

CITY OF SOUTH JORDAN
GRAMA Record Request
Fax: 801-254-3393



The following form should be completely filled out and returned to the City Recorder's office. The City is allowed 10 business days in which to respond to your request. Presently, South Jordan City Charges .25¢ per page. The City may assess other fees for records compiled in a form other than that maintained. Research or Services Fee may be charged as provided by Utah Code 63G-2-203.

Requestor's Name: Janet Pickup
Address: [REDACTED] City: South Jordan
State: UT Zip: 84095 Daytime Phone: [REDACTED] Fax: _____

In accordance with the Governmental Records Access Management Act, I am seeking the following record(s) specifically described as:

Proof of the home at 4149 Berridale Circle, South Jordan
UT 84095, being destroyed by fire on 3-17-2015

which I believe are collected, filed and/or used by the City of South Jordan, 1600 W. Towne Center Drive, South Jordan, Utah 84095 (801) 254-3742.

I would like to view/inspect the record(s).

I would like to receive a copy of the record(s) described above. I understand that the City charges a fee for copies of records and the copies will be provided subject to fees being paid. I authorize cost of up to \$ 15.00. If costs are greater than the amount I have specified, I further understand that the office will contact me and will not respond to a request for copies if I have not authorized adequate costs.

Signature: Janet Pickup Date: 6-29-2015

=====

CITY'S RESPONSE TO RECORD REQUEST - FOR OFFICE USE ONLY

____ APPROVED - Requestor notified on _____, 20 ____

____ DENIED - Written denial sent on _____, 20 ____

____ Requestor notified that this office does not maintain record; and, if known, was also notified of name and address of agency that does maintain record on _____, 20 ____

____ Extension of time for extraordinary circumstances. Required notice sent _____, 20 ____

COPY FEES: \$ _____ If waived, approved by: _____

Signature _____ Date _____

B Location* Check this box to Indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract 0489 - 0

Street address 4149 Berridale CIR
 Intersection Number/Milepost Prefix Street or Highway Street Type Suffix
 In front of
 Rear of
 Adjacent to Apt./Suite/Room City State Zip Code
 Directions South Jordan UT 84095
 Cross street or directions, as applicable

C Incident Type * 111 Building fire
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm Date. ALARM always required
 Alarm * 03 17 2015 19:43:00
 ARRIVAL required, unless canceled or did not arrive
 Arrival * 03 17 2015 19:47:00
 CONTROLLED Optional, Except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit
 Cleared 03 18 2015 00:44:00

E2 Shift & Alarms Local Option
 A 62-A
 Shift or Alarms District Platoon

D Aid Given or Received*
 1 Mutual aid received
 2 Automatic aid recv. Their FDID Their State
 3 Mutual aid given
 4 Automatic aid given 15-5686 Their Incident Number
 5 Other aid given
 N None

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

F Actions Taken *
 86 Investigate Primary Action Taken (1)
 11 Extinguishment by fire 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 0005 0013
 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 \$ 130,000
 Contents \$ 020,000
 PRE-INCIDENT VALUE: Optional
 Property \$ 385,000
 Contents \$ 100,000

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 419
 1 or 2 family dwelling
 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
 Same as person involved? Then check this box and skip The rest of this section.

Local Option

Business name (if Applicable)

801

243

5404

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

South Jordan Fire Department Case #15-0000742

Incident Address:

4149 West Berridale Circle, 9915 South

Incident Times

Dispatch : 1943 hours
 Enroute: 1944 hours
 On Scene: 1947 hours
 Fire Knock Down: 2009 hours
 Available: 0044 hours (03/18/15)
 Released to Owner: 1130 hours (03/18/15)

Resident Information:

Ray Pickup (1-17-52)

801-243-5404

Janet Pickup (3-3-54)

801-971-9394

Becca Pickup (2-9-94)

Spencer Pickup (2-12-92)

Incident Commander:

L Authorization

7196

Morreale, Nathan

CAPT

03

18

2015

Officer in charge ID

Signature

Position or rank

Assignment

Month

Day

Year

 Check Box if same as Officer in charge.

