



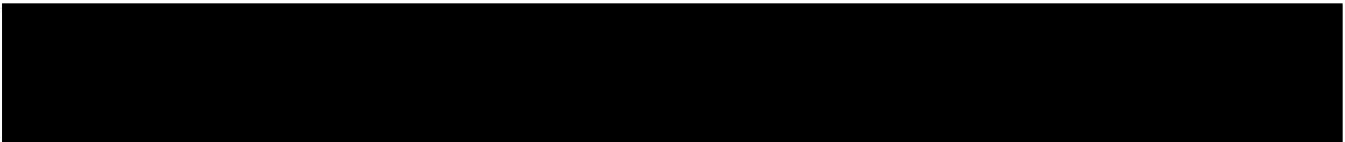
MEMORANDUM

To: 24-214

From: The Office of the Fire Marshal

Date: February 12, 2024

RE: Open Record: 175 Bristol Blvd And Shalimar Dr. Jackson MS.



■ **R-13-020: Stankevich vs. City of Jackson**

Investigative reports are exempt from public records disclosure. E-911 recordings are not only exempt but may not be released without a court order.



NFIRS-1 Basic

A

25007	MS	01	24	2024	Fire Station 14 (14)	24-932	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

185		Bristol	BLVD-Boulevard	
Number	Prefix	Street or Highway	Street Type	Suffix

	Jackson	MS	39204
Apt./Suite/Room	City	State	Zip Code

Cross Street

<p>C Incident Type</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">111-Building fire</div> <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%; padding: 2px;">Their FDID</td> <td style="width:50%; padding: 2px;">Their State</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Their Incident Number</td> </tr> </table>	Their FDID	Their State	Their Incident Number		<p>E1 Dates and Times</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Alarm</td> <td style="width:10%; border: 1px solid black;">01</td> <td style="width:10%; border: 1px solid black;">24</td> <td style="width:10%; border: 1px solid black;">2024</td> <td style="width:15%; border: 1px solid black;">08:15</td> </tr> <tr> <td>Arrival</td> <td style="border: 1px solid black;">01</td> <td style="border: 1px solid black;">24</td> <td style="border: 1px solid black;">2024</td> <td style="border: 1px solid black;">08:23</td> </tr> <tr> <td>Controlled</td> <td style="border: 1px solid black;">01</td> <td style="border: 1px solid black;">24</td> <td style="border: 1px solid black;">2024</td> <td style="border: 1px solid black;">08:47</td> </tr> <tr> <td>Last Unit Cleared</td> <td style="border: 1px solid black;">01</td> <td style="border: 1px solid black;">24</td> <td style="border: 1px solid black;">2024</td> <td style="border: 1px solid black;">14:47</td> </tr> </table>	Alarm	01	24	2024	08:15	Arrival	01	24	2024	08:23	Controlled	01	24	2024	08:47	Last Unit Cleared	01	24	2024	14:47	<p>E2 Shifts and Alarms</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black;">B-SHIFT</td> <td style="width:10%; border: 1px solid black;"></td> <td style="width:10%; border: 1px solid black;">District</td> <td style="width:10%; border: 1px solid black;">2</td> </tr> </table> <p>Shift Alarms District or Platoon</p> <p>E3 Special Studies</p> <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>ID#</td> <td>Value</td> </tr> </table>	B-SHIFT		District	2			ID#	Value
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ID#	Value																																	

