

David L. Alvord, *Mayor*
Mark Seethaler, *Council Member*
Chuck Newton, *Council Member*
Donald J. Shelton, *Council Member*
Steve Barnes, *Council Member*
Christopher J. Rogers, *Council Member*



PH: 801.254.3742 EMAIL: info@sjc.utah.gov FAX: 801.254.3393

April 1, 2015

LexisNexis Claims Solution

We have received your GRAMA Record Request dated March 10, 2015 for Fire records regarding:

Request:

- Case #: 15F003066
- Location: 2467 W. Saddle Horn Court
- Insured: Bryan Larson

Reply:

Approved – (6) pages of Fire Records

Please let me know if you have any questions.

Sincerely,

Cindy Valdez
Deputy City Recorder, CMC



**SOUTH JORDAN CITY PUBLIC SAFETY DEPARTMENT
GRAMA RECORDS REQUEST**

517630111
15-3111080



48, 220

Date 3/10/15 Case # 15F003066
 Requester's Name LEXISNEXIS CLAIMS SOLUTIONS INC Daytime Telephone (678)924-4900 FAX (678)924-4901
 Address P.O. BOX 25073 SANTA ANA, CA 92799-5073
Street City State Zip

In accordance with the Government Records Access Management Act, I am requestion to [] view **XX** copy the following record(s) specifically described.

*****SEE ATTACHED REQUEST*****

(If additional space is needed, please attach a separate sheet)

Which I believe are collected, filed and/or used by the following:

South Jordan City Public Safety
1600 West Towne Center Drive
South Jordan City, UT 84095
(801) 254-4708

If requested records are not public, explain why you believe you are entitled to access

- I am the subject of the record
- I am the person who provided the information
- I am authorized to have access by the subject of the record or by the person who submitted the information
(Documentation required by UCA 63-2-202 is attached)
- Other (Explain) INSURANCE REQUEST FOR: PROGRESSIVE INS

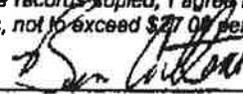
PLEASE READ THE FOLLOWING BEFORE SIGNING THIS REQUEST

Your request for records will be processed in accordance with the requirements of the Government Records Access Management Act (GRAMA), 63-2-101 et Seq, Utah Code Your request will be handled as soon as reasonably possible, but may take up to ten business days to be granted

The records that may be provided to you, subsequent to your request, may contain information that is classified as "Protected", and will be edited in accordance with GRAMA and may only be disclosed under certain circumstances, 63-2-2-2 (U C A)

I understand that there is no charge to view a record.

If I have asked to have records copied, I agree to pay a reasonable fee to cover the Police Department's actual cost of compiling and duplicating the records, not to exceed \$27.00 per report (Additional costs for photos, if applicable)

Signature  Date 3/10/15

FOR DEPARTMENT USE ONLY - DO NOT WRITE IN THIS AREA

<input type="checkbox"/> ID	<input type="checkbox"/> Paid \$ _____	<input type="checkbox"/> Fee Waived	By: _____	Date: _____
Report(s) to be:	<input type="checkbox"/> Mailed to above location	<input type="checkbox"/> Picked up	Date Promised: _____	
Reviewed/Authorized Released By: _____				Date _____
Request Denied (Restricted by & Reason) _____				
Report(s) Released:	<input type="checkbox"/> Mailed	<input type="checkbox"/> In Person	By: _____	Date: _____

A FDID 35008 * State UT * Incident Date 03 08 2015 * Station 62 Incident Number 15-0000645 * 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 0350 - 12

Street address 2467 Saddle Horn UT 84065
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection In front of Rear of Adjacent to Directions
Bluffdale UT 84065
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

C Incident Type *
111 Building fire
 Incident Type

D Aid Given or Received *

1 Mutual aid received 35008
 2 Automatic aid rcv. 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 Date. ALARM always required

Month Day Year Hr Min Sec
03 08 2015 17:05:32

ARRIVAL required, unless canceled or did not arrive

Arrival * 03 08 2015 17:09:00

CONTROLLED Optional, Except for wildland fires

Controlled

LAST UNIT CLEARED, required except for wildland fires

Last Unit Cleared 03 08 2015 18:58:00

E2 Shift & Alarms Local Option

B 91
 Shift or Alarms District Platoon

E3 Special Studies Local Option

Special Study ID# Special Study Value

F Actions Taken *

10 Fire control or
 Primary Action Taken (1)

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 0010 0004

EMS

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

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/boarding 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

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

936 Vacant lot
 938 Graded/care for plot of land
 946 Lake, river, stream
 951 Railroad right of way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway

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

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.

