

# PRS, Inc.

"Your Source For Public Records"

P.O. Box 456 Chandler, AZ 85244-0456 Phone 800.304.6730 Fax 800.304.0301

## Fax Cover Sheet

To: Records Department

Company: South Jordan Fire Department

7/3  
Checking status  
Please advise.

From: Suzanne Huffman

Date: 6/15/2015

**Additional Info:** We are requesting a copy of the following report, please fax to 1800.304.0301 or email to [Kim@prspublicrecords.com](mailto:Kim@prspublicrecords.com)

Please call 800.304.6730 if you did not receive your complete fax. Thank you.

Pages including this cover sheet 3

This message is intended only for the individual or entity to which it addresses, and may contain information that is privileged, confidential, and/or exempt from disclosure under applicable law. If you (as reader of this message) are not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

**\*\*PLEASE RETURN THIS SECTION WITH REPORT\*\***

PRS, Inc  
P.O. Box 456  
Chandler, AZ 85244-0456  
(800)304-6730 Fax(800)304-0301

**REPORT REQUEST**  
(USED FOR INSURANCE PURPOSES ONLY)

Please fax report with this sheet to our toll free fax: (800)304-0301 or email to [kim@prspublicrecords.com](mailto:kim@prspublicrecords.com)

**Report #:**

**Special Notes:** need copy of fire report

**Type of Loss:** Auto Fire

**Officer or Badge #:**

**Date of Loss:** 6/3/2015

**Time of Loss:**

**Location of Loss:**

**City State:** South Jordan, UT

**Parties Involved**

**Insured Party Name:** Adeania bush

**DL#/State:**

**Plate #/State:**

**DOB:**

**SSN:** xxx-xx-

**Party #2 Name:** Christian Thomas

**DL#/State:**

**Plate #/State:**

**DOB:**

**SSN:** xxx-xx-

Date Requested: 6/15/2015

Order #: 426977

Policy State: UT

Claim #: 736706-gb

Investigating Agency: South Jordan Fire Dept., UT/fax 801-254-3393 attn City Recorder, wfb, wb, pdf

**Additional Info:**

**Other Type of Loss:**

**\*\*\*POLICE/FIRE DEPT. USE ONLY\*\*\***

Unable to Locate Report with info provided

No report Written (If call card please provide copy)

Not our jurisdiction *Suggest you try:* \_\_\_\_\_

Police Report Cost \$ \_\_\_\_\_ (Please fill in the amount of your fee here and also on the check)

*We will need a copy of your PDF for our files.*

*THX PRS*

City of South Jordan  
1600 W. Town Center Dr.  
South Jordan, UT 84095  
Attn City Recorder

**A** FDID **35008** \* State **UT** \* Incident Date **MM** **06** **DD** **03** **YYYY** **2015** Station **61** Incident Number **15-0001634** \* 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 **0487** - **0**

Street address **300** **South Jordan** **PKY**  
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection  
 In front of  
 Rear of  
 Adjacent to  
 Directions

**South Jordan** **UT** **84095** - **0**  
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

**C Incident Type \***  
**131** **Passenger vehicle fire**  
 Incident Type

**E1 Date & Times** Midnight is 0000

Check boxes if dates are the same as Alarm Date. ALARM always required

Alarm \* **06** **03** **2015** **16:18:54**  
 Month Day Year Hr Min Sec

ARRIVAL required, unless canceled or did not arrive

Arrival \* **06** **03** **2015** **16:22:58**

CONTROLLED Optional, Except for wildland fires

Controlled **06** **03** **2015** **16:24:00**

LAST UNIT CLEARED, required except for wildland fires

Last Unit Cleared **06** **03** **2015** **17:13:48**

**E2 Shift & Alarms** Local Option

**A** **61-A**  
 Shift or Alarms District 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  
 Their Incident Number

**E3 Special Studies** Local Option

Special Study ID# Special Study Value

**F Actions Taken \***

**11** **Extinguishment by fire**  
 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 **0001** **0003**

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/boarded 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 **961**  
**Highway or divided highway**

**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**  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.

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

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

Ladder 61 was dispatched to a vehicle fire. Upon arrival we found the driver/occupant outside the vehicle and noticed him pointing to a small fire on the left rear wheel assembly.

