

A		MM DD YYYY									<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS -1 Basic
27211 FDID *		ID	03	14	2012	CF2	12-0000840	000	Incident Number *		Exposure *		
B Location* <input type="checkbox"/> 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.													
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions													
5123 AVIATION WAY Number/Milepost Prefix Street or Highway Street Type Suffix													
CALDWELL ID 83605 Apt./Suite/Room City State Zip Code													
Cross street or directions, as applicable													
C Incident Type *				E1 Date & Times				E2 Shift & Alarms					
422 Chemical spill or leak Incident Type				Check boxes if dates are the same as Alarm Date. Alarm * 03 14 2012 16:29:47 Month Day Year Hr Min Sec ALARM always required				Midnight is 0000 Local Option B 01 164B Shift or Alarms District Platoon					
D Aid Given or Received*				E3 Special Studies									
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None				ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * 03 14 2012 16:42:01 CONTROLLED Optional, Except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit Cleared 03 14 2012 20:08:08				Local Option Special Study ID# Special Study Value					
F Actions Taken *				G1 Resources *				G2 Estimated Dollar Losses & Values					
43 Hazardous materials Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)				<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0003 0007 EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.				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		H1* Casualties		H3 Hazardous Materials Release				I Mixed Use Property					
<input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form				NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use					
J Property Use* Structures													
131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boardng house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales		539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse				936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway					
Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field								981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 800 Storage, Other					

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 Kelly MI Hogan Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room CALDWELL City

ID 83605 - 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

L Authorization

0227 ARAK, SHANE CP 03 15 2012
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. ☒ 0227 ARAK, SHANE CP 03 15 2012
Member making report ID Signature Position or rank Assignment Month Day Year

27211

FDID

*

ID

State *

MM

DD

YYYY

3

14

2012

Incident Date *

CF2

Station

12-0000840

Incident Number *

000

Exposure *

Complete
Narrative**Narrative:**

03/15/2012 02:31:55 sdonahue

CAD INFORMATION

CAD Call ID: 1028313

CAD Incident Type - FIRE FUEL LEAK

CAD Area - CF2

Dispatched by - K AMAN

Caller Info - CRYSTAL REED

CAD Address - 5123 AVIATION WAY; GATE 5

Incident #: 12-0000840. On 03/14/2012 at 16:29:47 dispatched to 5123 Aviation Way, Caldwell, ID 83605. The incident was determined to be a(n) chemical spill or leak.

Multiple station and/or multiple unit response to scene, arriving at 16:42 to a storage, other.

INCIDENT ACTIONS TAKEN

Hazardous materials spill control and confine

RESPONDING UNITS & UNIT ACTIONS TAKEN

Units are listed in the order of arrival date and time

ENGINE 101

Officer - Shane Arak

UNIT ACTIONS TAKEN

Hazardous materials spill control and confinement

Provide manpower

UNIT NARRATIVE

Dispatched to 5183 Aviation at gate 5 for report of a fuel leak. Arrived on location to the Caldwell Airport (HANGAR ADDRESS: 513 Dauntless Pl) with a single prop plane crashed into the building hanger listed above. Aircraft tail number is N5649B. 101 assumes Airport Command. 141 called for assistance, unable to respond. Chief Donahue arrived on location to assist, he called for 121 for class B foam to be on location. Aircraft was not running and there was no fire. Fuel was leaking on the ground (approx 25 to 50 gallons.) 101 crew began to contain fuel leak by damming leak with dirt. Crews were able to contain spill. Crews then assessed damage to building and plane. No pilot or persons in plane. No occupants in the building. Pilot left the scene. Bystanders stated that pilot prop started the plane and the plane took off across airport approximately 200 yards before hitting the building. I called State Comm and advised them of the incident. They advised me this was a Level 1 incident and the incident number is 8201200047. Chief Donahue put in a call to Debbie with the FAA at [REDACTED] to advise them of the incident. CPD gathered information on plane owner. I gathered information on owner of damaged property: Kelly Hogan # [REDACTED] Owner of property at 513 & 517 Dauntless Pl. Caldwell Idaho. 101 was on standby until plane was removed from the

27211

FDID

*

ID

State

*

MM

DD

YYYY

3

14

2012

Incident Date

*

CF2

Station

12-0000840

Incident Number

*

000

Exposure

*

Complete
Narrative**Narrative:**

building for fire protection. Plane out of building. Property turned over to the owner, Airport Command terminated and all unit clear the scene.

Unit 153

Officer - Steve Donahue

UNIT ACTIONS TAKEN

No unit actions taken

UNIT NARRATIVE

responded to airport for reported fuel leak of approximately 50 gallons. requested 121 respond for foam support. upon arrival, 101 crew dealing with fuel leak from single engine Cessna 170 that had plowed into another hanger (unattended when it hit hanger). fuel leaking from damaged right wing where wing impacted hanger support wall. crushed ng, nose, prop, and collapsed right main gear support. aircraft on two wheels, right wing low, right wing strut missing, imbedded in bi-fold door. fuel leak contained by 101 crew with dirt from sight. fuel dripping mainly on pad in front of hanger. pilot or person who "propped" plane to start not present. plane evidently made way across infield for approximately 100 yards from near parachute jump business to impact point. had owner of damaged hanger open street side overhead door for ventilation as there was some odor of avgas in hanger. also had him urn off hanger heater and hot water heater at panel. 101 called state comm for bridge. I talked to FAA via phone after dispatch called them. left before aircraft moved.