<p>F Actions Taken</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">11-Extinguishment by fire service personnel</div> <p>Primary Action Taken</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">21-Search</div> <p>Additional Action Taken</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">73-Provide manpower</div> <p>Additional Action Taken</p>	<p>G1 Resources</p> <p><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.</p> <p style="text-align: center;">Apparatus Personnel</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Suppression</td> <td style="width:10%; border: 1px solid black;">0</td> <td style="width:10%; border: 1px solid black;">17</td> </tr> <tr> <td>EMS</td> <td style="border: 1px solid black;">0</td> <td style="border: 1px solid black;">0</td> </tr> <tr> <td>Other</td> <td style="border: 1px solid black;">1</td> <td style="border: 1px solid black;">1</td> </tr> </table> <p><input type="checkbox"/> Resource counts include aid received resources.</p>	Suppression	0	17	EMS	0	0	Other	1	1	<p>G2 Estimated Dollar Losses and Values</p> <p>Losses: Required for all fires if known. Optional for all non-fires. None</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Property:</td> <td style="width:20%; border: 1px solid black;">\$ 1,000.00</td> <td style="width:20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Contents:</td> <td style="border: 1px solid black;">\$ 1,000.00</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>Pre-Incident Values: Optional None</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Property:</td> <td style="width:20%; border: 1px solid black;">\$</td> <td style="width:20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents:</td> <td style="border: 1px solid black;">\$ 1,000.00</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Property:	\$ 1,000.00	<input type="checkbox"/>	Contents:	\$ 1,000.00	<input type="checkbox"/>	Property:	\$	<input checked="" type="checkbox"/>	Contents:	\$ 1,000.00	<input type="checkbox"/>
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EMS	0	0																					
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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 type="checkbox"/> None <table border="1"> <tr> <td></td> <td>Deaths</td> <td>Injuries</td> </tr> <tr> <td>Fire Service</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Civilian</td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> </tr> </table>		Deaths	Injuries	Fire Service	<input type="text" value="0"/>	<input type="text" value="0"/>	Civilian	<input type="text" value="1"/>	<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
		Deaths	Injuries									
Fire Service	<input type="text" value="0"/>	<input type="text" value="0"/>										
Civilian	<input type="text" value="1"/>	<input type="text" value="1"/>										
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 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, Kindegarten 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 checked="" 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: <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				
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:

District Chief responded to 185 Bristol Blvd for a house fire. Once on the scene DC2 assumed command of the scene from Engine 12. The scene size up was a single family dwelling fully involved. Dispatch advised that there was an entrapment in the location. Recue 14 began with fire suppression with 1 3/4. Engine 12 went in for fire suppression and manpower. Engine 28 went in for manpower. DC2 spoke with the homeowner Mr. Johnny Barbour he informed DC2 that his wife Mrs. Clara Barbour was still inside and where she was in the house. DC2 requested AMR to come to the scene. Mr. Barbour was transported to Baptist Hospital by AMR 408. DC2 requested that utilities come to the scene. DC2 requested that a fire investigator come to the scene. DC2 spoke with Atmos and requested that the cut off the gas. Truck 14 turned of the utilities from the structure. DC2 requested that a tango unit (safety officer) come the location. Tango 4, and 6 came to the scene was assigned to the rear of the structure. EMS 1 arrived of the scene and assisted with safety. Fire Investigator arrived on the scene and received the on scene information from DC2 and the went to Baptist Hospital to speak with Mr. Barbour. Once the fire was under control DC2 informed dispatch. DC2 requested DC1 and DC3 send a unit to the location. Engine 3 and Engine 7 arrived on the scene. Atmos advised DC2 that there was natural gas leak and that everyone would need to stop everything until Atmos can get the gas turned off. Once the g...

Full primary narrative can be found in NFIRS 1S - Supplemental

M Authorization

96739	Wilder, Shunta	District Chief	Incident Command	01/24/2024
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
96739	Wilder, Shunta	District Chief	Incident Command	01/24/2024
Member Making Report ID	Signature	Position or Rank	Assignment	Date

NFIRS-2 Fire

A

25007	MS	01	24	2024	Fire Station 14 (14)	24-932	0
FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B</p> <p>Property Details</p> <p>B1 <input type="text" value="1"/> <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="text"/> <input type="checkbox"/> Buildings Not Involved Number of buildings involved</p> <p>B3 <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre Acres burned (outside fires)</p>	<p>C</p> <table border="1"> <tr> <td>On-Site Materials Or Products</td> <td>On-Site Materials Storage Use</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	On-Site Materials Or Products	On-Site Materials Storage Use		
On-Site Materials Or Products	On-Site Materials Storage Use				

