0
195 Underwood, Scott P	8031	OTFR Fire Run	CO	OD	802	10.5	10.5
175 Winbun, William F	8035	FX Fire At Scene	P6		803	0.00	0.00
Total Participants: 30	.т.	Station 1 Stati	ion 3 EM	5 RUN			

.T. Station 2 Station 4

Total Personnel Hours: 207.32