

ATTACHMENT B

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract _____

Street address **5202** **RIVER TRAIL** **PL**
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection
 In front of
 Rear of
 Adjacent to
 Directions

Louisville **KY** **40229**
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

C Incident Type * **111** Building fire
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm ALARM always required
 Date. Alarm * **12** **06** **2011** **07:03:00**
 ARRIVAL required, unless canceled or did not arrive
 Arrival * **12** **06** **2011** **07:04:00**
 CONTROLLED Optional, Except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared **12** **06** **2011** **23:00:00**

E2 Shift & Alarms Local Option
2 **659**
 Shift or Alarms District Platoon

E3 Special Studies Local Option
 Special Study ID# Special Study Value

D Aid Given or Received*

1 Mutual aid received
 2 Automatic aid rcv.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None

Their FDID Their State
 Their Incident Number

F Actions Taken *

11 Extinguishment by fire
 Primary Action Taken (1)

82 Notify other agencies.
 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 **0006** **0028**

EMS
 Other **0001**

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 \$ _____, **000**, **000**
 Contents \$ _____, **000**, **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 _____ **003**

H2 Detector
 Required for Confined Fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release

None
 1 Natural Gas: slow leak, no evaluation 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

Not Mixed
 NN Assembly use
 10 Education use
 20 Medical use
 33 Residential use
 40 Row of stores
 51 Enclosed mall
 53 Bus. & Residential
 58 Office use
 59 Industrial use
 60 Military use
 63 Farm use
 65 Other mixed use
 00

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

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 **419**
1 or 2 family dwelling

NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved _____
 Local Option _____ Business name (if applicable) _____ Area Code _____ Phone Number _____

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

_____ **Ererton** _____ **Coelho** _____
 Mr., Ms., Mrs. First Name MI Last Name Suffix

_____ **5202** _____ **RIVER TRAIL** _____ **PL** _____
 Number Prefix Street or Highway Street Type Suffix

_____ **Louisville** _____
 Post Office Box Apt./Suite/Room City

_____ **KY** **40219** _____
 State Zip Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner Same as person involved? Then check this box and skip The rest of this section. _____
 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.

_____ **Bryce** _____ **Ritter** _____
 Mr., Ms., Mrs. First Name MI Last Name Suffix

_____ _____ _____ _____
 Number Prefix Street or Highway Street Type Suffix

_____ **Richmond** _____
 Post Office Box Apt./Suite/Room City

_____ **VA** _____
 State Zip Code

L Remarks
 Local Option

FD was dispatched to a report of a house fire with an explosion. Engine arrived on scene to find a fully involved house fire. All occupants were out of the house and across the street at a neighbor's house. Stated they were in the house and the house exploded and as they were leaving they had to navigate through falling debris. The male occupant also stated that there dog was still inside. There was also fire damage to the homes on either side of the origin house. The family also lost two vehicles in the fire. The cars and home was a total loss and the home was insured by State Farm.

The homeowner lived out of state and the occupants of the home where renting the house and did not have any renters insurance. There was a reported gas leak in the area and a L,G, & E gas crew was on the scene when the house exploded. The crew ran to the house as the occupants came out of the house. There were explosive levels in the sewer line and storm drain line in and around the home. We had active fire coming from the storm drains and MSD was requested based off this. Also called for supervisors from L,G, & E to the scene as well as Louisville Water Company. The area was monitored and we had explosive levels up to two hours after our arrival. We did mitigate the natural gas from the storm drains by flushing this by request from MSD. With the gas levels in the sewers a Level I Haz-Mat was declared.

