



Survival Factors Group

Attachment 9

Union Fire District Incident Report

(Number of pages including this cover sheet – 07)

A FDID 03603 * State MO * Incident Date 08 05 2010 * Station 1 Incident Number 10-0000578 * 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 Census Tract Module in Section 8 "Alternative Location Specification". Use only for Wildland fires. Street address Intersection In front of Rear of Adjacent to Directions
 Number/Milepost EB I-44 Prefix Street or Highway Street Type Suffix
 Apt./Suite/Room Villa Ridge City State MO Zip Code 63089
 Cross street or directions, as applicable

C Incident Type * 322 Motor vehicle accident with Incident Type
E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm Date. ALARM always required
 Alarm * 08 05 2010 10:14:45
 ARRIVAL required, unless canceled or did not arrive
E2 Shift & Alarms Local Option
 Shift or Alarms District A OUT
 Platoon

D Aid Given or Received*
 1 Mutual aid received
 2 Automatic aid recv.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None
 Their FDID Their State
708
 Their Incident Number

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

F Actions Taken *
73 Provide manpower Primary Action Taken (1)
76 Provide water Additional Action Taken (2)
 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 0002 0007
 Other
 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 \$, 000 , 000
 Contents \$, 000 , 000
 PRE-INCIDENT VALUE: Optional
 Property \$, 000 , 000
 Contents \$, 000 , 000

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
 131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school or kindergarten
 215 High school or junior high
 241 College, adult education
 311 Care facility for the aged
 331 Hospital
 Outside
 124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field
 341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1-or 2-family dwelling
 429 Multi-family dwelling
 439 Rooming/boardng house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales
 539 Household goods, sales, repairs
 579 Motor vehicle/boat sales/repair
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 629 Laboratory/science lab
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse
 981 Construction site
 984 Industrial plant yard
 Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 Property Use 961
Highway or divided highway
 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 _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

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

K2 Owner

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

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 _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

L Remarks

Local Option

On 08/05/2010 at 10:14:45 dispatched To EB I-44 /Union, MO 63084. The location is a Highway or divided highway. The incident was determined to be a(n) Motor vehicle accident with injuries.

10:27:53 arrived on scene.

The following actions were performed on scene:

- Provide manpower
- Provide water

Crews from the Union Fire Protection District (UFPD) responded to a MVA on I-44 at the 250.6 MM assisting Boles FPD. 8234 was the first UFPD unit to arrive on the scene. They were assigned to assist with extrication of victims from the bus that was located on top of the trucks. After patients had been removed the crew assisted EMS crews with patient packaging and transport. 8214 arrived on the scene and the crew was assigned to document where patients were being transported to and by which service. The engineer from 8214 was assigned to provide water to 513 supporting foam operations. The crew from 8214 also helped in the triage area back boarding patients and providing first aid. After the Missouri State Highway Patrol completed their investigation at the scene UFPD fire fighters assisted with the removal of the deceased victims. During this incident UFPD crews assisted with triage, extrication, and provided BLS care. Union FPD units returned in service without incident.

Units responding were:

- Unit 8214 responded.
- Unit 8234 responded.

L Authorization

<input type="checkbox"/>	1838	TOBBEN, MATT	LI	8214	08	05	2010
	Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
Check Box if same as Officer in charge.	<input checked="" type="checkbox"/> 1838	TOBBEN, MATT	LI	8214	08	05	2010
	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year

03603 FDID *	MO State *	MM DD 8 5 Incident Date *	YYYY 2010	1 Station	10-0000578 Incident Number *	000 Exposure *
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Complete Narrative

Narrative:

On 08/05/2010 at 10:14:45 dispatched To EB I-44 /Union, MO 63084. The location is a Highway or divided highway. The incident was determined to be a(n) Motor vehicle accident with injuries.

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- Unit 8234 responded.

Automatic aid given:

BOLES FIRE PROTECTION DISTRICT

15:02:51 all units back in service.

