



Survival Factors Attachment:

Emergency Response 911

Incident reports

Oakland, Ia.

HWY18MH003

(43 pages)

NFIRS-1 Basic

A

78002		IA		12		12		2017		1217144		0
FDID		State		Month		Day		Year		Station Number		Exposure

B Location Type

Census tract:

Street Address
 Intersection
 In Front Of
 Rear Of
 Adjacent To
 Directions
 US National Grid

17840				480th		ST-Street		
Number		Prefix		Street or Highway		Street Type		Suffix

	City of Oakland		IA		51560
Apt./Suite/Room	City		State		Zip Code

Cross Street

<p>C Incident Type</p> <p><input style="width: 100%; height: 20px;" type="text" value="131-Passenger vehicle fire"/></p>	<p>E1 Dates and Times</p> <p>Alarm <input style="width: 20px;" type="text" value="12"/> <input style="width: 20px;" type="text" value="12"/> <input style="width: 20px;" type="text" value="2017"/> <input style="width: 20px;" type="text" value="07:02"/></p> <p>Arrival <input style="width: 20px;" type="text" value="12"/> <input style="width: 20px;" type="text" value="12"/> <input style="width: 20px;" type="text" value="2017"/> <input style="width: 20px;" type="text" value="07:30"/></p> <p>Controlled <input style="width: 20px;" type="text" value=" "/> <input style="width: 20px;" type="text" value=" "/> <input style="width: 20px;" type="text" value=" "/> <input style="width: 20px;" type="text" value=" "/></p> <p>Last Unit Cleared <input style="width: 20px;" type="text" value="12"/> <input style="width: 20px;" type="text" value="12"/> <input style="width: 20px;" type="text" value="2017"/> <input style="width: 20px;" type="text" value="08:53"/></p>	<p>E2 Shifts and Alarms</p> <p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>Shift or Alarms District Platoon</p>								
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F Actions Taken <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">11-Extinguishment by fire service personnel</div> Primary Action Taken	G1 Resources <input checked="" type="checkbox"/> Apparatus or Personnel Module is used. <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%; text-align: center;">Apparatus</th> <th style="width:35%; text-align: center;">Personnel</th> </tr> </thead> <tbody> <tr> <td>Suppression</td> <td style="text-align: center; border: 1px solid black;">2</td> <td style="text-align: center; border: 1px solid black;">3</td> </tr> <tr> <td>EMS</td> <td style="text-align: center; border: 1px solid black;">0</td> <td style="text-align: center; border: 1px solid black;">0</td> </tr> <tr> <td>Other</td> <td style="text-align: center; border: 1px solid black;">1</td> <td style="text-align: center; border: 1px solid black;">2</td> </tr> </tbody> </table> <input type="checkbox"/> Resource counts include aid received resources.		Apparatus	Personnel	Suppression	2	3	EMS	0	0	Other	1	2	G2 Estimated Dollar Losses and Values Losses: Required for all fires if known. Optional for all non-fires. <table style="width:100%; margin-top: 5px;"> <tr> <td>Property: \$</td> <td style="border: 1px solid black; width: 100px;"></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents: \$</td> <td style="border: 1px solid black;"></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> </table> Pre-Incident Values: Optional <table style="width:100%; margin-top: 5px;"> <tr> <td>Property: \$</td> <td style="border: 1px solid black; width: 100px;"></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents: \$</td> <td style="border: 1px solid black;"></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> </table>	Property: \$		<input checked="" type="checkbox"/>	Contents: \$		<input checked="" type="checkbox"/>	Property: \$		<input checked="" type="checkbox"/>	Contents: \$		<input checked="" type="checkbox"/>
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Completed Modules <input type="checkbox"/> 2 - Fire <input type="checkbox"/> 3 - Structure Fire <input type="checkbox"/> 4 - Civilian Fire Cas. <input type="checkbox"/> 5 - Fire Service Cas. <input type="checkbox"/> 6 - EMS <input type="checkbox"/> 7 - HazMat <input type="checkbox"/> 8 - Wildland Fire <input type="checkbox"/> 9 - Apparatus <input type="checkbox"/> 10 - Personnel <input type="checkbox"/> 11 - Arson	H1 Casualties <input checked="" type="checkbox"/> None <table style="width:100%; margin-top: 5px;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%; text-align: center;">Deaths</th> <th style="width:35%; text-align: center;">Injuries</th> </tr> </thead> <tbody> <tr> <td>Fire Service</td> <td style="text-align: center; border: 1px solid black;">0</td> <td style="text-align: center; border: 1px solid black;">0</td> </tr> <tr> <td>Civilian</td> <td style="text-align: center; border: 1px solid black;">0</td> <td style="text-align: center; border: 1px solid black;">0</td> </tr> </tbody> </table> H2 Detector Required for Confined Fires <input type="checkbox"/> 1 - Detector Alerted Occupants <input type="checkbox"/> 2 - Detector Did Not Alert Them <input type="checkbox"/> 3 - Unknown		Deaths	Injuries	Fire Service	0	0	Civilian	0	0	H3 Hazardous Materials Release <input type="checkbox"/> 1 - Natural Gas <input type="checkbox"/> 2 - Propane Gas <input type="checkbox"/> 3 - Gasoline <input type="checkbox"/> 4 - Kerosene <input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil <input type="checkbox"/> 6 - Household Solvents <input type="checkbox"/> 7 - Motor Oil <input type="checkbox"/> 8 - Paint <input type="checkbox"/> 0 - Other <input checked="" type="checkbox"/> None	I Mixed Use Property <input type="checkbox"/> Not Mixed <input type="checkbox"/> 10 - Assembly Use <input type="checkbox"/> 20 - Education Use <input type="checkbox"/> 33 - Medical Use <input type="checkbox"/> 40 - Residential Use <input type="checkbox"/> 51 - Row Of Stores <input type="checkbox"/> 53 - Enclosed Mall <input type="checkbox"/> 58 - Business and Residential <input type="checkbox"/> 59 - Office Use <input type="checkbox"/> 60 - Industrial Use <input type="checkbox"/> 63 - Military Use <input type="checkbox"/> 65 - Farm Use <input type="checkbox"/> 00 - Other Mixed Use
	Deaths	Injuries										
Fire Service	0	0										
Civilian	0	0										

J Property Use <input checked="" type="checkbox"/> None 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, Kindergarten 215 <input type="checkbox"/> High School, Junior High 241 <input type="checkbox"/> College, Adult Education 311 <input type="checkbox"/> Nursing Home 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"/> MultiFamily Dwelling 439 <input type="checkbox"/> Rooming/Boarding House 449 <input type="checkbox"/> Commerical 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 571 <input type="checkbox"/> Gas or Service Station 579 <input type="checkbox"/> Motor Vehicle/Boat Sales/Repairs 599 <input type="checkbox"/> Business Office 615 <input type="checkbox"/> Electric-Generating Plant 629 <input type="checkbox"/> Laboratory/Science Laboratory 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
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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 936 <input type="checkbox"/> Vacant Lot	938 <input type="checkbox"/> Graded/Cared 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 981 <input type="checkbox"/> Construction Site 984 <input type="checkbox"/> Industrial Plant Yard	Property Use: <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Description Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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K2

Owner

Local Option

Person/Entity Type

Business Name (if applicable)

Phone Number

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:

School bus accident - bus engulfed in flames. Two fatalities. Used 1263 to extinguish fire.

M Authorization

Officer In Charge ID

Signature

Position or Rank

Assignment

Date

12034

Hansen, Kristina

Firefighter

12/13/2017

Member Making Report ID

Signature

Position or Rank

Assignment

Date

NFIRS-2 Fire

A	78002	IA	12	12	2017		1217144	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B</p> <p>Property Details</p> <p>B1 <input type="text"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in the building of origin whether or not all units became involved</small></p> <p>B2 <input type="text"/> <input type="checkbox"/> Buildings Not Involved <small>Number of buildings involved</small></p> <p>B3 <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre <small>Acres burned (outside fires)</small></p>	<p>C</p> <p>On-Site Materials Or Products</p> <p>On-Site Materials Storage Use</p>
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<p>D</p> <p>Ignition</p> <p>D1 <input type="text"/> <small>Area of Fire Origin</small></p> <p>D2 <input type="text"/> <small>Heat Source</small></p> <p>D3 <input type="text"/> <small>Item First Ignited</small></p> <p>D4 <input type="text"/> <small>Type of Material First Ignited</small></p>	<p>E1</p> <p>Cause of Ignition</p> <p><input type="checkbox"/> 1 - Intentional <input type="checkbox"/> 2 - Unintentional <input type="checkbox"/> 3 - Failure of Equipment or Heat Source <input type="checkbox"/> 4 - Act of Nature <input type="checkbox"/> 5 - Cause Under Investigation <input type="checkbox"/> U - Cause Undetermined After Investigation</p> <hr/> <p>E2</p> <p>Factors Contributing to Ignition</p>	<p>E3</p> <p>Human Factors Contributing to Ignition</p> <p><small>Check all applicable boxes</small></p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> 1 - Asleep <input type="checkbox"/> 2 - Possibly impaired by alcohol or drugs <input type="checkbox"/> 3 - Unattended person <input type="checkbox"/> 4 - Possibly Mentally Disabled <input type="checkbox"/> 5 - Physically Disabled <input type="checkbox"/> 6 - Multiple Persons Involved</p> <hr/> <p><input type="checkbox"/> 7 - Age Was A Factor</p> <p><small>Estimated Age of Person Involved</small> <input type="text"/></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
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<p>F1</p> <p>Equipment Involved In Ignition</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="text"/> <small>Equipment Involved</small></p> <p>Brand <input type="text"/></p> <p>Model <input type="text"/></p> <p>Serial # <input type="text"/></p> <p>Year <input type="text"/></p>	<p>F2</p> <p>Equipment Power Source</p> <p><input type="text"/> <small>Equipment Power Source</small></p> <hr/> <p>F3</p> <p>Equipment Portability</p> <p><input type="checkbox"/> 1 - Portable <input type="checkbox"/> 2 - Stationary <small>Portable equipment normally can be moved by one or two persons.</small></p>	<p>G</p> <p>Fire Suppression Factors</p>
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<p>H1</p> <p>Mobile Property Involved</p> <p><input type="checkbox"/> 1 - Not involved in ignition, but burned</p> <p><input type="checkbox"/> 2 - Involved in ignition, but did not burn</p> <p><input type="checkbox"/> 3 - Involved in ignition and burned</p> <p><input checked="" type="checkbox"/> None</p>	<p>H2</p> <p>Mobile Property Type and Make</p> <p><input type="checkbox"/></p> <p>Mobile Property Type</p> <p><input type="text"/></p> <p>Mobile Property Make</p>	<p>Local Use</p> <p><input type="checkbox"/> Pre-Fire Plan Available</p> <p><input type="checkbox"/> Arson Report Attached</p> <p><input type="checkbox"/> Police Report Attached</p> <p><input type="checkbox"/> Coroner Report Attached</p> <p><input type="checkbox"/> Other Reports Attached</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Mobile Property Model</p> <p><input type="text"/></p>		<p>Year</p> <p><input type="text"/></p>
<p>State</p> <p><input type="text"/></p>	<p>License Plate Number</p> <p><input type="text"/></p>	<p>VIN</p> <p><input type="text"/></p>

NFIRS-9 Apparatus or Resources

A

78002	IA	12	12	2017		1217144	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Apparatus/Resource	Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken
ID: <input type="text" value="1263"/> Type: <input type="text" value="10-Ground fire suppression, other"/>	Dispatch: <input type="text" value="12/12/2017"/> <input type="text" value="07:03"/> Arrival: <input type="text" value="12/12/2017"/> <input type="text" value="07:30"/> Clear: <input type="text" value="12/12/2017"/> <input type="text" value="08:53"/>	<input checked="" type="checkbox"/> Sent	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>
ID: <input type="text" value="1285"/> Type: <input type="text" value="10-Ground fire suppression, other"/>	Dispatch: <input type="text" value="12/12/2017"/> <input type="text" value="07:03"/> Arrival: <input type="text" value="12/12/2017"/> <input type="text" value="07:30"/> Clear: <input type="text" value="12/12/2017"/> <input type="text" value="08:53"/>	<input checked="" type="checkbox"/> Sent	<input type="text" value="2"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>
ID: <input type="text" value="1299"/> Type: <input type="text" value="99-Privately owned vehicle"/>	Dispatch: <input type="text" value="12/12/2017"/> <input type="text" value="07:03"/> Arrival: <input type="text" value="12/12/2017"/> <input type="text" value="07:30"/> Clear: <input type="text" value="12/12/2017"/> <input type="text" value="08:53"/>	<input checked="" type="checkbox"/> Sent	<input type="text" value="2"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text"/>

