

National Transportation Safety Board

Office of Highway Safety

Washington, DC 20594



HWY24MH005

SURVIVAL FACTORS ATTACHMENT

Rushville Volunteer Fire Department NFIR

(9 Pages)

A FDID SC143 State IL Incident Date 03/11/2024 Station Incident Number 0501508 Exposure 000 NFIRS - 1 Basic

B Location
 1 - Street address 24
 Address Type Number/Milepost Prefix Street or Highway Street Type Suffix
 Apt./Suite/Room City Rushville State IL Zip Code 62681
 Genuis Tract Scripps Park
 Cross street or directions, as applicable

C Incident Type
 132 - Road freight or tr
 Incident Type

E1 Dates & Times Midnight is 0000
 Alarm 03/11/2024 11:31:00
 Arrival 03/11/2024 11:37:00
 Controlled 03/11/2024 11:46:00
 Last Unit Cleared 03/11/2024 16:42:00

E2 Shifts & Alarms Local Option
 Shift or platoon Alarms District

D Aid Given or Received
 Their FDID Their State Their Incident Number
 N - None
 Type Aid Given or Received

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

F Actions Taken
 11 - Extinguish
 74 - Provide apparatus
 Actions Taken Provide manpower

G1 Resources
 Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus Personnel
 Suppression 5 10
 EMS 4 10
 Other 4 5
 Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values
 LOSSES: Required for all fires if known. Optional for non fires.
 Property \$
 Contents \$
 PRE-INCIDENT VALUE: Optional
 Property \$
 Contents \$

H1 Casualties
 Deaths Injuries
 Fire Service 0 0
 Civilian 5 0

H2 Detector
H3 Hazardous Materials Release
 Mixed Use Property
J Property Use 961 - Highway or divided highway

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

K2 Owner
 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 Business name (if applicable) Area Code Phone Number

A	SC143	IL	MM DD YYYY		0501508	000	NFIRS Remarks
	FDID	State	Incident Date	Station	Incident Number	Exposure	

Remarks

Bus vs Semi further information obtained by State Police, Coroner, Sherriff, EMS etc.
 Injury time time of call more specific in other agency report.

M	Authorization						
	FD1	Vic	Menely	Chief			
	Officer in charge ID	Signature		Position or rank	Assignment	Month	Day Year
	FD2	Eric	Stauffer	AsstChief			
	Member making report ID	Signature		Position or rank	Assignment	Month	Day Year

A	<u>SC143</u> FDID	<u>IL</u> State	<u>03/11/2024</u> Incident Date	<u>MM</u> <u>DD</u> <u>YYYY</u>	<u>0501508</u> Incident Number	<u>000</u> Exposure	NFIRS - 2 Fire
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B Property Details

B1 0 Y Not Residential
Estimated number of residential living units in building of origin

B2
Number of buildings involved

B3
Acres burned (outside fires)

C On-Site Materials or Products

UUU - Undetermined

On-site materials

U - Undetermined

On-site materials use

D Ignition

D1 UU - Undetermined
Area of fire origin

D2 UU - Undetermined
Heat source

D3 UU - Undetermined
Item first ignited

D4 UU - Undetermined
Type of material first ignited

1 - Fire Spread was
Confined to object of origin

E1 Cause of Ignition

5 - Cause under investigation
Cause of ignition

E2 Factors Contributing To Ignition

UU - Undetermined
Factors contributing to ignition

E3 Human Factors Contributing To Ignition

N - None

Estimated age of person involved

Gender of person involved

F1 Equipment Involved In Ignition

NNN - None
Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power

Equipment power source

F3 Equipment Portability

Equipment portability

G Fire Suppression Factors

Fire suppression factors

H1 Mobile Property Involved

3 - Involved in ignitid
Mobile property Involved

Mobile property model

 IL
License plate number State VIN number

H2 Mobile Property Type & Make

12 - Bus, school bus, trackless troll
Mobile property type

00 - Other Make
Mobile property make

Local Use

A	FDID: SC143	State: IL	Incident Date: MM DD YYYY: 03/11/2024	Station: []	Incident Number: 0501508	Exposure: 000	NFIRS - 4 Civilian Fire Casualty
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B Injured Person	Gender: 1 - Male	C Casualty Number
First Name: David	MI: []	Casualty Number: 1
Last Name: Coufal	Suffix: []	

D Age or Date of Birth	E₁ Race	F Affiliation	H Severity
Age: 72	Race: 1 - White	Affiliation: 1 - Civilian	
OR	E₂ Ethnicity	G Date & Time of Injury	
Date of Birth	Ethnicity: []	Date of Injury: 03/11/2024	Midnight is 0000.
Month Day Year		Time of Injury: 11:31:00	5 - Death
		Month Day Year	Hour Minutes