<p>D</p> <p>Ignition</p> <p>D1 <input type="text" value="Undetermined"/> Area of Fire Origin</p> <p>D2 <input type="text" value="Undetermined"/> Heat Source</p> <p>D3 <input type="text" value="Undetermined"/> Item First Ignited</p> <p>D4 <input type="text"/> Type of Material First Ignited</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 checked="" 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><input type="text" value="Undetermined"/> Factor Contributing to Ignition</p>	<p>E3</p> <p>Human Factors Contributing to Ignition</p> <p>Check all applicable boxes</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>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</p> <p>Equipment Involved In Ignition</p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p>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</p> <p>Equipment Power Source</p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Equipment Power Source</p>	<p>G</p> <p>Fire Suppression Factors</p>
<p>F3</p> <p>Equipment Portability</p> <p><input type="checkbox"/> 1 - Portable</p> <p><input type="checkbox"/> 2 - Stationary</p> <p>Portable equipment normally can be moved by one or two persons.</p>		

<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><input type="text"/></p> <p>Mobile Property Model</p> <p><input type="text"/></p> <p>Year</p> <p><input type="text"/></p> <p>State License Plate Number VIN</p>		

NFIRS-3 Structure Fire

<p>I1</p> <p>Structure Type</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1 - Enclosed Building <input type="checkbox"/> 2 - Portable/Mobile Structure <input type="checkbox"/> 3 - Open Structure <input type="checkbox"/> 4 - Air-Supported Structure <input type="checkbox"/> 5 - Tent <input type="checkbox"/> 6 - Open Platform <input type="checkbox"/> 7 - Underground Structure <input type="checkbox"/> 8 - Connective Structure <input type="checkbox"/> 0 - Other 	<p>I2</p> <p>Building Status</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Under Construction <input checked="" type="checkbox"/> 2 - In Normal Use <input type="checkbox"/> 3 - Idle, Not Routinely Used <input type="checkbox"/> 4 - Under Major Renovation <input type="checkbox"/> 5 - Vacant and Secured <input type="checkbox"/> 6 - Vacant and Unsecured <input type="checkbox"/> 7 - Being Demolished <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined 	<p>I3</p> <p>Building Height</p> <p><input type="text" value="1"/> Number of Stories At/Above Grade</p> <p><input type="text" value="0"/> Number of Stories Below Grade</p>	<p>I4</p> <p>Main Floor Size</p> <p><input type="text" value="2500"/> Total Square Feet</p> <p>OR</p> <p><input type="text"/> BY <input type="text"/></p> <p>Length (ft) X Width (ft)</p>
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<p>J1</p> <p>Fire Origin</p> <p><input type="text" value="1"/> <input type="checkbox"/> Below Grade</p> <p>Story of Fire Origin</p>	<p>J3</p> <p>Number of Stories Damaged By Flame</p> <ul style="list-style-type: none"> <input type="text"/> Number of Stories w/Minor Damage (1-24%) <input type="text"/> Number of Stories w/Significant Damage (25-49%) <input type="text"/> Number of Stories w/Heavy Damage (50-74%) <input type="text"/> Number of Stories w/Extreme Damage (75-100%) <p>*Count the roof as part of the highest story</p>	<p>K</p> <p>Type of Material Contributing Most to Flame Spread</p> <p>K1 <input type="text"/></p> <p>Item Contributing Most to Flame Spread</p> <p>K2 <input type="text"/></p> <p>Type of Material Contributing Most To Flame Spread</p>
<p>J2</p> <p>Fire Spread</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Confined to Object of Origin <input type="checkbox"/> 2 - Confined to Room of Origin <input type="checkbox"/> 3 - Confined to Floor of Origin <input checked="" type="checkbox"/> 4 - Confined to Building of Origin <input type="checkbox"/> 5 - Beyond Building of Origin 		