7196

Morreale, Nathan

CAPT

03

18

2015

Member making report ID

Signature

Position or rank

Assignment

Month

Day

Year

35008
FDID *

UT
State *

MM DD YYYY
3 17
Incident Date *

2015

62
Station

15-0000742
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

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801-243-5404

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Becca Pickup (2-9-94)

Spencer Pickup (2-12-92)

Incident Commander:

Initial--Captain Nathan Morreale--E62, South Jordan Fire
Battalion Chief Reed Thompson--603, South Jordan Fire
Battalion Chief Clay Miller--BC61, South Jordan Fire

Support Staff:

Captain Ryan Ray (640), South Jordan Fire
Firefighter/Paramedic Matt Birch, West Jordan Fire

Responding Units:

BC 61
L 61
E 62
MA 62
ME 121
E 53

Additional Units:

Chief 603
ME 125
ME115
E 52
AL 115
AUX 61

Synopsis:

E62 and responding units were dispatched to a reported house fire. E62 arrived on a large 2

35008
FDID *

UT
State *

MM DD
3 17
Incident Date *

YYYY
2015

62
Station

15-0000742
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

story home with smoke showing from the roof, fire showing on the Charlie side, investigation mode, and Glenmoor Command was established. E62A exited the apparatus and was met by several residents from the area. The homeowner was immediately identified and was asked if anyone was in the house. He stated that everyone was out of the house and there was no chance anyone was still in there.

Conditions Found:

E62 Alpha completed a walk around of the structure and noticed a bright orange glow coming from the Alpha side (street side) through the main floor bay windows and fire vented through the roof and a bedroom window on the Charlie side 2nd floor.

Initial Assignment :

E62 Charlie and Delta secured a water supply to E62 and then deployed a 2 1/2" to the Charlie side of the structure. MA62 was assigned an 1 3/4" to the front door. At this time Chief 603 arrived on scene and assumed Glenmoor Command.

Glenmoor Command (Chief 603) established the following assignments;

Attack Group:

South Jordan Captain Morreale was assigned attack group supervisor. He had oversight over (3) members from Engine 62, and (4) members from L-61. The attack group worked on suppressing the fire with attack lines through the front door, on the Alpha side and then from the interior of the structure. 1 3/4" hand lines were used to suppress the fire located on the second floor. Due to concerns surrounding the integrity of the trusses, the attack group moved the approach for suppression through two second floor dormer windows. The dormer areas provided a safer position for the attack group to work from.

Charlie Division:

The West Jordan Captain Pratt from E-53 was assigned to Charlie Division. He had oversight over (3) members from E-53, (4) members from E-125 and (1) member from E-62. Charlie Division utilized a 2 1/2" hand line to suppress the fire from a Charlie side, exterior position. After the initial knock down of the fire, a ground ladder was positioned against the Charlie side of the structure to offer firefighters increased access to the fire room for suppression efforts.

RIT:

The Rapid Intervention Team was assigned to UFA E-121. A total of (3) members formed the team. RIT was never activated during the incident.

On Deck:

E-52 with (3) members were assigned to stand-by until the attack group required a rotation of crews. The attack group never rotated, E-52 was released.

ME-115:

Was released from the scene without assignment.

BC-61(Chief 604--Miller):

Relieved Chief 603 of Glenmoor Command after the initial knock down of the fire had occurred.

Special Call:

UFA Air & Light 115 was utilized to fill air bottles and provide rehabilitation support.

Narrative:

Utility Control:

Rocky Mountain Power isolated power at the meter.
Questar Gas locked out and pinned meter.

Fire Investigation - South Jordan Arson Investigators Jon Stone and Detective Dave Lovendahl

Injuries and Fatalities:

There were no firefighter or civilian injuries.

