



Survival Factors Group

Attachment 6

Boles Fire District Incident Report

(Number of pages including this cover sheet – 16)

A MM DD YYYY
 FDID * 03610 State * MO Incident Date * 08 05 2010 Station 3 Incident Number * 10-0000708 Exposure * 000 Delete Change No Activity NFIRS -1 Basic

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract _____ - _____

Street address
 Intersection Number/Milepost Prefix Street or Highway Street Type Suffix
 In front of
 Rear of
 Adjacent to
 Directions Villa Ridge MO 63089 - _____
 Apt./Suite/Room City State Zip Code
I 44 at 250.6 mile marker
 Cross street or directions, as applicable

C Incident Type * 352 Extrication of victim(s) from
 Incident Type

D Aid Given or Received*
 1 Mutual aid received 03603
 2 Automatic aid recv. Their FDID Their State
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None Their Incident Number

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm ALARM always required
 Date: Alarm * 08 05 2010 10:14:46
 ARRIVAL required, unless canceled or did not arrive
 Arrival * 08 05 2010 10:18:57
 CONTROLLED Optional, Except for wildland fires
 Controlled 08 05 2010 11:18:00
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared 08 05 2010 16:12:56

E2 Shift & Alarms Local Option
A 3
 Shift or Alarms District Platoon

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

F Actions Taken *
23 Extricate, disentangle
 Primary Action Taken (1)
32 Provide basic life
 Additional Action Taken (2)
81 Incident command
 Additional Action Taken (3)

G1 Resources *
 Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus Personnel
 Suppression _____
 EMS _____
 Other 0015 0030
 Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values
 LOSSES: Required for all fires if known. Optional for non fires. None
 Property \$ _____, _____, _____
 Contents \$ _____, _____, _____
 PRE-INCIDENT VALUE: Optional
 Property \$ _____, _____, _____
 Contents \$ _____, _____, _____

Completed Modules
 Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1* Casualties None
 Deaths Injuries
 Fire Service _____
 Civilian _____
H2 Detector Required for Confined Fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release
 N None
 1 Natural Gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21 lb. tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling < 55 gallons
 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property
 NN Not Mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Bus. & Residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use* Structures

341 <input type="checkbox"/> Clinic, clinic type infirmary	539 <input type="checkbox"/> Household goods, sales, repairs
342 <input type="checkbox"/> Doctor/dentist office	579 <input type="checkbox"/> Motor vehicle/boat sales/repair
361 <input type="checkbox"/> Prison or jail, not juvenile	571 <input type="checkbox"/> Gas or service station
419 <input type="checkbox"/> 1-or 2-family dwelling	599 <input type="checkbox"/> Business office
429 <input type="checkbox"/> Multi-family dwelling	615 <input type="checkbox"/> Electric generating plant
439 <input type="checkbox"/> Rooming/boarding house	629 <input type="checkbox"/> Laboratory/science lab
449 <input type="checkbox"/> Commercial hotel or motel	700 <input type="checkbox"/> Manufacturing plant
459 <input type="checkbox"/> Residential, board and care	819 <input type="checkbox"/> Livestock/poultry storage (barn)
464 <input type="checkbox"/> Dormitory/barracks	882 <input type="checkbox"/> Non-residential parking garage
519 <input type="checkbox"/> Food and beverage sales	891 <input type="checkbox"/> Warehouse

Outside

124 <input type="checkbox"/> Playground or park	936 <input type="checkbox"/> Vacant lot	981 <input type="checkbox"/> Construction site
655 <input type="checkbox"/> Crops or orchard	938 <input type="checkbox"/> Graded/care for plot of land	984 <input type="checkbox"/> Industrial plant yard
669 <input type="checkbox"/> Forest (timberland)	946 <input type="checkbox"/> Lake, river, stream	
807 <input type="checkbox"/> Outdoor storage area	951 <input type="checkbox"/> Railroad right of way	
919 <input type="checkbox"/> Dump or sanitary landfill	960 <input type="checkbox"/> Other street	
931 <input type="checkbox"/> Open land or field	961 <input checked="" type="checkbox"/> Highway/divided highway	Property Use <u>961</u>
	962 <input type="checkbox"/> Residential street/driveway	<u>Highway or divided highway</u>

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved

Local Option: _____ Business name (if applicable): _____ Area Code: _____ Phone Number: _____

Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name: _____ MI: _____ Last Name: **SEE MHP and Various MARFs** Suffix: _____

Number: _____ Prefix: _____ Street or Highway: **Villa Ridge, MO 63089** Street Type: _____ Suffix: _____

Post Office Box: _____ Apt./Suite/Room: _____ City: **Villa Ridge**

State: **MO** Zip Code: **63089**

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner

Local Option: _____ Business name (if Applicable): _____ Area Code: _____ Phone Number: _____

Same as person involved? Then check this box and skip The rest of this section.