<p>L1</p> <p>Presence of Detectors</p> <p><input type="checkbox"/> N - None Present</p> <p><input type="checkbox"/> 1 - Present</p> <p><input checked="" type="checkbox"/> U - Undetermined</p>	<p>L3</p> <p>Detector Power Supply</p> <p><input type="checkbox"/> 1 - Battery Only</p> <p><input type="checkbox"/> 2 - Hardwire Only</p> <p><input type="checkbox"/> 3 - Plug-In</p> <p><input type="checkbox"/> 4 - Hardwire With Battery</p> <p><input type="checkbox"/> 5 - Plug-In With Battery</p> <p><input type="checkbox"/> 6 - Mechanical</p> <p><input type="checkbox"/> 7 - Multiple Detectors & Power Supplies</p> <p><input type="checkbox"/> 0 - Other</p> <p><input type="checkbox"/> U - Undetermined</p>	<p>L5</p> <p>Detector Effectiveness</p> <p><input type="checkbox"/> 1 - Alerted Occupants, Occupants Responded</p> <p><input type="checkbox"/> 2 - Alerted Occupants, Occupants Failed to Respond</p> <p><input type="checkbox"/> 3 - There Were No Occupants</p> <p><input type="checkbox"/> 4 - Failed to Alert Occupants</p> <p><input type="checkbox"/> U - Undetermined</p>
<p>L2</p> <p>Detector Type</p> <p><input type="checkbox"/> 1 - Smoke</p> <p><input type="checkbox"/> 2 - Heat</p> <p><input type="checkbox"/> 3 - Combination of Smoke and Heat</p> <p><input type="checkbox"/> 4 - Sprinkler, Water Flow Detection</p> <p><input type="checkbox"/> 5 - More Than One Type Present</p> <p><input type="checkbox"/> 0 - Other</p> <p><input type="checkbox"/> U - Undetermined</p>	<p>L4</p> <p>Detector Operation</p> <p><input type="checkbox"/> 1 - Fire Too Small To Activate</p> <p><input type="checkbox"/> 2 - Operated</p> <p><input type="checkbox"/> 3 - Failed To Operate</p> <p><input type="checkbox"/> U - Undetermined</p>	<p>L6</p> <p>Detector Failure Reason</p> <p><input type="checkbox"/> 1 - Power Failure, Shutoff, or Disconnect</p> <p><input type="checkbox"/> 2 - Improper Installation or Placement</p> <p><input type="checkbox"/> 3 - Defective</p> <p><input type="checkbox"/> 4 - Lack of Maintenance, Dirty</p> <p><input type="checkbox"/> 5 - Battery Missing or Disconnected</p> <p><input type="checkbox"/> 6 - Battery Discharged or Dead</p> <p><input type="checkbox"/> 0 - Other</p> <p><input type="checkbox"/> U - Undetermined</p>

<p>M1</p> <p>Presence of Automatic Extinguishing System</p> <p><input type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input checked="" type="checkbox"/> U - Undetermined</p>	<p>M3</p> <p>Operation of Automatic Extinguishing System</p> <p><input type="checkbox"/> 1 - Operated/Effective <input type="checkbox"/> 2 - Operated/Not Effective <input type="checkbox"/> 3 - Fire Too Small To Activate <input type="checkbox"/> 4 - Failed To Operate <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined</p> <p>Required if fire was within designed range</p>	<p>M5</p> <p>Reason for Automatic Extinguishing System Failure</p> <p><input type="checkbox"/> 1 - System Shut Off <input type="checkbox"/> 2 - Not Enough Agent Discharged <input type="checkbox"/> 3 - Agent Discharged But Did Not Reach Fire <input type="checkbox"/> 4 - Wrong Type of System <input type="checkbox"/> 5 - Fire Not In Area Protected <input type="checkbox"/> 6 - System Components Damaged <input type="checkbox"/> 7 - Lack of Maintenance <input type="checkbox"/> 8 - Manual Intervention <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined</p> <p>Required if system failed or not effective</p>
<p>M2</p> <p>Type of Automatic Extinguishing System</p> <p><input type="checkbox"/> 1 - Wet-Pipe Sprinkler <input type="checkbox"/> 2 - Dry-Pipe Sprinkler <input type="checkbox"/> 3 - Other Sprinkler System <input type="checkbox"/> 4 - Dry Chemical System <input type="checkbox"/> 5 - Foam System <input type="checkbox"/> 6 - Halogen-Type System <input type="checkbox"/> 7 - Carbon Dioxide System <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined</p> <p>Required if fire was within designed range of AES</p>	<p>M4</p> <p>Number of Sprinkler Heads Operating</p> <p><input type="text"/></p> <p>Required if system operated</p>	