NFIRS-10 Personnel

A	78002	IA	12	12	2017	1217144	0	
	FDID	State	Month	Day	Year	Station	Number	Exposure

B	Apparatus/Resource	Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken
ID:	1263	Dispatch:	12/12/2017 07:03	<input checked="" type="checkbox"/> Sent	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other
Type:	10-Ground fire suppression, other	Arrival:	12/12/2017 07:30			<input type="checkbox"/>
		Clear:	12/12/2017 08:53			

Personnel ID	Name	Rank	Role	Attend	Actions Taken
12027	Easton, Jordan	Firefighter		<input type="checkbox"/>	<input type="checkbox"/>

ID:	1285	Dispatch:	12/12/2017 07:03	<input checked="" type="checkbox"/> Sent	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other
Type:	10-Ground fire suppression, other	Arrival:	12/12/2017 07:30			<input type="checkbox"/>
		Clear:	12/12/2017 08:53			

Personnel ID	Name	Rank	Role	Attend	Actions Taken
12037	Reed, Brian			<input type="checkbox"/>	<input type="checkbox"/>
12036	Hansen, Rebecca	EMT		<input type="checkbox"/>	<input type="checkbox"/>

ID:	1299	Dispatch:	12/12/2017 07:03	<input checked="" type="checkbox"/> Sent	2	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other
Type:	99-Privately owned vehicle	Arrival:	12/12/2017 07:30			<input type="checkbox"/>
		Clear:	12/12/2017 08:53			

Personnel ID	Name	Rank	Role	Attend	Actions Taken
12014	Miller, Randy	Officer		<input type="checkbox"/>	<input type="checkbox"/>
12032	Meek, Jamie	EMT		<input type="checkbox"/>	<input type="checkbox"/>

NFIRS-1 Basic

A

78009		IA		12		12		2017				0	
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				17840 480th St.				
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Property: \$		<input checked="" type="checkbox"/>																								
Contents: \$		<input checked="" type="checkbox"/>																								

Completed Modules <input type="checkbox"/> 2 - Fire <input type="checkbox"/> 3 - Structure Fire <input type="checkbox"/> 4 - Civilian Fire Cas. <input type="checkbox"/> 5 - Fire Service Cas. <input type="checkbox"/> 6 - EMS <input type="checkbox"/> 7 - HazMat <input type="checkbox"/> 8 - Wildland Fire <input type="checkbox"/> 9 - Apparatus <input type="checkbox"/> 10 - Personnel <input type="checkbox"/> 11 - Arson	H1 Casualties <input type="checkbox"/> None <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">Deaths</th> <th style="width: 35%; text-align: center;">Injuries</th> </tr> </thead> <tbody> <tr> <td>Fire Service</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Civilian</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </tbody> </table> H2 Detector Required for Confined Fires <input type="checkbox"/> 1 - Detector Alerted Occupants <input type="checkbox"/> 2 - Detector Did Not Alert Them <input type="checkbox"/> 3 - Unknown		Deaths	Injuries	Fire Service	0	0	Civilian	2	0	H3 Hazardous Materials Release <input type="checkbox"/> 1 - Natural Gas <input type="checkbox"/> 2 - Propane Gas <input type="checkbox"/> 3 - Gasoline <input type="checkbox"/> 4 - Kerosene <input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil <input type="checkbox"/> 6 - Household Solvents <input type="checkbox"/> 7 - Motor Oil <input type="checkbox"/> 8 - Paint <input type="checkbox"/> 0 - Other <input checked="" type="checkbox"/> None	I Mixed Use Property <input type="checkbox"/> Not Mixed <input type="checkbox"/> 10 - Assembly Use <input type="checkbox"/> 20 - Education Use <input type="checkbox"/> 33 - Medical Use <input type="checkbox"/> 40 - Residential Use <input type="checkbox"/> 51 - Row Of Stores <input type="checkbox"/> 53 - Enclosed Mall <input type="checkbox"/> 58 - Business and Residential <input type="checkbox"/> 59 - Office Use <input type="checkbox"/> 60 - Industrial Use <input type="checkbox"/> 63 - Military Use <input type="checkbox"/> 65 - Farm Use <input type="checkbox"/> 00 - Other Mixed Use
	Deaths	Injuries										
Fire Service	0	0										
Civilian	2	0										

J Property Use <input checked="" type="checkbox"/> None 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, Kindergarten 215 <input type="checkbox"/> High School, Junior High 241 <input type="checkbox"/> College, Adult Education 311 <input type="checkbox"/> Nursing Home 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"/> MultiFamily Dwelling 439 <input type="checkbox"/> Rooming/Boarding House 449 <input type="checkbox"/> Commerical 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 571 <input type="checkbox"/> Gas or Service Station 579 <input type="checkbox"/> Motor Vehicle/Boat Sales/Repairs 599 <input type="checkbox"/> Business Office 615 <input type="checkbox"/> Electric-Generating Plant 629 <input type="checkbox"/> Laboratory/Science Laboratory 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
--	--	--

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 936 <input type="checkbox"/> Vacant Lot	938 <input type="checkbox"/> Graded/Cared 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 981 <input type="checkbox"/> Construction Site 984 <input type="checkbox"/> Industrial Plant Yard	Property Use: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Description Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
---	---	---

K2

Owner

Local Option

Person/Entity Type

Business Name (if applicable)

Phone Number

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:

Upon approach a bus on fire was seen. Set up on the side of the bus and started fire suppression. When fire was extinguished, we were released from the scene to go back into service.

M Authorization

Officer In Charge ID

Signature

Position or Rank

Assignment

Date

18030

Faxon, Paul

Firefighter

12/27/2017

Member Making Report ID

Signature

Position or Rank

Assignment

Date

NFIRS-2 Fire

A	78009	IA	12	12	2017		0
	FDID	State	Month	Day	Year	Station	Number Exposure

<p>B</p> <p>Property Details</p> <p>B1 <input type="text"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in the building of origin whether or not all units became involved</small></p> <p>B2 <input type="text"/> <input type="checkbox"/> Buildings Not Involved <small>Number of buildings involved</small></p> <p>B3 <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre <small>Acres burned (outside fires)</small></p>	<p>C</p> <p>On-Site Materials Or Products</p> <p>On-Site Materials Storage Use</p>
--	---

<p>D</p> <p>Ignition</p> <p>D1 <input type="text"/> <small>Area of Fire Origin</small></p> <p>D2 <input type="text"/> <small>Heat Source</small></p> <p>D3 <input type="text"/> <small>Item First Ignited</small></p> <p>D4 <input type="text"/> <small>Type of Material First Ignited</small></p>	<p>E1</p> <p>Cause of Ignition</p> <p><input type="checkbox"/> 1 - Intentional <input type="checkbox"/> 2 - Unintentional <input type="checkbox"/> 3 - Failure of Equipment or Heat Source <input type="checkbox"/> 4 - Act of Nature <input type="checkbox"/> 5 - Cause Under Investigation <input type="checkbox"/> U - Cause Undetermined After Investigation</p> <hr/> <p>E2</p> <p>Factors Contributing to Ignition</p>	<p>E3</p> <p>Human Factors Contributing to Ignition</p> <p><small>Check all applicable boxes</small></p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> 1 - Asleep <input type="checkbox"/> 2 - Possibly impaired by alcohol or drugs <input type="checkbox"/> 3 - Unattended person <input type="checkbox"/> 4 - Possibly Mentally Disabled <input type="checkbox"/> 5 - Physically Disabled <input type="checkbox"/> 6 - Multiple Persons Involved</p> <hr/> <p><input type="checkbox"/> 7 - Age Was A Factor</p> <p><small>Estimated Age of Person Involved</small> <input type="text"/></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
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<p>F1</p> <p>Equipment Involved In Ignition</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="text"/> <small>Equipment Involved</small></p> <p>Brand <input type="text"/></p> <p>Model <input type="text"/></p> <p>Serial # <input type="text"/></p> <p>Year <input type="text"/></p>	<p>F2</p> <p>Equipment Power Source</p> <p><input type="text"/> <small>Equipment Power Source</small></p> <hr/> <p>F3</p> <p>Equipment Portability</p> <p><input type="checkbox"/> 1 - Portable <input type="checkbox"/> 2 - Stationary <small>Portable equipment normally can be moved by one or two persons.</small></p>	<p>G</p> <p>Fire Suppression Factors</p>
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<p>H1</p> <p>Mobile Property Involved</p> <p><input type="checkbox"/> 1 - Not involved in ignition, but burned</p> <p><input type="checkbox"/> 2 - Involved in ignition, but did not burn</p> <p><input type="checkbox"/> 3 - Involved in ignition and burned</p> <p><input checked="" type="checkbox"/> None</p>	<p>H2</p> <p>Mobile Property Type and Make</p> <p><input type="checkbox"/></p> <p>Mobile Property Type</p> <p><input type="text"/></p> <p>Mobile Property Make</p>	<p>Local Use</p> <p><input type="checkbox"/> Pre-Fire Plan Available</p> <p><input type="checkbox"/> Arson Report Attached</p> <p><input type="checkbox"/> Police Report Attached</p> <p><input type="checkbox"/> Coroner Report Attached</p> <p><input type="checkbox"/> Other Reports Attached</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Mobile Property Model</p> <p><input type="text"/></p>		<p>Year</p> <p><input type="text"/></p>
<p>State</p> <p><input type="text"/></p>	<p>License Plate Number</p> <p><input type="text"/></p>	<p>VIN</p> <p><input type="text"/></p>

NFIRS-4 Civilian Casualty (1 of 2)

A	<input type="text" value="78009"/>	<input type="text" value="IA"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2017"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>
	FDID	State	Month	Day	Year	Station	Number	Exposure

B	C
Injured Person <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="text" value=""/> First Name MI Last Name Suffix	Casualty Number <input type="text" value="1"/>

D Age or Date Of Birth <input type="text" value="74"/> Age <p style="text-align: center;">OR</p> <input style="background-color: black; color: black;" type="text" value=""/> Date of Birth	E1 Race <input checked="" type="checkbox"/> 1 - White <input type="checkbox"/> 2 - Black, African American <input type="checkbox"/> 3 - Am. Indian, Alaska Native <input type="checkbox"/> 4 - Asian <input type="checkbox"/> 5 - Native Hawaiian, Other Pacific Islander <input type="checkbox"/> 0 - Other, Multiracial <input type="checkbox"/> U - Undetermined	F Affiliation <input checked="" type="checkbox"/> 1 - Civilian <input type="checkbox"/> 2 - EMS, Not Fire Department <input type="checkbox"/> 3 - Police <input type="checkbox"/> 0 - Other	H Severity <input type="checkbox"/> 1 - Minor <input type="checkbox"/> 2 - Moderate <input type="checkbox"/> 3 - Severe <input type="checkbox"/> 4 - Life Threatening <input checked="" type="checkbox"/> 5 - Death <input type="checkbox"/> U - Undetermined
	E2 Ethnicity <input type="checkbox"/> 1 - Hispanic or Latino <input checked="" type="checkbox"/> 0 - Non Hispanic or Latino	G Date and Time of Injury <input type="text" value=""/> Date Time	