Louisville Metro Arson also was called in to assist in the investigation and they are the lead in the origin and cause of this incident. Two areas were dug up in search of the gas leak. The leak was found underground in a four inch plastic gas line which had a hole in the pipe about the size of a "bic pen". Underneath the gas pipe was a 3/4 inch copper water pipe that had some damage to it. It is believed that the water pipe failed and created some underground turbulence which created a "sand blasting" effect on the pipe which created the hole and the natural gas escaped into the ground. At the time of this report unknown how the gas migrated into the house and what inside the house may have triggered the

L Authorization

_____ **1** _____ **Allendorf, Michael J** _____ **EM** _____ **12** **12** **2011**
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. _____ **1** _____ **Allendorf, Michael J** _____ **EM** _____ **12** **12** **2011**
 Member making report ID Signature Position or rank Assignment Month Day Year

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.

Street address **5204** **RIVER TRAIL** **PL**
 Number/Milepost Prefix Street or Highway Street Type Suffix
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions
Louisville **KY** **40229**
 Apt./Suite/Room City State Zip Code
 Cross street or directions, as applicable

C Incident Type* **111** Building fire
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm ALARM always required
 Date. Alarm * **12** **06** **2011** **07:03:00**
 ARRIVAL required, unless canceled or did not arrive
 Arrival * **12** **06** **2011** **07:04:00**

E2 Shift & Alarms Local Option
2 **659**
 Shift or Alarms District Platoon

D Aid Given or Received*

1 Mutual aid received
 2 Automatic aid recvd. Their FDID Their State
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given Their Incident Number
 N None

E3 Special Studies Local Option
 Special Study ID# Special Study Value

F Actions Taken* **11** Extinguishment by fire
 Primary Action Taken (1)
 Additional Action Taken (2)
 Additional Action Taken (3)

G1 Resources* Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus Personnel
 Suppression **0006** **0028**
 EMS
 Other **0001**
 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 \$ **000**, **000**, **000**
 Contents \$ **000**, **000**, **000**
 PRE-INCIDENT VALUE: Optional
 Property \$ **000**, **000**, **000**
 Contents \$ **000**, **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 evacuation or HazMat actions
 2 Propane gas: <21 lb. tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling < 55 gallons
 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property
 NN Not Mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Bus. & Residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use* Structures

131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school or kindergarten
 215 High school or junior high
 241 College, adult education
 311 Care facility for the aged
 331 Hospital

341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1-or 2-family dwelling
 429 Multi-family dwelling
 439 Rooming/boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales

539 Household goods, sales, repairs
 579 Motor vehicle/boat sales/repair
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 629 Laboratory/science lab
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

Outside
 124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field

936 Vacant lot
 938 Graded/care for plot of land
 946 Lake, river, stream
 951 Railroad right of way
 960 Other street
 961 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 **419**
1 or 2 family dwelling
 NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

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

Mr., Ms., Mrs. First Name MI Last Name Suffix
 Number Prefix Street or Highway Street Type Suffix
 Post Office Box Apt./Suite/Room City
 State Zip Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner

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

Local Option

Business name (if Applicable)

Area Code

Phone Number

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

Mr., Ms., Mrs. First Name MI Last Name Suffix
 Number Prefix Street or Highway Street Type Suffix
 Post Office Box Apt./Suite/Room City
 State Zip Code

L Remarks

Local Option

This was an exposure fire that was on the right side of 5206 River Trail Place. This house had significant damage to the outside with regards to siding damage and the plywood sheathing under the siding. The fire also came through a horizontal window on the left side of the home and this allowed fire into the structure. There was some interior fire damage and ceilings pulled to check for extension in the walls and attic. There may be some damage to the foundation.

L Authorization

1 Allendorf, Michael J FM 12 12 2011
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. 1 Allendorf, Michael J FM 12 12 2011
 Member making report ID Signature Position or rank Assignment Month Day Year

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.

Street address Intersection In front of Rear of Adjacent to Directions

5207 RIVER TRAIL PL
 Number/Milepost Prefix Street or Highway Street Type Suffix

Louisville KY 40229
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

C Incident Type* 111 Building fire
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm ALARM always required
 Alarm * 12 06 2011 07:03:00
 Date.