<p>I</p> <p>Cause of Injury</p> <ul style="list-style-type: none"> <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 	<p>J</p> <p>Human Factors Contributing to Injury</p> <ul style="list-style-type: none"> <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 	<p>K</p> <p>Factors Contributing to Injury</p>
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<p>L</p> <p>Activity When Injured</p> <ul style="list-style-type: none"> <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 	<p>M1</p> <p>Location At Time Of Incident</p> <ul style="list-style-type: none"> <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 	<p>M3</p> <p>Story At Start Of Incident</p> <p><input type="checkbox"/> Below Grade Story At Start Of Incident</p> <p>M4</p> <p>Story Where Injury Occurred</p> <p><input type="checkbox"/> Below Grade Story At Injury Occurred if Different From M3</p> <p>M5</p> <p>Specific Location At Time Of Injury</p> <p><input type="checkbox"/></p>
<p>M2</p> <p>General Location At Time Of Injury</p> <ul style="list-style-type: none"> <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 		

<p>N</p> <p>Primary Apparant Symptom</p> <p><input type="checkbox"/></p>	<p>O</p> <p>Primary Area Of Body Injured</p> <p><input type="checkbox"/> 1 - Head</p> <p><input type="checkbox"/> 2 - Neck and shoulder</p> <p><input type="checkbox"/> 3 - Thorax</p> <p><input type="checkbox"/> 4 - Abdomen</p> <p><input type="checkbox"/> 5 - Spine</p> <p><input type="checkbox"/> 6 - Upper extremities</p> <p><input type="checkbox"/> 7 - Lower extremities</p> <p><input type="checkbox"/> 8 - Internal</p> <p><input type="checkbox"/> 9 - Multiple body parts</p>	<p>P</p> <p>Disposition</p> <p><input type="checkbox"/> Transported To Emergency Care Facility</p> <hr/> <p>Remarks</p> <p>Ms. Clara Barbour DOB 1/4/42 there was house fire</p>
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NFIRS-4 Civilian Casualty (2 of 2)

A

25007	MS	01	24	2024	Fire Station 14 (14)	24-932	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Injured Person <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female				C Casualty Number
Johnny		Barbour		2
First Name	MI	Last Name	Suffix	

<p>D Age or Date Of Birth</p> <p>83 Age</p> <p>OR</p> <p>04/01/1940 Date of Birth</p>	<p>E1 Race</p> <p><input type="checkbox"/> 1 - White</p> <p><input checked="" type="checkbox"/> 2 - Black, African American</p> <p><input type="checkbox"/> 3 - Am. Indian, Alaska Native</p> <p><input type="checkbox"/> 4 - Asian</p> <p><input type="checkbox"/> 5 - Native Hawaiian, Other Pacific Islander</p> <p><input type="checkbox"/> 0 - Other, Multiracial</p> <p><input type="checkbox"/> U - Undetermined</p>	<p>F Affiliation</p> <p><input checked="" type="checkbox"/> 1 - Civilian</p> <p><input type="checkbox"/> 2 - EMS, Not Fire Department</p> <p><input type="checkbox"/> 3 - Police</p> <p><input type="checkbox"/> 0 - Other</p>	<p>H Severity</p> <p><input type="checkbox"/> 1 - Minor</p> <p><input checked="" type="checkbox"/> 2 - Moderate</p> <p><input type="checkbox"/> 3 - Severe</p> <p><input type="checkbox"/> 4 - Life Threatening</p> <p><input type="checkbox"/> 5 - Death</p> <p><input type="checkbox"/> U - Undetermined</p>
	<p>E2 Ethnicity</p> <p><input type="checkbox"/> 1 - Hispanic or Latino</p> <p><input checked="" type="checkbox"/> 0 - Non Hispanic or Latino</p>	<p>G Date and Time of Injury</p> <p>01/24/2024 08:15</p> <p>Date Time</p>	

<p>I</p> <p>Cause of Injury</p> <ul style="list-style-type: none"> <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 checked="" 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 	<p>J</p> <p>Human Factors Contributing to Injury</p> <ul style="list-style-type: none"> <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 	<p>K</p> <p>Factors Contributing to Injury</p> <p><input type="checkbox"/></p> <p>Contributing Factor</p>
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<p>L</p> <p>Activity When Injured</p> <ul style="list-style-type: none"> <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 checked="" 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 	<p>M1</p> <p>Location At Time Of Incident</p> <ul style="list-style-type: none"> <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 checked="" type="checkbox"/> U - Undetermined 	<p>M3</p> <p>Story At Start Of Incident</p> <p><input type="text" value="1"/> <input type="checkbox"/> Below Grade</p> <p>Story At Start Of Incident</p> <p>M4</p> <p>Story Where Injury Occurred</p> <p><input type="text"/> <input type="checkbox"/> Below Grade</p> <p>Story At Injury Occurred if Different From M3</p> <p>M5</p> <p>Specific Location At Time Of Injury</p> <p><input type="text"/></p>
<p>M2</p> <p>General Location At Time Of Injury</p> <ul style="list-style-type: none"> <input checked="" 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 		

