

A FDID State Incident Date Station Incident Number Exposure Delete Change No Activity **NFIRS-1 Basic**

B Location Type 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 In front of Rear of Adjacent to Directions US National Grid

-

C Incident Type

E1 Dates and Times Check boxes if dates are the same as Alarm Date.

Month Day Year Hour Min

Month Day Year Hour Min

Month Day Year Hour Min

E2 Shifts and Alarms

D Aid Given or Received None

1 Mutual aid received

2 Auto. aid received

3 Mutual aid given

4 Auto. aid given

5 Other aid given

Arrival Controlled Last Unit Cleared

ARRIVAL required, unless did not arrive

CONTROLLED optional, except for wildland fires

LAST UNIT CLEARED required except for wildland fires

E3 Special Studies

F Actions Taken

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources Check this box and skip this block if an Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	<input type="text" value="0"/>	<input type="text" value="0"/>
EMS	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>

Check box if resources include received resources.

G2 Estimated Dollar Losses and Values Required for all fires if known. Optional for non-fires.

Property	Losses	Value
Property	\$ <input type="text" value="3"/> , <input type="text" value="000"/>	<input type="checkbox"/>
Contents	\$ <input type="text" value="2"/> , <input type="text" value="000"/>	<input type="checkbox"/>
Property	\$ <input type="text" value="334"/> , <input type="text" value="100"/>	<input type="checkbox"/>
Contents	\$ <input type="text" value="378"/> , <input type="text" value="000"/>	<input type="checkbox"/>

PRE-INCIDENT VALUE: Optional

Completed Modules

Fire-2

Structure Fire-3

Civilian Fire Cas.-4

Fire Service Cas.-5

EMS-6

HazMat-7

Wildland Fire-8

Apparatus-9

Personnel-10

Arson-11

H1 Casualties None

Fire Service	Deaths	Injuries
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

H2 Detector Required for buildings

1 Detector alerted occupants

2 Detector did not alert occupants

U Unknown

H3 Hazardous Materials Release None

1 Natural gas: slow leak up 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: for burning equipment or portable storage

5 Diesel fuel/fuel oil: vehicle fuel tank or portable storage

6 Household solvents: home/office spill, cleanup only

7 Motor oil: from engine or portable container

8 Paint: from paint cans totaling <55 gallons

9 Other: special HazMat actions required or spill > 55 gal. (Please complete the HazMat form.)

Mixed Use Property Not mixed

10 Assembly use

20 Education use

33 Medical use

40 Residential use

51 Row of stores

53 Enclosed mall

58 Business & residential

59 Office use

60 Industrial use

63 Military use

65 Farm use

00 Other mixed use

J Property Use None

Structures

131 Church, place of worship

161 Restaurant or cafeteria

162 Bar/tavern or nightclub

213 Elementary school, kindergarten

215 High school, junior high

241 College, adult education

311 Nursing home

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

364 Prison or jail, not juvenile

419 1- or 2-family dwelling

429 Multifamily dwelling

430 Rooming/boarding house

449 Commercial hotel or motel

459 Residential, board and care

464 Dormitory/barracks

519 Food and beverage sales

936 Vacant lot

938 Graded/cared for plot of land

946 Lake, river, stream

951 Railroad right-of-way

960 Other street

961 Highway/divided highway

962 Residential street/driveway

539 Household goods, sales, repairs

571 Gas or service station

579 Motor vehicle/boat sales/repairs

599 Business office

615 Electric-generating plant

629 Laboratory/science laboratory

700 Manufacturing plant

819 Livestock/poultry storage (barn)

882 Non-residential parking garage

891 Warehouse

981 Construction site

984 Industrial plant yard

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

Property Use

Property Use Description

K1 Person/Entity Involved

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

Check this box if same address as Incident Location (Section B). 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 block.

Business Name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as Incident Location (Section B). 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

-Please refer to Supplemental form for Remarks

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure Modules
<input type="checkbox"/> Special structure 112	Complete Fire Module & Section I, Structure Module
<input type="checkbox"/> Confined 113-118	Basic Module Only
<input type="checkbox"/> Mobile property 120-123	Complete Fire & Structure Modules
<input type="checkbox"/> Vehicle 130-138	Complete Fire Module
<input type="checkbox"/> Vegetation 140-143	Complete Fire or Wildland Module
<input type="checkbox"/> Outside rubbish fire 150-155	Basic Module Only
<input type="checkbox"/> Special outside fire 160	Complete Fire or Wildland Module
<input type="checkbox"/> Special outside fire 161-163	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire or Wildland Module

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

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

M Authorization

Check box if same as Officer in charge.