I Cause of Injury <input checked="" type="checkbox"/> 1 - Exposed to fire products including flame, heat, smoke, and gas <input type="checkbox"/> 2 - Exposed to toxic fumes other than smoke <input type="checkbox"/> 3 - Jumped in escape attempt <input type="checkbox"/> 4 - Fell, slipped, or tripped <input type="checkbox"/> 5 - Caught or trapped <input type="checkbox"/> 6 - Structural Collapse <input type="checkbox"/> 7 - Struck by or contact with object <input type="checkbox"/> 8 - Overexertion or strain <input type="checkbox"/> 9 - Multiple Causes <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	J Human Factors Contributing to Injury <input type="checkbox"/> 1 - Asleep <input type="checkbox"/> 2 - Unconscious <input type="checkbox"/> 3 - Possibly impaired by alcohol <input type="checkbox"/> 4 - Possibly impaired by other drug <input type="checkbox"/> 5 - Possibly mentally disabled <input type="checkbox"/> 6 - Physically disabled <input type="checkbox"/> 7 - Physically restrained <input type="checkbox"/> 8 - Unattended person	K Factors Contributing to Injury
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L Activity When Injured <input type="checkbox"/> 1 - Escaping <input type="checkbox"/> 2 - Rescue Attempt <input type="checkbox"/> 3 - Fire Control <input type="checkbox"/> 4 - Return to Fire Before Control <input type="checkbox"/> 5 - Return to Fire After Control <input type="checkbox"/> 6 - Sleeping <input type="checkbox"/> 7 - Unable to Act <input type="checkbox"/> 8 - Irrational Act <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	M1 Location At Time Of Incident <input type="checkbox"/> 1 - In Area Of Origin And Not Involved <input type="checkbox"/> 2 - Not In Area Of Origin And Not Involved <input type="checkbox"/> 3 - Not In Area Of Origin, But Involved <input type="checkbox"/> 4 - In Area Of Origin And Involved <input type="checkbox"/> 0 - Other Location <input type="checkbox"/> U - Undetermined	M3 Story At Start Of Incident <input type="text" value=""/> <input type="checkbox"/> Below Grade Story At Start Of Incident
	M2 General Location At Time Of Injury <input type="checkbox"/> 1 - In Area Of Fire Origin <input type="checkbox"/> 2 - In Building But Not In Area <input type="checkbox"/> 3 - Outside, But Not In Area <input type="checkbox"/> U - Undetermined	M4 Story Where Injury Occurred <input type="text" value=""/> <input type="checkbox"/> Below Grade Story At Injury Occurred if Different From M3
		M5 Specific Location At Time Of Injury <input type="text" value=""/>

<p>N</p> <p>Primary Apparant Symptom</p> <p>□</p>	<p>O</p> <p>Primary Area Of Body Injured</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Head <input type="checkbox"/> 2 - Neck and shoulder <input type="checkbox"/> 3 - Thorax <input type="checkbox"/> 4 - Abdomen <input type="checkbox"/> 5 - Spine <input type="checkbox"/> 6 - Upper extremities <input type="checkbox"/> 7 - Lower extremities <input type="checkbox"/> 8 - Internal <input type="checkbox"/> 9 - Multiple body parts 	<p>P</p> <p>Disposition</p> <p><input type="checkbox"/> Transported To Emergency Care Facility</p> <hr/> <p>Remarks</p>
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NFIRS-4 Civilian Casualty (2 of 2)

A	78009 FDID		IA State		12 Month		12 Day		2017 Year		 Station		 Number		0 Exposure
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4"> B Injured Person <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female </td> </tr> <tr> <td style="width: 25%;"> First Name </td> <td style="width: 25%;"> MI </td> <td style="width: 25%;"> Last Name </td> <td style="width: 25%;"> Suffix </td> </tr> </table>	B Injured Person <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female				First Name	MI	Last Name	Suffix	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> C Casualty Number </td> </tr> <tr> <td style="text-align: center;"> 2 </td> </tr> </table>	C Casualty Number	2
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First Name	MI	Last Name	Suffix								
C Casualty Number											
2											

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<p>N</p> <p>Primary Apparant Symptom</p> <p>□</p>	<p>O</p> <p>Primary Area Of Body Injured</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Head <input type="checkbox"/> 2 - Neck and shoulder <input type="checkbox"/> 3 - Thorax <input type="checkbox"/> 4 - Abdomen <input type="checkbox"/> 5 - Spine <input type="checkbox"/> 6 - Upper extremities <input type="checkbox"/> 7 - Lower extremities <input type="checkbox"/> 8 - Internal <input type="checkbox"/> 9 - Multiple body parts 	<p>P</p> <p>Disposition</p> <p><input type="checkbox"/> Transported To Emergency Care Facility</p> <hr/> <p>Remarks</p>
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NFIRS-1 Basic

A

78012		IA		12		12		2017		2217301		0
FDID		State		Month		Day		Year		Station Number		Exposure

B Location Type

Census tract: _____

Street Address
 Intersection
 In Front Of
 Rear Of
 Adjacent To
 Directions
 US National Grid

17840		480th st		Street Type		Suffix
Number		Prefix Street or Highway				

Apt./Suite/Room	City of Oakland		IA		51560
	City		State		Zip Code

Cross Street _____

<p>C Incident Type</p> <p>131-Passenger vehicle fire</p>	<p>E1 Dates and Times</p> <p>Alarm 12 12 2017 10:17</p> <p>Arrival 12 12 2017 10:28</p> <p>Controlled _____</p> <p>Last Unit Cleared 12 12 2017 12:22</p>	<p>E2 Shifts and Alarms</p> <p>Shift or Platoon _____ 1 _____</p> <p>Alarms District _____</p>				
<p>D Aid Given Or Received</p> <p> <input type="checkbox"/> 1 Mutual Aid Received <input type="checkbox"/> 2 Auto. Aid Received <input type="checkbox"/> 3 Mutual Aid Given <input type="checkbox"/> 4 Auto. Aid Given <input type="checkbox"/> 5 Other Aid Given <input checked="" type="checkbox"/> None </p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; text-align: center;">Their FDID</td> <td style="width: 50%; text-align: center;">Their State</td> </tr> <tr> <td colspan="2" style="text-align: center;">Their Incident Number</td> </tr> </table>	Their FDID	Their State	Their Incident Number			<p>E3 Special Studies</p> <p>ID# _____ Value _____</p>
Their FDID	Their State					
Their Incident Number						

<p>F Actions Taken</p> <p>11-Extinguishment by fire service personnel</p> <p>Primary Action Taken</p>	<p>G1 Resources</p> <p><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td></td> <td style="text-align: center;">Apparatus</td> <td style="text-align: center;">Personnel</td> </tr> <tr> <td>Suppression</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>EMS</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </table> <p><input type="checkbox"/> Resource counts include aid received resources.</p>		Apparatus	Personnel	Suppression	1	2	EMS	0	0	Other	0	0	<p>G2 Estimated Dollar Losses and Values</p> <p>Losses: Required for all fires if known. Optional for all non-fires. None</p> <p>Property: \$ 50,000.00 <input type="checkbox"/></p> <p>Contents: \$ 50,000.00 <input type="checkbox"/></p> <p>Pre-Incident Values: Optional None</p> <p>Property: \$ 50,000.00 <input type="checkbox"/></p> <p>Contents: \$ 50,000.00 <input type="checkbox"/></p>
	Apparatus	Personnel												
Suppression	1	2												
EMS	0	0												
Other	0	0												

Completed Modules <input type="checkbox"/> 2 - Fire <input type="checkbox"/> 3 - Structure Fire <input type="checkbox"/> 4 - Civilian Fire Cas. <input type="checkbox"/> 5 - Fire Service Cas. <input type="checkbox"/> 6 - EMS <input type="checkbox"/> 7 - HazMat <input type="checkbox"/> 8 - Wildland Fire <input type="checkbox"/> 9 - Apparatus <input type="checkbox"/> 10 - Personnel <input type="checkbox"/> 11 - Arson	H1 Casualties <input type="checkbox"/> None Deaths Injuries Fire Service <input type="text" value="0"/> <input type="text" value="0"/> Civilian <input type="text" value="0"/> <input type="text" value="1"/>	H3 Hazardous Materials Release <input type="checkbox"/> 1 - Natural Gas <input type="checkbox"/> 2 - Propane Gas <input type="checkbox"/> 3 - Gasoline <input type="checkbox"/> 4 - Kerosene <input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil <input type="checkbox"/> 6 - Household Solvents <input type="checkbox"/> 7 - Motor Oil <input type="checkbox"/> 8 - Paint <input type="checkbox"/> 0 - Other <input checked="" type="checkbox"/> None	I Mixed Use Property <input type="checkbox"/> Not Mixed <input type="checkbox"/> 10 - Assembly Use <input type="checkbox"/> 20 - Education Use <input type="checkbox"/> 33 - Medical Use <input type="checkbox"/> 40 - Residential Use <input type="checkbox"/> 51 - Row Of Stores <input type="checkbox"/> 53 - Enclosed Mall <input type="checkbox"/> 58 - Business and Residential <input type="checkbox"/> 59 - Office Use <input type="checkbox"/> 60 - Industrial Use <input type="checkbox"/> 63 - Military Use <input type="checkbox"/> 65 - Farm Use <input type="checkbox"/> 00 - Other Mixed Use
	H2 Detector Required for Confined Fires <input type="checkbox"/> 1 - Detector Alerted Occupants <input type="checkbox"/> 2 - Detector Did Not Alert Them <input type="checkbox"/> 3 - Unknown		

J Property Use <input checked="" type="checkbox"/> None 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, Kindergarten 215 <input type="checkbox"/> High School, Junior High 241 <input type="checkbox"/> College, Adult Education 311 <input type="checkbox"/> Nursing Home 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"/> MultiFamily Dwelling 439 <input type="checkbox"/> Rooming/Boarding House 449 <input type="checkbox"/> Commerical 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 571 <input type="checkbox"/> Gas or Service Station 579 <input type="checkbox"/> Motor Vehicle/Boat Sales/Repairs 599 <input type="checkbox"/> Business Office 615 <input type="checkbox"/> Electric-Generating Plant 629 <input type="checkbox"/> Laboratory/Science Laboratory 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
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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 936 <input type="checkbox"/> Vacant Lot	938 <input type="checkbox"/> Graded/Cared 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 981 <input type="checkbox"/> Construction Site 984 <input type="checkbox"/> Industrial Plant Yard	Property Use: <input type="text"/> Description Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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K2				
Owner				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room		City	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
State	Zip Code			
<input type="text"/>	<input type="text"/>			

L Remarks: <p>2200 was dispatched for hot spot from a previous call. Law enforcement requested a grass truck. 2280 was taken to the scene. Upon arrival, fire department personnel was asked to stand by. The scene was still under investigation and the two bodies had not been removed from the school bus yet. After the bus was loaded onto a flatbed trailer 2205 and 2229 tried to extinguish the smoldering spots from outside the bus. We were unsuccessful in doing so. We made entry through the side door and put water on some areas that were smoking. DOT thought that the bus may rekindle while it was being transported. 2280 went back into service.</p>

M Authorization				
<input type="text" value="22025"/>	<input type="text" value="Smith, John"/>	<input type="text" value="Captain/FFII/EMT"/>	<input type="text"/>	<input type="text" value="12/12/2017"/>
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
<input type="text" value="22025"/>	<input type="text" value="Smith, John"/>	<input type="text" value="Captain/FFII/EMT"/>	<input type="text"/>	<input type="text" value="12/12/2017"/>
Member Making Report ID	Signature	Position or Rank	Assignment	Date

NFIRS-2 Fire

A	78012	IA	12	12	2017	2217301	0
	FDID	State	Month	Day	Year	Station Number	Exposure