E2 Shift & Alarms Local Option
 2 659
 Shift or Alarms District Platoon

D Aid Given or Received*

1 Mutual aid received
 2 Automatic aid recvd.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None

Their FDID Their State
 Their Incident Number

E3 Special Studies Local Option
 Special Study ID# Special Study Value

E1 Date & Times (continued)
 Arrival * 12 06 2011 07:04:00
 CONTROLLED Optional, Except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit
 Cleared 12 06 2011 23:00:00

F Actions Taken* 86 Investigate
 Primary Action Taken (1)
 Additional Action Taken (2)
 Additional Action Taken (3)

G1 Resources* Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus Personnel
 Suppression 0006 0028
 EMS
 Other 0001
 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 \$ 000,000
 Contents \$ 000,000
 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 evacuation or HazMat actions
 2 Propane gas: <21 lb. tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling < 55 gallons
 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property
 NN Not Mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Bus. & Residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use* Structures

131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school or kindergarten
 215 High school or junior high
 241 College, adult education
 311 Care facility for the aged
 331 Hospital

341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1-or 2-family dwelling
 429 Multi-family dwelling
 439 Rooming/boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales

539 Household goods, sales, repairs
 579 Motor vehicle/boat sales/repair
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 629 Laboratory/science lab
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

Outside
 124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field

936 Vacant lot
 938 Graded/care for plot of land
 946 Lake, river, stream
 951 Railroad right of way
 960 Other street
 961 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 419
 1 or 2 family dwelling

K1 Person/Entity Involved

Local Option _____ Business name (if applicable) _____ Area Code _____ Phone Number _____

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

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner Same as person involved? Then check this box and skip the rest of this section.

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 John MI _____ Last Name Bates Suffix _____

Number 5207 Prefix _____ Street or Highway RIVER TRAIL Street Type PL Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City Louisville

State KY Zip Code 40229

L Remarks

Local Option

This home was across the street from the house that exploded. There was no visible fire damage to the home. It did appear to have some buckled siding above the garage and may have a crack in the foundation according to the homeowner. The garage door from the house across the street blew into the side yard and may have damaged some outdoor Christmas decorations.

L Authorization

1 Allendorf, Michael J FM _____ 12 12 2011

Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. 1 Allendorf, Michael J FM _____ 12 12 2011

Member making report ID Signature Position or rank Assignment Month Day Year

A Delete Change No Activity **NFIRS -1 Basic**

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires. -

Street address

Intersection In front of Rear of Adjacent to Directions

Number/Milepost Prefix Street or Highway Street Type Suffix

Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

C Incident Type *

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 Their State

Their Incident Number

E1 Date & Times Midnight is 0000

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

Month Day Year Hr Min Sec

Alarm *

ARRIVAL required, unless canceled or did not arrive

Arrival *

Controlled

CONTROLLED Optional, Except for wildland fires

LAST UNIT CLEARED, required except for wildland fires

Last Unit Cleared

E2 Shift & Alarms Local Option

Shift or Alarms District Platoon

E3 Special Studies Local Option

Special Study ID# Special Study Value

F Actions Taken *

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources * Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel

Suppression

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 \$, ,

Contents \$, ,

PRE-INCIDENT VALUE: Optional

Property \$, ,

Contents \$, ,

Completed Modules

Fire-2

Structure-3

Civil Fire Cas.-4

Fire Serv. Cas.-5

EMS-6

HazMat-7

Wildland Fire-8

Apparatus-9

Personnel-10

Arson-11

H1* Casualties None

Deaths Injuries

Fire Service

Civilian

H2 Detector Required for Confined Fires.