Check this box if same address as incident location. Then skip the three duplicate address lines.

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

Local Option

08/10/2010 14:19:24 jim

On August 5, 2010 at approximately 10:14, the Franklin County Communications Center began to receive 911 calls for a motor vehicle accident involving a bus and tractor trailer on I 44 at the 250.6 mile marker.

Law enforcement was dispatched.

The following Fire and EMS units were dispatched 512, 513, 533, 8214, 5102, 8527, 8537, and 8502.

Franklin County advised responding units that there could be possibly fifty students involved.

5102 arrived on scene at 10:18 behind 8502 and Franklin County 1135. 5102 advised dispatch that we had two buses and a tractor involved with one of the buses on top of the tractor. Students were exiting the bus that was on top of the tractor by using the emergency bus side windows with assistance of passer bys. The victims were being located to the grassy area between American Inn South and I 44. At that point 5102 observed an additional vehicle trapped between the bus and tractor with a ruptured gas tank.

5102 began to survey the scene and set up the incident command system. 5102 established I 44 command. Command made contact with 8502 and he advised that he had Central County Dispatch sent a MCI Level 1. Command advised him and Franklin County that all ambulances should report to American Inn South and not to commit to the interstate.

L Authorization

Officer in charge ID: **016** Signature: **Casey, James M** Position or rank: **FC** Assignment: _____ Month: **08** Day: **10** Year: **2010**

Check Box if same as Officer in charge. Member making report ID in charge. **016** Signature: **Casey, James M** Position or rank: **FC** Assignment: _____ Month: **08** Day: **10** Year: **2010**

Narrative:

08/10/2010 14:19:24 jim

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Command requested 8234, 532, 523, 536, 580, 581 and 501 to the scene. Command requested all fire units except for 8234 should access the scene by going west in the eastbound lanes. Command also request MoDot to shut down eastbound I 44 at the 247 exit.

Command advised 512 to position just east of the vehicles and needed a ladder and hydraulics to the elevated bus. Command advised 513 on their arrival to deploy a foam line and to cover the fuel spill area. 5104 arrived on 513 and was assigned rescue. 8234 arrived and assisted 512 with extrication on the elevated bus. Command advised Franklin County to fly the helicopter. 5103 arrived and was assigned to staging and landing zone. 533 arrived and were assigned to the landing zone. 5101 arrived on 533 and was requested to assist at the Command Post.

8502 was assigned EMS division and 8500 was assigned Triage and Transport. 8400 arrived and was assigned to assist at Triage and Transport. All EMS radio traffic remained on Pacific Med.

Command requested 6115 to the scene.

5108 arrived and was assigned to assist as a scribe at Triage and Transport. 8214 arrived and was assigned to supply 513 and send manpower to Command Post. 523 and 532 arrived and was told to deadline their units and have the manpower report to the Command Post.

Helicopter was disregarded due to a twenty-three₄ minute ETA. 5103 was reassigned to PIO.

Narrative:

All students extricated and removed from the bus at 10:37. Command requested a motor coach from Mid American Coaches. Primary search was conducted on Bus 1 and 2 and all living victim had been removed.

Command meet with MHP 160 and updated him on the situation and requested that he make wrecker notifications.

8214 and 532 were assigned to assist at Triage and Transport. 5109 arrived and was assigned to Chaplain Duties.

Move up were requested; 525 moved to Station 3 and 3354 moved to Station 1.

MoDot Emergency Response Supervisor John Hodge arrived and was briefed on situation. Command requested their assistance with turning around vehicles in the eastbound lanes and having them travel west to the 247 to exit there.

Mid American bus arrived at 11:02 and a second bus ordered to report to staging in case addition room was needed. Metro West 3382 was requested to assign with sitting up JIC.

580 and 581 arrived and set up a rehab area for emergency responders.

Second Mid American bus canceled and first bus enroute to Cardinal Glennon Hospital at 11:37.