<p>B Property Details</p> <p>B1 <input type="checkbox"/> Not Residential Estimated number of residential living units in the building of origin whether or not all units became involved</p> <p>B2 <input type="checkbox"/> Buildings Not Involved Number of buildings involved</p> <p>B3 <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre Acres burned (outside fires)</p>	<p>C On-Site Materials Or Products</p> <p>On-Site Materials Storage Use</p>
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<p>D Ignition</p> <p>D1 80-Vehicle area, other Area of Fire Origin</p> <p>D2 Undetermined Heat Source</p> <p>D3 Undetermined Item First Ignited</p> <p>D4 _____ Type of Material First Ignited</p>	<p>E1 Cause of Ignition</p> <p><input type="checkbox"/> 1 - Intentional <input type="checkbox"/> 2 - Unintentional <input type="checkbox"/> 3 - Failure of Equipment or Heat Source <input type="checkbox"/> 4 - Act of Nature <input checked="" type="checkbox"/> 5 - Cause Under Investigation <input type="checkbox"/> U - Cause Undetermined After Investigation</p> <hr/> <p>E2 Factors Contributing to Ignition</p> <p><input type="checkbox"/> _____ Factor Contributing to Ignition</p>	<p>E3 Human Factors Contributing to Ignition</p> <p>Check all applicable boxes</p> <p><input type="checkbox"/> None <input type="checkbox"/> 1 - Asleep <input type="checkbox"/> 2 - Possibly impaired by alcohol or drugs <input type="checkbox"/> 3 - Unattended person <input type="checkbox"/> 4 - Possibly Mentally Disabled <input type="checkbox"/> 5 - Physically Disabled <input type="checkbox"/> 6 - Multiple Persons Involved</p> <hr/> <p><input type="checkbox"/> 7 - Age Was A Factor</p> <p>Estimated Age of Person Involved <input type="text"/></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
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<p>F1 Equipment Involved In Ignition</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="checkbox"/> _____ Equipment Involved</p> <p>Brand <input type="text"/></p> <p>Model <input type="text"/></p> <p>Serial # <input type="text"/></p> <p>Year <input type="text"/></p>	<p>F2 Equipment Power Source</p> <p><input type="checkbox"/> _____ Equipment Power Source</p> <hr/> <p>F3 Equipment Portability</p> <p><input type="checkbox"/> 1 - Portable <input type="checkbox"/> 2 - Stationary</p> <p>Portable equipment normally can be moved by one or two persons.</p>	<p>G Fire Suppression Factors</p>
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<p>H1 Mobile Property Involved</p> <p><input type="checkbox"/> 1 - Not involved in ignition, but burned <input type="checkbox"/> 2 - Involved in ignition, but did not burn <input checked="" type="checkbox"/> 3 - Involved in ignition and burned <input type="checkbox"/> None</p>	<p>H2 Mobile Property Type and Make</p> <p>12-Bus, school bus, trackless trolley Mobile Property Type</p> <p>IN-International Mobile Property Make</p> <hr/> <p>Mobile Property Model <input type="text"/></p> <p>Year <input type="text"/></p> <hr/> <p>State <input type="text"/> License Plate Number <input type="text"/> VIN <input type="text"/></p>	<p>Local Use</p> <p><input type="checkbox"/> Pre-Fire Plan Available <input type="checkbox"/> Arson Report Attached <input type="checkbox"/> Police Report Attached <input type="checkbox"/> Coroner Report Attached <input type="checkbox"/> Other Reports Attached</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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NFIRS-4 Civilian Casualty (1 of 1)

A <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border: 1px solid black; text-align: center;">78012</td> <td style="width: 12.5%; border: 1px solid black; text-align: center;">IA</td> <td style="width: 12.5%; border: 1px solid black; text-align: center;">12</td> <td style="width: 12.5%; border: 1px solid black; text-align: center;">12</td> <td style="width: 12.5%; border: 1px solid black; text-align: center;">2017</td> <td style="width: 12.5%; border: 1px solid black;"></td> <td style="width: 12.5%; border: 1px solid black; text-align: center;">2217301</td> <td style="width: 12.5%; border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td style="text-align: center; font-size: small;">FDID</td> <td style="text-align: center; font-size: small;">State</td> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Year</td> <td style="text-align: center; font-size: small;">Station</td> <td style="text-align: center; font-size: small;">Number</td> <td style="text-align: center; font-size: small;">Exposure</td> </tr> </table>								78012	IA	12	12	2017		2217301	0	FDID	State	Month	Day	Year	Station	Number	Exposure
78012	IA	12	12	2017		2217301	0																
FDID	State	Month	Day	Year	Station	Number	Exposure																
B Injured Person <input type="checkbox"/> Male <input type="checkbox"/> Female <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black; text-align: center; font-size: small;">MI</td> <td style="width: 30%; border: 1px solid black;"></td> <td style="width: 35%; border: 1px solid black;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">First Name</td> <td></td> <td style="text-align: center; font-size: small;">Last Name</td> <td style="text-align: center; font-size: small;">Suffix</td> </tr> </table>							MI			First Name		Last Name	Suffix	C Casualty Number <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; border: 1px solid black; text-align: center;">1</td> </tr> </table>		1							
	MI																						
First Name		Last Name	Suffix																				
1																							
D Age or Date Of Birth <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; text-align: center;">Age</td> <td style="width: 50%; border: 1px solid black; text-align: center;">OR</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Date of Birth</td> <td></td> </tr> </table>		Age	OR			Date of Birth		E1 Race <input type="checkbox"/> 1 - White <input type="checkbox"/> 2 - Black, African American <input type="checkbox"/> 3 - Am. Indian, Alaska Native <input type="checkbox"/> 4 - Asian <input type="checkbox"/> 5 - Native Hawaiian, Other Pacific Islander <input type="checkbox"/> 0 - Other, Multiracial <input type="checkbox"/> U - Undetermined E2 Ethnicity <input type="checkbox"/> 1 - Hispanic or Latino <input type="checkbox"/> 0 - Non Hispanic or Latino		F Affiliation <input type="checkbox"/> 1 - Civilian <input type="checkbox"/> 2 - EMS, Not Fire Department <input type="checkbox"/> 3 - Police <input type="checkbox"/> 0 - Other G Date and Time of Injury <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black;"></td> <td style="width: 50%; border: 1px solid black;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Date</td> <td style="text-align: center; font-size: small;">Time</td> </tr> </table>				Date	Time	H Severity <input type="checkbox"/> 1 - Minor <input type="checkbox"/> 2 - Moderate <input type="checkbox"/> 3 - Severe <input type="checkbox"/> 4 - Life Threatening <input type="checkbox"/> 5 - Death <input type="checkbox"/> U - Undetermined							
Age	OR																						
Date of Birth																							
Date	Time																						
I Cause of Injury <input type="checkbox"/> 1 - Exposed to fire products including flame, heat, smoke, and gas <input type="checkbox"/> 2 - Exposed to toxic fumes other than smoke <input type="checkbox"/> 3 - Jumped in escape attempt <input type="checkbox"/> 4 - Fell, slipped, or tripped <input type="checkbox"/> 5 - Caught or trapped <input type="checkbox"/> 6 - Structural Collapse <input type="checkbox"/> 7 - Struck by or contact with object <input type="checkbox"/> 8 - Overexertion or strain <input type="checkbox"/> 9 - Multiple Causes <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined			J Human Factors Contributing to Injury <input type="checkbox"/> 1 - Asleep <input type="checkbox"/> 2 - Unconscious <input type="checkbox"/> 3 - Possibly impaired by alcohol <input type="checkbox"/> 4 - Possibly impaired by other drug <input type="checkbox"/> 5 - Possibly mentally disabled <input type="checkbox"/> 6 - Physically disabled <input type="checkbox"/> 7 - Physically restrained <input type="checkbox"/> 8 - Unattended person			K Factors Contributing to Injury																	
L Activity When Injured <input type="checkbox"/> 1 - Escaping <input type="checkbox"/> 2 - Rescue Attempt <input type="checkbox"/> 3 - Fire Control <input type="checkbox"/> 4 - Return to Fire Before Control <input type="checkbox"/> 5 - Return to Fire After Control <input type="checkbox"/> 6 - Sleeping <input type="checkbox"/> 7 - Unable to Act <input type="checkbox"/> 8 - Irrational Act <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined			M1 Location At Time Of Incident <input type="checkbox"/> 1 - In Area Of Origin And Not Involved <input type="checkbox"/> 2 - Not In Area Of Origin And Not Involved <input type="checkbox"/> 3 - Not In Area Of Origin, But Involved <input type="checkbox"/> 4 - In Area Of Origin And Involved <input type="checkbox"/> 0 - Other Location <input type="checkbox"/> U - Undetermined M2 General Location At Time Of Injury <input type="checkbox"/> 1 - In Area Of Fire Origin <input type="checkbox"/> 2 - In Building But Not In Area <input type="checkbox"/> 3 - Outside, But Not In Area <input type="checkbox"/> U - Undetermined		M3 Story At Start Of Incident <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; border: 1px solid black;"></td> <td style="text-align: right; font-size: small;"><input type="checkbox"/> Below Grade</td> </tr> <tr> <td colspan="2" style="font-size: small;">Story At Start Of Incident</td> </tr> </table> M4 Story Where Injury Occurred <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; border: 1px solid black;"></td> <td style="text-align: right; font-size: small;"><input type="checkbox"/> Below Grade</td> </tr> <tr> <td colspan="2" style="font-size: small;">Story At Injury Occurred if Different From M3</td> </tr> </table> M5 Specific Location At Time Of Injury <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; border: 1px solid black;"></td> </tr> </table>				<input type="checkbox"/> Below Grade	Story At Start Of Incident			<input type="checkbox"/> Below Grade	Story At Injury Occurred if Different From M3									
	<input type="checkbox"/> Below Grade																						
Story At Start Of Incident																							
	<input type="checkbox"/> Below Grade																						
Story At Injury Occurred if Different From M3																							
N Primary Apparant Symptom <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; border: 1px solid black;"></td> </tr> </table>				O Primary Area Of Body Injured <input type="checkbox"/> 1 - Head <input type="checkbox"/> 2 - Neck and shoulder <input type="checkbox"/> 3 - Thorax <input type="checkbox"/> 4 - Abdomen <input type="checkbox"/> 5 - Spine <input type="checkbox"/> 6 - Upper extremities <input type="checkbox"/> 7 - Lower extremities <input type="checkbox"/> 8 - Internal <input type="checkbox"/> 9 - Multiple body parts			P Disposition <input type="checkbox"/> Transported To Emergency Care Facility Remarks																

NFIRS-9 Apparatus or Resources

A

78012	IA	12	12	2017		2217301	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B

Apparatus/Resource	Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken
ID: 2280	Dispatch: 12/12/2017 10:17	<input type="checkbox"/> Sent	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11-Extinguishment by fire service personnel
Type: 10-Ground fire suppression, other	Arrival: 12/12/2017 10:40				
	Clear: 12/12/2017 12:22				

NFIRS-10 Personnel

A

78012	IA	12	12	2017		2217301	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B

Apparatus/Resource	Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken
ID: 2280	Dispatch: 12/12/2017 10:17	<input type="checkbox"/> Sent	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11-Extinguishment by fire service person
Type: 10-Ground fire suppression, other	Arrival: 12/12/2017 10:40				
	Clear: 12/12/2017 12:22				
Personnel ID	Name	Rank	Role	Attend	Actions Taken
22043	Moore, Braeton	Probationary Fire Fighter	5588003-Crew 3	<input type="checkbox"/>	11-Extinguishment by fire service person 11-Extinguishment by fire service person
22025	Smith, John	Captain/FFII/EMT	5588001-Driver	<input type="checkbox"/>	11-Extinguishment by fire service person 11-Extinguishment by fire service person



IOWA INCIDENT REPORT
POTTAWATTAMIE CNTY SHERIFF OFF
1400 BIG LAKE ROAD
COUNCIL BLUFFS, IA 51501
(712) 890-2200

Case Number	S17-004027
Date/Time of Report	12/12/2017 07:02 Hrs
Status	01 - ACTIVE

SUMMARY	County POTTAWATTAMIE - 78		ORI Number IA0780000				
	Is Date and Time of Incident Known? Yes	Incident Date or Lower Date Range 12/12/2017	Upper Date Range	Incident Time or Lower Time Range 07:02 Hrs.	Upper Time Range Hrs.		
	Day of Week Incident Occurred TUESDAY		Exceptionally Cleared N - NOT APPLICABLE		Date Cleared Exceptionally		
	INCIDENT REPORTED BY						
001	Was Incident Reported by a Victim? NO	Reporting Victim's Sequence No.	Name - Last HARVEY	First JAMES	Middle	Suffix	
	Business Name (if Incident was Reported by a Business) POTTAWATTAMIE CNTY SHERIFF OFF			Address 1400 BIG LAKE ROAD			
	City COUNCIL BLUFFS	State IA	Zip Code 51501	Home/Cell Phone	Work Phone (712) 890-2200		
	Seq. No. 001	Code Section GP	Charges/Offense GENERAL PURPOSE		UCR Offense Code ALL OTHER OFFENSES - 90Z		
001	Attempted/Completed C - COMPLETED	Type of Criminal Activity (up to 3)					
	Type of Weapon/Force Involved (up to 3)				Gang Information (up to 2)		
	No. of Premises Entered	Method of Entry	Offender Suspected of Using (up to 3) N - NOT APPLICABLE				
	LOCATION OF OFFENSE						
Location Type 13 - HIGHWAY/ROAD/ALLEY			X Coordinate 309959.63	Y Coordinate 4574207.91			
Literal Description 480TH ST							
001	Type of Offender 00 - Unknown	Sequence No. 00	NIBRS Offense Sequence Numbers		Lesser Offense Sequence Numbers		
	Name - Last	First	Middle	Suffix			
	Alias(es)						
	Address		City	State	Zip Code	Home Phone	
	DOB Known?	DOB	Age or Lower Age Range	Upper Age Range	SSN	Resident Status	
	Driver's License - Number	State	Gender	Height	Weight	Eye Color	Hair Color
	Skin Tone		Race		Ethnicity		
	Scars/Marks/Tattoos				Offender Present When Officer Arrived?		
	Type of Injury (up to 5)						
	EMPLOYMENT OR SCHOOL INFO						
	Employer or School			Occupation			
	Address		City	State	Zip Code	Work Phone	
ARREST INFO							
Offender Arrested?	Arrest Trans. Booking No.	Type of Arrest		Arrest Date	Arrest Time Hrs.		
Associated Offense Sequence No.		Miranda By		Miranda Date	Miranda Time Hrs.		
Arrestee Condition			Arrestee Armed With (up to 2)				
Place of Birth	Multiple Arrestee Indicator	Additional Incidents Cleared					
JUVENILE INFO							
Parent/Guardian Contacted?	Name - Last	First	Middle	Suffix			
Address		City	State	Zip Code			
Home Phone	Work Phone	Juvenile Arrestee Disposition					

