



### NFIRS-1 Basic

**A**

C2540	ME	11	05	2023	Orrs/Bailey Island Rescue (1)	23-01088	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**

**E1 Dates and Times**

Alarm	11	05	2023	09:07
Arrival	11	05	2023	09:16
Controlled				
Last Unit Cleared	11	05	2023	10:48

**E2 Shifts and Alarms**

		Cundy's Harbor
Shift or Platoon	Alarms	District

**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

Cundy's Harbor Fire Dept (C1551)	Maine
Their FDID	Their State
2301086	
Their Incident Number	

**E3 Special Studies**

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

<b>F Actions Taken</b>  <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">11-Extinguishment by fire service personnel</div> Primary Action Taken	<b>G1 Resources</b> <input checked="" type="checkbox"/> Apparatus or Personnel Module is used.  <div style="text-align: center;">Apparatus Personnel</div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; padding: 2px;">Suppression</td> <td style="padding: 2px;">2</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">EMS</td> <td style="padding: 2px;">2</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">Other</td> <td style="padding: 2px;">3</td> </tr> </table> <input type="checkbox"/> Resource counts include aid received resources.	Suppression	2	EMS	2	Other	3	<b>G2 Estimated Dollar Losses and Values</b>  <b>Losses:</b> Required for all fires if known. Optional for all non-fires. None <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Property:</td> <td style="width:20%;">\$ <input style="width:80%;" type="text"/></td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents:</td> <td>\$ <input style="width:80%;" type="text"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> </table> <b>Pre-Incident Values:</b> Optional None <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Property:</td> <td style="width:20%;">\$ <input style="width:80%;" type="text"/></td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents:</td> <td>\$ <input style="width:80%;" type="text"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> </table>	Property:	\$ <input style="width:80%;" type="text"/>	<input checked="" type="checkbox"/>	Contents:	\$ <input style="width:80%;" type="text"/>	<input checked="" type="checkbox"/>	Property:	\$ <input style="width:80%;" type="text"/>	<input checked="" type="checkbox"/>	Contents:	\$ <input style="width:80%;" type="text"/>	<input checked="" type="checkbox"/>
Suppression	2																			
EMS	2																			
Other	3																			
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Contents:	\$ <input style="width:80%;" type="text"/>	<input checked="" type="checkbox"/>																		

<b>Completed Modules</b> <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	<b>H1 Casualties</b> <input checked="" type="checkbox"/> None <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:35%; text-align: center;">Deaths</td> <td style="width:35%; text-align: center;">Injuries</td> </tr> <tr> <td>Fire Service</td> <td style="text-align: center;"><input style="width:30%;" type="text" value="0"/></td> <td style="text-align: center;"><input style="width:30%;" type="text" value="0"/></td> </tr> <tr> <td>Civilian</td> <td style="text-align: center;"><input style="width:30%;" type="text" value="0"/></td> <td style="text-align: center;"><input style="width:30%;" type="text" value="0"/></td> </tr> </table>		Deaths	Injuries	Fire Service	<input style="width:30%;" type="text" value="0"/>	<input style="width:30%;" type="text" value="0"/>	Civilian	<input style="width:30%;" type="text" value="0"/>	<input style="width:30%;" type="text" value="0"/>	<b>H3 Hazardous Materials Release</b> <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	<b>I Mixed Use Property</b> <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 style="width:30%;" type="text" value="0"/>	<input style="width:30%;" type="text" value="0"/>										
Civilian	<input style="width:30%;" type="text" value="0"/>	<input style="width:30%;" type="text" value="0"/>										
	<b>H2 Detector</b> 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											

<b>J Property Use</b> <input checked="" type="checkbox"/> None <b>Structures</b> 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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<b>Outside</b> 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	<b>Property Use:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <b>Description</b> 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:**

Boat fire at Safe Harbors Great Island.

**M Authorization**

2017336

Hall, Sean

Asst Chief

01/22/2024

Officer In Charge ID

Signature

Position or Rank

Assignment

Date

2017501

Wallace, Benjamin

Fire Chief

01/22/2024

Member Making Report ID

Signature

Position or Rank

Assignment

Date

# NFIRS-2 Fire

A	C2540	ME	11	05	2023	Orrs/Bailey Island Rescue (1)	23-01088	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

<p><b>B</b></p> <p><b>Property Details</b></p> <p><b>B1</b> <input type="text"/> <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><b>B2</b> <input type="text"/> <input type="checkbox"/> Buildings Not Involved          Number of buildings involved</p> <p><b>B3</b> <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre          Acres burned (outside fires)</p>	<p><b>C</b></p> <p><b>On-Site Materials Or Products</b></p> <p><b>On-Site Materials Storage Use</b></p>
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<p><b>D</b></p> <p><b>Ignition</b></p> <p><b>D1</b> Area of Fire Origin</p> <p><b>D2</b> Heat Source</p> <p><b>D3</b> Item First Ignited</p> <p><b>D4</b> Type of Material First Ignited</p>	<p><b>E1</b></p> <p><b>Cause of Ignition</b></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>	<p><b>E3</b></p> <p><b>Human Factors Contributing to Ignition</b></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 style="width: 100px;" type="text"/></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
	<p><b>E2</b></p> <p><b>Factors Contributing to Ignition</b></p>	