1 Detector alerted occupants

2 Detector did not alert them

U Unknown

H3 Hazardous Materials Release

N None

1 Natural Gas: slow leak, no evacuation or HazMat actions

2 Propane gas: <21 lb. tank (as in home BBQ grill)

3 Gasoline: vehicle fuel tank or portable container

4 Kerosene: fuel burning equipment or portable storage

5 Diesel fuel/fuel oil: vehicle fuel tank or portable

6 Household solvents: home/office spill, cleanup only

7 Motor oil: from engine or portable container

8 Paint: from paint cans totaling < 55 gallons

0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN Not Mixed

10 Assembly use

20 Education use

33 Medical use

40 Residential use

51 Row of stores

53 Enclosed mall

58 Bus. & Residential

59 Office use

60 Industrial use

63 Military use

65 Farm use

00 Other mixed use

J Property Use* Structures

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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

NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved Area Code Phone Number

Local Option Business name (if applicable)

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

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner Same as person involved? Then check this box and skip the rest of this section.

Local Option Business name (if Applicable) Area Code Phone Number

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

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

Michael Owens
 5133 QUEENS CASTLE RD
 Louisville

L Remarks
 Local Option

This house was on the left side of 5204 River Trail Place. The home had major damage to the siding and plywood sheathing under the siding. There also was damage to the vinyl porch rails and assembly and damage to the shingles from the heat and flying brands that landed on the roof. Unknown if this home had any foundation damage from the blast.

L Authorization

1 Allendorf, Michael J FM 12 12 2011
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. 1 Allendorf, Michael J FM 12 12 2011
 Member making report ID Signature Position or rank Assignment Month Day Year

B Injured Person * 1 Male 2 Female **C Casualty * Number**
Luciana Coelho 3
 First Name MI Last Name SUFFIX Casualty Number

D Age or date of birth*
 Age Months (for Infants)
 OR

 Month Day Year

E1 Race
 1 White
 2 Black
 3 Am. Indian, Eskimo
 4 Asian
 0 Other, multi-racial
 U Undetermined
E2 Ethnicity
 Hispanic

F Affiliation
 1 Civilian
 2 EMS, not fire department
 3 Police
 0 Other
G Date & Time of Injury
12 6 2011
 Month Day Year Hour Minutes
 Midnight is 0000.

H Severity *
 1 Minor
 2 Moderate
 3 Severe
 4 Life threatening
 5 Death

I Cause of Injury
 1 Exposed to fire products including 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 object
 8 Overexertion
 9 Multiple causes
 0 Other
 U Undetermined

J Human Factors Contributing to Injury
 None
 Check all applicable boxes
 1 Asleep
 2 Unconscious
 3 Possibly impaired by alcohol
 4 Possibly impaired by other drug
 5 Possibly mentally disabled
 6 Physically disabled
 7 Physically restrained
 8 Unattended person

K Factors Contributing to Injury
 None
 Enter up to three contributing factors
NN None
 Contributing factor (1)
 Contributing factor (2)
 Contributing factor (3)

L Activity When Injured
 1 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
 0 Other
 U Undetermined

M1 Location at Time of Incident
 1 In area of origin and not involved
 2 Not in area of origin & not involved
 3 Not in area of origin, but involved
 4 In area of origin and involved
 U Undetermined
M2 General Location at Time of Injury
 Check ONE Box. If undetermined, leave blank and skip to Section N.
 1 In area of fire origin Skip To Section N
 2 In building, but not in area
 3 Outside, but not in area Skip to Section M5

M3 Story at Time of Incident
 Complete ONLY if injury occurred INSIDE
 Story at START of incident 1 Below Grade
M4 Story Where Injury Occurred
 Story where injury occurred, if different from M3 1 Below Grade
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 Symptom
 01 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 found above
UU Undetermined
 Primary apparent symptom

O Primary Area of Body Injured
 1 Head
 2 Neck & shoulder
 3 Thorax
 4 Abdomen
 5 Spine
 6 Upper extremities
 7 Lower extremities
 8 Internal
 9 Multiple body parts

P Disposition
 Transported to emergency care facility
 Remarks Local option
 NFIRS-4 Revision 11/17/98

A 56294 KY 12 6 2011 802 11-0003047 000 Delete Change

B Injured Person * 1 Male 2 Female

Ererton Coelho SUFFIX

C Casualty * Number 1

D Age or date of birth * Months (for Infants) OR Month Day Year

E1 Race
 1 White
 2 Black
 3 Am. Indian, Eskimo
 4 Asian
 0 Other, multi-racial
 U Undetermined

