

**NATIONAL TRANSPORTATION SAFETY BOARD**

Office of Aviation Safety  
Washington, D.C. 20594

**Attachment 8 - ARFF Response Document**

**OPERATIONAL FACTORS**

**DCA11MA075**

## **A. ACCIDENT**

**Operator:** Omega Aerial Refueling Services, Inc.  
**Location:** Point Mugu Naval Air Station, California  
**Date:** May 18, 2011  
**Airplane:** Boeing 707-321B, Registration Number: N707AR

## **B. NATIONAL TRANSPORTATION SAFETY BOARD (NTSB) OPERATIONS GROUP**

Captain David Lawrence - Chairman  
Senior Air Safety Investigator  
National Transportation Safety Board  
490 L'Enfant Plaza East S.W.  
Washington, DC 20594

Captain John Banitt  
B707 Flight Standardization Officer  
Omega Air Refueling  
700 N. Fairfax Street, Suite 306  
Alexandria, Virginia 22314

Mr. Tony James  
Air Safety Investigator  
Federal Aviation Administration (FAA)  
800 Independence Ave. S.W.  
Washington, DC 20591

Mr. Michael Coker  
Senior Safety Pilot  
The Boeing Company  
P.O. Box 3707 MC 20-95  
Seattle, Washington 98124-2207

## **C. SUMMARY**

On May 18, 2011, at approximately 1727 pm local time (0027 UTC), Omega Air flight 70, a Boeing 707-321B (N707AR), crashed on takeoff at the Point Mugu Naval Air Station<sup>1</sup>, Point Mugu, California. The airplane impacted beyond the departure end of runway 21 and was destroyed by post-impact fire. All three flight crewmembers aboard escaped with minor injuries.

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<sup>1</sup> Naval Base Ventura County.

D. ARFF<sup>2</sup> RESPONSE DOCUMENT

U.S. Navy Fire and Emergency Services

### NFIRS Basic

**A** Incident ID: 344943 Created By: JAMES\_VASQUEZ / 5174427 Status: Updated

FDID: NAVBASE Ventura County - Point Mugu / N3016 State: CD Department of Defense Incident Date/Local Military time: 5/18/2011 17:25:00 Station: 71  
 Incident Number: 1100521 Exposure: 0

**Authorization**  
 Officer in Charge: COLIN G BELL Position or Rank: Assistant Assignment: 82 Date: 4/18/2011  
 Member making report: JAMES VASQUEZ Position or Rank: Lead Firef Assignment: CAPT 18 Date: 4/18/2011  
 Check this box if same as Officer in Charge:

**B** Location  Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B (Alternative Location Specification). Use only for wildland fires.  
**Type**  1-Street address  2-Intersection  3-In front of  4-Rear of  5-Adjacent to  6-Directions  7-US National Grid  
 If incident occurred at a DOD installation, check here:  And Select an Installation: Naval Base Ventura County - Point Mugu  
 Census Tract:  Public Private Venture:   
**SELECT A BUILDING**  
 Number / Milepost:  Prefix:  Street: RW-3 Street Type:  Suffix:   
 Apt / Suite / Room:  City: Point Mugu State: CA-California Zip Code: 93042 Zip4:   
 Cross Street, Directions or National Grid, as applicable:

**C** Incident Type: 1359 Aircraft crash with fire  
 An announced emergency is an in-flight emergency (IFE) in which the estimated time of arrival of the aircraft allows for pre-positioning of aircraft rescue and firefighting (ARFF) apparatus before IFE aircraft arrives.  
 An unannounced emergency is any emergency in which the notification does not allow pre-positioning of ARFF apparatus or the ARFF apparatus response directly a ground emergency.  
 Un-Announced  
 Announced

**D** Aid Given or Received:  None  Automatic aid received  
 If Aid Given, fill out THEIR information below.  
 FDIID:   
 State:   
 Incident Number: 1100280

**E1** Dates and Times  
 Notification Received From External 911 Center?  Yes  No  
 Click here to Enter/Update dates.  
 Note: our service performance is rooted in time measurements. It is imperative that times are recorded to the second, ie 12:30:45.  
 Alarm: 5/18/2011 17:25:00  
 Dispatch: 5/18/2011 17:25:22  
 Departure: 5/18/2011 17:26:00  
 Arrival: 5/18/2011 17:27:00  
 Vertical: 5/18/2011 17:27:02  
 Controlled: 5/18/2011 21:15:00  
 Last Unit Cleared: 5/18/2011 22:20:12  
**Ambulance Dates and Times (Not FAES Resources)**  
 Note: Use Apparatus Report for FAES Ambulance Dates and Times  
 Called:   
 On-Scene:

**E2** Shifts and Alarms  
 Shift/Person:   
 Alarm:   
 District:

**E3** Special Studies  
 Seq # ID Value

**F** Actions Taken (Maximum of 3)  
 500-Aircraft action other  
 10-Fire control or extinguishment, other  
 82-Notify other agencies.