<input type="text"/>									
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix					
<input type="text"/>									
Number	Prefix	Street or Highway	Street Type	Suffix					
<input type="text"/>									
Post Office Box	Apt./Suite/Room	City							
<input type="text"/>									
State	Zip Code								

 More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary
K2 Owner
 Same as person involved? Then check this box and skip The rest of this section.

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.

<input type="text"/>									
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix					
<input type="text"/>									
Number	Prefix	Street or Highway	Street Type	Suffix					
<input type="text"/>									
Post Office Box	Apt./Suite/Room	City							
<input type="text"/>									
State	Zip Code								

L Remarks

Local Option

E 62 responded on a structure fire in Bluffdale. Upon our arrival E 62 was assigned to ventilation of an attic above a detached garage. Ventilation was completed with natural ventilation as attack crews had opened windows. E 62 was released by command after completing the ventilation assignment.

L Authorization

<input type="text"/>										
7199	Stone, Jonathan	PM		03	08	2015				
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year				

Check Box if same as Officer in charge.	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		7199	Stone, Jonathan	PM		03	08	2015	
		Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year	

35008
FDID *

UT
State *

MM DD YYYY
3 8
Incident Date *

2015

62
Station

15-0000645
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

E 62 responded on a structure fire in Bluffdale. Upon our arrival E 62 was assigned to ventilation of an attic above a detached garage. Ventilation was completed with natural ventilation as attack crews had opened windows. E 62 was released by command after completing the ventilation assignment.

A

Delete Change
 FDID * State * Incident Date * Station Incident Number * Exposure *

NFIRS - 9
Apparatus or Resource

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.	Actions Taken			
	Check if same as alarm date Month Day Year Hour Min											
1 ID BC12 Type 92	Dispatch <input checked="" type="checkbox"/>	3	8	2015	17:05	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>		
	Arrival <input checked="" type="checkbox"/>	3	8	2015	17:14						<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	3	8	2015	17:54						<input type="text"/>	<input type="text"/>
2 ID BC61 Type 92	Dispatch <input checked="" type="checkbox"/>	3	8	2015	17:05	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>		
	Arrival <input type="checkbox"/>										<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	3	8	2015	17:35						<input type="text"/>	<input type="text"/>
3 ID BC91 Type 92	Dispatch <input checked="" type="checkbox"/>	3	8	2015	17:05	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>		
	Arrival <input checked="" type="checkbox"/>	3	8	2015	17:16						<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	3	8	2015	18:58						<input type="text"/>	<input type="text"/>
4 ID E121 Type 11	Dispatch <input checked="" type="checkbox"/>	3	8	2015	17:05	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>		
	Arrival <input checked="" type="checkbox"/>	3	8	2015	17:15						<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	3	8	2015	17:50						<input type="text"/>	<input type="text"/>
5 ID E62 Type 11	Dispatch <input checked="" type="checkbox"/>	3	8	2015	17:05	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>		
	Arrival <input checked="" type="checkbox"/>	3	8	2015	17:18						<input type="text"/>	<input type="text"/>
	Clear <input checked="" type="checkbox"/>	3	8	2015	17:44						<input type="text"/>	<input type="text"/>
6 ID E91 Type 11	Dispatch <input checked="" type="checkbox"/>	3	8	2015	17:05	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>		
	Arrival <input checked="" type="checkbox"/>	3	8	2015	17:09						<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	3	8	2015	18:58						<input type="text"/>	<input type="text"/>
7 ID INV 62 Type 00	Dispatch <input checked="" type="checkbox"/>	3	8	2015	17:50	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>		
	Arrival <input checked="" type="checkbox"/>	3	8	2015	18:15						<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	3	8	2015	18:58						<input type="text"/>	<input type="text"/>
8 ID L120 Type 13	Dispatch <input checked="" type="checkbox"/>	3	8	2015	17:05	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>		
	Arrival <input checked="" type="checkbox"/>	3	8	2015	17:13						<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	3	8	2015	17:54						<input type="text"/>	<input type="text"/>
9 ID L53 Type 13	Dispatch <input checked="" type="checkbox"/>	3	8	2015	17:05	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>		
	Arrival <input checked="" type="checkbox"/>	3	8	2015	17:19						<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	3	8	2015	17:25						<input type="text"/>	<input type="text"/>