E2 Ethnicity
 Hispanic

F Affiliation
 1 Civilian
 2 EMS, not fire department
 3 Police
 0 Other

G Date & Time of Injury
 12 6 2011 Midnight is 0000. Hour Minutes

H Severity *
 1 Minor
 2 Moderate
 3 Severe
 4 Life threatening
 5 Death

I Cause of Injury
 1 Exposed to fire products including 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 object
 8 Overexertion
 9 Multiple causes
 0 Other
 U Undetermined

J Human Factors Contributing to Injury
 None
 Check all applicable boxes
 1 Asleep
 2 Unconscious
 3 Possibly impaired by alcohol
 4 Possibly impaired by other drug
 5 Possibly mentally disabled
 6 Physically disabled
 7 Physically restrained
 8 Unattended person

K Factors Contributing to Injury
 None
 Enter up to three contributing factors
 Contributing factor (1)
 Contributing factor (2)
 Contributing factor (3)

L Activity When Injured
 1 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
 0 Other
 U Undetermined

M1 Location at Time of Incident
 1 In area of origin and not involved
 2 Not in area of origin & not involved
 3 Not in area of origin, but involved
 4 In area or origin and involved
 U Undetermined

M2 General Location at Time of Injury
 Check ONE Box. If undetermined, leave blank and skip to Section N.
 1 In area of fire origin
 2 In building, but not in area
 3 Outside, but not in area

M3 Story at Time of Incident
 Complete ONLY if injury occurred INSIDE
 Story at START of incident 1 Below Grade

M4 Story Where Injury Occurred
 Story where injury 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 Symptom
 01 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 found above
 UU Undetermined
 Primary apparent symptom

O Primary Area of Body Injured
 1 Head
 2 Neck & shoulder
 3 Thorax
 4 Abdomen
 5 Spine
 6 Upper extremities
 7 Lower extremities
 8 Internal
 9 Multiple body parts

P Disposition
 Transported to emergency care facility
 Remarks Local option

B Injured Person * 1 Male 2 Female **C Casualty ***
 Number
 First Name Alicia MI MI Last Name Coelho SUFFIX 2
 Casualty Number

D Age or date of birth * Months (for Infants) **E1 Race**
 Age Months (for Infants)
OR
 Month Day Year
 1 White
 2 Black
 3 Am. Indian, Eskimo
 4 Asian
 0 Other, multi-racial
 U Undetermined
E2 Ethnicity
 Hispanic
F Affiliation
 1 Civilian
 2 EMS, not fire department
 3 Police
 0 Other
G Date & Time of Injury
12 6 2011
 Month Day Year Hour Minutes
 Midnight is 0000.
H Severity *
 1 Minor
 2 Moderate
 3 Severe
 4 Life threatening
 5 Death

I Cause of Injury
 1 Exposed to fire products including 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 object
 8 Overexertion
 9 Multiple causes
 0 Other
 U Undetermined
J Human Factors Contributing to Injury
 None
 Check all applicable boxes
 1 Asleep
 2 Unconscious
 3 Possibly impaired by alcohol
 4 Possibly impaired by other drug
 5 Possibly mentally disabled
 6 Physically disabled
 7 Physically restrained
 8 Unattended person
K Factors Contributing to Injury
 None
 Enter up to three contributing factors
 Contributing factor (1)
 Contributing factor (2)
 Contributing factor (3)