**G1** Resources  
 Check this box and skip this block if an Apparatus or Personnel Module is used.  
 Suppression: Apparatus: 8 Personnel: 13  
 EMS:

**G2** Estimate Dollar Values and Losses (required for fires)  
 Pre-Incident/None Losses/None Dollars Saved  
 Property:     
 Contents:

[https://esams.cnic.navy.mil/ESAMS\\_Gen\\_2/Fire/NFIRS/Reports/NFIRS\\_PrintAllFormsR...](https://esams.cnic.navy.mil/ESAMS_Gen_2/Fire/NFIRS/Reports/NFIRS_PrintAllFormsR...) 5/21/2011

<sup>2</sup> Aircraft Rescue and Fire Fighting.

<p>Other: <input type="text" value="0"/> <input type="text" value="0"/></p> <p><input type="checkbox"/> Check box if resource counts include aid received resources.</p>	<p><b>Significant Event</b> <input checked="" type="checkbox"/></p> <p><small>Definition: A "significant incident" is defined here as any fire, emergency medical service, technical rescue, or hazardous material incident on an installation or to Navy-owned or leased property outside an installation with:</small></p> <p><small>(a) over \$100,000 property loss averted, or where \$100,000 or more property loss was incurred, or</small></p> <p><small>(b) at least one serious (disabling - multi-system trauma, cardiac/respiratory arrest) injury or death incurred, or</small></p> <p><small>(c) at least one serious (disabling - multi-system trauma, cardiac/respiratory arrest) injury or death averted, or</small></p> <p><small>(d) any incident that will generate adverse public reaction, or</small></p> <p><small>(e) any incident that will trigger state, national, or international media attention.</small></p> <p><small>(f) all mutual aid incidents that meet the "significant event" criteria when Navy F&amp;ES companies provided EMS, technical rescue, HazMat or firefighting services.</small></p>	
<p><b>H1 Casualties</b></p> <p>Deaths: <input type="text" value="0"/></p> <p>Injuries: <input type="text" value="0"/></p> <p>Rescues: <input type="text" value="0"/></p> <p>Fire Service: <input type="text" value="0"/></p> <p>Non-Fire Service: <input type="text" value="0"/></p>	<p><input checked="" type="checkbox"/> None</p> <p><b>H2 Detector</b></p> <p>Required for confined fires.</p> <p><input type="checkbox"/> 1-Detector alerted occupants</p> <p><input type="checkbox"/> 2-Detector did not alert occupants</p> <p><input checked="" type="checkbox"/> 0-Unknown</p>	<p><b>H3 Hazardous Materials Release</b></p> <p><input type="checkbox"/> 1-Natural gas slow leak, no evacc. or HazMat actions</p> <p><input type="checkbox"/> 2-Propane gas - Less than a 21 lb. tank</p> <p><input type="checkbox"/> 3-Gasoline - vehicle fuel tank or portable container</p> <p><input type="checkbox"/> 4-Kerosene - fuel-burning equipment/portable storage</p> <p><input checked="" type="checkbox"/> 5-Diesel fuel/fuel oil - vehicle fuel tank/portable</p> <p><input type="checkbox"/> 6-Household/office solvent or chemical spill</p> <p><input type="checkbox"/> 7-Motor oil - from engine or portable container</p> <p><input type="checkbox"/> 8-Paint - spills less than 55 gallons</p> <p><input type="checkbox"/> 9-Special HazMat actions required or spill &gt;= 55 gal.</p> <p><input type="checkbox"/> N-None</p>
<p><b>Mixed Use Property</b></p> <p><input type="checkbox"/> 10-Assembly use   <input type="checkbox"/> 40-Residential use   <input type="checkbox"/> 50-Business and residential use   <input type="checkbox"/> 63-Military use   <input type="checkbox"/> 69-Mixed use, other</p> <p><input type="checkbox"/> 20-Educational use   <input type="checkbox"/> 51-Row of stores   <input type="checkbox"/> 59-Office use   <input type="checkbox"/> 65-Farm use   <input type="checkbox"/> NN-Not mixed use</p> <p><input type="checkbox"/> 33-Medical use   <input type="checkbox"/> 53-Enclosed mall   <input type="checkbox"/> 60-Industrial use</p>		
<p><b>Property Use</b> <input type="text" value="972-Aircraft runway"/>      Check here: <input type="checkbox"/> If this is an Aircraft Object.</p>		
<p><b>K1 Person/Entity Involved</b></p> <p>Business Name: <input type="text"/>      Phone Number: <input type="text"/></p> <p>Mr./Ms./Mrs: <input type="text"/>      First Name: <input type="text"/>      MI: <input type="text"/>      Last Name: <input type="text"/>      Jr./Sr./MO: <input type="text"/></p> <p><input type="checkbox"/> Check this box if the address is same as the Incident Location (Section B). Then skip the next 2 lines.</p> <p>Number: <input type="text"/>      Prefix: <input type="text"/>      Street: <input type="text"/>      Street Type: <input type="text"/>      Suffix: <input type="text"/></p> <p>Post Office Box: <input type="text"/>      Apt./Suite/Room: <input type="text"/>      City: <input type="text"/>      State: <input type="text"/>      Zip Code: <input type="text"/>      Zip+4: <input type="text"/></p>		
<p><b>K2 Owner</b></p> <p><input type="checkbox"/> Same as Person Involved? Then check this box and skip the rest of the block.</p> <p>Business Name: <input type="text"/>      Phone Number: <input type="text"/></p> <p>Mr/Ms/Mrs: <input type="text"/>      First Name: <input type="text"/>      MI: <input type="text"/>      Last Name: <input type="text"/>      Jr. Sr. MO: <input type="text"/></p> <p><input type="checkbox"/> Check this box if the address is same as the Incident Location (Section B). Then skip the next 2 lines.</p> <p>Number: <input type="text"/>      Prefix: <input type="text"/>      Street: <input type="text"/>      Street Type: <input type="text"/>      Suffix: <input type="text"/></p> <p>Post Office Box: <input type="text"/>      Apt./Suite/Room: <input type="text"/>      City: <input type="text"/>      State: <input type="text"/>      Zip Code: <input type="text"/>      Zip+4: <input type="text"/></p>		
<p><b>L Remarks:</b> Describe the incident in your own words (must be 25 characters or more).</p>		