The fire was quickly extinguished with a water can and overhauled while natural and additional water cooling took place. Damage did not spread past the wheel assembly.

Driver  
Christian Thomas  
801-833-5903  
5503 West 9000 South  
West Jordan, UT 84081

Owner  
Adeania Bush  
Same address as driver

**L Authorization**

THOM01  Thompson, Reed  BC   06  04  2015  
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge.  THOM01  Thompson, Reed  BC   06  04  2015  
Member making report ID Signature Position or rank Assignment Month Day Year

35008

FDID

UT

State

MM

DD

YYYY

6

3

2015

Incident Date

61

Station

15-0001634

Incident Number

000

Exposure

Complete  
Narrative

**Narrative:**

Ladder 61 was dispatched to a vehicle fire. Upon arrival we found the driver/occupant outside the vehicle and noticed him pointing to a small fire on the left rear wheel assembly.

The fire was quickly extinguished with a water can and overhauled while natural and additional water cooling took place. Damage did not spread past the wheel assembly.

**Driver**

Christian Thomas

801-833-5903

5503 West 9000 South

West Jordan, UT 84081

**Owner**

Adeania Bush

Same address as driver

**B Property Details**

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

**B2**   **Buildings not involved**  
 Number of buildings involved

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

**C On-Site Materials**  **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 or more boxes for each code entered.

On-site material (1)

On-site material (2)

On-site material (3)

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

**D Ignition**

**D1** 80 Vehicle area, Other  
 Area of fire origin \*

**D2** 41 Heat, spark from  
 Heat source \*

**D3** 84 Tire  
 Item first ignited \* 1  Check Box if fire spread was confined to object of origin

**D4** \_\_\_\_\_  
 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 exposure report. Skip to section G

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**

25 Worn out  **None**  
 Factor Contributing To Ignition (1)

\_\_\_\_\_  **None**  
 Factor Contributing To Ignition (2)

**E3 Human Factors Contributing To Ignition**

Check all applicable boxes

1  Asleep  **None**  
 2  Possibly impaired by alcohol or drugs  
 3  Unattended person  
 4  Possibly mental 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, Skip to Section G

\_\_\_\_\_  **None**  
 Equipment Involved

Brand \_\_\_\_\_

Model \_\_\_\_\_

Serial # \_\_\_\_\_

Year \_\_\_\_\_

**F2 Equipment Power**

\_\_\_\_\_  **None**  
 Equipment Power Source

**F3 Equipment Portability**

1  **Portable**

2  **Stationary**

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

**G Fire Suppression Factors**

Enter up to three codes.  **None**

\_\_\_\_\_  **None**  
 Fire suppression factor (1)

\_\_\_\_\_  **None**  
 Fire suppression factor (2)

\_\_\_\_\_  **None**  
 Fire suppression factor (3)

**H1 Mobile Property Involved**

**None**

1  Not involved in ignition, but burned  
 2  Involved in ignition, but did not burn  
 3  Involved in ignition and burned

**H2 Mobile Property Type & Make**

11 Automobile, passenger  
 Mobile property type

BU Buick  
 Mobile property make

**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

Terraza 2005  
 Mobile property model Year

Y94 7MY UT 5GADV23L55D172675  
 License Plate Number State VIN Number

MM DD YYYY PDID \* State \* Incident Date \* Station Incident Number \* Exposure \*  Delete  Change

35008 UT 6 3 2015 61 15-0001634 000

B Apparatus or * Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People <input type="checkbox"/> 3	Use Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken	
	Month	Day	Year	Hour	Min					
1 ID L61 Type 12	Dispatch	<input checked="" type="checkbox"/>	6	3	2015	16:18	<input checked="" type="checkbox"/>			
	Arrival	<input checked="" type="checkbox"/>	6	3	2015	16:22	<input checked="" type="checkbox"/>			
	Clear	<input checked="" type="checkbox"/>	6	3	2015	17:13				
2 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>			
	Arrival	<input type="checkbox"/>								
	Clear	<input type="checkbox"/>								
3 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>			
	Arrival	<input type="checkbox"/>								
	Clear	<input type="checkbox"/>								
4 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>			
	Arrival	<input type="checkbox"/>								
	Clear	<input type="checkbox"/>								
5 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>			
	Arrival	<input type="checkbox"/>								
	Clear	<input type="checkbox"/>								
6 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>			
	Arrival	<input type="checkbox"/>								
	Clear	<input type="checkbox"/>								
7 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>			
	Arrival	<input type="checkbox"/>								
	Clear	<input type="checkbox"/>								
8 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>			
	Arrival	<input type="checkbox"/>								
	Clear	<input type="checkbox"/>								
9 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>			
	Arrival	<input type="checkbox"/>								
	Clear	<input type="checkbox"/>								