F111	Busalacchi, Peter	Battalion Chief	Assignment	Month	Day	Year
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
F111	Busalacchi, Peter	Battalion Chief	Assignment	07	23	2017
Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year

E3**Supplemental Special Studies**

Local Option

17.004415
Incident Number001
ExposureMM DD
07 23
Incident DateYYY
2017**NFIRS-1S
Supplemental**1
Special Study ID# Special Study Value2
Special Study ID# Special Study Value3
Special Study ID# Special Study Value4
Special Study ID# Special Study Value5
Special Study ID# Special Study Value6
Special Study ID# Special Study Value7
Special Study ID# Special Study Value8
Special Study ID# Special Study Value**L****Remarks:**

Local Option

Age of Structure (in years): UNKNOWN TO OWNER AND DATE IS NOT LISTED ON VILLAGE WEBSITE. PER OWNER HOME AS BUILT SOME IN THE MID-1950s

Amount of water used in gallons: 5

Number of Patients:1

Incident Narrative:

EXPOSURE FIRE REPORT #001 TO ORIGINAL FIRE CALL FOR A GRILL ON FIRE NEXT TO A HOME. HOUSE FIRE WAS CAUSED BY OUT OF CONTROL GRILL FIRE. ON ARRIVAL THE CHARLIE SIDE OF THE HOME HAD MODERATE SMOKE SHOWING. E85 ON SCENE AND COMMAND. E85 AND A85 ARRIVED AND INVESTIGATED THE REAR OF THE HOME TO FIND THE GRILL WITH A MINOR FIRE AND THE HOME'S OUTSIDE GARAGE WALL ON FIRE EXTENDING TO THE SOFFITS. E85 ORDERED A CROSSLAY TO THE REAR VIA TR11, TR1 AND E85 HEOS SECURED A POSITIVE WATER SUPPLY. CROSSLAY WAS NOT CHARGED. FIRE EXTINGUISHED WITH A PUMP CAN. TR82 SEARCHED ALL LEVELS AND WAS CLEAR AND NO FIRE EXTENSION FOUND. MODERATE SMOKE AND NO FIRE IN ATTIC ABOVE GARAGE. E84 ASSISTED WITH PULLING SOFFITS. M81 COMPLETED A 360 AND THEN WAS ASSIGNED EMS GROUP AND FOUND THE OWNER IN NEED OF BLS CARE. SEE IMAGETREND REPORT FOR MORE INFORMATION. M82 THEN ASSIGNED TO EMS GROUP. TR83 ON SCENE AND STOOD BY. MED CRISE AND TRUCK ARRIVED AND WERE RETURNED. A85 COMPLETED A SECONDARY SEARCH AND REPORTED ALL CLEAR. NO NEED FOR UTILITIES TO BE SECURED. DAMAGE TO THE HOME CONSISTED OF FIRE ON THE OUTSIDE WALL OF THE GARAGE AND INTO THE SOFFITS. SMOKE DAMAGE TO INTERIOR OF THE HOME, MOSTLY ON THE SECOND FLOOR. HOME INSURED BY AGENCY, POLICY NUMBER P45920-7. FIRE REPORT TAB FORCED ENTRY OF NO BUILDING INVOLVED TO CLEAR ERROR CODE. REPORT COPIED AND DELIVERED TO FOX POINT BUILDING INSPECTOR ON 7/24/17

*****BC must send a copy of NFIRS Report must be sent to the local building inspector using the information below (Reports are emailed to all except River Hills, which should be faxed)*****