Mugu O tower advised that we had a CRASH Boeing 707 with three (3) personnel onboard, with 150,000 lbs of fuel.

Crash 17 arrived on scene and found an Omega Tanker fully involved and had come to rest in the swamp (marsh) land on the south side of Runway 21 as reported. Crash 17 also advised that all three crew members had self egressed from the aircraft and were walking towards their location.

Chief 2 assigned Crash 17 and 18 to fire attack

Engine 72 and Ambulance 202 were assigned medical division and set up a triage area on the overrun of Runway 21. Engine 72 advised that all crew members were accounted for and had minor injuries. When Battalion 1 (VNC) arrived on scene he was assigned medical division.

Quint 72 crew responded to Fire Station 71 and manned Crash 16, leaving Quint 72 and the Engineer at Station 71 to set up a water replenishing area for Crash trucks to re-service. Chief 2 named this the Runway Incident and assumed Runway IC. Chief 3 was on scene and assigned Operations. Once Battalion 1 (VNC) secured from medical division he was assigned to incident safety officer.

Runway IC (Chief 2) requested that dispatch make all appropriate command notifications and requested the CDO to the scene. Runway IC also requested that environmental be notified due the aircraft coming to rest in the swamp (marsh) area and the possibility of fuel getting in the bay and then into the ocean. California Fish and Game, Coast Guard and NBVC Environmental got together and came up with a game plan to block all drainage culverts with sand in an attempt to block fuel from getting into the bay/ocean.

Crashes 17 had taken up a position to the nose of the aircraft; due to the distance of the aircraft from the hard pack they were unable to put foam on the aircraft. Crash 18 took up position near the middle of the aircraft and again due to the distance of the aircraft in the swamp (marsh) and they were unable to get foam on the aircraft. Chief 2 had both Crash trucks deploy handlines and in an effort to advance further towards the aircraft and put foam on the aircraft. Aircraft was in a location that handlines and roof ladders were ineffective at putting foam on the aircraft. Clarification, aircraft was in the swamp (marsh) land partially submerged.

Runway IC requested an engine to cover NBVC PL Mugu during the incident due to commitment of all NBVC assets. Ventura County Dispatch, dispatched two engines to cover the installation VNC E-152 and E-50, covering from Fire Station 72 (NBVC).

Ventura County Air Squad 9 arrived on scene and did not have water dropping capabilities. Air Squad 9 returned to the heliport and returned with Air Squad 7 an LZ (landing zone) was established near Hanger 355 to replenish the Air Squad. Air Squad 7 made two drops with foam and it didn't make a difference to the fuel driven fire. Air Squad 7 made 10+ water drops. Medic Engine 51 (VNC) was assigned to the LZ.

Paramedic Units 663 and 457 arrived on scene and took over patient care. One (1) Patient (crew) was transported ALS to VCMC (Ventura County Medical Center) with a leg injury, the other two (2) patients (crew) were transported to VCMC BLS with minor injuries. It was decided to transport all crew members to VCMC due to the mechanism of injuries caused in the plane crash.

