



NFIRS-1 Basic

A

25007	MS	01	27	2024	Fire Station 12 (12)	24-1047	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

1138		Shalimar Dr		
Number	Prefix	Street or Highway	Street Type	Suffix

	Jackson	MS	39201
Apt./Suite/Room	City	State	Zip Code

Cross Street

<p>C</p> <p>Incident Type</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;">111-Building fire</div>	<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;">27</td> <td style="width:15%; border: 1px solid black;">2024</td> <td style="width:10%; border: 1px solid black;">09:01</td> </tr> <tr> <td>Arrival</td> <td style="border: 1px solid black;">01</td> <td style="border: 1px solid black;">27</td> <td style="border: 1px solid black;">2024</td> <td style="border: 1px solid black;">04:39</td> </tr> <tr> <td>Controlled</td> <td style="border: 1px solid black;">01</td> <td style="border: 1px solid black;">27</td> <td style="border: 1px solid black;">2024</td> <td style="border: 1px solid black;">05:30</td> </tr> <tr> <td>Last Unit Cleared</td> <td style="border: 1px solid black;">01</td> <td style="border: 1px solid black;">27</td> <td style="border: 1px solid black;">2024</td> <td style="border: 1px solid black;">09:01</td> </tr> </table>	Alarm	01	27	2024	09:01	Arrival	01	27	2024	04:39	Controlled	01	27	2024	05:30	Last Unit Cleared	01	27	2024	09:01	<p>E2 Shifts and Alarms</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: 1px solid black;">A-SHIFT</td> <td style="width:15%; border: 1px solid black;"></td> <td style="width:15%; border: 1px solid black;">District</td> <td style="width:15%; border: 1px solid black;">2</td> </tr> </table> <p>Shift Alarms District or Platoon</p>	A-SHIFT		District	2
Alarm	01	27	2024	09:01																						
Arrival	01	27	2024	04:39																						
Controlled	01	27	2024	05:30																						
Last Unit Cleared	01	27	2024	09:01																						
A-SHIFT		District	2																							
<p>D</p> <p>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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Their FDID</td> <td style="width:50%; border-bottom: 1px solid black;">Their State</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Their Incident Number</td> </tr> </table> </div>	Their FDID	Their State	Their Incident Number		<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>				ID#	Value																
Their FDID	Their State																									
Their Incident Number																										
ID#	Value																									

<p>F</p> <p>Actions Taken</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-top: 10px;">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> <table style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td colspan="2" style="text-align: center;">Apparatus Personnel</td> </tr> <tr> <td style="width:50%;">Suppression</td> <td style="width:50%; border: 1px solid black;">15</td> </tr> <tr> <td>EMS</td> <td style="border: 1px solid black;">0</td> </tr> <tr> <td>Other</td> <td style="border: 1px solid black;">1</td> </tr> </table> <p><input type="checkbox"/> Resource counts include aid received resources.</p>	Apparatus Personnel		Suppression	15	EMS	0	Other	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;">\$ 0</td> <td style="width:20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents:</td> <td style="border: 1px solid black;">\$ 0</td> <td style="text-align: center;"><input checked="" 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;">\$ 0</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	Property:	\$ 0	<input checked="" type="checkbox"/>	Contents:	\$ 0	<input checked="" type="checkbox"/>	Property:	\$	<input checked="" type="checkbox"/>	Contents:	\$ 0	<input checked="" type="checkbox"/>
Apparatus Personnel																						
Suppression	15																					
EMS	0																					
Other	1																					
Property:	\$ 0	<input checked="" type="checkbox"/>																				
Contents:	\$ 0	<input checked="" type="checkbox"/>																				
Property:	\$	<input checked="" type="checkbox"/>																				
Contents:	\$ 0	<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 checked="" type="checkbox"/> None <table border="0"> <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="0"/></td> <td><input type="text" value="0"/></td> </tr> </table>		Deaths	Injuries	Fire Service	<input type="text" value="0"/>	<input type="text" value="0"/>	Civilian	<input type="text" value="0"/>	<input type="text" value="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	<input type="text" value="0"/>	<input type="text" value="0"/>										
Civilian	<input type="text" value="0"/>	<input type="text" value="0"/>										
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.
---	---	--