B Apparatus or * Resource	Date 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	
	<small>Check if same as alarm date</small>									
	Month	Day	Year	Hour	Min					
1 ID MA91 Type 71	Dispatch <input checked="" type="checkbox"/>	3	8	2015	17:05	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	3	8	2015	17:11	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	3	8	2015	18:19				<input type="checkbox"/>	<input type="checkbox"/>
2 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
3 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
4 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
5 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
6 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
7 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
8 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
9 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<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 | Marine Equipment
51 Fire boat with pump
52 Boat, no pump
50 Marine apparatus, other | More Apparatus?
Use Additional
Sheets |
| Heavy Ground Equipment
21 Dozer or plow
22 Tractor
24 Tanker or tender
20 Heavy equipment, other | Support Equipment
61 Breathing apparatus support
62 Light and air unit
60 Support apparatus, other | |
| Aircraft
41 Aircraft: fixed wing tanker
42 Helitanker
43 Helicopter
40 Aircraft, 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 |

B Apparatus or Resource *	Date and Times <small>Check if same as alarm date</small>	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 <small>List up to 4 actions for each apparatus and each personnel.</small>

1	ID BC12 Type 92	Dispatch <input checked="" type="checkbox"/> 3 8 2015 17:05 Arrival <input checked="" type="checkbox"/> 3 8 2015 17:14 Clear <input type="checkbox"/> 3 8 2015 17:54	Sent <input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Personnel ID	Name	Rank or Grade	Attend <input 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"/>				

2	ID BC61 Type 92	Dispatch <input checked="" type="checkbox"/> 3 8 2015 17:05 Arrival <input type="checkbox"/> Clear <input type="checkbox"/> 3 8 2015 17:35	Sent <input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				

3	ID BC91 Type 92	Dispatch <input checked="" type="checkbox"/> 3 8 2015 17:05 Arrival <input checked="" type="checkbox"/> 3 8 2015 17:16 Clear <input type="checkbox"/> 3 8 2015 18:58	Sent <input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
----------	----------------------------------	--	--	----------	---	--

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

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 E121	Dispatch <input checked="" type="checkbox"/>	3	8	2015	17:05	Sent <input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Type 11	Arrival <input checked="" type="checkbox"/>	3	8	2015	17:15	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input type="checkbox"/>	3	8	2015	17:50			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

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"/>				

2	ID E62	Dispatch <input checked="" type="checkbox"/>	3	8	2015	17:05	Sent <input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Type 11	Arrival <input checked="" type="checkbox"/>	3	8	2015	17:18	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	3	8	2015	17:44			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
7174	Darger, Troy	CAPT	X				
7199	Stone, Jonathan	PM	X				
CAMP01	Campbell, Cory	FF I	X				
WRIG01	Wright, Christopher	FF II	X				

3	ID E91	Dispatch <input checked="" type="checkbox"/>	3	8	2015	17:05	Sent <input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Type 11	Arrival <input checked="" type="checkbox"/>	3	8	2015	17:09	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input type="checkbox"/>	3	8	2015	18:58			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

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"/>				

A Delete Change NFIRS - 10 Personnel

B Apparatus or Resource * **Date and Times** Same as alarm date
 Month Day Year Hours/mins
 Dispatch 3 | 8 | 2015 | 17:50
 Arrival 3 | 8 | 2015 | 18:15
 Clear 3 | 8 | 2015 | 18:58

1 ID Type **Sent** **Number of People** **Use** Suppression EMS Other **Actions Taken**

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"/>				

2 ID Type **Sent** **Number of People** **Use** Suppression EMS Other **Actions Taken**

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

3 ID Type **Sent** **Number of People** **Use** Suppression EMS Other **Actions Taken**

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

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 **MA91** Dispatch **3 8 2015 17:05** Sent **0** Suppression EMS Other
 Type **71** Arrival **3 8 2015 17:11** Clear **3 8 2015 18:19**

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"/>				

2 ID Dispatch Sent Suppression EMS Other
 Type Arrival Clear

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"/>				

3 ID Dispatch Sent Suppression EMS Other
 Type Arrival Clear

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"/>				

35008

UT

3

8

2015

62

15-0000645

000

Responding Units/Personnel

FDID

State

Incident Date

Station

Incident Number

Exposure

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
BC12 BATTALION CHIEF	17:05:32	17:06:00	17:14:00	17:54:00