Engine 72 was re-assigned to Fire Attack and extended hoses/lines towards the aircraft. Due to the depth of the swamp land Engine 72 were unable to get a fire stream on the fire. Engine 53 (VNC) was assigned to shuttle water to Engine 72 during the firefight.

Quint 72 Engineer was advised to bring department foam trailer to the incident for replenishment of Crash Trucks and Engine companies.

Chief 2 request that Air Field facilities bring the metal cargo pallets to the incident to build a bridge to the aircraft. It was also requested through dispatch to contact the Seabee Units at PL. However requesting an all terrain fork lift to lay down the pallets.

Due to the amount of Water being utilized two (2) water tenders were requested and dispatched from Ventura County Fire. Dispatched were VNC Water Tender 25 and Ventura City Water Tender 1. Once the two resources arrived on scene, they were put into the rotation of shuttling water with E-53 and E-371, creating a constant water supply for E-72.

NBVC Airfield facilities arrived on scene with the cargo pallets and due to the weight of the pallets it was decided to get wooden pallets in an attempt to build a bridge, until the all terrain fork lift the metal pallets. Airfield facilities returned with wooden pallets and fire department personnel started to construct a walk bridge to the aircraft. Airfield facilities made several runs for pallets and a bridge to the aircraft was constructed.

NBVC Airfield facilities were requested to bring lighting to the field. Facilities returned with three mobile lighting carts and were set up to illuminate the incident.

E-72 advanced three handlines to the aircraft and began to lay down a foam blanket. E-72 crew could not advance further towards the aircraft due to fuel still leaking from the starboard wing. The foam blanket continued and approximately 30 minutes later the fuel leak stopped and handlines were advanced. Crew made it onto the wing of the aircraft and began applying foam to the interior of the fuselage. Fire was knocked down at approximately 2052 hours. Exterior overhaul was performed at approximately 2110, due to the condition of the fuselage an interior overhaul was not performed for safety of firefighting crews.

American Red Cross was requested to the scene and responded bringing water and food for response personnel on the scene.

At approximately 2120 all crews were withdrawn from the aircraft and sent to Rehab. Fire was extinguished at approximately 2115 and a void blanket of foam was laid down on the interior and exterior of the aircraft.

Approximately 2210 all mutual aid assets were released from the incident with the exception of E-152 that was covering PL Mugu out of Fire Station 72. E-152 remained on station coverage until all structural equipment could be re-serviced and return to quarters. E-152 (VNC) was released from coverage at approximately 2245.

A two hour fire wash was established with Fire Department personnel through the night.

Approximately 210 gallons of foam was utilized for the incident from the department foam trailer and approximately 30 gallons of foam used from the two crash trucks. Total amount of foam utilized on the incident 260 gallons. Foam trailer and crash trucks were re-serviced, and available.

All personnel cleared the scene and it was stated by on-scene command personnel a meeting would be held in the morning at approximately 0800 with them and the NTSB personnel to conduct Post Incident investigation. Scene was turned over to Base Police to remain on scene through the remainder of the night.

### NFIRS Apparatus Or Resource

<p>Apparatus Or Resources</p> <p>ID: <input type="checkbox"/> 72    Seq. Num: <input type="checkbox"/></p> <p>Type: <input type="checkbox"/> 13-Quint</p> <p>If Type (above) is 75-BLS Unit or 76-ALS Unit Then check here: <input type="checkbox"/> Inter Facility Transport</p>	<p>Dates and Times</p> <p>Local Time mm/dd/yyyy hh:mm</p> <p>Check if same date as date on the Basic Report (Block E1)</p> <p>Dispatch <input checked="" type="checkbox"/> 5/18/2011 17:25:22</p> <p>Departure <input checked="" type="checkbox"/> 5/18/2011 17:26:00</p> <p>Arrival <input checked="" type="checkbox"/> 5/18/2011 17:27:00</p> <p>Clear <input checked="" type="checkbox"/> 5/18/2011 22:20:12</p> <p>FAES Ambulance Dates and Times</p> <p>Called <input type="checkbox"/></p> <p>On-Scene <input type="checkbox"/></p>	<p>Number of People</p> <p>4</p>	<p>Apparatus Use</p> <p>Check one box to indicate its main use at the incident</p> <p><input checked="" type="checkbox"/> Suppression</p> <p><input type="checkbox"/> EMS</p> <p><input type="checkbox"/> Other</p> <p>Actions Taken</p> <p>Select up to 4 actions for each apparatus</p> <p>500-Aircraft action other</p> <p>10-Fire control or extinguishment, other</p> <p>83-Notify other agencies</p>
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Personnel Name	ID	Seq. Num.	Abend	SCBA Used	SCBA Minutes	Actions Taken
DeGregori, Derek	5419792	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Select up to 4 actions for each person
GRAJEDA, RONALD LAWRENCE	5519151	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		11-Extinguishment by fire service personnel