--

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:

DC2 was dispatched to 1138 Shalimar Dr. for a house fire, upon arrival Dc2 took command and notified fire dispatch that one house had indeed exploded and second structure had fire in the attic. E12 advanced it's inch and three quarter attack line for fire suppression while E28 caught and hydrant supplying E12, R14 arrived and pulled a back up line to protect exposure's to the adjacent property and also to maintain gas meter rupture. DC2 asked dispatched to notify Atmos Energy, C6, C2, C3 and Entergy to respond to the location, two additional units were requested for search and rescue . Arson arrived to investigate while both primary and secondary searches were called all clear by R14 and E28 in burn structure, E25 and E22 were instructed to search area near explosion calling search all clear. DC2 notified all units to complete a PAR for safety measure's informing on scene safety officer that all unit's could continue with overhauling to complete task at hand.

M Authorization

099223	Hamlin, Amir		Jackson Fire Department	01/27/2024
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
099223	Hamlin, Amir		Jackson Fire Department	01/27/2024
Member Making Report ID	Signature	Position or Rank	Assignment	Date

NFIRS-2 Fire

A

25007	MS	01	27	2024	Fire Station 12 (12)	24-1047	0
FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B</p> <p>Property Details</p> <p>B1 <input type="text" value="2"/> <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 style="width: 50%;">On-Site Materials Or Products</td> <td style="width: 50%;">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="98-Vacant structural area"/> Area of Fire Origin</p> <p>D2 <input type="text" value="72-Spontaneous combustion, chemical reaction"/> Heat Source</p> <p>D3 <input type="text" value="10-Structural component or finish, other"/> Item First Ignited</p> <p>D4 <input type="text" value="10-Flammable gas, other"/> 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>	<p>E3</p> <p>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 checked="" 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>
<p>E2</p> <p>Factors Contributing to Ignition</p> <p><input type="text" value="23-Leak or break"/> Factor Contributing to Ignition</p>		

<p>F1</p> <p>Equipment Involved In Ignition</p> <p><input checked="" type="checkbox"/></p> <p><input type="text"/> Equipment Involved</p> <p>Brand <input type="text"/> Model <input type="text"/> Serial # <input type="text"/> Year <input type="text"/></p>	<p>F2</p> <p>Equipment Power Source</p> <p><input checked="" type="checkbox"/></p> <p><input type="text"/> 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 <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><input type="text"/></p>		
<p>Mobile Property Model</p>	<p>Year</p>	
<p><input type="text"/></p>	<p><input type="text"/></p>	<p><input type="text"/></p>
<p>State</p>	<p>License Plate Number</p>	<p>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 type="checkbox"/> 2 - In Normal Use <input type="checkbox"/> 3 - Idle, Not Routinely Used <input type="checkbox"/> 4 - Under Major Renovation <input checked="" 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="2200"/> Total Square Feet</p> <p>OR</p> <p><input type="text"/> BY <input type="text"/></p> <p>Length (ft) X Width (ft)</p>
--	---	---	--

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

<p>M1</p> <p>Presence of Automatic Extinguishing System</p> <p><input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input 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>	