<p>N</p> <p>Primary Apparant Symptom</p> <p><input type="checkbox"/></p>	<p>O</p> <p>Primary Area Of Body Injured</p> <p><input checked="" type="checkbox"/> 1 - Head</p> <p><input type="checkbox"/> 2 - Neck and shoulder</p> <p><input type="checkbox"/> 3 - Thorax</p> <p><input type="checkbox"/> 4 - Abdomen</p> <p><input type="checkbox"/> 5 - Spine</p> <p><input type="checkbox"/> 6 - Upper extremities</p> <p><input type="checkbox"/> 7 - Lower extremities</p> <p><input type="checkbox"/> 8 - Internal</p> <p><input type="checkbox"/> 9 - Multiple body parts</p>	<p>P</p> <p>Disposition</p> <p><input checked="" type="checkbox"/> Transported To Emergency Care Facility</p>
		<p>Remarks</p> <p>Mr. Johnny Barbour DOB 4/1/40 was inside the home located at 185 Bristol Blvd where there was an house fire. As a result Mr. Barbour was injured on his face and transported to Baptist Hospital by AMR 408 for his injures.</p>

NFIRS-9 Apparatus or Resources

A

25007	MS	01	24	2024	Fire Station 14 (14)	24-932	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Apparatus/Resource		Dates/Times		Sent	Number of People	Apparatus Use	Actions Taken
ID: DC-2	Dispatch: 01/24/2024 08:15	<input checked="" type="checkbox"/> Sent	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	81-Incident command		
Type: 92-Chief officer car	Arrival: 01/24/2024 08:23						
	Clear: 01/24/2024 14:47						
ID: Engine 12	Dispatch: 01/24/2024 08:15	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11-Extinguishment by fire service personnel		
Type: 11-Engine	Arrival: 01/24/2024 08:23						
	Clear: 01/24/2024 14:47						
ID: Engine 22	Dispatch: 01/24/2024 08:15	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11-Extinguishment by fire service personnel		
Type: 11-Engine	Arrival: 01/24/2024 08:23						
	Clear: 01/24/2024 14:47						
ID: Engine 28	Dispatch: 01/24/2024 08:15	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11-Extinguishment by fire service personnel		
Type: 11-Engine	Arrival: 01/24/2024 08:23						
	Clear: 01/24/2024 14:47						
ID: Engine 7	Dispatch: 01/24/2024 08:15	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11-Extinguishment by fire service personnel		
Type: 11-Engine	Arrival: 01/24/2024 08:23						
	Clear: 01/24/2024 14:47						
ID: Rescue 14	Dispatch: 01/24/2024 08:15	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11-Extinguishment by fire service personnel		
Type: 71-Rescue unit	Arrival: 01/24/2024 08:23						
	Clear: 01/24/2024 14:47						
ID: Truck 14	Dispatch: 01/24/2024 08:15	<input checked="" type="checkbox"/> Sent	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11-Extinguishment by fire service personnel		
Type: 12-Truck or aerial	Arrival: 01/24/2024 08:23						
	Clear: 01/24/2024 14:47						

Clear:

01/24/2024

14:47

NFIRS-10 Personnel

A

25007	MS	01	24	2024	Fire Station 14 (14)	24-932	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Apparatus/Resource		Dates/Times		Sent	Number of People	Apparatus Use	Actions Taken
ID:	DC-2	Dispatch:	01/24/2024 08:15	<input checked="" type="checkbox"/> Sent	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	81-Incident command
Type:	92-Chief officer car	Arrival:	01/24/2024 08:23				
		Clear:	01/24/2024 14:47				
Personnel ID	Name	Rank	Role	Attend	Actions Taken		
96739	Wilder, Shunta		5588002-Officer	<input type="checkbox"/>	<input type="checkbox"/>		