A		MM	DD	YYYY					<input type="checkbox"/> Delete	NFIRS - 9 Apparatus or Resources				
FDID	State	Incident Date	Station	Incident Number	Exposure	<input type="checkbox"/> Change	03603	MO	8		5	2010	1	10-0000578
B	Apparatus or * Resource	Date and Times Check if same as alarm date Month Day Year Hour Min				Sent <input checked="" type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken					
1	ID 8214 Type 14	Dispatch <input checked="" type="checkbox"/>	8	5	2010	10:14	<input checked="" type="checkbox"/>	3	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>				
		Arrival <input checked="" type="checkbox"/>	8	5	2010	10:38	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>				
		Clear <input checked="" type="checkbox"/>	8	5	2010	15:02				<input type="checkbox"/> <input type="checkbox"/>				
2	ID 8234 Type 14	Dispatch <input checked="" type="checkbox"/>	8	5	2010	10:14	<input checked="" type="checkbox"/>	2	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>				
		Arrival <input checked="" type="checkbox"/>	8	5	2010	10:27	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>				
		Clear <input checked="" type="checkbox"/>	8	5	2010	15:02				<input type="checkbox"/> <input type="checkbox"/>				
3	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>				
		Arrival <input type="checkbox"/>								<input type="checkbox"/> <input type="checkbox"/>				
		Clear <input type="checkbox"/>								<input type="checkbox"/> <input type="checkbox"/>				
4	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>				
		Arrival <input type="checkbox"/>								<input type="checkbox"/> <input type="checkbox"/>				
		Clear <input type="checkbox"/>								<input type="checkbox"/> <input type="checkbox"/>				
5	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>				
		Arrival <input type="checkbox"/>								<input type="checkbox"/> <input type="checkbox"/>				
		Clear <input type="checkbox"/>								<input type="checkbox"/> <input type="checkbox"/>				
6	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>				
		Arrival <input type="checkbox"/>								<input type="checkbox"/> <input type="checkbox"/>				
		Clear <input type="checkbox"/>								<input type="checkbox"/> <input type="checkbox"/>				
7	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>				
		Arrival <input type="checkbox"/>								<input type="checkbox"/> <input type="checkbox"/>				
		Clear <input type="checkbox"/>								<input type="checkbox"/> <input type="checkbox"/>				
8	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>				
		Arrival <input type="checkbox"/>								<input type="checkbox"/> <input type="checkbox"/>				
		Clear <input type="checkbox"/>								<input type="checkbox"/> <input type="checkbox"/>				
9	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>				
		Arrival <input type="checkbox"/>								<input type="checkbox"/> <input type="checkbox"/>				
		Clear <input type="checkbox"/>								<input type="checkbox"/> <input type="checkbox"/>				

Type of Apparatus or Resources

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

More Apparatus?
Use Additional
Sheets

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 03603 * State MO * Incident Date 8 5 2010 * Station 1 Incident Number 10-0000578 * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below **Date and Times** Check if same as alarm date **Sent** **Number of People** 3 **Use** Check ONE box for each apparatus to indicate its main use at the incident. Suppression EMS Other **Actions Taken** List up to 4 actions for each apparatus and each personnel.

1 ID 8214 Dispatch 8 5 2010 10:14 Sent **Arrival** 8 5 2010 10:38 **Clear** 8 5 2010 15:02 Suppression EMS Other

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
1827	SCHMUKE, TIM	FF	<input checked="" type="checkbox"/>				
1838	TOBBEN, MATT	FF	<input checked="" type="checkbox"/>				
1891	HAMILTON, BRAD	FF	<input checked="" type="checkbox"/>				

2 ID 8234 Dispatch 8 5 2010 10:14 Sent **Arrival** 8 5 2010 10:27 **Clear** 8 5 2010 15:02 Suppression EMS Other

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
1884	SZPATOSKI, ALEX	FF	<input checked="" type="checkbox"/>				
1905	BORGMANN, MIKE	FF	<input checked="" type="checkbox"/>				

3 ID Dispatch Sent **Arrival** **Clear** Suppression EMS Other

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

03603 FDID *	MO State *	MM DD YYYY 8 5 2010 Incident Date *	1 Station	10-0000578 Incident Number *	000 Exposure *
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Completion
Status

Completion Status:
Quality control check information not specified.