NFIRS-9 Apparatus or Resources

A

25007	MS	01	27	2024	Fire Station 12 (12)	24-1047	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:	01/27/2024 04:34	<input type="checkbox"/> Sent	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	
Type:	92-Chief officer car	Arrival:	01/27/2024 04:39				
		Clear:	01/27/2024 09:01				
ID:	Engine 12	Dispatch:	01/27/2024 04:34	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
Type:	11-Engine	Arrival:	01/27/2024 04:39				
		Clear:	01/27/2024 09:01				
ID:	Engine 25	Dispatch:	01/27/2024 04:34	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
Type:	11-Engine	Arrival:	01/27/2024 04:39				
		Clear:	01/27/2024 09:01				
ID:	Engine 28	Dispatch:	01/27/2024 04:34	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11-Extinguishment by fire service personnel 20-Search & rescue, other
Type:	11-Engine	Arrival:	01/27/2024 04:39				
		Clear:	01/27/2024 09:01				
ID:	Rescue 14	Dispatch:	01/27/2024 04:34	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
Type:	71-Rescue unit	Arrival:	01/27/2024 04:39				
		Clear:	01/27/2024 09:01				
ID:	Rescue 23	Dispatch:	01/27/2024 04:34	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
Type:	71-Rescue unit	Arrival:	01/27/2024 04:39				
		Clear:	01/27/2024 09:01				

NFIRS-10 Personnel

A

25007	MS	01	27	2024	Fire Station 12 (12)	24-1047	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:	01/27/2024 04:34	<input type="checkbox"/> Sent	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	
Type:	92-Chief officer car	Arrival:	01/27/2024 04:39				
		Clear:	01/27/2024 09:01				
Personnel ID	Name	Rank	Role	Attend	Actions Taken		
099223	Hamlin, Amir		5588002-Officer	<input type="checkbox"/>	<input type="checkbox"/>		

ID:	Engine 12	Dispatch:	01/27/2024 04:34	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
Type:	11-Engine	Arrival:	01/27/2024 04:39				
		Clear:	01/27/2024 09:01				
Personnel ID	Name	Rank	Role	Attend	Actions Taken		
106051	Tucker, William		5588003-Crew 2	<input type="checkbox"/>	<input type="checkbox"/>		
105709	Norwood, Marcus		5588001-Driver	<input type="checkbox"/>	<input type="checkbox"/>		
100517	Washington, Zeric		5588002-Officer	<input type="checkbox"/>	<input type="checkbox"/>		

ID:	Engine 25	Dispatch:	01/27/2024 04:34	<input type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
Type:	11-Engine	Arrival:	01/27/2024 04:39				
		Clear:	01/27/2024 09:01				
Personnel ID	Name	Rank	Role	Attend	Actions Taken		
107206	Matthews, Jerrobert		5588003-Crew 2	<input type="checkbox"/>	<input type="checkbox"/>		
100520	Stinson, Michael		5588002-Officer	<input type="checkbox"/>	<input type="checkbox"/>		
095792	Smith, Johnny		5588001-Driver	<input type="checkbox"/>	<input type="checkbox"/>		

ID:	Engine 28	Dispatch:	01/27/2024 04:34	<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:	01/27/2024 04:39				20-Search & rescue, other

Clear:

Personnel ID	Name	Rank	Role	Attend	Actions Taken
97550	Butch, John		5588002-Officer	<input type="checkbox"/>	<input type="checkbox"/>
102794	Dixon, Frank		5588001-Driver	<input type="checkbox"/>	<input type="checkbox"/>
107475	Valadie, Patrick		5588003-Crew 2	<input type="checkbox"/>	<input type="checkbox"/>

ID: Dispatch: Sent Suppression
 EMS
 Other

Type: Arrival:
Clear:

Personnel ID	Name	Rank	Role	Attend	Actions Taken
098333	Edwards, Ronico		5588002-Officer	<input type="checkbox"/>	<input type="checkbox"/>
105967	Wilson Jr, Kenneth		5588003-Crew 2	<input type="checkbox"/>	<input type="checkbox"/>
103871	Vickers, John		5588001-Driver	<input type="checkbox"/>	<input type="checkbox"/>

ID: Dispatch: Sent Suppression
 EMS
 Other

Type: Arrival:
Clear:

Personnel ID	Name	Rank	Role	Attend	Actions Taken
106880	Robinson, Malik			<input type="checkbox"/>	<input type="checkbox"/>
98329	Bracey, Emmitt			<input type="checkbox"/>	<input type="checkbox"/>
106869	Cottrell, Jonathan			<input type="checkbox"/>	<input type="checkbox"/>

Redaction Log

Reason	Page (# of occurrences)	Description
no reason	1 (1)	---