V I C T I M 001	Type of Victim I - INDIVIDUAL	Sequence No. 001	Name - Last HENDRICKS	First DONALD	Middle NORMAN	Suffix	
	Business/Organization/State/County/Municipality Name		Address		City CARSON	State IA	Zip Code 51525
	Phone	Alias(es)					
	DOB Known? YES	DOB [REDACTED]	Age or Lower Age Range 74	Upper Age Range	SSN [REDACTED]	Resident Status R - RESIDENT	
	Driver's License - Number [REDACTED]	State IA	Gender M - MALE	Height 5' 09"	Weight 183 LBS	Eye Color HAZEL - HAZ	Hair Color
	Skin Tone	Race W - WHITE	Ethnicity N - NOT OF HISPANIC ORIGI		Scars/Marks/Tattoos		
	Type of Injury (up to 5)						
	EMPLOYMENT OR SCHOOL INFO						
	Employer or School OAKLAND SCHOOLS				Occupation BUS DRIVER		
	Address 18997 HIGHWAY 59		City OAKLAND	State IA	Zip Code 51560	Work Phone (712) 482-6465	
VICTIM CONNECTED TO UCR OFFENSE CODES							
UCR Offense Code 1 ALL OTHER OFFENSES - 90Z				UCR Offense Code 2			
UCR Offense Code 3				UCR Offense Code 4			
UCR Offense Code 5				UCR Offense Code 6			
UCR Offense Code 7				UCR Offense Code 8			
UCR Offense Code 9				UCR Offense Code 10			
ADDITIONAL OFFENSE CIRCUMSTANCE INFO							
Aggravated Assault/Homicide Circumstances (up to 2)							
Additional Justifiable Homicide Circumstances							
VICTIM'S RELATIONSHIP TO OFFENDER(S)							
First Offender Seq. No.	Victim's Relationship to First Offender			Second Offender Seq. No.	Victim's Relationship to Second Offender		
Third Offender Seq. No.	Victim's Relationship to Third Offender			Fourth Offender Seq. No.	Victim's Relationship to Fourth Offender		
Fifth Offender Seq. No.	Victim's Relationship to Fifth Offender			Sixth Offender Seq. No.	Victim's Relationship to Sixth Offender		
Seventh Offender Seq. No.	Victim's Relationship to Seventh Offender			Eighth Offender Seq. No.	Victim's Relationship to Eighth Offender		
Ninth Offender Seq. No.	Victim's Relationship to Ninth Offender			Tenth Offender Seq. No.	Victim's Relationship to Tenth Offender		
SPECIAL CIRCUMSTANCES							
Not Applicable <input checked="" type="checkbox"/>	Bias Crime <input type="checkbox"/>	Domestic Abuse <input type="checkbox"/>	LEOKA <input type="checkbox"/>				
BIAS CRIME							
Bias Motivation				Target Code			
Bias Group Affiliations							
DOMESTIC ABUSE							
Children Present?	Seq. No. of Domestic Abuse Offender	Domestic Abuse Referrals (up to 6)					
LAW ENFORCEMENT OFFICER KILLED OR ASSAULTED							
Officer Killed or Assaulted				Type of Assignment			
Body Armor				Call Type			

V I C T I M	Type of Victim I - INDIVIDUAL	Sequence No. 002	Name - Last [REDACTED]	First [REDACTED]	Middle	Suffix	
	Business/Organization/State/County/Municipality Name		Address		City OAKLAND	State IA Zip Code 51560	
	Phone	Alias(es)					
	DOB Known? YES	DOB [REDACTED]	Age or Lower Age Range 16	Upper Age Range		SSN	Resident Status R - RESIDENT
	Driver's License - Number	State	Gender F - FEMALE	Height	Weight	Eye Color	Hair Color
	Skin Tone	Race W - WHITE	Ethnicity N - NOT OF HISPANIC ORIGI		Scars/Marks/Tattoos		
	Type of Injury (up to 5)						
	EMPLOYMENT OR SCHOOL INFO						
	Employer or School OAKLAND HIGH SCHOOL				Occupation STUDENT		
	Address 18997 HIGHWAY		City OAKLAND	State IA	Zip Code 51560	Work Phone (712) 482-6465	
VICTIM CONNECTED TO UCR OFFENSE CODES							
UCR Offense Code 1 ALL OTHER OFFENSES - 90Z			UCR Offense Code 2				
UCR Offense Code 3			UCR Offense Code 4				
UCR Offense Code 5			UCR Offense Code 6				
UCR Offense Code 7			UCR Offense Code 8				
UCR Offense Code 9			UCR Offense Code 10				
ADDITIONAL OFFENSE CIRCUMSTANCE INFO							
Aggravated Assault/Homicide Circumstances (up to 2)							
Additional Justifiable Homicide Circumstances							
VICTIM'S RELATIONSHIP TO OFFENDER(S)							
First Offender Seq. No.	Victim's Relationship to First Offender			Second Offender Seq. No.	Victim's Relationship to Second Offender		
Third Offender Seq. No.	Victim's Relationship to Third Offender			Fourth Offender Seq. No.	Victim's Relationship to Fourth Offender		
Fifth Offender Seq. No.	Victim's Relationship to Fifth Offender			Sixth Offender Seq. No.	Victim's Relationship to Sixth Offender		
Seventh Offender Seq. No.	Victim's Relationship to Seventh Offender			Eighth Offender Seq. No.	Victim's Relationship to Eighth Offender		
Ninth Offender Seq. No.	Victim's Relationship to Ninth Offender			Tenth Offender Seq. No.	Victim's Relationship to Tenth Offender		
SPECIAL CIRCUMSTANCES							
Not Applicable <input checked="" type="checkbox"/>	Bias Crime <input type="checkbox"/>		Domestic Abuse <input type="checkbox"/>		LEOKA <input type="checkbox"/>		
BIAS CRIME							
Bias Motivation				Target Code			
Bias Group Affiliations							
DOMESTIC ABUSE							
Children Present?	Seq. No. of Domestic Abuse Offender	Domestic Abuse Referrals (up to 6)					
LAW ENFORCEMENT OFFICER KILLED OR ASSAULTED							
Officer Killed or Assaulted				Type of Assignment			
Body Armor				Call Type			
V E H I C L E	Vehicle Year 2004	Make ICRP	Model BUS	Style SCHOOL			
	License Plate # [REDACTED]	State IA	Year 2018	Type			
	VIN 4DRBRAAP94B970418	Color(s) YEL					
	Associated Offense Sequence No. 001	Vehicle Impounded? YES	Impound Location ARROW TOWING	Impound Tag Number			

PROPERTY 001	Type of Loss/Etc. 2 - BURNED		Property Sequence Number 001	Associated Offense Seq. No. 001
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#	Property Description	Value of Property	Date Recovered	Property Details
1	03 - AUTOMOBILES	\$9,000.00		SCHOOL BUS BURNED
2				
3				
4				
5				
6				
7				
8				
9				
10				

STOLEN MOTOR VEHICLES

Number of Stolen Vehicles	Number of Recovered Vehicles
---------------------------	------------------------------

SUSPECTED DRUG INFO

Suspected Drug Type 1	Estimated Drug Quantity	Type of Drug Measurement
Suspected Drug Type 2	Estimated Drug Quantity	Type of Drug Measurement
Suspected Drug Type 3	Estimated Drug Quantity	Type of Drug Measurement

OFFICER'S INVESTIGATIVE NOTES

On December 12th 2017 at 0702 hours I Deputy Harvey was dispatched to 17840 480th Street for a school bus fire.

OFFICER	Complainant/Reporting Party Signature			
	47			
	Reporting Officer HARVEY JAMES	Badge Number 78-47	Video Taken? 05 - BOTH IN CAR AND BODY CAMERA	Evidence Seized? NO
Supervisor LEMASTER, JASON	Badge Number 78-52	Incident Assigned To		



IOWA INCIDENT REPORT SUPPLEMENTAL

POTTAWATTAMIE CNTY SHERIFF OFF

1400 BIG LAKE ROAD
COUNCIL BLUFFS, IA 51501
(712) 890-2200

ric030102

C A S E I N F O	Case Number S17-004027	Date of This Report 12/12/2017	County in which Incident Occurred POTTAWATTAMIE - 78	
	ORI Number POTTAWATTAMIE COUNTY SHERIFF'S OFFICE - IA0780000			
	Date of Original Occurrence 12/12/2017		Type of Offense VEHICLE FIRE/CODE 11	
	Name - Last KLINDT	First GLEN	Middle	Suffix
	Clearance Classification <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptionally Cleared <input type="checkbox"/> Cleared by Arrest		Investigative Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Suspended	

Narrative

S17-004027
12-12-17
17840 480th St.
Vehicle Fire/Code 11

On December 12, 2107 at approximately 0714 hours, I, Cpl. Soucie went en route to 17840 480th St. for a school bus on fire with two people still on board. I arrived on scene and met with Deputy Harvey who advised that he could not get on the bus due to the smoke and flames. I observed a subject hanging out of a window on the driver side at the front of the bus by where the bus driver sits, who was badly burned and unresponsive, code 11.

Deputy Hilz arrived on location and both him and I made contact with the mother of the child that was on board the bus as well as the older sister. We went inside the residence and sat down with them at the table. The older sister stated that she tried to break out a window to save her sister but couldn't do it. She showed me a few small cuts on her hands and she was coughing. I advised Deputy Hilz that I was going to go get a medic to check out both the sister and mother for injuries as well as smoke inhalation. I located a medic and advised them of the patient information. The medics went inside as I followed and checked out both parties. I remained inside with Deputy Hilz, the mother, and sister for a short time. I advised Deputy Hilz that I was going to head back out side to see where I was needed if at all or I was going to go in service.

I spoke with Sgt. Freeman and he advised to get a written statement from a gentleman on location who was part of the transportation department for the Riverside School District. I located the male party and asked him if he would mind filling out a witness statement in regards to what had happened and his involvement if any. He agreed to do so and I escorted him to my cruiser do complete the statement.

He advised that the bus driver radioed to him that the bus was on fire and that 911 had been contacted. He said he then tried to call the mother of the student on board but miss dialed so he radioed another driver to make contact with the mother because he was already en route to the location.

After getting the witness statement I handed it over to Deputy Harvey and advised Lt. Ambrose that if I could leave I had to get to the courthouse due to coverage issues. I went in service from the scene at approximately 0820 hours.