<p><b>F1</b></p> <p><b>Equipment Involved In Ignition</b></p> <p><input checked="" type="checkbox"/></p> <p><input type="text"/></p> <p>Equipment Involved</p> <p>Brand <input style="width: 50px;" type="text"/></p> <p>Model <input style="width: 50px;" type="text"/></p> <p>Serial # <input style="width: 50px;" type="text"/></p> <p>Year <input style="width: 50px;" type="text"/></p>	<p><b>F2</b></p> <p><b>Equipment Power Source</b></p> <p><input checked="" type="checkbox"/></p> <p><input type="text"/></p> <p>Equipment Power Source</p>	<p><b>G</b></p> <p><b>Fire Suppression Factors</b></p>
	<p><b>F3</b></p> <p><b>Equipment Portability</b></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><b>H1</b></p> <p><b>Mobile Property Involved</b></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><b>H2</b></p> <p><b>Mobile Property Type and Make</b></p> <p><input type="text"/> Mobile Property Type</p> <p><input type="text"/> Mobile Property Make</p>	<p><b>Local Use</b></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"/> Mobile Property Model</p> <p><input type="text"/> Year</p>		
<p><input type="text"/> State</p>	<p><input type="text"/> License Plate Number</p>	<p><input type="text"/> VIN</p>

# NFIRS-9 Apparatus or Resources

**A**

C2540	ME	11	05	2023	Orrs/Bailey Island Rescue (1)	23-01088	0
FDID	State	Month	Day	Year	Station	Number	Exposure

**B**

Apparatus/Resource	Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken
ID: Engine 3 Type: 11-Engine	Dispatch: <input type="text"/> <input type="text"/> Arrival: 11/05/2023 09:16 Clear: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Sent	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>
ID: OBFD 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	3	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text"/>
ID: Rescue 3 Type: 76-ALS unit	Dispatch: 11/05/2023 09:24 Arrival: <input type="text"/> <input type="text"/> 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: Tank 3 Type: 24-Tanker or tender	Dispatch: <input type="text"/> <input type="text"/> Arrival: 11/05/2023 09:19 Clear: 11/05/2023 10:44	<input type="checkbox"/> Sent	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>

# NFIRS-10 Personnel

**A**

C2540	ME	11	05	2023	Orrs/Bailey Island Rescue (1)	23-01088	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="Engine 3"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value=""/> <input type="text" value=""/> Arrival: <input type="text" value="11/05/2023"/> <input type="text" value="09:16"/> Clear: <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> Sent	<input type="text" value="2"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/>
Personnel ID	Name	Rank	Role	Attend	Actions Taken
2017336	Hall, Sean	Asst Chief		<input type="checkbox"/>	<input type="text" value=""/>
2019316	Holowach, Scott			<input type="checkbox"/>	<input type="text" value=""/>

ID: <input type="text" value="OBFD"/> Type: <input type="text" value="00-Other apparatus/resource"/>	Dispatch: <input type="text" value="11/05/2023"/> <input type="text" value="09:07"/> Arrival: <input type="text" value=""/> <input type="text" value=""/> Clear: <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> Sent	<input type="text" value="3"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value=""/>
Personnel ID	Name	Rank	Role	Attend	Actions Taken
2017518	Longley, Meriel			<input type="checkbox"/>	<input type="text" value=""/>
2021351	Manousos, Nikolas			<input type="checkbox"/>	<input type="text" value=""/>
2017303	Reynolds, Daniel	Fire Captain		<input type="checkbox"/>	<input type="text" value=""/>

ID: <input type="text" value="Rescue 3"/> Type: <input type="text" value="76-ALS unit"/>	Dispatch: <input type="text" value="11/05/2023"/> <input type="text" value="09:24"/> Arrival: <input type="text" value=""/> <input type="text" value=""/> Clear: <input type="text" value="11/05/2023"/> <input type="text" value="10:48"/>	<input type="checkbox"/> Sent	<input type="text" value="2"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/>
Personnel ID	Name	Rank	Role	Attend	Actions Taken
2017304	Piffath, Catherine			<input type="checkbox"/>	<input type="text" value=""/>
2017333	Bessmer, Cynthia			<input type="checkbox"/>	<input type="text" value=""/>

ID: <input type="text" value="Tank 3"/> Type: <input type="text" value="24-Tanker or tender"/>	Dispatch: <input type="text" value=""/> <input type="text" value=""/> Arrival: <input type="text" value="11/05/2023"/> <input type="text" value="09:19"/> Clear: <input type="text" value="11/05/2023"/> <input type="text" value="10:44"/>	<input type="checkbox"/> Sent	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/>
Personnel ID	Name	Rank	Role	Attend	Actions Taken