Bayside: Dave Zamaites- davezbayside@gmail.com

E3

Supplemental Special Studies

Local Option

MM DD YYYY

NFIRS-1S Supplemental

Incident Number Exposure Incident Date

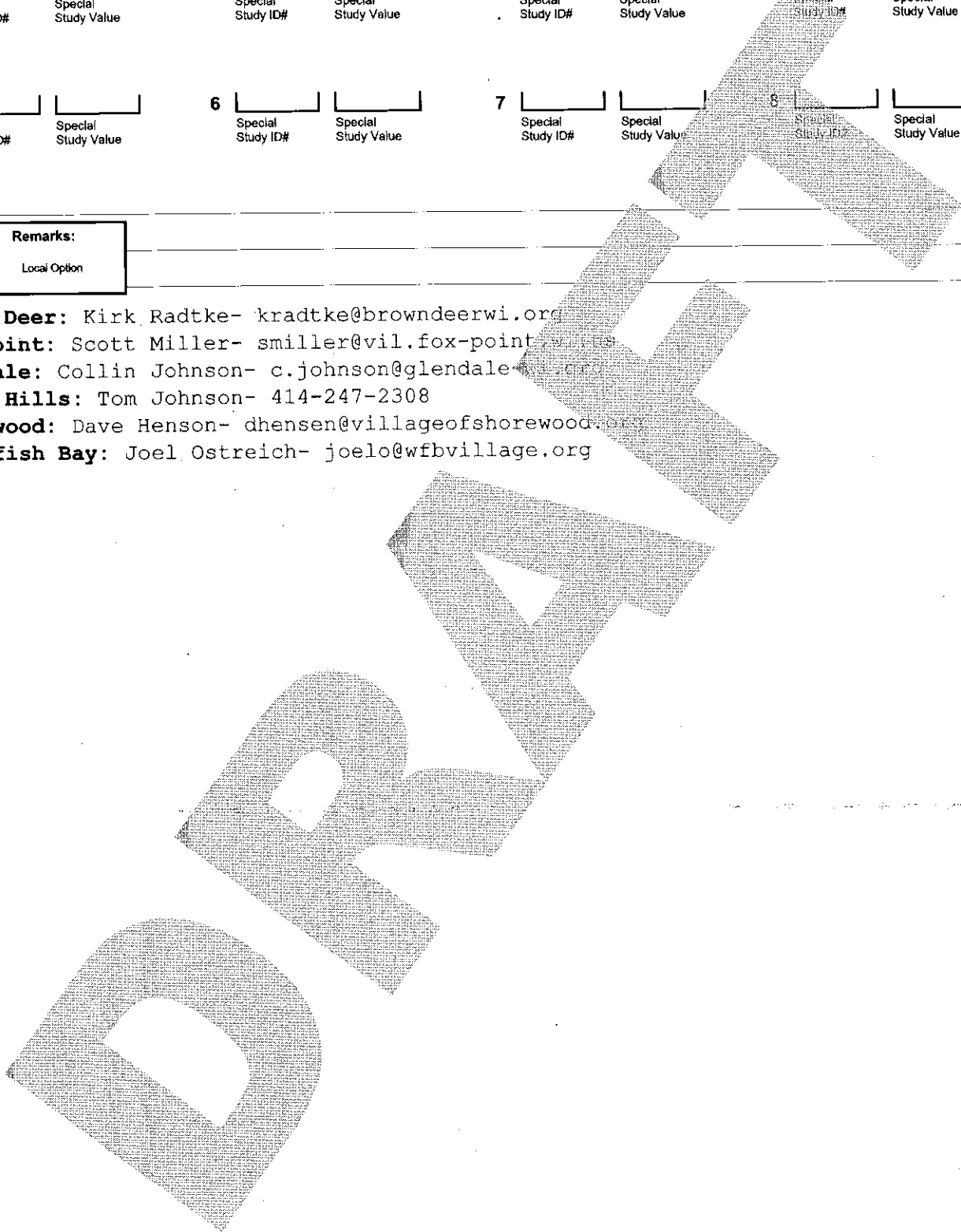
1	<input type="text"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	3	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>
	Special Study ID#	Special Study Value		Special Study ID#	Special Study Value		Special Study ID#	Special Study Value		Special Study ID#	Special Study Value
5	<input type="text"/>	<input type="text"/>	6	<input type="text"/>	<input type="text"/>	7	<input type="text"/>	<input type="text"/>	8	<input type="text"/>	<input type="text"/>
	Special Study ID#	Special Study Value		Special Study ID#	Special Study Value		Special Study ID#	Special Study Value		Special Study ID#	Special Study Value

L

Remarks:

Local Option

Brown Deer: Kirk Radtke- kradtke@browndeerwi.org
Fox Point: Scott Miller- smiller@vil.fox-point.wisconsin.gov
Glendale: Collin Johnson- c.johnson@glendale.wisconsin.gov
River Hills: Tom Johnson- 414-247-2308
Shorewood: Dave Henson- dhensen@villageofshorewood.org
Whitefish Bay: Joel Ostreich- joelo@wfbvillage.org



A FDID 40260 State WI Incident Date MM 07 DD 23 YYYY 2017 Station 85 Incident Number 17.004415 Exposure 001 Delete Change **NFIRS-2 Fire**

B Property Details

B1 1 Not Residential
Estimated number of residential living units in building of origin whether or not all units became involved

B2 0 Buildings not involved
Number of buildings involved

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

C On-Site Materials or Products None
Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved

Enter up to three codes. Check one box for each code entered.

On-site material (1)

On-site material (2)

On-site material (3)

On-Site Materials Storage Use

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

D Ignition

D1 76 Wall surface; exterior
Area of fire origin

D2 81 Heat from direct flame, convection
Heat source

D3 12 Exterior sidewall covering, surface
Item first ignited Check box if fire spread was confined to object of origin.