Property Damage:

a) Flame &/or heat - As the result of direct flame contact and/ or excessive heat, a portion of the roof structure vented and collapsed. The area where the roof vented was near the top of the main staircase and upstairs bedroom. The center section of the second floor near the collapse area suffered the most fire damage. Furnishings in this area and the bedroom at the top of the stairs were completely destroyed by fire. In addition, the adjacent rooms and spaces on the second floor sustained significant damage from the heat and smoke.

b) Smoke Damage - Smoke damage was significant throughout the second floor and extended in areas of the first floor.

c) Water - The water from the fire suppression activities was applied directly to the seat of the fire. Some water was applied to the surrounding areas near the seat of the fire to prevent fire spread. Due to the fires location on the second floor and attic space, water traveled down onto the first floor in several areas and traveled as far down as the basement. Water damage was heaviest on the second floor, moderate on the first floor and least on the basement level.

d) Overhaul - Sections of ceiling and wall were opened up by fire personnel to check for and extinguish fire extension. This occurred in the attic space, the second floor and the first floor.

Investigation:

Investigators Lovendahl and Stone arrived on scene and began the investigation. Considering the lack of adequate lighting, a decision was made to investigate the fire during the day-time hours on 03/18/15. Firefighters from South Jordan Fire Department remained on scene throughout the night to maintain a fire watch and secure the scene. At no time was the home left unattended. At the time of this report the cause of the fire is undetermined. Refer to Lovendahl and Stone for a complete investigative report.

B Property Details

B1 0001 Not Residential
 Estimated Number of residential living units in building of origin whether or not all units became involved

B2 001 Buildings not involved
 Number of buildings involved

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

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 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

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

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

D Ignition

D1 21 Bedroom - < 5 persons;
 Area of fire origin *

D2 UU Undetermined
 Heat source *

D3 UU Undetermined
 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

UU Undetermined None
 Factor Contributing To Ignition (1)

 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

 Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power

 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

 Fire suppression factor (1)

 Fire suppression factor (2)

 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

 Mobile property model

 License Plate Number State VIN Number

H2 Mobile Property Type & Make

 Mobile property type

 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

NFIRS-2 Revision 01/19/99

I1 Structure Type *
If fire was in enclosed building or a portable/mobile structure complete the rest of this form

1 Enclosed Building
 2 Portable/mobile structure
 3 Open structure
 4 Air supported structure
 5 Tent
 6 Open platform (e.g. piers)
 7 Underground structure (work areas)
 8 Connective structure (e.g. fences)
 0 Other type of structure

I2 Building Status *

1 Under construction
 2 Occupied & operating
 3 Idle, not routinely used
 4 Under major renovation
 5 Vacant and secured
 6 Vacant and unsecured
 7 Being demolished
 0 Other
 U Undetermined

I3 Building * Height
Count the ROOF as part of the highest story

002
Total number of stories at or above grade

001
Total number of stories below grade

I4 Main Floor Size*

 , 006 , 700
Total square feet

OR

 , BY ,
Length in feet Width in feet

J1 Fire Origin *

002 Below Grade
Story of fire origin

J3 Number of Stories Damaged By Flame
Count the ROOF as part of the highest story

 Number of stories w/ minor damage (1 to 24% flame damage)
 Number of stories w/ significant damage (25 to 49% flame damage)
 Number of stories w/ heavy damage (50 to 74% flame damage)
 Number of stories w/ extreme damage (75 to 100% flame damage)

K Material Contributing Most To Flame Spread

Check if no flame spread OR same as material first ignited OR unable to determine **Skip To Section L**

K1
Item contributing most to flame spread

K2
Type of material contributing most of flame spread Required only if item contributing code is 00 or <70

J2 Fire Spread *

1 Confined to object of origin
 2 Confined to room of origin
 3 Confined to floor of origin
 4 Confined to building of origin
 5 Beyond building of origin

L1 Presence of Detectors *
(In area of the fire)

N None Present **Skip to section M**
 1 Present
 U Undetermined

L3 Detector Power Supply

1 Battery only
 2 Hardwire only
 3 Plug in
 4 Hardwire with battery
 5 Plug in with battery
 6 Mechanical
 7 Multiple detectors & power supplies
 0 Other _____
 U Undetermined

