



NFIRS-1 Basic

A

C1551	ME	11	05	2023		23-01086	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

419		Harpwell Islands	RD-Road	
Number	Prefix	Street or Highway	Street Type	Suffix

	Harpwell	ME	04079
Apt./Suite/Room	City	State	Zip Code

Cross Street:

C Incident Type

D Aid Given Or Received

1 Mutual Aid Received
 2 Auto. Aid Received
 3 Mutual Aid Given
 4 Auto. Aid Given
 5 Other Aid Given
 None

West Bath Fire Dept (L5070), Harpswell Neck Fire & Rescue (C2541), Orrs/Bailey Island Fire Department (C2540)	
Their FDID	Their State
<input type="text"/>	
Their Incident Number	

E1 Dates and Times

Alarm:

Arrival:

Controlled:

Last Unit Cleared:

E2 Shifts and Alarms

<input type="text"/>	<input type="text"/>	Cundy's Harbor
Shift or Platoon	Alarms	District

E3 Special Studies

<input type="text"/>	<input type="text"/>
ID#	Value

<p>F Actions Taken</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">11-Extinguishment by fire service personnel</div> <p>Primary 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="border: 1px solid black; padding: 2px;">Suppression</td> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">4</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">EMS</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Other</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">5</td> </tr> </table> <p><input type="checkbox"/> Resource counts include aid received resources.</p>	Suppression	4	EMS	2	Other	5	<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: \$ <input style="width: 100px;" type="text" value="1,500,000.00"/> <input type="checkbox"/></p> <p>Contents: \$ <input style="width: 100px;" type="text" value="100,000.00"/> <input type="checkbox"/></p> <p>Pre-Incident Values: Optional None</p> <p>Property: \$ <input style="width: 100px;" type="text" value="1,500,000.00"/> <input type="checkbox"/></p> <p>Contents: \$ <input style="width: 100px;" type="text" value="100,000.00"/> <input type="checkbox"/></p>
Suppression	4							
EMS	2							
Other	5							

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

J Property Use None

<p>Structures</p> <p>131 <input type="checkbox"/> Church, Place of Worship</p> <p>161 <input type="checkbox"/> Restaurant or Cafeteria</p> <p>162 <input type="checkbox"/> Bar/Tavern or Nightclub</p> <p>213 <input type="checkbox"/> Elementary School, Kindegarten</p> <p>215 <input type="checkbox"/> High School, Junior High</p> <p>241 <input type="checkbox"/> College, Adult Education</p> <p>311 <input type="checkbox"/> Nursing Home</p> <p>331 <input type="checkbox"/> Hospital</p>	<p>341 <input type="checkbox"/> Clinic, Clinic-Type Infirmary</p> <p>342 <input type="checkbox"/> Doctor/Dentist Office</p> <p>361 <input type="checkbox"/> Prison or Jail, Not Juvenile</p> <p>419 <input type="checkbox"/> 1- or 2-Family Dwelling</p> <p>429 <input type="checkbox"/> MultiFamily Dwelling</p> <p>439 <input type="checkbox"/> Rooming/Boarding House</p> <p>449 <input type="checkbox"/> Commerical Hotel or Motel</p> <p>459 <input type="checkbox"/> Residential, Board and Care</p> <p>464 <input type="checkbox"/> Dormitory/Barracks</p> <p>519 <input type="checkbox"/> Food and Beverage Sales</p>	<p>539 <input type="checkbox"/> Household Goods, Sales, Repairs</p> <p>571 <input type="checkbox"/> Gas or Service Station</p> <p>579 <input type="checkbox"/> Motor Vehicle/Boat Sales/Repairs</p> <p>599 <input type="checkbox"/> Business Office</p> <p>615 <input type="checkbox"/> Electric-Generating Plant</p> <p>629 <input type="checkbox"/> Laboratory/Science Laboratory</p> <p>700 <input type="checkbox"/> Manufacturing Plant</p> <p>819 <input type="checkbox"/> Livestock/Poultry Storage (Barn)</p> <p>882 <input type="checkbox"/> Non-Residential Parking Garage</p> <p>891 <input type="checkbox"/> Warehouse</p>
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<p>Outside</p> <p>124 <input type="checkbox"/> Playground or Park</p> <p>655 <input type="checkbox"/> Crops or Orchard</p> <p>669 <input type="checkbox"/> Forest (Timberland)</p> <p>807 <input type="checkbox"/> Outdoor Storage Area</p> <p>919 <input type="checkbox"/> Dump or Sanitary Landfill</p> <p>931 <input type="checkbox"/> Open Land or Field</p> <p>936 <input type="checkbox"/> Vacant Lot</p>	<p>938 <input type="checkbox"/> Graded/Cared for Plot of Land</p> <p>946 <input type="checkbox"/> Lake, River, Stream</p> <p>951 <input type="checkbox"/> Railroad Right-of-Way</p> <p>960 <input type="checkbox"/> Other Street</p> <p>961 <input type="checkbox"/> Highway/Divided Highway</p> <p>962 <input type="checkbox"/> Residential Street/Driveway</p> <p>981 <input type="checkbox"/> Construction Site</p> <p>984 <input type="checkbox"/> Industrial Plant Yard</p>	<p>Property Use:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">898-Dock, marina, pier, wharf</div> <p>Description</p> <p>Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.</p>
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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:

Arrived on scene to find a 45' lobster motor vessel with smoke showing at the aft and port side of the main cabin. I appeared that the aft port window was either open or had failed due to heat. Shore power to the vessel was secured. Two attempts were made to deploy fire extinguisher "bombs" but they failed. The rest of the cabin windows failed shortly after and fire began to show at the perimeter. E3 arrived on scene and a 1.75" handline was stretched to the work area. A crew put water on the fire initially from the dock, then advanced onto the vessel and then into the cabin. The fire was knocked down, the vessel was checked for extension and then overhauled. A boom was deployed at the perimeter of the vessel to manage an oily discharge from the vessel. Members then clean up and cleared. No injuries and damage appeared to be confined to this vessel and not any adjacent vessels or marina infrastructure.

M Authorization

2017502

Despres, Aaron

Assistant Chief

11/08/2023

Officer In Charge ID

Signature

Position or Rank

Assignment

Date

2017502

Despres, Aaron

Assistant Chief

11/08/2023

Member Making Report ID

Signature

Position or Rank

Assignment

Date

NFIRS-2 Fire

A

C1551	ME	11	05	2023		23-01086	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B

Property Details

B1 Not Residential
 Estimated number of residential living units in the building of origin whether or not all units became involved

B2 Buildings Not Involved
 Number of buildings involved

B3 None Less than 1 acre
 Acres burned (outside fires)

C

On-Site Materials Or Products

On-site material (1)

On-Site Materials Storage Use

- 1 - Bulk Storage or warehousing
- 2 - Processing or manufacturing
- 3 - Packaged goods for sale
- 4 - Repair or service
- U - Undetermined

D

Ignition

D1 55-Duct: hvac, cable, exhaust, heating, or AC
 Area of Fire Origin

D2 Undetermined
 Heat Source

D3 Undetermined
 Item First Ignited

D4
 Type of Material First Ignited

E1

Cause of Ignition

- 1 - Intentional
- 2 - Unintentional
- 3 - Failure of Equipment or Heat Source
- 4 - Act of Nature
- 5 - Cause Under Investigation
- U - Cause Undetermined After Investigation

E2

Factors Contributing to Ignition

Undetermined
 Factor Contributing to Ignition

E3

Human Factors Contributing to Ignition

Check all applicable boxes

- None
- 1 - Asleep
- 2 - Possibly impaired by alcohol or drugs
- 3 - Unattended person
- 4 - Possibly Mentally Disabled
- 5 - Physically Disabled
- 6 - Multiple Persons Involved
- 7 - Age Was A Factor

Estimated Age of Person Involved

Male Female

F1

Equipment Involved In Ignition

Equipment Involved

Brand

Model

Serial #

Year

F2

Equipment Power Source

Equipment Power Source

F3

Equipment Portability

- 1 - Portable
- 2 - Stationary

Portable equipment normally can be moved by one or two persons.

G

Fire Suppression Factors

<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 checked="" type="checkbox"/> 3 - Involved in ignition and burned</p> <p><input type="checkbox"/> None</p>	<p>H2</p> <p>Mobile Property Type and Make</p> <p><input type="text" value="41-Boat less than 65 ft in length overall"/></p> <p>Mobile Property Type</p> <p><input type="text" value="OO-Other Make"/></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> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><input type="text" value="45 foot"/></p>		<p><input type="text" value="2018"/></p>
<p>Mobile Property Model</p> <p><input type="text"/></p>		<p>Year</p> <p><input type="text"/></p>
<p>State</p>	<p>License Plate Number</p>	<p>VIN</p>

NFIRS-9 Apparatus or Resources

A

C1551	ME	11	05	2023		23-01086	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B