St. James School District Superintendent Joy Tucker arrives and was briefed on the situation.

Command contacted Rev. Singleton about the use of their church at American Inn South and St. Mary's Road. Rev. Singleton advised that he would be enroute. Families that were arrived looking for students were redirected to the church.

PIO area was set up on the east side of the incident.

Crews staged until MHP gave the okay to begin extrication.

Extrication began at approximately 13:00. Bus 2 was removed. Bus 1 and tractor were stabilized by wreckers. Crews removed back wall of Bus 1 and rear seat and removed victim. Bus 1 was removed from atop of the truck. Secondary search was conducted on Bus 1 and 2 and no additional victims found.

Extrication begins on pickup at approximately 13:45. Victim extricated. Pick up removed from tractor.

Command released the following units: 6115, 8214, 8234 and 523. Move up command 3354 released.

Tractor removed from scene.

Pick up was winched apart by two wreckers to gain access to the extended cab portion of the truck to complete a secondary search. No additional victims found in the truck.

03610
FDID *

MO
State *

MM DD
8 5
Incident Date *

YYYY
2010

3
Station

10-0000708
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

PIO area removed from interstate.

8502, 8527, 5108, 5109, 512, 533, 580 and 581 released.

Bus 1 and 2 removed from scene.

Crews assisted with removing last of debris.

MHP completes last measurements.

Highway washed down. MoDot places sand on crash area.

513 and 532 released.

Scene turned over to MHP and MoDot with highway to reopen shortly.

Command terminated and remaining units returned in service at 16:12.

End of Report

James M. Casey

A FDID * 03610 State * MO Incident Date * MM 8 DD 5 YYYY 2010 Station 3 Incident Number * 10-0000708 Exposure * 000 Delete Change NFIRS - 9 Apparatus or Resources

B Apparatus or * Resource	Date and Times						Sent <input type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	Actions Taken			
	Check if same as alarm date Month Day Year Hour Min												
1 ID <u>500</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:14</u>		<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>		
	Arrival <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:18</u>							<u> </u>	<u> </u>
	Clear <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>16:12</u>							<u> </u>	<u> </u>
2 ID <u>501</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:14</u>		<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>		
	Arrival <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:26</u>							<u> </u>	<u> </u>
	Clear <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>15:27</u>							<u> </u>	<u> </u>
3 ID <u>512</u> Type <u>70</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:14</u>		<input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>		
	Arrival <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:21</u>							<u> </u>	<u> </u>
	Clear <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>15:46</u>							<u> </u>	<u> </u>
4 ID <u>513</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:14</u>		<input checked="" type="checkbox"/>	<u>3</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>		
	Arrival <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:26</u>							<u> </u>	<u> </u>
	Clear <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>16:12</u>							<u> </u>	<u> </u>
5 ID <u>523</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:14</u>		<input checked="" type="checkbox"/>	<u>3</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>		
	Arrival <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:26</u>							<u> </u>	<u> </u>
	Clear <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>15:27</u>							<u> </u>	<u> </u>
6 ID <u>525</u> Type <u>24</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:14</u>		<input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>		
	Arrival <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:26</u>							<u> </u>	<u> </u>
	Clear <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>15:27</u>							<u> </u>	<u> </u>
7 ID <u>532</u> Type <u>70</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:14</u>		<input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>		
	Arrival <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:39</u>							<u> </u>	<u> </u>
	Clear <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>16:12</u>							<u> </u>	<u> </u>
8 ID <u>533</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:14</u>		<input checked="" type="checkbox"/>	<u>3</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>		
	Arrival <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:28</u>							<u> </u>	<u> </u>
	Clear <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>15:27</u>							<u> </u>	<u> </u>
9 ID <u>536</u> Type <u>16</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:14</u>		<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>		
	Arrival <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>10:39</u>							<u> </u>	<u> </u>
	Clear <input checked="" type="checkbox"/>	<u>8</u>	<u>5</u>	<u>2010</u>	<u>16:12</u>							<u> </u>	<u> </u>

