

A FDID: 04701 State: MI Incident Date: 11/19/2019 Station: 31 Incident Number: 2078 Exposure: 000 **NFIRS - 1 Basic**

B Location
 Address Type: 1 - Street address Number/Milepost: 7809 Prefix: WINANS LAKE Street or Highway: Road Street Type: Suffix:
 Apt./Suite/Room: City: Brighton State: MI Zip Code: 48116
 Census Tract: Cross street or directions, as applicable:

C Incident Type: 111 - Building fires
D Aid Given or Received: Their FDID: 04704: Their State: MI Their Incident Number: 1421
 Type Aid Given or Received: 3 - Mutual aid given
E1 Dates & Times (Midnight is 0000):
 Alarm: 11/19/2019 15:46:27
 Arrival: 11/19/2019 15:55:49
 Controlled:
 Last Unit Cleared: 11/19/2019 18:22:26
E2 Shifts & Alarms (Local Option): Shift or platoon: Alarms: District:
E3 Special Studies (Local Option): Special Study ID#: Special Study Value:

F Actions Taken:
11 - Extinguish
12 - Salvage & overhaul
G1 Resources: Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus: Suppression 2 EMS 0 Other 0 Personnel: 6 0 0
 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.
 Property: \$ 0
 Contents: \$ 0
 PRE-INCIDENT VALUE: Optional
 Property: \$ 0
 Contents: \$ 0

H1 Casualties: Fire Service: Deaths 0 Injuries 0 Civilian: 0 0
H2 Detector: U - Unknown
H3 Hazardous Materials Release: N - None
I Mixed Use Property:
J Property Use: 419 - 1 or 2 family dwelling

K1 Person/Entity Involved
 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: Business name (if applicable): Area Code: Phone Number:

K2 Owner
 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: Business name (if applicable): Area Code: Phone Number:

A

04701
FDID

MI
State

MM DD YYYY
11/19/2019
Incident Date

31
Station

2078
Incident Number

000
Exposure

NFIRS
Remarks

Remarks

SOURCE: CENTRAL DISPATCH INFORMATION: St31 was dispatched as a second alarm for mutual aid to Hamburg for a structure fire. E31 and T32 responded emergency traffic, over wet, paved roads. Overcast and cold, temp in the mid 30s. OBSERVATION: E31 arrived to find Hamburg and Green Oak on scene of a working structure fire. ACTIONS TAKEN: E31 was initially assigned to the Charlie side to open windows and force the Charlie side door. E31 then was tasked to stretch a line to the second floor above the main fire room to check for extension and get a primary all clear. E31 obtained a primary all clear on the second floor. E31 was then assigned to overhaul the first and second floors. T32 provided water as part of water supply operations. STATUS: CLOSED

M

Authorization

256
Officer in charge ID

Jean
Signature

Coil

Administra
Position or rank

Assignment

12/10/2019
Month Day Year

256
Member making report ID

Jean
Signature

Coil

Administra
Position or rank

Assignment

12/10/2019
Month Day Year

FDID: State: Incident Date: MM DD YYYY Station: Incident Number: Exposure:

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times				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	
		Month	Day	Year	Hours/Mins				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox" value="1"/>	ID <input type="text" value="EN31"/> Type <input type="text" value="11"/>	Dispatch	<input type="text" value="11"/>	<input type="text" value="19"/>	<input type="text" value="2019"/>	<input type="text" value="15:46"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="text" value="11"/>	<input type="text" value="19"/>	<input type="text" value="2019"/>	<input type="text" value="15:55"/>					
	Clear	<input type="text" value="11"/>	<input type="text" value="19"/>	<input type="text" value="2019"/>	<input type="text" value="18:22"/>	<input type="checkbox"/>				
<input type="checkbox" value="2"/>	ID <input type="text" value="TK32"/> Type <input type="text" value="24"/>	Dispatch	<input type="text" value="11"/>	<input type="text" value="19"/>	<input type="text" value="2019"/>	<input type="text" value="15:46"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="text" value="11"/>	<input type="text" value="19"/>	<input type="text" value="2019"/>	<input type="text" value="16:05"/>					
	Clear	<input type="text" value="11"/>	<input type="text" value="19"/>	<input type="text" value="2019"/>	<input type="text" value="16:45"/>	<input type="checkbox"/>				
<input type="checkbox" value="3"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>				
<input type="checkbox" value="4"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>				
<input type="checkbox" value="5"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>				
<input type="checkbox" value="6"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>				
<input type="checkbox" value="7"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>				
<input type="checkbox" value="8"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>				
<input type="checkbox" value="9"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>				
<input type="checkbox" value="10"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>				
<input type="checkbox" value="11"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>				
<input type="checkbox" value="12"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>				
<input type="checkbox" value="13"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>				