L Activity When Injured
 1 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
 0 Other
 U Undetermined
M1 Location at Time of Incident
 1 In area of origin and not involved
 2 Not in area of origin & not involved
 3 Not in area of origin, but involved
 4 In area or origin and involved
 U Undetermined
M2 General Location at Time of Injury
 Check ONE Box. If undetermined, leave blank and skip to Section N.
 1 In area of fire origin Skip To Section N
 2 In building, but not in area
 3 Outside, but not in area Skip to Section M5
M3 Story at Time of Incident
 Complete ONLY if injury occurred INSIDE
 Story at START of incident 1 Below Grade
M4 Story Where Injury Occurred
 Story where injury occurred, if different from M3 1 Below Grade
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 Symptom
 01 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 found above
UU Undetermined
 Primary apparent symptom
O Primary Area of Body Injured
 1 Head
 2 Neck & shoulder
 3 Thorax
 4 Abdomen
 5 Spine
 6 Upper extremities
 7 Lower extremities
 8 Internal
 9 Multiple body parts
P Disposition
 Transported to emergency care facility
 Remarks Local option
 NFIRS-4 Revision 11/17/98

B Property Details

B1 0003 Not Residential
 Estimated Number of residential living units in building of origin whether or not all units became involved

B2 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)

 On-site material (2)

 On-site material (3)

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

D Ignition

D1 00 Other
 Area of fire origin *

D2 00 Heat source: other
 Heat source *

D3 00 Undetermined
 Item first ignited * Check Box if fire spread was confined to object of origin

D4
 Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition
 Check box if this is an exposure report. Skip to section G

1 Intentional
 2 Unintentional
 3 Failure of equipment or heat source
 4 Act of nature
 5 Cause under investigation
 U Cause undetermined after investigation

E2 Factors Contributing To Ignition

71 Exposure fire None
 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 involved

1 Male 2 Female

F1 Equipment Involved In Ignition
 None If Equipment was not involved, Skip to Section G

NNN None
 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

 Mobile property model

 License Plate Number State VIN Number

H2 Mobile Property Type & Make

NN None
 Mobile property type

 Mobile property make

 Year

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

I1 Structure Type * If Fire was in enclosed building or a portable/mobile structure complete the rest of this form <ul style="list-style-type: none"> 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure 	I2 Building Status * <ul style="list-style-type: none"> 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	I3 Building * Height Count the ROOF as part of the highest story <p style="text-align: center;">001 Total number of stories at or above grade</p> <p style="text-align: center;">001 Total number of stories below grade</p>	I4 Main Floor Size* <p style="text-align: center;">[] , [001] , [100] Total square feet</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">[] , [] BY [] , [] Length in feet Width in feet</p>	NFIRS-3 Structure Fire
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J1 Fire Origin * [001] <input type="checkbox"/> Below Grade Story of fire origin	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <ul style="list-style-type: none"> [] Number of stories w/ minor damage (1 to 24% flame damage) [] Number of stories w/ significant damage (25 to 49% flame damage) [] 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 <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 [] [] Item contributing most to flame spread K2 [] [] Type of material contributing most of flame spread Required only if item contributing code is 00 or <70
J2 Fire Spread * <ul style="list-style-type: none"> 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin 		

L1 Presence of Detectors * (In area of the fire) <ul style="list-style-type: none"> N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined 	L3 Detector Power Supply <ul style="list-style-type: none"> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input checked="" type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined 	L5 Detector Effectiveness Required if detector operated <ul style="list-style-type: none"> 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type <ul style="list-style-type: none"> 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined 	L4 Detector Operation <ul style="list-style-type: none"> 1 <input checked="" type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined 	L6 Detector Failure Reason Required if detector failed to operate <ul style="list-style-type: none"> 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined

M1 Presence of Automatic Extinguishment System * <ul style="list-style-type: none"> N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M 	M3 Automatic Extinguishment System Operation Required if fire was within designed range <ul style="list-style-type: none"> 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	M5 Automatic Extinguishment System Failure Reason Required if system failed <ul style="list-style-type: none"> 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES <ul style="list-style-type: none"> 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined 	M4 Number of Sprinkler Heads Operating Required if system operated <p style="text-align: center;">[] Number of sprinkler heads operating</p>	

B Property Details

B1 0003 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)

 On-site material (2)