O F F I C E R	Complainant/Reporting Party (Signature)	
	Reporting Officer SOUCIE AARON	Badge Number 78-32
	Assisting Officer / Administrative Reviewer	Badge Number
	Supervisor LEMASTER JASON	Badge Number 78-52
	Incident Assigned to:	



IOWA INCIDENT REPORT SUPPLEMENTAL

POTTAWATTAMIE CNTY SHERIFF OFF

1400 BIG LAKE ROAD
COUNCIL BLUFFS, IA 51501
(712) 890-2200

ric030102

C A S E I N F O	Case Number S17-004027	Date of This Report 12/12/2017	County in which Incident Occurred POTTAWATTAMIE - 78	
	ORI Number POTTAWATTAMIE COUNTY SHERIFF'S OFFICE - IA0780000			
	Date of Original Occurrence 12/12/2017		Type of Offense BUS FIRE CODE 11	
	Name - Last HARVEY	First JAMES	Middle	Suffix
	Clearance Classification <input checked="" type="checkbox"/> Unfounded <input type="checkbox"/> Exceptionally Cleared <input type="checkbox"/> Cleared by Arrest		Investigative Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Suspended	

Narrative

On December 12th 2017 at 0702 hours I Deputy Harvey was dispatched to 17840 to 17840 480th Street for a school bus that was on fire with people trapped inside.

I observed black smoke as I was east bound on Highway 6 about 470th and I observed flames when I turned onto 480th Street.

I observed the bus and it was fully engulfed in fire. I used one fire extinguisher from my patrol car and deployed it into the left side of the bus. I moved around back and observed that the seats inside the bus were on fire. I observed an unknown object on the floor near the front of the bus. As I moved to the front left side of the bus I observed a subject part was out the driver's side window that was on fire and burnt beyond recognition. At 0721 hours I advised communication that we have at least one code 11.

The juvenile female's body was identified by her family who witnessed the bus fire as [REDACTED] and Donald N. Hendricks [REDACTED] was identified by Nick Bates who stated that Donald Called in that the bus was on fire via the on board radio.

Oakland, Carson and Macedonia Fire Departments all responded to this scene.

Carson Fire on scene:
Adam Herzog, Brian Reed, Randy Miller, Jordan Easton, Jamie Meek and Beca Hansen

Macedonia Fire:
Dan Cako, Craig Hutsie, Eric Klindt

Oakland Fire:
Doug Reed, Brandt Miller, Ken Moore, Mitch Rollins, Bracton Moore, Rich Hansen.

Pottawattamie County Roads Personnel on scene:
Allen Hatfield, Cary Achenbough, Doug Engel, Scott Putnam, Nick Allen and Ryan Huss

Iowa Department of Transportation officers on scene: Blake Wittrock, Darren Reid, and Case Wells

Pottawattamie County Medical Examiner's on scene at 1010 hours: Jeff Hutcheson, Cheri Dahlhein and Jennifer Nelson.

State Fire Marshals Office: John Tiesser and Wyane Brogen

Iowa State Patrol on scene: Sgt. Kevin Johnson, Lt. Joel Ehlar, Rose Ives, Kyle Mass and Cory Moore.

All Fire units departed the scene at 0845 hours.

Marty Rieken and Trevor Beckendorf arrived from Rieken Funeral Home to pick up the two bodies. Trevor Beckendorf transported both bodies at 11:20 hours to Ankeny Iowa.

All personnel departed the scene at 1220 hours and the bus was towed by Arrow towing to their facility in Council Bluffs Iowa. Arrow Towing personel on scene: Tim Hendersot, Brant Dohse, Tony Carr and Steve Novack

As of the current time I do not have all the information for this incident.

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Complainant/Reporting Party
(Signature)

47

Reporting Officer
HARVEY JAMES

Badge Number
78-47

Assisting Officer / Administrative Reviewer

Badge Number

Supervisor
LEMASTER JASON

Badge Number
78-52

Incident Assigned to:



IOWA INCIDENT REPORT SUPPLEMENTAL

POTTAWATTAMIE CNTY SHERIFF OFF

1400 BIG LAKE ROAD
COUNCIL BLUFFS, IA 51501
(712) 890-2200

ric030102

C A S E I N F O	Case Number S17-004027	Date of This Report 12/12/2017	County in which Incident Occurred POTTAWATTAMIE - 78	
	ORI Number POTTAWATTAMIE COUNTY SHERIFF'S OFFICE - IA0780000			
	Date of Original Occurrence 12/12/2017		Type of Offense BUS FIRE	
	Name - Last HENDRICKS	First DONALD	Middle NORMAN	Suffix
	Clearance Classification <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Exceptionally Cleared <input type="checkbox"/> Cleared by Arrest		Investigative Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Suspended	

Narrative

On December 12th 2017 at approx 0702hrs I Sgt. Marc Freeman was called to assist on a possible bus fire in front of 17840 480th St. At the time I was near the county line of mills/Pottawattamie on 290th. I responded directly there to assist the other responding units.

While reroute to the scene we were constantly updated as to the information coming from the 911 caller. At first the exact situation and number of subjects on the bus were vague. It was unclear if this was a school bus, or other type of transport bus and how many subjects might be trapped on scene.

During my response I was alerted that both Oakland Fire & Rescue and Carson Fire and Rescue were both dispatched to the scene. Unsure of the numbers of possible victims might be on scene I requested that a 3rd Fire district also be paged out.

As I continued to the scene I also asked for the 911 center to contact all the school buses using the 911 radios that they all had to check the status of school district busses that were out at the time. It was then that information came in that the bus that was on fire was a Riverside School district bus, and that it was confirmed at that time the driver of the bus and one student were still trapped in the bus.

I then made a request that the 911 center contact any and all Pottawattamie County Secondary Roads personnel that might be out on the roads already and close to attempt to render emergency aid if possible.

Also during my response I was able to confirm that Lt. Rob Ambrose and Chief Deputy John Reynolds were made aware of the situation that was occurring.

It was approx 0719hrs that my patrol car encountered mechanical problems and ended up shutting down approx 400-500 yards from the scene. I already could see a large amount of black smoke coming from the top of the roadway, I also observed this from my approach on Hwy6. At approx 0721hrs I heard a radio transmission from Deputy Jim Harvey who was already on location advise that the bus was fully engulfed and that there were two victims inside the bus that he was able to confirm deceased and no way to rescue.

I continue to run up the hill until I reached Deputy Harvey and assisted him in his needs at the time. By the time that I got to the area of the bus, several members from the local fire and rescue were already on scene attempting to manage the fire. I was informed that both victims that died in the fire were up in the front of the school bus and near each other. Also arriving on scene were the members of the Pottawattamie County Secondary Roads Department to assist. Several of the members from county roads to the road grater were able to assist in stopping the spreading fire in the cut bean field.

From that point I learned that Deputy Jon Hilz had already taken the family members that were on scene to the inside of the house to assist in comforting them and assisting in the needs at the time.

Deputy Aaron Soucie was able to respond to assist from Carson. Deputy Soucie was able to assist in gathering a few statement forms and ensuring that non-emergency personnel were not in the way.

I talked to EMA Director and Fire Fighter Doug Reed. We were able to start getting the proper resources to the area. As soon as we could I asked for the assistance of the Pottawattamie County Secondary Roads to shut the road completely down at each intersection north and south of our location, this was to prevent the media and any other personnel from entering he area.

The responding fire departments were able to get the fire under control and out a short time later. Once the bus was cool enough to I requested to have a sheet placed over the remains of the driver who was at the time partially hanging out of the driver's side window. The driver was later ID as Hendricks, Donald Norman DOB [REDACTED]. We also were able to place a blue tarp over the remains of the juvenile student that was found lying next to the driver's seat of the bus; she was later ID as [REDACTED]

After a short time had gone by I was able to ask that Deputy Harvey start the crime scene check list and entry log for all responders. Due to the large amount of responders coming to the area it was difficult to get the exact times of all arriving persons, all the names were entered on the log. Lt. Rob Ambrose late arrived on scene and took control of the scene

As more Investigators and other officers from the Iowa State Patrol and State of Iowa Fire Marshalls office arrived on scene I took over on scene security.


It was later decided that Arrow Towing out of Council Bluffs would be the best choice in the recovery and clean-up of the bus and scene. I contacted Tony Carr with Arrow Towing directly and gave him a scene size up of what would be needed to bring to the scene.

After the Pottawattamie County Sheriff's Office Crime Scene Tech was finished and the County Medical Examiners released the bodies to go to

the state of Iowa DCI Crime Lab for Autopsy Arrow Towing was able to perform the recovery and the scene was later released and opened to traffic. Pottawattamie County Roads was also able to assist in repairing the roadway that was damage by the fire and the removal of the bus.

At this time this is all the information that I have on this case, Please refer to Deputy Harvey and other Deputies reports for more info.

Sgt. Marc Freeman 78-39

O F F I C E R	Complainant/Reporting Party (Signature)	
		
	Reporting Officer FREEMAN MARC	Badge Number 78-39
	Assisting Officer / Administrative Reviewer	Badge Number
	Supervisor LEMASTER JASON	Badge Number 78-52
Incident Assigned to:		



IOWA INCIDENT REPORT SUPPLEMENTAL

POTTAWATTAMIE CNTY SHERIFF OFF

1400 BIG LAKE ROAD
COUNCIL BLUFFS, IA 51501
(712) 890-2200

ric030102

C A S E I N F O	Case Number S17-004027	Date of This Report 1/4/2018	County in which Incident Occurred POTTAWATTAMIE - 78	
	ORI Number POTTAWATTAMIE COUNTY SHERIFF'S OFFICE - IA0780000			
	Date of Original Occurrence 12/12/2017		Type of Offense DEATH INVESTIGATION	
	Name - Last HENDRICKS	First DONALD	Middle NORMAN	Suffix
	Clearance Classification <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptionally Cleared <input type="checkbox"/> Cleared by Arrest		Investigative Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Suspended	

Narrative

On December 12, 2017, at approximately 0730 hours, I, Crime Scene Technician Katie Pattee, was contacted via department cell phone by Pottawattamie County Sheriff's Office Chief Deputy John Reynolds. Chief Deputy Reynolds advised there was a school bus fire that occurred on 480th Street and that two occupants of the bus did not make it out and were deceased. I advised Chief Deputy Reynolds I would respond to the location. I arrived at 17840 480th Street at approximately 0830 hours. I met with Lt. Ambrose, Sergeant Weber, Sergeant Freeman, and Deputy Harvey. Brief details about the incident were provided to me at that time.

Upon arrival, I observed a school bus (Riverside Community Schools bus #4) in the roadway facing northwest. Smoke was emitting from the bus and fire personnel were still on location. The rear passenger tire was in the east ditch across from the driveway to 17840 480th Street. The rear driver tire was barely off the roadway and slightly in the east ditch. The bus had extensive fire damage, with the area of most damage being at the front of the bus in the engine compartment. All tires on the bus were deflated and the rubber was partially consumed by the fire on the driver side. The rubber on the tires on the passenger side was completely consumed by the fire. The frame of the bus was resting on the roadway/ditch. The passenger side corner of the rear bumper was resting against the soil on the east side of the upward portion of the ditch, however, the rear exit door was not restricted in any way. The exhaust pipe appeared to be up against the east side of the ditch. The glass from the windows and doors was no longer in tact. The frame to the front door of the bus appeared to have fallen outward onto the roadway (east side). The bottom of the side entry door frame was resting on the roadway. This may have made it difficult for occupants inside to open the doors which open outward from the bus. Other than the corner of the rear passenger bumper, no obvious damage was noted from any type of collision.

When I observed the interior of the bus, all of the seat coverings and plastic / polymer contents were consumed by the fire. The metal frames of the seats were present. The rear exit door was in the latched position, however, I was able to pull the latch upward and open the door with ease. The ceiling portion of the bus did show some buckling which appeared to be a result of heat / fire damage. The interior of the vehicle did appear to have some type of video recording device at the front of the bus, however it suffered extensive fire damage. The recording device was later collected from the bus.

Vehicle Information:

2004 IC, Model 3S530, 65 passenger school bus

Examination of Bodies:

DRIVER - Donald Norman Hendricks DOB: [REDACTED]
PASSENGER: [REDACTED]

The body bags were labeled with appropriate toe tags and were sealed with numbered locks. The bodies were turned over to Rieken Vieth

Funeral Home for transport to the Iowa Office of the State Medical Examiner in Ankeny, Iowa for autopsy.

I photographed the area in the bus in which the bodies were removed. I took additional photographs of the exterior and undercarriage of the bus. I examined the fuel tank, which was located towards the front of the bus, right behind the front side door. The tank was intact, and did not appear to be damaged or punctured. Arrow Towing then placed the bus on a flatbed and towed it to their secure shop located at 1427 5th Avenue in Council Bluffs, Iowa.