I Cause of Injury	J Human Factors Contributing to Injury	K Factors Contributing to Injury
U - Undetermined		52 - Vehicle collision, roll-over
Cause of injury	Human factors contributing to injury	Factors contributing to injury

L Activity When Injured	M₁ Location at Time of Incident	M₃ Story at Start of Incident
U - Undetermined	Location at time of incident	Story at START of incident
Activity when injured	M₂ General Location at Time of Injury	M₄ Story Where Injury Occurred
	General location at time of injury	Story where injury occurred
		M₅ Specific Location at Time of Injury
		Complete ONLY if casualty NOT in area of origin
		Specific location at time of injury

N Primary Apparent Symptom	O Primary Area of Body Injured	P Disposition
Primary apparent symptom	Primary area of body injured	Disposition

A	FDID SC143	State IL	Incident Date MM DD YYYY 03/11/2024	Station	Incident Number 0501508	Exposure 000	NFIRS - 4 Civilian Fire Casualty
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B Injured Person	Gender 2 - Female	C Casualty Number 2
First Name Angela	MI Spiker	Suffix

D Age or Date of Birth	E₁ Race	F Affiliation	H Severity
Age 57	Race 1 - White	Affiliation 1 - Civilian	
OR	E₂ Ethnicity	G Date & Time of Injury	
Date of Birth	Ethnicity	Date of Injury 03/11/2024	Midnight is 0000.
Month Day Year		Time of Injury 11:31:00	5 - Death
		Month Day Year Hour Minutes	Severity

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Cause of injury	Human factors contributing to injury	Factors contributing to injury

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Activity when injured	General location at time of injury	Story where injury occurred
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A	SC143	IL	03/11/2024		0501508	000	NFIRS - 4 Civilian Fire Casualty
	FDID	State	Incident Date	Station	Incident Number	Exposure	

B Injured Person			2 - Female	C Casualty Number
			Gender	
[Redacted]				3
First Name			Mi	Last Name
			Suffix	Casualty Number

D Age or Date of Birth	E1 Race	F Affiliation	H Severity
	5	1 - White	
Age	Race	Affiliation	
OR	E2 Ethnicity	G Date & Time of Injury	
Date of Birth		Midnight is 0000.	
Month Day Year	Ethnicity	Date of Injury	
		Time of Injury	
		03/11/2024	5 - Death
		11:31:00	Severity
		Month Day Year	Hour Minutes

I Cause of Injury	J Human Factors Contributing to Injury	K Factors Contributing to Injury
U - Undetermined		
Cause of injury	Human factors contributing to injury	Factors contributing to injury

L Activity When Injured	M1 Location at Time of Incident	M3 Story at Start of Incident
		Story at START of incident
	Location at time of incident	M4 Story Where Injury Occurred
		Story where injury occurred
	M2 General Location at Time of Injury	M5 Specific Location at Time of Injury
		Complete ONLY if casualty NOT in area of origin
Activity when injured	General location at time of injury	Specific location at time of injury

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B Injured Person	Gender: 1 - Male	C Casualty Number
First Name: [REDACTED] MI: [REDACTED] Last Name: [REDACTED] Suffix: [REDACTED]		Casualty Number: 4

D Age or Date of Birth	E1 Race	F Affiliation	H Severity
Age: 3 OR Date of Birth: [] Month Day Year	Race: 1 - White	Affiliation: 1 - Civilian	
	E2 Ethnicity	G Date & Time of Injury	
	Ethnicity: []	Date of Injury: 03/11/2024 Time of Injury: 11:31:00 Midnight is 0000. Month Day Year Hour Minutes	Severity: 5 - Death

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Cause of injury: []	Human factors contributing to injury: []	Factors contributing to injury: []

L Activity When Injured	M1 Location at Time of Incident	M3 Story at Start of Incident
Activity when injured: []	Location at time of incident: []	Story at START of incident: []
	M2 General Location at Time of Injury	M4 Story Where Injury Occurred
	General location at time of injury: []	Story where injury occurred: []
		M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin
		Specific location at time of injury: []

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Primary apparent symptom: []	Primary area of body injured: []	Disposition: []

A	SC143 FDID	IL State	MM DD YYYY 03/11/2024 Incident Date	Station	0501508 Incident Number	000 Exposure	NFIRS - 4 Civilian Fire Casualty
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First Name	MI	Last Name
		5 Casualty Number

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3 Age	1 - White Race	1 - Civilian Affiliation	
OR	E₂ Ethnicity	G Date & Time of Injury	
Date of Birth		Midnight is 0000.	
Month Day Year	Ethnicity	Date of Injury	Time of Injury
		03/11/2024	11:31:00
		Month Day Year	Hour Minutes
			5 - Death Severity

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