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GRAVES, KEVIN C	5536366	3	P/F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-Fire control or extinguishment, other 74-Provide apparatus
SHEARER, JOHN H	5173477	1	CAPT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-Fire control or extinguishment, other 73-Provide manpower

### NFIRS Apparatus Or Resource

Apparatus Or Resources ID <u>E 72</u> Seq. Num. <u>8</u> Type 11-Engine If Type (above) is 75-BLS Unit or 76-ALS Unit Then check here: <input type="checkbox"/> Intra Facility Transport	Dates and Times Local Time mm/dd/yyyy hh:mm Check if same date as date on the Basic Report (Block E1)	Sent <input type="checkbox"/> Number of People 4	Apparatus Use Check one box to indicate its main use at the incident <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken Select up to 4 actions for each apparatus 500-Aircraft action other 10-Fire control or extinguishment, other 62-Nonfy other aircraft
	Dispatch <input checked="" type="checkbox"/> 5/18/2011 17:25:22 Departure <input checked="" type="checkbox"/> 5/18/2011 17:25:00 Arrival <input checked="" type="checkbox"/> 5/18/2011 17:27:00 Clear <input checked="" type="checkbox"/> 5/18/2011 22:20:12 FAES Ambulance Dates and Times Called <input type="checkbox"/> On-Scene <input type="checkbox"/>			

Personnel Name	ID	Seq. Num.	Rank	Abroad	SCBA Used	SCBA Minutes	Actions Taken
GRAP, EDWARD C	5169348	3	E/F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-Fire control or extinguishment, other 73-Provide manpower
ORELLANA, ADRIAN	5505961	4		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-Fire control or extinguishment, other
PLYMIRE, VINCENT J	5172528	1	CAPT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11-Extinguishment by fire service personnel 10-Fire control or extinguishment, other 73-Provide manpower
WILSON, ROBERT H	5174905	2	Eng	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-Fire control or extinguishment, other

### NFIRS Apparatus Or Resource

Apparatus Or Resources ID <u>17</u> Seq. Num. <u>8</u> Type 17-ARFF (aircraft rescue & firefighting) If Type (above) is 75-BLS Unit or 76-ALS Unit Then check here: <input type="checkbox"/> Intra Facility Transport	Dates and Times Local Time mm/dd/yyyy hh:mm Check if same date as date on the Basic Report (Block E1)	Sent <input type="checkbox"/> Number of People 3	Apparatus Use Check one box to indicate its main use at the incident <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken Select up to 4 actions for each apparatus 500-Aircraft action other 10-Fire control or extinguishment, other 62-Nonfy other aircraft
	Dispatch <input checked="" type="checkbox"/> 5/18/2011 17:25:22 Departure <input checked="" type="checkbox"/> 5/18/2011 17:26:00 Arrival <input checked="" type="checkbox"/> 5/18/2011 17:27:00 Clear <input checked="" type="checkbox"/> 5/18/2011 22:20:12 FAES Ambulance Dates and Times Called <input type="checkbox"/> On-Scene <input type="checkbox"/>			

Personnel Name	ID	Seq. Num.	Rank	Abroad	SCBA Used	SCBA Minutes	Actions Taken
ANDERSON, TORREY	5171906	2	ENG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-Fire control or extinguishment, other
PRADO, MALCOLM D	5172576	3	P/F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-Fire control or extinguishment, other
Sanchez, Andrew	5319759	1	CAPT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-Fire control or extinguishment, other

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### NFIRS Apparatus Or Resource

Apparatus Or Resources ID 18 Seq. Num. 8 Type 17-ARFF (aircraft rescue & firefighting) If Type (above) is 75-BLS Unit or 76-ALS Unit Then check here: <input type="checkbox"/> Inter Facility Transport	Dates and Times Local Time mm/dd/yyyy hh:mm Check if same date as date on the Basic Report (Block E1)		Sent <input type="checkbox"/>	Number of People 3	Apparatus Use Check one box to indicate its main use at the incident <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken Select up to 4 actions for each apparatus 500-Aircraft action other 10-Fire control or extinguishment, other 10-Notify other apparatus
	Dispatch <input checked="" type="checkbox"/> 5/18/2011 17:25:22	Departure <input checked="" type="checkbox"/> 5/18/2011 17:26:00				
	Arrival <input checked="" type="checkbox"/> 5/18/2011 17:27:00	Clear <input checked="" type="checkbox"/> 5/18/2011 22:20:12	FAES Ambulance Dates and Times Called <input type="checkbox"/> On-Scene <input type="checkbox"/>			