I reported to the Riverside Community School bus barn in Oakland, Iowa with Iowa DOT Enforcement Officers and Sergeant Weber. I photographed the exterior and interior of a bus of approximately the same make and model as the bus involved in the incident. Sergeant Weber gathered information from the mechanic at the bus barn.

I then reported to Arrow Towing and met the tow truck which transported the bus to the secure storage garage. Tony Carr, operations Manager for Arrow Towing, supervised the removal and transportation of the vehicle. Iowa State Fire Marshall John Ticer and Iowa DOT Enforcement Officers also met me at the location. Additional photographs were taken of the bus after it was removed from the flatbed. I located a possible hard drive in the front area of the bus, in a compartment above the rear view mirror. Photographs were taken of the compartment. I collected the hard drive and packaged it in a paper evidence bag. The hard drive was severely damaged by fire. This hard drive was later turned over to Jane Foster, an Electronic Engineer with the National Transportation Safety Board. The NTSB will attempt to recover any data that may be preserved on the device.

On December 13, 2017, I met with several members of the NTSB at a location in Council Bluffs, Iowa. We later went to Arrow Towing and viewed the school bus.

On December 14, 2017, myself, Investigator Tony Leick, and members of the Council Bluffs Police Department (Sergeant Bailey, Officer Self, and Identification Technician Salter) reported to the scene at 17840 480th Street to conduct scene mapping with the Leica 360 Scanner. The scene was mapped over the course of several hours.

On December 15, 2017, Investigator Leick, Officer Self and Identification Technician Rutledge reported to the Riverside Community Schools bus barn in Oakland, Iowa to conduct 360 mapping of a school bus that was identified as being approximately the same year, make and model as the bus involved in the incident. The exterior and interior of the bus was mapped with the 360 scanner. I also returned to the scene with the NTSB. We used a paint brush to "dig out" the area in the ditch in which the rear tires created ruts. Photos were taken of the ruts and apparent rubber debris, which indicated the tires were spinning in that location. Black residue, believed to be carbon was also located in the area in the ditch in which the exhaust pipe made contact with the soil. It is believed the exhaust pipe was occluded by the soil in the ditch, therefore, it was not able to properly exhaust the fumes outward.

On December 22, 2017, Officer Self and I scanned the exterior and interior of the burned bus in the garage at Arrow Towing. All scans will be mapped and provided to the NTSB in the near future.

All photos and video were downloaded to photo files at the Pottawattamie County Sheriff's Office. A copy of the photos and video were provided to the NTSB via DVD.

I spoke to Jane Foster with the NTSB on January 8, 2018, in reference to the hard drive from the bus. Foster advised she was not able to recover any information or media from the hard drive due to the extensive fire damage to the unit.

The NTSB continues to investigate the cause of the fire. It has been determined the origin of the fire was in the engine compartment. At this time no additional information is available.

O F F I C E R	Complainant/Reporting Party (Signature)	
	Reporting Officer PATTEE KATIE	Badge Number 78-100
	Assisting Officer / Administrative Reviewer	Badge Number
	Supervisor WINCHELL STEVE	Badge Number 78-53
	Incident Assigned to:	



IOWA INCIDENT REPORT SUPPLEMENTAL

POTTAWATTAMIE CNTY SHERIFF OFF

1400 BIG LAKE ROAD
COUNCIL BLUFFS, IA 51501
(712) 890-2200

ric030102

Form with fields: Case Number (S17-004027), Date of This Report (12/18/2017), County in which Incident Occurred (POTTAWATTAMIE - 78), ORI Number (POTTAWATTAMIE COUNTY SHERIFF'S OFFICE - IA0780000), Date of Original Occurrence (12/12/2017), Type of Offense (DEATH INVESTIGATION), Name - Last (HENDRICKS), First (DONALD), Middle (NORMAN), Suffix, Clearance Classification (Unfounded, Exceptionally Cleared, Cleared by Arrest), Investigative Status (Open, Closed, Suspended).

Narrative

Death/Fire Investigation

Deceased -

Donald Hendricks
[Redacted]
Carson, IA 51525

[Redacted]
Oakland, IA 51560

Details

[Large redacted area covering the majority of the narrative details]

Deputy Hilz also noted that throughout the time he spent with the [Redacted] family, the topic of Mr. Hendricks being an unsafe driver came up multiple times, including statements that Mr. Hendricks would run stop signs and general unsafe driving habits. There were also statements that the family had contacted the principal (Riverside High School) with these concerns.

Sgt. Freeman was the next to arrive on scene. During the time Sgt. Freeman was en route to the scene he notified Lt. Ambrose and Chief Deputy Reynolds of the call. Upon his arrival, Sgt. Freeman met with Deputy Harvey. At this time there were several volunteer firefighters on location combating the fire. Sgt. Freeman was informed that there were two fatalities. Sgt. Freeman also noted that Deputy Hilz was inside the residence with [Redacted] and [Redacted]. While on call Sgt. Freeman coordinated with Pottawattamie County EMA and county assets for

scene security and getting assets in place. Sgt. Freeman also arranged to have Arrow Towing respond to the scene to remove the bus once the fire had been extinguished.

Lt. Ambrose was the next to arrive on location. As the ranking deputy on scene, Lt. Ambrose took over coordinating the efforts at the scene and briefing media.


I, Sgt. Christopher Weber, was next to arrive on scene. Upon my arrival I observed a school bus badly damaged by fire and two tarps. The tarps were covering the deceased. While on location I arranged for the Pottawattamie County Medical Examiners to be contacted and gave them directions to the scene. I also contacted Rieken Vieth funeral home in Oakland to respond to the scene. Since the interior of the bus held the remains of the two deceased individuals I conducted a brief survey of the exterior of the bus and the surrounding area in my duties as a fire investigator. I observed that the ground around the bus had been burned. I also observed that the bus was a total loss due to the fire, with the heaviest damage I observed to be at the front of the bus and above the rear wheels of the bus. While I was on scene I observed that the wind was out of the west and heard on the radio that the wind speed was approximately seven miles-per-hour.

Crime Scene Technician Pattee arrived a short time after I did and began documenting the scene with both video and photographs. I remained on scene until the medical examiner investigators were finished with their duties. Crime Scene Technician Pattee and I then went to the Riverside "bus barn" in Oakland behind the elementary school and documented an exemplar of the bus that had burned. I also was provided with all of the documentation that could be found for the bus.

According to the documentation provided to me the bus in question had an inspection performed on 12/6/2017. The results of the inspection were as follows; intermittent/no warning signal on the front roof vent/hatch, no registration slip, right front red warning lights were non functional, battery hold down was loose, emergency exit warning signal inoperable at the driver location, expired chassis inspection card, exhaust system tailpipe clamp loose/missing, exit vandal lock warning signal not audible at driver location, inoperable/not audible exit warning signals located at driver right and driver left. According to the inspection records the right front red lights and exit vandal lock warning signals were corrected on 12/6/2017. A copy of all of the records provided to me is attached to this report and have been shared with the NTSB.

Crime Scene Technician Pattee and I met with State Fire Marshal Agent Ticer at the Arrow Towing facility located on 5th Ave in Council Bluffs to further examine the bus. In my observations of the bus I noted again that the heaviest damage and evidence of longest burning came from the front of the bus. In examining the damage to the bus the most severe fire damage appeared to have emanated from the engine compartment of the bus. I observed that the hood of the bus had completely melted as had some metallic components in the engine compartment. By contrast, the metal body of the bus evidenced scorch marks at the rear of the bus with increased damage the further towards the front. I also observed oxidation of the metal at and near the front of the bus while paint was still intact at the rear. I also observed that the metal wall between the engine compartment and the interior of the bus had "blued" from exposure to heat. Based on these observations the origin of the fire appears to have been inside the engine compartment.

I boarded the bus and tried the emergency exit located at the rear of the bus. I observed that the emergency exit was functional. I was also able to locate a hard drive that appears to have been part of an on board surveillance camera system on the bus. I was able to retrieve the hard drive which was logged into evidence and then checked out to the NTSB. The NTSB is conducting an investigation into the origin and cause of the fire and will be forwarding their results to the Pottawattamie County Sheriff's Office. Agent Ticer did forward his report to the Pottawattamie County Sheriff's Office and it is attached to this report. Agent Ticer's report makes the recommendation that interviews be conducted with the director of the bus barn, the maintenance director, and the high school principal. Agent Ticer also identified Alan Flathers as the mechanic who conducted the most recent inspection. I have been advised by Lt. Ambrose that interviews would be conducted in conjunction with the NTSB.

O F F I C E R	Complainant/Reporting Party (Signature)	
	Reporting Officer WEBER CHRIS	Badge Number 78-27
	Assisting Officer / Administrative Reviewer	Badge Number
	Supervisor WINCHELL STEVE	Badge Number 78-53
	Incident Assigned to:	



IOWA INCIDENT REPORT SUPPLEMENTAL

POTTAWATTAMIE CNTY SHERIFF OFF

1400 BIG LAKE ROAD
COUNCIL BLUFFS, IA 51501
(712) 890-2200

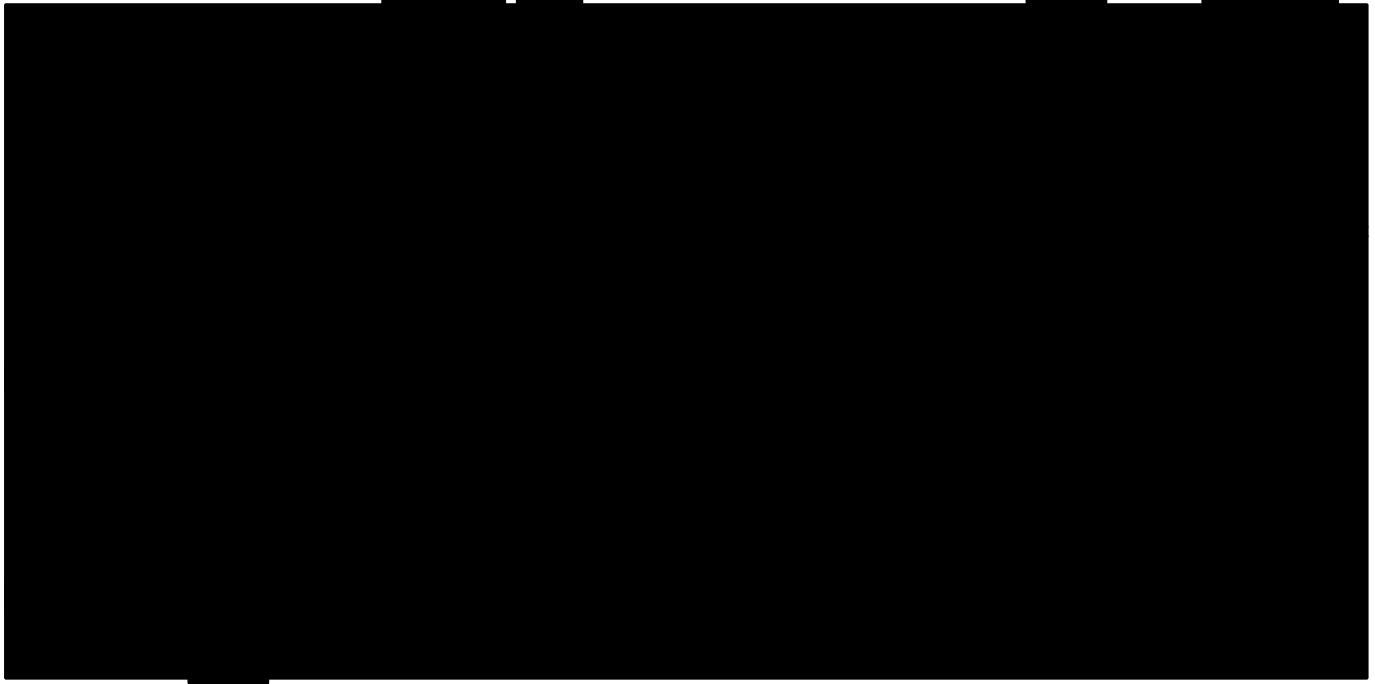
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C A S E I N F O	Case Number	Date of This Report	County in which Incident Occurred	
	S17-004027	12/12/2017	POTTAWATTAMIE - 78	
	ORI Number			
	POTTAWATTAMIE COUNTY SHERIFF'S OFFICE - IA0780000			
	Date of Original Occurrence		Type of Offense	
	12/12/2017		ASSI8ST FIRE	
Name - Last		First	Middle	Suffix
KLINDT		MEGAN	MAY	
Clearance Classification			Investigative Status	
<input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Exceptionally Cleared <input type="checkbox"/> Cleared by Arrest			<input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Suspended	

Narrative

On 12-11-2017, I Deputy Jonathan Hilz was working road patrol day shift. Shortly after beginning my tour, I was dispatched to an assist fire. Initial reports were that a bus was on fire and people were trapped. I responded from Council Bluffs.