L5 Detector Effectiveness
Required if detector operated

1 Alerted Occupants, occupants responded
 2 Occupants failed to respond
 3 There were no occupants
 4 Failed to alert occupants
 U Undetermined

L2 Detector Type

1 Smoke
 2 Heat
 3 Combination smoke - heat
 4 Sprinkler, water flow detection
 5 More than 1 type present
 0 Other _____
 U Undetermined

L4 Detector Operation

1 Fire too small to activate
 2 Operated (Complete Section L5)
 3 Failed to Operate (Complete Section L6)
 U Undetermined

L6 Detector Failure Reason
Required if detector failed to operate

1 Power failure, shutoff or disconnect
 2 Improper installation or placement
 3 Defective
 4 Lack of maintenance, includes cleaning
 5 Battery missing or disconnected
 6 Battery discharged or dead
 0 Other _____
 U Undetermined

M1 Presence of Automatic Extinguishment System *

N None Present **Complete rest of Section M**
 1 Present

M3 Automatic Extinguishment System Operation
Required if fire was within designed range

1 Operated & effective (Go to M4)
 2 Operated & not effective (M4)
 3 Fire too small to activate
 4 Failed to operate (Go to M5)
 0 Other
 U Undetermined

M5 Automatic Extinguishment System Failure Reason
Required if system failed

1 System shut off
 2 Not enough agent discharged
 3 Agent discharged but did not reach fire
 4 Wrong type of system
 5 Fire not in area protected
 6 System components damaged
 7 Lack of maintenance
 8 Manual Intervention
 0 Other _____
 U Undetermined

M2 Type of Automatic Extinguishment System *
Required if fire was within designed range of AES

1 Wet pipe sprinkler
 2 Dry pipe sprinkler
 3 Other sprinkler system
 4 Dry chemical system
 5 Foam system
 6 Halogen type system
 7 Carbon dioxide (CO₂) system
 0 Other special hazard system
 U Undetermined

M4 Number of Sprinkler Heads Operating
Required if system operated

Number of sprinkler heads operating

B Apparatus or * Resource	Date and Times					Sent	Number of * People	Use	Actions Taken	
	Check if same as alarm date									
	Month	Day	Year	Hour	Min					
1 ID 603 Type 92	Dispatch <input checked="" type="checkbox"/>	3	17	2015	19:43	<input checked="" type="checkbox"/>		<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	17	2015	19:47	<input checked="" type="checkbox"/>	1		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	3	17	2015	23:10				<input type="checkbox"/>	<input type="checkbox"/>
2 ID 604 Type 92	Dispatch <input checked="" type="checkbox"/>	3	17	2015	19:43	<input checked="" type="checkbox"/>		<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	17	2015	19:59	<input checked="" type="checkbox"/>	1		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	3	17	2015	23:10				<input type="checkbox"/>	<input type="checkbox"/>
3 ID E62 Type 11	Dispatch <input checked="" type="checkbox"/>	3	17	2015	19:43	<input checked="" type="checkbox"/>		<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	17	2015	19:47	<input checked="" type="checkbox"/>	4		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	3	18	2015	00:44				<input type="checkbox"/>	<input type="checkbox"/>
4 ID L61 Type 12	Dispatch <input checked="" type="checkbox"/>	3	17	2015	19:43	<input checked="" type="checkbox"/>		<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	17	2015	19:53	<input checked="" type="checkbox"/>	5		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	3	17	2015	22:15				<input type="checkbox"/>	<input type="checkbox"/>
5 ID MA62 Type 76	Dispatch <input checked="" type="checkbox"/>	3	17	2015	19:43	<input checked="" type="checkbox"/>		<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	17	2015	19:47	<input checked="" type="checkbox"/>	2		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	3	17	2015	23:22				<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="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<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="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<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="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<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="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<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 |
|---|---|--|---|

A	FDID 35008 *	State UT *	Incident Date 3 17 2015 *	Station 62	Incident Number 15-0000742 *	Exposure 000 *	<input type="checkbox"/> Delete <input type="checkbox"/> 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 Month Day Year Hours/mins	<input checked="" type="checkbox"/>		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.