ID:	Engine 12	Dispatch:	01/24/2024 08:15	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11-Extinguishment by fire service personnel
Type:	11-Engine	Arrival:	01/24/2024 08:23				21-Search
		Clear:	01/24/2024 14:47				73-Provide manpower
Personnel ID	Name	Rank	Role	Attend	Actions Taken		
100517	Washington, Zeric		5588002-Officer	<input type="checkbox"/>	<input type="checkbox"/>		
106877	Jackson, Joshua		5588003-Crew 2	<input type="checkbox"/>	<input type="checkbox"/>		
101525	Jones, Dwight		5588001-Driver	<input type="checkbox"/>	<input type="checkbox"/>		

ID:	Engine 22	Dispatch:	01/24/2024 08:15	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11-Extinguishment by fire service personnel
Type:	11-Engine	Arrival:	01/24/2024 08:23				21-Search
		Clear:	01/24/2024 14:47				73-Provide manpower
Personnel ID	Name	Rank	Role	Attend	Actions Taken		
099219	Christian, Kenneth		5588002-Officer	<input type="checkbox"/>	<input type="checkbox"/>		
107709	Rogers, Elijah		5588003-Crew 2	<input type="checkbox"/>	<input type="checkbox"/>		
101396	Bailey, Willis		5588001-Driver	<input type="checkbox"/>	<input type="checkbox"/>		

ID:	Engine 28	Dispatch:	01/24/2024	08:15	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	11-Extinguishment by fire service personnel
Type:	11-Engine	Arrival:	01/24/2024	08:23						21-Search
		Clear:	01/24/2024	14:47						73-Provide manpower

Personnel ID	Name	Rank	Role	Attend	Actions Taken
102803	Kelley, Bobby		5588002-Officer	<input type="checkbox"/>	<input type="checkbox"/>
107196	Rogers, Darren		5588003-Crew 2	<input type="checkbox"/>	<input type="checkbox"/>
102656	Galloway, Orlando		5588001-Driver	<input type="checkbox"/>	<input type="checkbox"/>

ID:	Engine 7	Dispatch:	01/24/2024	08:15	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	11-Extinguishment by fire service personnel
Type:	11-Engine	Arrival:	01/24/2024	08:23						21-Search
		Clear:	01/24/2024	14:47						73-Provide manpower

Personnel ID	Name	Rank	Role	Attend	Actions Taken
105690	Sanchez, Savanna		5588001-Driver	<input type="checkbox"/>	<input type="checkbox"/>
107615	Epps, J'lon		5588003-Crew 2	<input type="checkbox"/>	<input type="checkbox"/>
096730	Middleton, Ronald		5588002-Officer	<input type="checkbox"/>	<input type="checkbox"/>

ID:	Rescue 14	Dispatch:	01/24/2024	08:15	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	11-Extinguishment by fire service personnel
Type:	71-Rescue unit	Arrival:	01/24/2024	08:23						21-Search
		Clear:	01/24/2024	14:47						73-Provide manpower

Personnel ID	Name	Rank	Role	Attend	Actions Taken
098333	Edwards, Ronico		5588002-Officer	<input type="checkbox"/>	<input type="checkbox"/>
104318	Jones, Desmond		5588001-Driver	<input type="checkbox"/>	<input type="checkbox"/>
105668	Newman, John		5588003-Crew 2	<input type="checkbox"/>	<input type="checkbox"/>

ID:	Truck 14	Dispatch:	01/24/2024	08:15	<input checked="" type="checkbox"/> Sent	2	<input checked="" type="checkbox"/> Suppression	11-Extinguishment by fire service personnel
Type:	12-Truck or aerial	Arrival:	01/24/2024	08:23			<input type="checkbox"/> EMS	21-Search
		Clear:	01/24/2024	14:47			<input type="checkbox"/> Other	73-Provide manpower

Personnel ID	Name	Rank	Role	Attend	Actions Taken
100525	Mingo, Ondreal		5588001-Driver	<input type="checkbox"/>	<input type="checkbox"/>
098342	Jackson, Avery		5588002-Officer	<input type="checkbox"/>	<input type="checkbox"/>