Staff ID\Staff Name	Activity	Rank	Position	Role
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BC61 Battalion Chief 61	17:05:32	17:19:00		17:35:00
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Staff ID\Staff Name	Activity	Rank	Position	Role
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BC91 Battalion 91	17:05:32	17:10:00	17:16:00	18:58:00
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Staff ID\Staff Name	Activity	Rank	Position	Role
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E121 Engine 121	17:05:32	17:07:00	17:15:00	17:50:00
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Staff ID\Staff Name	Activity	Rank	Position	Role
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E62 Engine 62	17:05:32	17:08:00	17:18:34	17:44:17
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Staff ID\Staff Name	Activity	Rank	Position	Role
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7174	Darger, Troy B.	Fire At Scene	Captain	
7199	Stone, Jonathan	Fire At Scene	Paramedic	
CAMP01	Campbell, Cory	Fire At Scene	Firefighter	
WRIG01	Wright, Christopher	Fire At Scene	Firefighter	

E91 Engine 91	17:05:32	17:07:00	17:09:00	18:58:00
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Staff ID\Staff Name	Activity	Rank	Position	Role
---------------------	----------	------	----------	------

INV 62 Investigator 62	17:50:00	17:53:00	18:15:00	18:58:00
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Staff ID\Staff Name	Activity	Rank	Position	Role
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35008

FDID

UT

State

3

Incident Date

8

2015

62

Station

15-0000645

Incident Number

000

Exposure

Responding
Units/Personnel

L120 Ladder 120 17:05:32 17:07:00 17:13:00 17:54:00

Staff ID\Staff Name	Activity	Rank	Position	Role
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L53 Ladder 53 17:05:32 17:06:00 17:19:00 17:25:00

Staff ID\Staff Name	Activity	Rank	Position	Role
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MA91 Medic Ambulance 91 17:05:32 17:07:00 17:11:00 18:19:00

Staff ID\Staff Name	Activity	Rank	Position	Role
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35008
FDID *

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State *

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Incident Date *

YYYY
2015

62
Station

15-0000645
Incident Number *

000
Exposure *

Responding
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
7174 Darger, Troy B.	E62	FX Fire At Scene		CAPT		0.65	0.65	1.00
7199 Stone, Jonathan	E62	FX Fire At Scene		PM		0.65	0.65	1.00
CAMP01 Campbell, Cory	E62	FX Fire At Scene		FF I		0.65	0.65	1.00
WRIG01 Wright,	E62	FX Fire At Scene		FF II		0.65	0.65	1.00

Total Participants: 4

Total Personnel Hours: 2.60

An 'X' next to the unit denotes driver.



P.O. BOX 25073
 SANTA ANA, CA 92799-5073
 (678)924-4900 FAX (678)924-4901

517630111

62-20
 311

48.220

PAY TWENTY SIX DOLLARS AND NO CENTS

Citibank, N.A.
 One Penns Way
 New Castle, DE 19720

SOUTH JORDAN CITY FIRE DEPT
 ATTN RECORDS DEPT
 10758 S REDWOOD RD
 SOUTH JORDAN, UT 84095

DATE 3/10/15

AMOUNT 26.00

TO THE
 ORDER
 OF

Rebecca E Schmitt
 AUTHORIZED SIGNATURE



TRAN: 517630111

REPORT REQUEST



LexisNexis®
 P.O. BOX 25073
 SANTA ANA, CA 92799-5073
 (678)924-4900 FAX (678)924-4901

TOLL FREE PHONE:
 1/800-934-9698
TOLL FREE FAX:
 1/800-934-6449
EMAIL REPORTS:
 cru.incoming@lexisnexis.com

PLEASE CHECK A
 CIRCLE BELOW

3/10/15



Report Attached:

Report Cost: \$

Number of Pages:
 (including this sheet)

- No Report Found with the information provided
- No Report Written - Log entry only / Driver Exchange of Info.
- Loss location not in our Jurisdiction
 Suggest You Try: _____
- Not Releasable / Not Ready _____
- Comments & Suggestions: _____

Report/Case #

15F003066

Type of Report **Fire Building**

Date of Occurrence **3/8/15** Time _____

Precinct or District _____

LOCATION OF LOSS

2467 W SADDLEHORN CT

City **BLUFFDALE** County **SALT LAKE** State **UT**

Additional Information _____

VEHICLE INFO

DRIVERS or VICTIMS INFO

Car Tag # _____ State _____ Insured Party **BRYAN** **LARSON**

Make _____ Year _____ D.O.B. _____ SS# _____

VIN _____ Drivers Lic # _____ State _____

POLICE or FIRE AGENCY who wrote report?

SOUTH JORDAN FD 48.220

Driver #2 _____

Driver #3 _____

Client Division **107040**
 Claim # **KANSAS 348**
 Internal Codes **15-3111080**

Claims Adjuster **AJL0011**
ANDREW LIBA



TRAN: 517630111