 On-site material (3)

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service
 1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service
 1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

D Ignition

D1 UU Undetermined
*Area of fire origin **

D2 UU Undetermined
*Heat source **

D3 99 Multiple items first
*Item first ignited * 1 Check Box if fire spread was confined to object of origin*

D4
Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition
 Check box if this is an exposure report. Skip to section G

1 Intentional
 2 Unintentional
 3 Failure of equipment or heat source
 4 Act of nature
 5 Cause under investigation
 U Cause undetermined after investigation

E2 Factors Contributing To Ignition None

00 Factors
 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 involved
 1 Male 2 Female

F1 Equipment Involved In Ignition
 None If Equipment was not involved, skip to Section G

NNN None
 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

NNN None
 Fire suppression factor (1)

 Fire suppression factor (2)

 Fire suppression factor (3)

H1 Mobile Property Involved
 None

1 Not involved in ignition, but burned
 2 Involved in ignition, but did not burn
 3 Involved in ignition and burned

 Mobile property model

 License Plate Number State VIN Number

H2 Mobile Property Type & Make

NN None
 Mobile property type

 Mobile property make

 Year

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 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> <small>Total number of stories at or above grade</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;">001</div> <small>Total number of stories below grade</small>	I4 Main Floor Size* <div style="float: right; border: 1px solid black; padding: 2px; font-size: small;">NFIRS-3 Structure Fire</div> <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 80%;"> [] , [001] , [100] <small>Total square feet</small> OR [] , [] BY [] , [] <small>Length in feet Width in feet</small> </div>
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J1 Fire Origin * <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <small>Story of fire origin</small> <input type="checkbox"/> Below Grade	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> </div> <small>Number of stories w/ minor damage (1 to 24% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> </div> <small>Number of stories w/ significant damage (25 to 49% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> </div> <small>Number of stories w/ heavy damage (50 to 74% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> </div> <small>Number of stories w/ extreme damage (75 to 100% flame damage)</small>	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> </div> <small>Item contributing most to flame spread</small> K2 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> </div> <small>Type of material contributing most of flame spread</small> Required only if item contributing code is 00 or <70
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input checked="" type="checkbox"/> Beyond building of origin		

L1 Presence of Detectors * <small>(In area of the fire)</small> N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input checked="" type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated <small>(Complete Section L5)</small> 3 <input type="checkbox"/> Failed to Operate <small>(Complete Section L6)</small> U <input checked="" type="checkbox"/> Undetermined	L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined

M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined <small>NFIRS-3 Revision 01/19/99</small>
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M4 Number of Sprinkler Heads Operating Required if system operated <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> </div> <small>Number of sprinkler heads operating</small>	

B Property Details
B1 0003 Not Residential
B2 Buildings not involved
B3 Acres burned

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

D Ignition
D1 76 Wall surface: exterior
D2 82 Radiated heat from
D3 12 Exterior wall covering
D4 41 Plastic

E1 Cause of Ignition
E2 Factors Contributing To Ignition
E3 Human Factors Contributing To Ignition

F1 Equipment Involved In Ignition
None
Brand
Model
Serial #
Year

F2 Equipment Power
F3 Equipment Portability
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
None
Fire suppression factor (1)
Fire suppression factor (2)
Fire suppression factor (3)

H1 Mobile Property Involved
None
Not involved in ignition, but burned
Involved in ignition, but did not burn
Involved in ignition and burned

H2 Mobile Property Type & Make
None
Mobile property type
Mobile property make

Local Use
Pre-Fire Plan Available
Arson report attached
Police report attached
Coroner report attached
Other reports attached