D4 63 Sawn wood, including all finish
Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition Check box if this is an explosion None

1 Intentional
2 Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing to Ignition None

71 Exposure fire
Factor contributing to ignition (1)

Factor contributing to ignition (2)

Factor contributing to ignition (3)

E3 Human Factors Contributing to Ignition None

Check all applicable boxes

1 Asleep
2 Possibly impaired by alcohol or drugs
3 Unattended person
4 Possibly mentally disabled
5 Physically disabled
6 Multiple persons involved
7 Age was a factor

Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved in Ignition None If equipment was not involved, copy to Section G

Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power Source

F3 Equipment Portability Portable Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

G Fire Suppression Factors None

Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved None Not involved in ignition, but burned Involved in ignition, but did not burn Involved in ignition and burned

Mobile property model

License Plate Number State VIN

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Year

Local Use

Pre-Fire Plan Available
Some of the information presented in this report may be based upon reports from other agencies:

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <ul style="list-style-type: none"> 1 <input checked="" type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air-supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g., piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g., fences) 0 <input type="checkbox"/> Other type of structure 	I2 Building Status ☆ <ul style="list-style-type: none"> 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	I3 Building Height ☆ Count the roof as part of the highest story. <p style="text-align: center;">2</p> Total number of stories at or above grade <p style="text-align: center;">1</p> Total number of stories below grade	I4 Main Floor Size ☆ NFIRS-3 Structure Fire <p style="text-align: center;">, 3 , 000</p> Total square feet <p style="text-align: center;">OR</p> <p style="text-align: center;">BY</p> Length in feet Width in feet
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J1 Fire Origin ☆ <p style="text-align: center;">1</p> Story of fire origin <input type="checkbox"/> Below grade	J3 Number of Stories Damaged by Flame ☆ Count the roof as part of the highest story. <p style="text-align: center;">1</p> Number of stories w/minor damage (1 to 24% flame damage) <p style="text-align: center;">0</p> Number of stories w/significant damage (25 to 49% flame damage) <p style="text-align: center;">0</p> Number of stories w/heavy damage (50 to 74% flame damage) <p style="text-align: center;">0</p> Number of stories w/extreme damage (75 to 100% flame damage)	K Type of Material Contributing Most to Flame Spread ☆ <input type="checkbox"/> Check if no flame spread OR if Material First Ignited (Block D4, Fire Module) OR if unable to determine. <p style="text-align: right;">Skip to Section L</p> <p style="text-align: center;">K1</p> Item contributing most to flame spread <p style="text-align: center;">K2</p> % of material contributing to flame spread Required only if Item contributing code is 00 or <70.
J2 Fire Spread ☆ If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module). <ul style="list-style-type: none"> 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin 		

L1 Presence of Detectors ☆ (In area of the fire) <ul style="list-style-type: none"> N <input type="checkbox"/> None Present → Skip to Section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined 	L3 Detector Power Supply ☆ <ul style="list-style-type: none"> 1 <input checked="" type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug-in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug-in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detector & power supplies 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	L5 Detector Effectiveness ☆ Required if detector operated. <ul style="list-style-type: none"> 1 <input checked="" type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Alerted occupants, occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type ☆ <ul style="list-style-type: none"> 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke and heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than one type present 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	L4 Detector Operation ☆ <ul style="list-style-type: none"> 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated → Complete Block L5 3 <input type="checkbox"/> Failed to operate → Complete Block L6 U <input type="checkbox"/> Undetermined 	L6 Detector Failure Reason ☆ Required if detector failed to operate <ul style="list-style-type: none"> 1 <input type="checkbox"/> Power failure, shutoff, or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes not cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined

M1 Presence of Automatic Extinguishing System ☆ <ul style="list-style-type: none"> N <input checked="" type="checkbox"/> None Present → Complete rest of Section M 1 <input type="checkbox"/> Present 2 <input type="checkbox"/> Partial System Present U <input type="checkbox"/> Undetermined 	M3 Operation of Automatic Extinguishing System ☆ Required if fire was within designed range <ul style="list-style-type: none"> 1 <input type="checkbox"/> Operated/effective (go to M4) 2 <input type="checkbox"/> Operated/not effective (go to M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	M5 Reason for Automatic Extinguishing System Failure ☆ Required if system failed or not effective <ul style="list-style-type: none"> 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual intervention 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
M2 Type of Automatic Extinguishing System ☆ Required if fire was within designed range of A-20 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Wet-pipe sprinkler 2 <input type="checkbox"/> Dry-pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen-type system 7 <input type="checkbox"/> Carbon dioxide (CO₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined 	M4 Number of Sprinkler Heads Operating ☆ Required if system operated <p style="text-align: center;">[]</p> Number of sprinkler heads operating	