Personnel Name	ID	Seq. Num.	Rank	Attend	SCBA Used	SCBA Minutes	Actions Taken Select up to 4 actions for each person
DRIFKA, JOHN P	5169474	2	Eng	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-Fire control or extinguishment, other
KOLTAJ, JACK P	5170321	3	R/F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-Fire control or extinguishment, other
VASQUEZ, JAMES	5174427	1	CAPT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-Fire control or extinguishment, other

### NFIRS Apparatus Or Resource

Apparatus Or Resources ID 371 Seq. Num. 8 Type 16-Bush truck If Type (above) is 75-BLS Unit or 76-ALS Unit Then check here: <input type="checkbox"/> Inter Facility Transport	Dates and Times Local Time mm/dd/yyyy hh:mm Check if same date as date on the Basic Report (Block E1)		Sent <input type="checkbox"/>	Number of People 1	Apparatus Use Check one box to indicate its main use at the incident <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken Select up to 4 actions for each apparatus 500-Aircraft action other 10-Fire control or extinguishment, other 10-Notify other apparatus
	Dispatch <input checked="" type="checkbox"/> 5/18/2011 17:25:22	Departure <input checked="" type="checkbox"/> 5/18/2011 17:26:00				
	Arrival <input checked="" type="checkbox"/> 5/18/2011 17:27:00	Clear <input checked="" type="checkbox"/> 5/18/2011 22:20:12	FAES Ambulance Dates and Times Called <input type="checkbox"/> On-Scene <input type="checkbox"/>			

Personnel Name	ID	Seq. Num.	Rank	Attend	SCBA Used	SCBA Minutes	Actions Taken Select up to 4 actions for each person
DRIFKA, JOHN P	5169474	1	Eng	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75-Provide water 92-Standby

### NFIRS Apparatus Or Resource

Apparatus Or Resources ID 10 Seq. Num. 8 Type 17-ARFF (aircraft rescue & firefighting) If Type (above) is 75-BLS Unit or 76-ALS Unit Then check here: <input type="checkbox"/> Inter Facility Transport	Dates and Times Local Time mm/dd/yyyy hh:mm Check if same date as date on the Basic Report (Block E1)		Sent <input type="checkbox"/>	Number of People 1	Apparatus Use Check one box to indicate its main use at the incident <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken Select up to 4 actions for each apparatus 500-Aircraft action other 10-Fire control or extinguishment, other 10-Notify other apparatus
	Dispatch <input checked="" type="checkbox"/> 5/18/2011 17:25:22	Departure <input checked="" type="checkbox"/> 5/18/2011 17:26:00				
	Arrival <input checked="" type="checkbox"/> 5/18/2011 17:27:00	Clear <input checked="" type="checkbox"/> 5/18/2011 22:20:12	FAES Ambulance Dates and Times Called <input type="checkbox"/> On-Scene <input type="checkbox"/>			

Personnel Name	ID	Seq. Num.	Rank	Attend	SCBA Used	SCBA Minutes	Actions Taken Select up to 4 actions for each person
GRAVES, KEVIN C	5526166	3	R/F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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76-Provide water  
92-Stationary

### NFIRS Apparatus Or Resource

<b>Apparatus Or Resources</b> ID: <input type="text" value="87"/> Seq. Num.: <input type="text" value="1"/> Type: <input type="text" value="92-Chief officer car"/> If Type (above) is 75-BLS Unit or 76-ALS Unit, Then check here: <input type="checkbox"/> Inter Facility Transport	<b>Dates and Times</b> Local Time mm/dd/yyyy hh:mm Check if same date as date on the Basic Report (Block E1) Dispatch: <input checked="" type="checkbox"/> 5/18/2011 17:25:22 Departure: <input checked="" type="checkbox"/> 5/18/2011 17:26:00 Arrival: <input checked="" type="checkbox"/> 5/18/2011 17:27:00 Clear: <input checked="" type="checkbox"/> 5/18/2011 22:20:12 <b>FAES Ambulance Dates and Times</b> Called: <input type="checkbox"/> On-Scene: <input type="checkbox"/>	Sent <input type="checkbox"/> Number of People: <input type="text" value="1"/>	<b>Apparatus Use</b> Check one box to indicate its main use at the incident: <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other  <b>Actions Taken</b> Select up to 4 actions for each apparatus: 500-Aircraft action other 10-Fire control or extinguishment, other R2-Notify other agencies
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Personnel Name: <input type="text" value="BELL, COLIN G"/>	ID: <input type="text" value="5166891"/>	Seq. Num.: <input type="text" value="1"/>	Rank: <input type="text" value="Chief"/>	Attend: <input checked="" type="checkbox"/>	SCBA Used: <input type="checkbox"/>	SCBA Minutes: <input type="text"/>	Actions Taken: <input type="text" value="81-Incident command"/>
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### NFIRS Apparatus Or Resource