1	ID 603	Dispatch <input checked="" type="checkbox"/>	3	17	2015	19:43	Sent <input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Type 92	Arrival <input checked="" type="checkbox"/>	3	17	2015	19:47	<input checked="" type="checkbox"/>				
		Clear <input checked="" type="checkbox"/>	3	17	2015	23:10					

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
THOM01	Thompson, Reed	BC	X				

2	ID 604	Dispatch <input checked="" type="checkbox"/>	3	17	2015	19:43	Sent <input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Type 92	Arrival <input checked="" type="checkbox"/>	3	17	2015	19:59	<input checked="" type="checkbox"/>				
		Clear <input checked="" type="checkbox"/>	3	17	2015	23:10					

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
7142	Miller, Clayton	BC	X				

3	ID E62	Dispatch <input checked="" type="checkbox"/>	3	17	2015	19:43	Sent <input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Type 11	Arrival <input checked="" type="checkbox"/>	3	17	2015	19:47	<input checked="" type="checkbox"/>				
		Clear <input type="checkbox"/>	3	18	2015	00:44					

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
7153	Bond, Harvey	ENG	X				
7196	Morreale, Nathan	CAPT	X				
HARV01	Harvath, Katherine	PM	X				
RICH01	Richards, Chris	FF II	X				

A FDID * 35008 State * UT Incident Date * 3 17 2015 Station 62 Incident Number * 15-0000742 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 Month Day Year Hours/mins 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.

1 ID L61 Dispatch 3 17 2015 19:43 Sent 5 Suppression EMS Other
 Type 12 Arrival 3 17 2015 19:53 Clear 3 17 2015 22:15

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
7152	Kluger, Ben	CAPT	X				
7188	Cowley, Todd	ENG	X				
BYBE01	Bybee, Russell	FF I	X				
EVAN01	Evans, Curtis	PM	X				
WALK01	Walker, Weston	FF II	X				

2 ID MA62 Dispatch 3 17 2015 19:43 Sent 2 Suppression EMS Other
 Type 76 Arrival 3 17 2015 19:47 Clear 3 17 2015 23:22

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
CHRI01	Christensen, Ryan	PM	X				
SPEN01	Spencer, Jamie	FF II	X				

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

17

2015

62

15-0000742

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Responding
Units/Personnel

FDID

State

Incident Date

Station

Incident Number

Exposure

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
603 Battalion Chief	19:43:00	19:45:00	19:47:00	23:10:00

Staff ID\Staff Name	Activity	Rank	Position	Role
THOM01 Thompson, Reed	Fire At Scene	Battalion C		

604 Battalion Chief 19:43:00 19:45:00 19:59:00 23:10:00

Staff ID\Staff Name	Activity	Rank	Position	Role
7142 Miller, Clayton S	Fire At Scene	Battalion C		

E62 Engine 62 19:43:00 19:43:00 19:47:00 00:44:00

Staff ID\Staff Name	Activity	Rank	Position	Role
7153 Bond, Harvey R.	Fire At Scene	Engineer		
7196 Morreale, Nathan	Fire At Scene	Captain		
HARV01 Harvath, Katherine	Fire At Scene	Paramedic		
RICH01 Richards, Chris E	Fire At Scene	Firefighter		

L61 Ladder 61 19:43:00 19:43:00 19:53:00 22:15:00

Staff ID\Staff Name	Activity	Rank	Position	Role
7152 Kluger, Ben D.	Fire At Scene	Captain		
7188 Cowley, Todd	Fire At Scene	Engineer		
BYBE01 Bybee, Russell L	Fire At Scene	Firefighter		
EVAN01 Evans, Curtis J.	Fire At Scene	Paramedic		
WALK01 Walker, Weston	Fire At Scene	Firefighter		