When nearing Oakland on Highway 6 at 390th I observed a large cloud of smoke coming from the area of the call location. I arrived a short time later. When I arrived I observed a standard looking school bus with the front tires on the road, and the rear tires in the East ditch. The bus was fully engulfed in fire from the front to the rear. I met with Corporal Aaron Soucie who had also just arrived on call. Corporal Soucie then advised that we needed to speak with the mother who was standing outside of the residence. Due to there being nobody outside the bus we believed the occupants to still be inside the bus.



When asked about the routine morning pickups which had occurred in the past [REDACTED] Explained that the bus would come from the North on 480th. The bus would pull into the drive except when it was raining. After picking up Megan, the driver would back out of the driveway to the South. The bus would then drive north allegedly using the level B road.

[REDACTED] husband [REDACTED] arrived mid morning. While conversing with all the family the topic of the driver being unsafe came up several times. Running stop signs along with general unsafe driving were mentioned. [REDACTED] had reportedly even gone to the principal with concerns over his driving.

After the family spoke with the medical examiner and the fire marshall we all departed the residence.

Deputy Jonathan Hilz 78-28

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Complainant/Reporting Party
(Signature)



Reporting Officer
HILZ JONATHAN

Badge Number
78-28

Assisting Officer / Administrative Reviewer

Badge Number

Supervisor
LEMASTER JASON

Badge Number
78-52

Incident Assigned to:

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

Law Enforcement Case Numbers: S17-004027
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Date of Accident 12/12/2017	Time of Accident 07:02 Hrs.	County POTTAWATTAMIE - 78	Accident occurred within corporate limits of (city)															
UNIT 1	Driver's Name - Last HENDRICKS							First DONALD			Middle NORMAN							
	Address [REDACTED]							City CARSON			State IA	Zip 51525						
	Date of Birth [REDACTED]		Driver's License Number [REDACTED]			CDL	Citation Charge 1			Citation Charge 2								
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class A	Endorsements PNTSM		Restrictions B	Yes <input checked="" type="radio"/> No <input type="radio"/>	Citation Charge 3			Citation Charge 4						
	Alcohol Test Given: 1		Test Results:		Drug Test Given: 1	Test Result:	Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>		Reason for Re-Exam Request:									
	Owner's Name - Last RIVERSIDE COMMUNITY SCHOOL DISTR							First			Middle							
	Address 330 PLEASANT STREET							City CARSON			State IA	Zip 51525						
	License Plate No. X		State IA	Year	VIN: 4DRBRAAP94B [REDACTED]			Color YEL		Year 2004	Make INTL	Model BUS	Style BUS					
	Trailer Plate No.		State	Year	VIN:			Tow 3	Tow # S17-4027		Towed To ARROW TOWING - COU		Approx. Cost to Repair or Replace \$10,000.00					
	Insurance Company Name							Insurance Co. Phone Number			Insurance Policy Number							
Initial Travel Direction 03		Veh. Act. 09	Veh. Config. 22	Cargo Body Type 20		Veh. Defect 99	Point of Initial Impact 15	Most Damaged Area 98	Extent of Damage 5	Total Occ. in Veh. 2								
Special Veh. Func 10		Emergency Status 01		Bus Use 01	Driver Condition 99	Vision Obscured 99	Contributing Circumstances Driver (up to two) 99			Driver Distractions 99	Speed Limit 50							
Traffic Controls 01		Horizontal Alignment 98		Vertical Alignment 98		SEQUENCE OF EVENTS	First Event 44	Second Event 70	Third Event 99	Fourth Event 99	Most Harmful Event 70							
Carrier Name/Lessee																		
COMMERCIAL	Street Address							City			State	Zip Code						
	Number of Axles		Gross Vehicle Weight Rating				US DOT Number		MC Number		Override/Override 1 - NONE							
	Haz Mat Involvement		Haz Mat Placard	Placard Number	Haz. Mat Released		Haz Mat Class	Haz Mat Name										
	Trailer Plate:		State	Year	VIN													
	Trailer Plate:		State	Year	VIN													
	Converter Dolly		Dolly Plate:		State	Plate Year	VIN											
PERSONS INVOLVED	DRIVER OF UNIT 1				Phone Number: [REDACTED]			Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute	
	Transported to: STATE MEDICAL EXAMINER'S OFFIC				Transported by: RIEKEN VIETH FUNERAL HOME													
	Name 001		Phone Number			DOB:		F	99	7	99	01	2	01	2	07	02	
	Address [REDACTED] OAKLAND IA 51560				Transported to: STATE MEDICAL EXAMINER'S OFFI				Transported by: RIEKEN VIETH FUNERAL HOME									
	Name				Phone Number			DOB:										
	Address				Transported to:				Transported by:									
	Name				Phone Number			DOB:										
	Address				Transported to:				Transported by:									
	Name				Phone Number			DOB:										
	Address				Transported to:				Transported by:									

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

Law Enforcement Case Numbers:
S17-004027

L O C A T I O N	Date of Accident 12/12/2017	Time of Accident 07:02 Hrs.	County POTTAWATTAMIE - 78	Accident occurred within corporate limits of (city)				Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>										
	Literal Description 480TH ST						County: 78	Route:											
	If accident occurred outside of city limits show general vicinity N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> of nearest city						X Coordinate: 309960.593												
	On Road, Street or Highway:				At Intersection with:				Y Coordinate: 4574254										
Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary of						If Divided Highway, Provide Route (Cardinal) Travel Direction													
N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> and						N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>													
Milepost Number		Definable intersection, bridge, or railroad crossing				NB <input type="radio"/> SB <input type="radio"/> EB <input type="radio"/> WB <input type="radio"/>													
ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS															
Location of First Harmful Event 04		Weather Conditions (up to two)		Major Contributing Circumstances Environment 01															
Manner of Crash/Collision 01		01		Roadway 01															
Light Conditions 9		Surface Conditions 10		Type of Roadway Junction/Feature 05															
				FRA No.															
First Harmful Event (Crash) 44		WORKZONE RELATED?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Activity	Location	Type	Workers Present	Sex	Struck by Unit No.	Injury Status	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	Condition	Safety Equipment	Contributing Circumstances	Source of Transport	Died at scene/enroute	
N O N M O T O R I S T S	Name 001		Phone Number			DOB:													
	Address:						Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No						
	Transported to:						Transported by:												
	Name		Phone Number			DOB:													
Address:						Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No							
Transported to:						Transported by:													
N P O R T A B L E P R O P E R Y	If Property other than vehicles damaged explain		Object Damaged						Estimate of Damage										
	Owner's Last Name			First Name			Middle Name			Phone Number									
	Address			City			State			Zip Code			Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown						
	If Property other than vehicles damaged explain		Object Damaged						Estimate of Damage										
U L D A M A G E D	Owner's Last Name			First Name			Middle Name			Phone Number									
	Address			City			State			Zip Code			Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown						
	Last Name		First Name		Address				City		State		Zip Code		Phone Number				
	Last Name		First Name		Address				City		State		Zip Code		Phone Number				
W I T N E S S	Last Name		First Name		Address				City		State		Zip Code		Phone Number				
	Last Name		First Name		Address				City		State		Zip Code		Phone Number				
	Last Name		First Name		Address				City		State		Zip Code		Phone Number				
	Last Name		First Name		Address				City		State		Zip Code		Phone Number				
Is This a Secondary Crash? Y <input type="radio"/> N <input type="radio"/>		Type of Primary Incident						Roadway Clearance Date			Incident Clearance Date								
Signature of Officer AMBROSE ROB			Badge Number 78-42		Time Officer Notified of Accident 07:03 Hrs.			Roadway Clearance Time Hrs.			Incident Clearance Time Hrs.								
Name of Agency POTTAWATTAMIE CNTY SHERIFF OFF			Date of Report 04/10/2018		Time Officer Arrived At Scene 07:52 Hrs.			Total Roadway Clearance Time			Total Incident Clearance Time								
Report Reviewed By WINCHELL, STEVE			Date of Review 04/13/2018		Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>			T.I. No.			Other Technical Investigating Agency								

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Numbers:

S17-004027

MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

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On December 12, 2017 at approximately 0703 hours, Pottawattamie County deputies were dispatched to the area of 17840 480th Street for a school bus fire. Deputies arrived in the area and located a school bus fully involved in fire. Information was received that there were two occupants. Due to the fire, deputies were unable to enter the bus.

Preliminary investigation indicates, the driver, Donald Hendricks was backing out of the residential drive way at 17840 480th Street. Mr. Hendricks backed in a manner in which the right side rear tires traveled into the ditch on the east side of 480th Street. This caused the bus to become stuck. A fire ensued and neither Mr. Hendricks or student, [REDACTED] exited the bus.

This incident remains under investigation with assistance from the National Transportation Safety Board.

***License plate was destroyed - exact license plate number is unknown.

End of Report



VEHICLE TOWING AND IMPOUND REPORT

POTTAWATTAMIE CNTY SHERIFF OFF
1400 BIG LAKE ROAD
COUNCIL BLUFFS, IA 51501

SUMMARY	Hold ? YES	Hold Reason 02 - TI INVESTIGATION	Case Number: S17-004027	
	Type of Report <input checked="" type="checkbox"/> Impound <input type="checkbox"/> Stolen Supp <input type="checkbox"/> Hit and Run Supp. <input type="checkbox"/> Abandoned <input type="checkbox"/> Inventory Only		Tow Number: S17-004027	
	Officer Name HARVEY, JAMES	Date 12/12/2017	Time 11:05 Hrs.	District 5
	Vehicle Towed By ARROW	Phone Number (712) 323-7907	Reason Towed 08 - ACCIDENT	
	Location Towed From 17840 480TH STREET		Location Towed To ARROW TOWING	
	Location of Keys SHOULDBE IN BUS			
	Vehicle Damage 11		Tow Damage 11,00	

DRIVER	Owner? NO	Last Name HENDRICKS	First Name DONALD	Middle Name N	Suffix	
	Address [REDACTED]		City CARSON	State IA	Zip Code 51525	Home/Cell Phone Number
	Company Vehicle? YES	Company Name OAKLAND SCHOOLS	Company Address		Company Phone Number (712) 482-6465	
	Owner's Last Name OAKLAND SCHOOLS		Owner's First Name	Owner's Home/Cell Phone Number		
	Owner's Address 18997 HIGHWAY 59		City OAKLAND	State IA	Zip Code 51560	
	Lien Holder		Lien Holder's Address		Lien Holder's Home/Cell Phone #	
	Vehicle Year 2004	Vehicle Make INFINITI - INFI	Vehicle Model BUS	Vehicle Style SCHOOL BUS	Vehicle Color YEL	
	VIN Number 4DRBRAAP94B9 [REDACTED]		License Plate Number [REDACTED]	License State IA	License Year 2017	

INVENTORY	Indicate the area of the Vehicle Inventoried		
	<input type="checkbox"/> Front Seat	<input type="checkbox"/> Glove Box	<input type="checkbox"/> Console
	<input type="checkbox"/> Rear Seat	<input type="checkbox"/> Trunk	<input type="checkbox"/> Other Storage Area
Was evidence seized from vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			

TOWING	Signature of Tow Truck Operator [REDACTED]		Date of Tow 12/12/2017
			Tow/Storage Bill
	Amount Paid	By Whom	Phone Number

B U S I N E S S	Business Name		Printed Name Of Owner/Agent			
	Signature					
	Address		City	State	Zip Code	
	Phone	Date	Time	Parking Sticker Expiration		
R E L E A S E	Release Date	Released By		Badge #	Items Released	
	Released To			Phone Number	DOB	
	Address		City	State	Zip Code	
	Signature of the Person to whom the Vehicle / Property was Released					