Mobile property model
Year
License Plate Number
State
VIN Number

I1 Structure Type * If Fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story <input type="text" value="001"/> <small>Total number of stories at or above grade</small> <input type="text" value="001"/> <small>Total number of stories below grade</small>	I4 Main Floor Size* <div style="text-align: right;">NFIRS-3 Structure Fire</div> <input type="text"/> , <input type="text" value="001"/> , <input type="text" value="100"/> <small>Total square feet</small> OR <input type="text"/> , <input type="text"/> BY <input type="text"/> , <input type="text"/> <small>Length in feet Width in feet</small>
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J1 Fire Origin * <input type="text" value="001"/> <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <input type="text"/> Number of stories w/ minor damage (1 to 24% flame damage) <input type="text"/> Number of stories w/ significant damage (25 to 49% flame damage) <input type="text"/> Number of stories w/ heavy damage (50 to 74% flame damage) <input type="text"/> Number of stories w/ extreme damage (75 to 100% flame damage)	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flames spread OR same as material first ignited OR unable to determine Skip To Section L K1 <input type="text"/> <input type="text"/> <small>Item contributing most to flame spread</small> K2 <input type="text"/> <input type="text"/> <small>Type of material contributing most of flame spread Required only if item contributing code is 00 or <70</small>
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		

L1 Presence of Detectors * <small>(In area of the fire)</small> N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input checked="" type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input checked="" type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	
L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined		

M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present Complete rest of Section M 1 <input type="checkbox"/> Present	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M4 Number of Sprinkler Heads Operating Required if system operated <input type="text"/> <small>Number of sprinkler heads operating</small>	

B Property Details

B1 0003 Not Residential
 Estimated Number of residential living units in building of origin whether or not all units became involved

B2 Buildings not involved
 Number of buildings involved

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

C On-Site Materials None or Products
 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)

 On-site material (2)

 On-site material (3)

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
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D Ignition

D1 76 Wall surface: exterior
 Area of fire origin *

D2 82 Radiated heat from
 Heat source *

D3 99 Multiple items first
 Item first ignited * Check Box if fire spread was confined to object of origin

D4
 Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition
 Check box if this is an exposure report. Skip to section G

1 Intentional
 2 Unintentional
 3 Failure of equipment or heat source
 4 Act of nature
 5 Cause under investigation
 U Cause undetermined after investigation

E2 Factors Contributing To Ignition

71 Exposure fire None
 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 involved

1 Male 2 Female

F1 Equipment Involved In Ignition
 None If Equipment was not involved, Skip to Section G

NNN None
 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

 Mobile property model Year

 License Plate Number State VIN Number

H2 Mobile Property Type & Make

NN None
 Mobile property type

 Mobile property make

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

I1 Structure Type * If Fire was In enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story <u>001</u> Total number of stories at or above grade <u>001</u> Total number of stories below grade	I4 Main Floor Size* NFIRS-3 Structure Fire <u> </u> , <u>001</u> , <u>100</u> Total square feet OR <u> </u> , <u> </u> BY <u> </u> , <u> </u> Length in feet Width in feet
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J1 Fire Origin * <u>001</u> <input type="checkbox"/> Below Grade Story of fire origin	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <u> </u> Number of stories w/ minor damage (1 to 24% flame damage) <u> </u> Number of stories w/ significant damage (25 to 49% flame damage) <u> </u> Number of stories w/ heavy damage (50 to 74% flame damage) <u> </u> Number of stories w/ extreme damage (75 to 100% flame damage)	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 <u> </u> <u> </u> Item contributing most to flame spread K2 <u> </u> <u> </u> Type of material contributing most of flame spread Required only if item contributing code is 00 or <70
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		

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Responding
Personnel

FDID

*

State *

Incident Date *

Station

Incident Number *

Exposure *

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	0.00
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	X FX Fire At Scene	P2		803	0.00	0.00
58 Thomas, William M	8033	FX Fire At Scene		OT	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	.T.	Station 1	Station 3	EMS RUN			
	.T.	Station 2	Station 4				
						Total Personnel Hours: 207.32	

An 'X' next to the unit denotes driver.

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Total Participants: 30 .T. Station 1 Station 3 EMS RUN
.T. Station 2 Station 4 Total Personnel Hours: 207.32

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Responding
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FDID *

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