**Type of Apparatus or Resources**

<p><b>Ground Fire Suppression</b></p> <p>11 Engine</p> <p>12 Truck or aerial</p> <p>13 Quint</p> <p>14 Tanker &amp; pumper combination</p> <p>16 Brush truck</p> <p>17 ARF (Aircraft Rescue and Firefighting)</p> <p>10 Ground fire suppression, other</p> <p><b>Heavy Ground Equipment</b></p> <p>21 Dozer or plow</p> <p>22 Tractor</p> <p>24 Tanker or tender</p> <p>20 Heavy equipment, other</p> <p><b>Aircraft</b></p> <p>41 Aircraft: fixed wing tanker</p> <p>42 Helitanker</p> <p>43 Helicopter</p> <p>40 Aircraft, other</p>	<p><b>Marine Equipment</b></p> <p>51 Fire boat with pump</p> <p>52 Boat, no pump</p> <p>50 Marine apparatus, other</p> <p><b>Support Equipment</b></p> <p>61 Breathing apparatus support</p> <p>62 Light and air unit</p> <p>60 Support apparatus, other</p> <p><b>Medical &amp; Rescue</b></p> <p>71 Rescue unit</p> <p>72 Urban Search &amp; rescue unit</p> <p>73 High angle rescue unit</p> <p>75 BLS unit</p> <p>76 ALS unit</p> <p>70 Medical and rescue unit, other</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>More Apparatus? Use Additional Sheets</p> </div> <p><b>Other</b></p> <p>91 Mobile command post</p> <p>92 Chief officer car</p> <p>93 HazMat unit</p> <p>94 Type 1 hand crew</p> <p>95 Type 2 hand crew</p> <p>99 Privately owned vehicle</p> <p>00 Other apparatus/resource</p> <p>NN None</p> <p>UU Undetermined</p>
--	--	---

NFIRS-9 Revision 11/17/98

**A** FDID \* 35008 State \* UT Incident Date \* 6 3 2015 Station 61 Incident Number \* 15-0001634 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 L61 Dispatch  6 3 2015 16:18 Sent  3  Suppression  EMS  Other  
 Type 12 Arrival  6 3 2015 16:22 Clear  6 3 2015 17:13

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
BYBE01	Bybee, Russell	FF I	X				
SPEN01	Spencer, Jamie	FF II	X				
THOM01	Thompson, Reed	BC	X				

**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 FDID *	UT State *	MM DD 6 3 Incident Date *	YYYY 2015	61 Station	15-0001634 Incident Number *	000 Exposure *	Responding Personnel
-----------------	---------------	---------------------------------	--------------	---------------	---------------------------------	-------------------	-------------------------

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
BYBE01 Bybee, Russell L	L61	FX Fire At Scene		FF I		0.92	0.92	1.00
SPEN01 Spencer, Jamie	L61	FX Fire At Scene		FF II		0.92	0.92	1.00
THOM01 Thompson, Reed	L61	FX Fire At Scene		BC		0.92	0.92	1.00
<b>Total Participants: 3</b>				<b>Total Personnel Hours:</b>		2.76		

An 'X' next to the unit denotes driver.

35008

FDID

UT

State

6

3

Incident Date

2015

61

Station

15-0001634

Incident Number

000

Exposure

Responding  
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
L61 Ladder 61	16:18:54	16:18:54	16:22:58	17:13:48

Staff ID\Staff Name	Activity	Rank	Position	Role
BYBE01 Bybee, Russell L	Fire At Scene	Firefighter		
SPEN01 Spencer, Jamie	Fire At Scene	Firefighter		
THOM01 Thompson, Reed	Fire At Scene	Battalion C		