MA62 Medic Ambulance 62 19:43:00 19:43:00 19:47:00 23:22:00

Staff ID\Staff Name	Activity	Rank	Position	Role
CHRI01 Christensen, Ryan	Fire At Scene	Paramedic		
SPEN01 Spencer, Jamie	Fire At Scene	Firefighter		
CHRI01 Christensen, Ryan	Fire At Scene	Paramedic		
SPEN01 Spencer, Jamie	Fire At Scene	Firefighter		

35008 FDID *	UT State *	MM DD YYYY 3 17 2015 Incident Date *	62 Station	15-0000742 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
THOM01 Thompson, Reed	603	FX Fire At Scene		BC		3.45	3.45	1.00
7142 Miller, Clayton S	604	FX Fire At Scene		BC		3.45	3.45	1.00
7153 Bond, Harvey R.	E62	FX Fire At Scene		ENG		5.02	5.02	1.00
7196 Morreale, Nathan	E62	FX Fire At Scene		CAPT		5.02	5.02	1.00
HARV01 Harvath, Katherine	E62	FX Fire At Scene		PM		5.02	5.02	1.00
RICH01 Richards, Chris E	E62	FX Fire At Scene		FF II		5.02	5.02	1.00
7152 Kluger, Ben D.	L61	FX Fire At Scene		CAPT		5.02	5.02	1.00
7188 Cowley, Todd	L61	FX Fire At Scene		ENG		5.02	5.02	1.00
BYBE01 Bybee, Russell L	L61	FX Fire At Scene		FF I		5.02	5.02	1.00
EVAN01 Evans, Curtis J.	L61	FX Fire At Scene		PM		5.02	5.02	1.00
WALK01 Walker, Weston	L61	FX Fire At Scene		FF II		5.02	5.02	1.00
CHRI01 Christensen, Ryan	MA62	FX Fire At Scene		PM		5.02	5.02	1.00
SPEN01 Spencer, Jamie	MA62	FX Fire At Scene		FF II		5.02	5.02	1.00

Total Participants: 13

Total Personnel Hours: 62.12

An 'X' next to the unit denotes driver.

A

35008 FDID *	UT State *	MM 3 DD 17 Incident Date *	YYYY 2015	62 Station	15-0000742 Incident Number *	000 Exposure *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 1S Supplemental
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K1 Person/Entity Involved

Business name if applicable _____ Phone Number 801 - 971 - 9394

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name: Janet MI: Last Name: Pickup Suffix: _____
 Number: 4149 Prefix: Street or highway: Berridale Street Type: CIR Suffix: _____
 Post office box: Apt./Suite/Room: South Jordan City: _____
 State: UT Zip Code: 84095 - _____

K2 Person/Entity Involved

Business name if applicable _____ 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: _____

K3 Person/Entity Involved

Business name if applicable _____ 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: _____

K4 Person/Entity Involved

Business name if applicable _____ 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: _____

K5 Person/Entity Involved

Business name if applicable _____ 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: _____

35008
FDID

UT
State

MM DD
3 17
Incident Date

YYYY
2015

62
Station

15-0000742
Incident Number

000
Exposure

NFIRS - Involvement
User Fields

Involvement

Name:
Pickup, Ray

Involvement

Type:
Occupant/Owner

Owner: X
Occupant: X

Involvement

Name:
Pickup, Janet

Involvement

Type:
Occupant/Owner

Owner: X
Occupant: X

B Estimated Dollar Loss & Value

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
Buildings	\$385,000.00	\$130,000.00	\$0.00	\$0.00
Vehicles	\$0.00	\$0.00	\$0.00	\$0.00
Contents	\$100,000.00	\$20,000.00	\$0.00	\$0.00

C Insurance Company

Business name if applicable Contact Name

Street or highway

Post office box City

- - - -

State Zip Code Phone Number

Agent Name

Buildings Vehicles Contents

 Policy Coverage

Policy Number