Unit 121

UNIT ACTIONS TAKEN

No unit actions taken

UNIT NARRATIVE

PROPERTY & INVOLVEMENTS

Hogan, Kelly

Property Owner

CELL 208-863-6547

20:08:08 all units back in service.

A	MM	DD	YYYY		CF2	12-0000840	000	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources
	27211	ID	3	14	2012	Incident Number	Exposure		
	FDID *	State *	Incident Date *		Station				

B Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min	Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
1 ID 101 Type 11	Dispatch <input checked="" type="checkbox"/> 3 14 2012 16:30 Arrival <input type="checkbox"/> 3 14 2012 16:42 Clear <input type="checkbox"/> 3 14 2012 20:08	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	43 73 86
2 ID 121 Type 24	Dispatch <input checked="" type="checkbox"/> 3 14 2012 16:46 Arrival <input type="checkbox"/> 3 14 2012 17:03 Clear <input type="checkbox"/> 3 14 2012 17:38	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	00
3 ID 153 Type 92	Dispatch <input checked="" type="checkbox"/> 3 14 2012 16:44 Arrival <input type="checkbox"/> 3 14 2012 16:55 Clear <input type="checkbox"/> 3 14 2012 18:42	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	43
4 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
5 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
6 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
7 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
8 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
9 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	

Type of Apparatus or Resources

Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

**More Apparatus?
Use Additional
Sheets**

Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource
- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

A		MM DD YYYY		FDID *		State *		Incident Date *		Station		Incident Number *		Exposure *		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
		27211		ID 3 14 2012		CF2		12-0000840		000									

B Apparatus or Resource <small>Use codes listed below</small>		Date and Times <small>Check if same as alarm date</small>				Sent	Number of People	Use	Actions Taken	
		Month	Day	Year	Hours/mins	<input type="checkbox"/>		<input checked="" type="checkbox"/> Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> EMS <input type="checkbox"/> Other	List up to 4 actions for each apparatus and each personnel.	

1	ID 101	Type 11	Dispatch <input checked="" type="checkbox"/>	3	14	2012	16:30	Sent		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	43	73
			Arrival <input type="checkbox"/>	3	14	2012	16:42	<input checked="" type="checkbox"/>	4		86	
			Clear <input type="checkbox"/>	3	14	2012	20:08					

Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0193	GARCIA, DANIEL	FFI-2	X				
0227	ARAK, SHANE	CP	X				
0448	WORWOOD, COREY	FFI-2	X				
0452	GIGRAY, WILLIAM	FFII	X				

2	ID 121	Type 24	Dispatch <input checked="" type="checkbox"/>	3	14	2012	16:46	Sent		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	00	
			Arrival <input type="checkbox"/>	3	14	2012	17:03	<input checked="" type="checkbox"/>	2			
			Clear <input type="checkbox"/>	3	14	2012	17:38					

Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0237	TONEY, JOE	DO	X				
0238	MARTINEZ, JOSE	CP	X				

3	ID 153	Type 92	Dispatch <input checked="" type="checkbox"/>	3	14	2012	16:44	Sent		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	43	
			Arrival <input type="checkbox"/>	3	14	2012	16:55	<input checked="" type="checkbox"/>	1			
			Clear <input type="checkbox"/>	3	14	2012	18:42					

Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0464	DONAHUE, STEVE	DC-TRN	X				

27211	ID	MM	DD	YYYY	CF2	12-0000840	000	Responding Personnel
FDID *	State *	3	14	2012	Station	Incident Number *	Exposure *	

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
0193 GARCIA, DANIEL	101	HAZ INCIDENT -		FFI-2		3.62	3.62	0.00
0227 ARAK, SHANE	101	HAZ INCIDENT -		CP		3.62	3.62	0.00
0448 WORWOOD, COREY	101	HAZ INCIDENT -		FFI-2		3.62	3.62	0.00
0452 GIGRAY, WILLIAM	101	HAZ INCIDENT -		FFII		3.62	3.62	0.00
0237 TONEY, JOE	121	HAZ INCIDENT -		DO		0.86	0.86	0.00
0238 MARTINEZ, JOSE	121	HAZ INCIDENT -		CP		0.86	0.86	0.00
0464 DONAHUE, STEVE	153	HAZ INCIDENT -		DC-TRN		1.97	1.97	0.00

Total Participants: 7

Total Personnel Hours: 18.17

An 'X' next to the unit denotes driver.

27211	ID	MM 3	DD 14	YYYY 2012	CF2	12-0000840	000	NFIRS - Incident User Fields
FDID *	State *	Incident Date *		Station	Incident Number *	Exposure *		