A	FDID * <input type="text" value="03610"/>	State * <input type="text" value="MO"/>	Incident Date * MM <input type="text" value="8"/> DD <input type="text" value="5"/> YYYY <input type="text" value="2010"/>	Station <input type="text" value="3"/>	Incident Number * <input type="text" value="10-0000708"/>	Exposure * <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources
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B Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min	Sent <input type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
1 ID <input type="text" value="552"/> Type <input type="text" value="60"/>	Dispatch <input checked="" type="checkbox"/> 8 5 2010 10:14 Arrival <input checked="" type="checkbox"/> 8 5 2010 10:45 Clear <input checked="" type="checkbox"/> 8 5 2010 16:12	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
2 ID <input type="text" value="PV"/> Type <input type="text" value="99"/>	Dispatch <input checked="" type="checkbox"/> 8 5 2010 10:14 Arrival <input checked="" type="checkbox"/> 8 5 2010 10:22 Clear <input checked="" type="checkbox"/> 8 5 2010 16:12	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
3 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
4 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
5 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
6 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
7 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
8 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
9 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>

Type of Apparatus or Resources		More Apparatus? Use Additional Sheets
Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other	Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other Medical & Rescue 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other	Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource NN None UU Undetermined
NFIRS-9 Revision 11/17/98		

A FDID * 03610 State * MO Incident Date * MM 8 DD 5 YYYY 2010 Station 3 Incident Number * 10-0000708 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below

Apparatus or Resource	Date and Times <small>Check if same as alarm date</small> Month Day Year Hours/mins	Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
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1	ID <u>500</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/> <u>8</u> <u>5</u> <u>2010</u> <u>10:14</u> Arrival <input checked="" type="checkbox"/> <u>8</u> <u>5</u> <u>2010</u> <u>10:18</u> Clear <input checked="" type="checkbox"/> <u>8</u> <u>5</u> <u>2010</u> <u>16:12</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
016	Casey, James	FC	X				

2	ID <u>501</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/> <u>8</u> <u>5</u> <u>2010</u> <u>10:14</u> Arrival <input checked="" type="checkbox"/> <u>8</u> <u>5</u> <u>2010</u> <u>10:26</u> Clear <input checked="" type="checkbox"/> <u>8</u> <u>5</u> <u>2010</u> <u>15:27</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
219	Allen, Doug	IN	X				

3	ID <u>512</u> Type <u>70</u>	Dispatch <input checked="" type="checkbox"/> <u>8</u> <u>5</u> <u>2010</u> <u>10:14</u> Arrival <input checked="" type="checkbox"/> <u>8</u> <u>5</u> <u>2010</u> <u>10:21</u> Clear <input checked="" type="checkbox"/> <u>8</u> <u>5</u> <u>2010</u> <u>15:46</u>	Sent <input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
095	Caldwell, Andrew	FFE	X				
619	Standley, Eric	CPFFE	X				

A FDID * 03610 State * MO Incident Date * 8 5 2010 Station 3 Incident Number * 10-0000708 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

Month Day Year Hours/mins

1 ID 513 Dispatch 8 5 2010 10:14 Sent 3 Suppression EMS Other

Type 11 Arrival 8 5 2010 10:26 Clear 8 5 2010 16:12

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
014	Strothkamp, William	ACV	X				
067	Hodge, Clay	VLT	X				
618	Hill, Justin	CPFFE	X				

2 ID 523 Dispatch 8 5 2010 10:14 Sent 3 Suppression EMS Other

Type 11 Arrival 8 5 2010 10:26 Clear 8 5 2010 15:27

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
225	Smith, Jonathan	FFE	X				
253	Rauss, Christopher	PR	X				
615	Long, Rich	CPFFE	X				

3 ID 525 Dispatch 8 5 2010 10:14 Sent 2 Suppression EMS Other

Type 24 Arrival 8 5 2010 10:26 Clear 8 5 2010 15:27

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
210	Campbell, Jason	V	X				
221	Reneer, David	VFFE	X				

A FDID * 03610 State * MO Incident Date * 8 5 2010 Station 3 Incident Number * 10-0000708 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Date and Times Check if same as alarm date Sent Number of * People 2 Use Suppression EMS Other Actions Taken List up to 4 actions for each apparatus and each personnel.