<b>Apparatus Or Resources</b> ID: <input type="text" value="R71"/> Seq. Num.: <input type="text" value="1"/> Type: <input type="text" value="60-Support apparatus, other"/> If Type (above) is 75-BLS Unit or 76-ALS Unit, Then check here: <input type="checkbox"/> Inter Facility Transport	<b>Dates and Times</b> Local Time mm/dd/yyyy hh:mm Check if same date as date on the Basic Report (Block E1) Dispatch: <input checked="" type="checkbox"/> 5/18/2011 17:25:22 Departure: <input checked="" type="checkbox"/> 5/18/2011 17:26:00 Arrival: <input checked="" type="checkbox"/> 5/18/2011 17:27:00 Clear: <input checked="" type="checkbox"/> 5/18/2011 22:20:12 <b>FAES Ambulance Dates and Times</b> Called: <input type="checkbox"/> On-Scene: <input type="checkbox"/>	Sent <input type="checkbox"/> Number of People: <input type="text" value="1"/>	<b>Apparatus Use</b> Check one box to indicate its main use at the incident: <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other  <b>Actions Taken</b> Select up to 4 actions for each apparatus: 500-Aircraft action other 10-Fire control or extinguishment, other R2-Notify other agencies
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Personnel Name: <input type="text" value="KOLTAI, JACK P"/>	ID: <input type="text" value="5170521"/>	Seq. Num.: <input type="text" value="1"/>	Rank: <input type="text" value="P/F"/>	Attend: <input checked="" type="checkbox"/>	SCBA Used: <input type="checkbox"/>	SCBA Minutes: <input type="text"/>	Actions Taken: <input type="text" value="73-Provide manpower"/>
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### NFIRS Fire

<b>B Property Details</b> Number of Residential Units: <input type="text" value="0"/> Not Residential: <input checked="" type="checkbox"/> Number of Building Involved: <input type="text" value="0"/> Buildings Not Involved: <input checked="" type="checkbox"/> Number of Acres Burned: <input type="text" value="0"/> None: <input checked="" type="checkbox"/> Less than one acre: <input type="checkbox"/>	<b>C On-Site Materials or Products</b> None: <input type="checkbox"/> Select up to 3 materials or products. Select one 'Storage Use' for each Material or Product. Select 'None' (above), to clear all entries.	<b>On-Site Materials Storage Use</b> 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.
<b>D Ignition</b> D1 Area of fire origin: <input type="text" value="UU-Undetermined"/> D2 Heat source: <input type="text" value="UU-Undetermined"/> D3 Item first ignited: <input type="text" value="UU-Undetermined"/> Check if Fire Continued to Object Origin: <input type="checkbox"/> D4 Type of material first ignited: <input type="text"/>	<b>E1 Cause of Ignition</b> Is this an exposure report? <input type="text" value="5-Cause under investigation"/> <b>E2 Factors Contributing to Ignition:</b> None: <input type="checkbox"/>	<b>E3 Human Factors Contributing to Ignition</b> None: <input checked="" type="checkbox"/> <input type="checkbox"/> 1-Asleep <input type="checkbox"/> 2-Possibly impaired by alcohol or drugs <input type="checkbox"/> 3-Unattended or unsupervised person If Age Was a Factor enter Estimated age of Person Involved: <input type="text"/>

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Required only if item first ignited code is 00 or less than 70.

UU-Undetermined

Gender

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F1 Equipment Involved In Ignition  
 No Equipment Involved   
 [UUU-Undetermined]  
 Brand  
 Model  
 Serial #  
 Year

F2 Equipment Power Source

F3 Equipment Portability  
 1-Portable  
 2-Stationary  
 Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

G Fire Suppression Factors: None

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H1 Mobile Property Involved: None   
 1-Not involved in ignition, but burned  
 2-Involved in ignition, but did not itself burn  
 3-Involved in ignition and burned  
 N-None

H2 Mobile Property Type and Make  
 Mobile Property Type  
 Mobile Property Make

Local Use  
 0-Pre-fire plan available  
 1-Arson report attached  
 2-Police report attached  
 3-Coroner report attached  
 4-Other reports attached

Mobile Property Model Year  
 License Plate Number State VIN

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**If fire was in an Enclosed Building or a Portable/Mobile structure, complete the information below.**  
If the incident type is a structure fire, and structure type 1 or 2 is selected, then information highlighted in YELLOW is required.  
 \*Structure Type\* is the only thing required for incident type (112 Fires in structure other than in a building. Option 1 or 2 are not allowed.)

I1 Structure Type  
 1-Enclosed building  
 2-Fixed portable or mobile structure  
 3-Open structure  
 4-Air-supported structure  
 5-Tent  
 6-Open platform  
 7-Underground structure/work area  
 8-Connective structure  
 9-Structure type, other

I2 Building Status  
 1-Under construction  
 2-In normal use  
 3-Idle, not routinely used  
 4-Under major renovation  
 5-Vacant and secured  
 6-Vacant and unsecured  
 7-Being demolished  
 8-Building status, other  
 U-Undetermined

I3 Building Height  
 Count the roof as part of the highest story  
 Total number of stories at or above grade.  
 Total number of stories below grade.