Apparatus/Resource	Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken
ID: CH502 Type: 92-Chief officer car	Dispatch: 11/05/2023 09:07 Arrival: 11/05/2023 09:10 Clear: 11/05/2023 10:48	<input type="checkbox"/> Sent	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	81-Incident command
ID: CHEMS Type: 00-Other apparatus/resource	Dispatch: 11/05/2023 09:07 Arrival: <input type="text"/> <input type="text"/> Clear: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Sent	0	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text"/>
ID: CHFD Type: 00-Other apparatus/resource	Dispatch: 11/05/2023 09:07 Arrival: <input type="text"/> <input type="text"/> Clear: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Sent	4	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text"/>
ID: Engine 5 Type: 11-Engine	Dispatch: 11/05/2023 09:07 Arrival: 11/05/2023 09:38 Clear: 11/05/2023 10:48	<input type="checkbox"/> Sent	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>
ID: Rescue 5 Type: 76-ALS unit	Dispatch: 11/05/2023 09:07 Arrival: 11/05/2023 09:20 Clear: 11/05/2023 10:48	<input type="checkbox"/> Sent	2	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>
ID: Squad 5 Type: 62-Light and air unit	Dispatch: 11/05/2023 09:07 Arrival: 11/05/2023 09:30 Clear: 11/05/2023 10:48	<input type="checkbox"/> Sent	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>
ID: Tank 5 Type: 14-Tanker & pumper combination	Dispatch: 11/05/2023 09:07 Arrival: 11/05/2023 09:17 Clear: 11/05/2023 10:48	<input type="checkbox"/> Sent	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>

NFIRS-10 Personnel

A

C1551	ME	11	05	2023		23-01086	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Apparatus/Resource		Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken	
ID:	CH502	Dispatch:	11/05/2023 09:07	<input 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:	11/05/2023 09:10				
		Clear:	11/05/2023 10:48				
Personnel ID	Name	Rank	Role	Attend	Actions Taken		
2017502	Despres, Aaron	Assistant Chief	5588002-Officer	<input type="checkbox"/>			

ID:	CHEMS	Dispatch:	11/05/2023 09:07	<input type="checkbox"/> Sent	0	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	
Type:	00-Other apparatus/resource	Arrival:					
		Clear:					
Personnel ID	Name	Rank	Role	Attend	Actions Taken		

ID:	CHFD	Dispatch:	11/05/2023 09:07	<input type="checkbox"/> Sent	4	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	
Type:	00-Other apparatus/resource	Arrival:					
		Clear:					
Personnel ID	Name	Rank	Role	Attend	Actions Taken		
2019524	Melroy, Peter			<input type="checkbox"/>			
2017518	Longley, Meriel			<input type="checkbox"/>			
2021528	Lee, Jon			<input type="checkbox"/>			
2023542	Furlong, Joseph			<input type="checkbox"/>			

ID:	Engine 5	Dispatch:	11/05/2023 09:07	<input type="checkbox"/> Sent	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
Type:	11-Engine	Arrival:	11/05/2023 09:38				
		Clear:	11/05/2023 10:48				
Personnel ID	Name	Rank	Role	Attend	Actions Taken		
2017503	Brooks, David			<input type="checkbox"/>			

ID:	Rescue 5	Dispatch:	11/05/2023 09:07	<input type="checkbox"/> Sent	2	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	
Type:	76-ALS unit	Arrival:	11/05/2023 09:20				
		Clear:	11/05/2023 10:48				
Personnel ID	Name	Rank	Role	Attend	Actions Taken		
2017508	Miller, Robert		5588001-Driver	<input type="checkbox"/>			
2023533	Manos, Christopher			<input type="checkbox"/>			

ID:	Squad 5	Dispatch:	11/05/2023 09:07	<input type="checkbox"/> Sent	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
Type:	62-Light and air unit	Arrival:	11/05/2023 09:30				

Clear: 11/05/2023 10:48

Personnel ID	Name	Rank	Role	Attend	Actions Taken
2023541	Fuchs, Aaron			<input type="checkbox"/>	<input type="checkbox"/>

ID: Tank 5
 Dispatch: 11/05/2023 09:07 Sent 2
 Type: 14-Tanker & pumper combination
 Arrival: 11/05/2023 09:17
 Clear: 11/05/2023 10:48
 Suppression
 EMS
 Other

Personnel ID	Name	Rank	Role	Attend	Actions Taken
2023528	Hutten, Barry			<input type="checkbox"/>	<input type="checkbox"/>
2017506	Wood, Duncan		Captain	<input type="checkbox"/>	<input type="checkbox"/>