1 ID 532 Dispatch 8 5 2010 10:14 Sent Arrival 8 5 2010 10:39 Clear 8 5 2010 16:12 Suppression EMS Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
027 612	Hoppe, Michael Sontheimer, Kurt	VFFE VVLTFEP	X X				

2 ID 533 Dispatch 8 5 2010 10:14 Sent Arrival 8 5 2010 10:28 Clear 8 5 2010 15:27 Suppression EMS Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
006 036 250	Harfst, LLOYD Ploch, Kurt Fitts, Donald	VFF VDCFF PR	X X X				

3 ID 536 Dispatch 8 5 2010 10:14 Sent Arrival 8 5 2010 10:39 Clear 8 5 2010 16:12 Suppression EMS Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
069	Dubbs, Harvey	VFFCH	X				

A FDID * 03610 State * MO Incident Date * MM 8 DD 5 YYYY 2010 Station 3 Incident Number * 10-0000708 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Date and Times Check if same as alarm date
 Use codes listed below Month Day Year Hours/mins
 Sent Number of * People Use Check ONE box for each apparatus to indicate its main use at the incident. Actions Taken List up to 4 actions for each apparatus and each personnel.

1 ID 552 Dispatch 8 5 2010 10:14 Sent Suppression
 Type 60 Arrival 8 5 2010 10:45 EMS
 Clear 8 5 2010 16:12 Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
023	Lewis, Marvin	V	X				

2 ID PV Dispatch 8 5 2010 10:14 Sent Suppression
 Type 99 Arrival 8 5 2010 10:22 EMS
 Clear 8 5 2010 16:12 Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
018	Long, Byron	ACV	X				

3 ID Dispatch Sent Suppression
 Type Arrival EMS
 Clear Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

03610
FDID

MO
State

8 5
Incident Date

2010

3
Station

10-0000708
Incident Number

000
Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
500 2004 Cheverolet Suburban	10:14:46	10:15:51	10:18:57	16:12:56

Staff ID\Staff Name	Activity	Rank	Position	Role
016 Casey, James M	Motor Vehicle Co	Fire Chief	Duty Officer	

Unit Narrative

Law Enforcement Units

MHP: 701, 1132, 802, 72, 615, 533, 160, 885

FC 1224, 1135, 1232

501 1999 Cheverolet 1/2 ton	10:14:46	10:23:26	10:26:49	15:27:07
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Staff ID\Staff Name	Activity	Rank	Position	Role
219 Allen, Doug	Motor Vehicle Co	Inspector F		

512 Rescue station 1	10:14:46	10:17:34	10:21:22	15:46:34
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Staff ID\Staff Name	Activity	Rank	Position	Role
095 Caldwell, Andrew E	Motor Vehicle Co	Firefighter	Firefighter	
619 Standley, Eric	Motor Vehicle Co	Captain Fir	Captain	

513 Pumper station 1	10:14:46	10:23:26	10:26:49	16:12:56
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Staff ID\Staff Name	Activity	Rank	Position	Role
014 Strothkamp, William H	Motor Vehicle Co	Volunteer A		
067 Hodge, Clay	Motor Vehicle Co	Volunteer L		
618 Hill, Justin	Motor Vehicle Co	Captain Fir		

523 Pumper station 2	10:14:46	10:16:00	10:26:49	15:27:07
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Staff ID\Staff Name	Activity	Rank	Position	Role
225 Smith, Jonathan	Motor Vehicle Co	Firefighter		
253 Rauss, Christopher	Motor Vehicle Co	Volunteer P		
615 Long, Rich	Motor Vehicle Co	Captain Fir		

525 2007 International 3000 gallon	10:14:46	10:23:26	10:26:49	15:27:07
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Staff ID\Staff Name	Activity	Rank	Position	Role
210 Campbell, Jason	Motor Vehicle Co	Volunteer		
221 Reneer, David	Motor Vehicle Co	Volunteer F		

03610
FDID

MO
State

8 5
Incident Date

2010

3
Station

10-0000708
Incident Number

000
Exposure

Responding
Units/Personnel

532 Rescue station 3

10:14:46

10:33:41

10:39:02

16:12:56

Staff ID\Staff Name	Activity	Rank	Position	Role
027 Hoppe, Michael	Motor Vehicle Co	Volunteer F		
612 Sontheimer, Kurt F	Motor Vehicle Co	Volunteer L		

533 Pumper station 3

10:14:46

10:23:26

10:28:22

15:27:07

Staff ID\Staff Name	Activity	Rank	Position	Role
006 Harfst, LLOYD G	Motor Vehicle Co	Volunteer F		
036 Ploch, Kurt	Motor Vehicle Co	Volunteer D		
250 Fitts, Donald	Motor Vehicle Co	Volunteer P		