I4 Main Floor Size  
 Total square feet.  
 OR  
 Length in feet. By Width in feet.

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J1 Fire Origin  
 Story of the origin  
 Below grade

J2 Fire Spread  
 If fire spread was confined to object of origin, do not check a box (Ref block D3, Fire Module)  
 1-Confined to object of origin  
 2-Confined to room of origin  
 3-Confined to floor of origin  
 4-Confined to building of origin  
 5-Beyond building of origin

J3 Number of Stories Damaged by Flame  
 Count the roof as part of the highest story.  
 Number of stories with minor damage (1 to 24% flame damage)  
 Number of stories with significant damage (25 to 49% flame damage)  
 Number of stories with heavy damage (50 to 74% flame damage)  
 Number of stories with extreme damage (75 to 100% flame damage)

K Type of Material Contributing Most to Flame Spread  
 Check if no flame spread or if same as material first ignited (block D4 Fire module) or if unable to determine. Skip to section L.  
 K1 Item Contributing Most to Flame Spread  
 K2 Type of Material Contributing Most to Flame Spread

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L1 Presence of Detectors  
 1-Present  
 N-None present  
 U-Undetermined  
 (In area of the fire)

L2 Detector Type  
 1-Smoke  
 2-Heat  
 3-Combination Smoke and Heat  
 4-Sprinkler, water flow detection  
 5-More than one type present  
 0-Other

L3 Detector Power Supply  
 1-Battery only  
 2-Hardwire only  
 3-Plug-in  
 4-Hardwire with battery backup  
 5-Plug-in with battery backup  
 6-Mechanical  
 7-Multiple detectors, and power supplies  
 8-Detector power supply, other  
 U-Undetermined

L4 Detector Operation  
 1-Fire too small to activate detector

L5 Detector Effectiveness  
 1-Detector alerted occupants, occupants responded  
 2-Detector alerted occupants, occupants failed to respond  
 3-There were no occupants  
 4-Detector failed to alert occupants  
 U-Undetermined

L6 Detector Failure Reason  
 Required if detector failed to operate  
 1-Power failure, hardwired det. shut off, disconnect  
 2-Improper installation or placement of detector  
 3-Defective detector  
 4-Lack of maintenance, includes not cleaning

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<input type="radio"/> 1-Undetermined	<input type="radio"/> 2-Detector operated	<input type="radio"/> 5-Battery missing or disconnected
<input type="radio"/> 3-Detector failed to operate	<input type="radio"/> 6-Battery discharged or dead	
<input type="radio"/> 4-Undetermined	<input type="radio"/> 8-Detector failure reason, other	
	<input type="radio"/> 9-Undetermined	

  

<b>M1 Presence of Automatic Extinguishing System</b> <input type="radio"/> 1-Present <input type="radio"/> 2-Partial system present <input type="radio"/> 3-None Present <input type="radio"/> 4-Undetermined	<b>M3 Operation of Automatic Extinguishing System</b> Required if fire was within designated range <input type="radio"/> 1-System operated and was effective <input type="radio"/> 2-System operated and was not effective <input type="radio"/> 3-Fire too small to activate system <input type="radio"/> 4-System did not operate <input type="radio"/> 5-Operation of AES, other <input type="radio"/> 6-Undetermined	<b>M5 Reason for Automatic Extinguishing System Failure</b> Required if system failed or not effective <input type="radio"/> 1-System shut off <input type="radio"/> 2-Not enough agent discharged to control the fire <input type="radio"/> 3-Agent discharged, but did not reach the fire <input type="radio"/> 4-Inappropriate system for the type of fire <input type="radio"/> 5-Fire not in area protected by the system <input type="radio"/> 6-System components damaged <input type="radio"/> 7-Lack of maintenance, including corrosion or heads pointed <input type="radio"/> 8-Manual intervention defeated the system <input type="radio"/> 9-Reason system not effective, other <input type="radio"/> 10-Undetermined
<b>M2 Type of Automatic Extinguishing System</b> Required if fire was within designated range of ACS <input type="radio"/> 1-Wet-pipe sprinkler system <input type="radio"/> 2-Dry-pipe sprinkler system <input type="radio"/> 3-Other sprinkler system <input type="radio"/> 4-Dry chemical system <input type="radio"/> 5-Foam system <input type="radio"/> 6-Halogen-type system <input type="radio"/> 7-Carbon dioxide system <input type="radio"/> 8-Special hazard system, other <input type="radio"/> 9-Undetermined	<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated Number of Sprinkler Heads Operating (cannot be zero) <input type="text"/>	