536 Brush rig station 3

10:14:46

10:33:41

10:39:02

16:12:56

Staff ID\Staff Name	Activity	Rank	Position	Role
069 Dubbs, Harvey	Motor Vehicle Co	Volunteer F		

552 AUX Response Unit/Personnel

10:14:46

10:30:00

10:45:00

16:12:56

Staff ID\Staff Name	Activity	Rank	Position	Role
023 Lewis, Marvin	Motor Vehicle Co	Volunteer		

Unit Narrative

Rosie Lewis

Kym Geisler

Becky Milsap

Charles Staats

PV Private Vehicle

10:14:46

10:16:00

10:22:00

16:12:56

Staff ID\Staff Name	Activity	Rank	Position	Role
018 Long, Byron	Motor Vehicle Co	Volunteer A		

03610 FDID *	MO State *	MM 8	DD 5	YYYY 2010	3 Station	10-0000708 Incident Number *	000 Exposure *	Responding Personnel		
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
016 Casey, James M	500	X MC Motor Vehicle	DO	FC	P	5.97	5.97	0.00
219 Allen, Doug	501	X MC Motor Vehicle		IN	P	5.21	5.21	0.00
095 Caldwell, Andrew E	512	X MC Motor Vehicle	FF	FFE	P	5.53	5.53	0.00
619 Standley, Eric	512	MC Motor Vehicle	CP	CPFFE	P	5.53	5.53	0.00
014 Strothkamp, William H	513	MC Motor Vehicle		ACV	V	5.97	5.97	0.00
067 Hodge, Clay	513	X MC Motor Vehicle		VLT	V	5.97	5.97	0.00
618 Hill, Justin	513	MC Motor Vehicle		CPFFE	P	5.97	5.97	0.00
225 Smith, Jonathan	523	X MC Motor Vehicle		FFE	P	5.21	5.21	0.00
253 Rauss, Christopher	523	MC Motor Vehicle		PR	V	5.21	5.21	0.00
615 Long, Rich	523	MC Motor Vehicle		CPFFE	P	5.21	5.21	0.00
210 Campbell, Jason	525	MC Motor Vehicle		V	V	5.21	5.21	0.00
221 Reneer, David	525	X MC Motor Vehicle		VFFE	V	5.21	5.21	0.00
027 Hoppe, Michael	532	X MC Motor Vehicle		VFFE	V	5.97	5.97	0.00
612 Sontheimer, Kurt F	532	MC Motor Vehicle		VVLTFF	V	5.97	5.97	0.00
006 Harfst, LLoyd G	533	X MC Motor Vehicle		VFF	V	5.21	5.21	0.00
036 Ploch, Kurt	533	MC Motor Vehicle		VDCFF	V	5.21	5.21	0.00
250 Fitts, Donald	533	MC Motor Vehicle		PR	V	5.21	5.21	0.00
069 Dubbs, Harvey	536	X MC Motor Vehicle		VFFCH	V	5.97	5.97	0.00
023 Lewis, Marvin	552	X MC Motor Vehicle		V	V	5.97	5.97	0.00
018 Long, Byron	PV	X MC Motor Vehicle		ACV	V	5.97	5.97	0.00

Total Participants: 20

Total Personnel Hours: 111.68

Boles Fire Protection District

NFIRS Incident Report (Modified)

All Applicable Records

Department	Notified	Aid Type		Fire	EMS	Resc	Other
10-0000708 08/05/2010 10:14:46							
352 Extrication of victim(s) from vehicle							
I 44 at 250.6 mile marker/Villa Ridge, MO 63089							
6115 Pacific/Pumper tanker	08/05/2010	2 Automatic aid received	#Personnel	0	0	3	0
			#Apparatus	0	0	1	0
	Response Time:00:12:17						
8234 Pumper	08/05/2010	2 Automatic aid received	#Personnel	0	0	2	0
			#Apparatus	0	0	1	0
	Response Time:00:13:07						
6102 Pacific Duty Officer	08/05/2010	2 Automatic aid received	#Personnel	0	0	1	0
			#Apparatus	0	0	1	0
	Response Time:00:12:17						
8214 Pumper/Tanker	08/05/2010	2 Automatic aid received	#Personnel	0	0	4	0
			#Apparatus	0	0	1	0
	Response Time:00:23:19						
Subtotal Responses: 4				Average Aid Response Time for Incident: 00:15:15			

Response time calculated from time notified to arrival time.