

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: GARY S. HODSON, IAAI-CFI
Address: [REDACTED] City: SALDOY
State: UT Zip: 84070 Daytime Phone: [REDACTED] Fax: _____

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

FIRE INCIDENT & INVESTIGATION REPORT
STRUCTURE FILE, 9738 & 9744 S. LAZY WAGON COLE, SOUTH
JORDAN, UT OCCURRED ON 7-11-16

I AM INVESTIGATING ON BEHALF OF CINCINNATI INSURANCE

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 \$_____. 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.

Gary S. Hodson Signature 7-19-16 Date

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

- APPROVED - Requestor notified on August 15, 2016
- 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: \$ N/A If waived, approved by: Anna - Records emailed



15 Pages of Fire Report 16-0002216
Incident Number

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract **0486** - **0** Module in Section B "Alternative Location Specification". Use only for Wildland fires.

Street address **9738** **Lazy Water Cove**
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection In front of Rear of Adjacent to Directions

South Jordan **UT** **84009**
 Apt./Suite/Room City State Zip Code

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 ALARM always required
 Date. Alarm * **07 11 2016 23:28:00**
 ARRIVAL required, unless canceled or did not arrive
X Arrival * **07 11 2016 23:37:00**
 CONTROLLED Optional, Except for wildland fires
 Controlled **07 12 2016 04:09:00**
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit **07 12 2016 20:46:00**
 Cleared

E2 Shift & Alarms Local Option
B **61-B**
 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 **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 \$ **001**, **114**, **470**
 Contents \$ **000**, **000**

PRE-INCIDENT VALUE: Optional

Property \$ **001**, **114**, **470**
 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 **001**
 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 **419**
1 or 2 family dwelling

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

Business name: **Novum Homes**
 City: **South Jordan**
 State: **UT** Zip Code: **84095**

L Remarks

Local Option

Initial Dispatch

L-61 was dispatched to a structure fire at 9753 S. Jordan Ridge Road (1050 West) along with a complete structure fire assignment. While enroute, dispatch updated the details. Dispatch reported there was one home under construction fully involved in fire, with an adjacent home on fire.

Suppression Activities

L-61 and MA-61 arrived to a home under construction one street east of the original address (9738 S. Lazy Water Cove) fully involved in fire, which had collapsed into the basement, and an exposure to the south (9744 S. Lazy Water Cove) with the delta (north) side of the structure involved in fire, and had penetrated into the attic space. The home under construction that had collapsed into the basement was considered a total loss, and was not an incident priority.

L-61 established Bingham Command, and conducted a walk around of the structure to the south. Upon the walk around Bingham Command determined the structure was a vacant structure, but move in ready. There was no visible smoke, or furnishings in the interior portion of the structure on the Alpha, Bravo, and Charlie sides. L-61 pulled a 2 1/2" hand line to the Delta side of the structure in an attempt to extinguish the fire and slow the progress into the attic space. Bingham Command requested L-61 to establish a water supply, and put the aerial master stream into operation.

Bingham Command assigned E-52 as exposure group and to establish their own water supply, and

L Authorization

THOM01

Officer in charge ID

Thompson, Reed

Signature

DC

Position or rank

Assignment

07

Month

11

Day

2016

Year

 Check Box if same as Officer in charge.

7089

Member making report ID

Allen, Jeremy D.

Signature

CAPT

Position or rank

Assignment

07

Month

11

Day

2016

Year

35008

FDID *

UT

State *

MM

7

DD

11

YYYY

2016

61

Station

16-0002216

Incident Number *

000

Exposure *

Complete
Narrative**Narrative:**

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Bingham Command assigned E-52 as exposure group and to establish their own water supply, and extinguish the structure that had collapsed into the basement and protect the structure to the north which was experiencing radiant heat damage.

Chief 603 arrived along with E-62 at the original addressed dispatched. An extremely abnormal number of onlookers had caused the street to be impassable for fire apparatus. Chief 603 advised Bingham Command that he had assigned E-62 Charlie division, and had E-62 pull an alley lay due to their location (one street west of the structures on fire) to the Charlie side of the structure, and deploy hand lines.

Chief 603 assumed Bingham Command

BC51 arrived on scene. BC-51 was assigned Safety.

Bingham Command assigned L-61 to establish RIC Group.

Bingham Command requested L-61 to shut down the aerial master stream, and assigned ME-124 as Search Group. of the south exposure residence. ME-124 did a hasty search of the structure due to the fire involvement, and the home being vacant. ME-124 completed the search and reported to command the structure was all clear.

Bingham Command re-assigned ME-124 to Medical Group.

Bingham Command assigned ME-34 as Attack Group. ME-34 made entry into the structure on the Alpha side with an 1 3/4" hand line to the second floor in an attempt to stop the fires progress in the attic. Intially ME-34 reported they were making progress on the interior portion of the structure. Within a few minutes of ME-34 being interior, the fire conditions

35008
FDID *

UT
State *

MM DD YYYY
7 11 2016
Incident Date *

61
Station

16-0002216
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

on the exterior were deteriorating. ME-34 was pulled out of the structure due to the rapid change of fire conditions.

Bingham Command at this point announced on the fire ground to all units "this is a defensive operation". L-61 was assigned to start flowing water again from the aerial master stream.

Bingham Command assigned ME-125 as Alpha Divison

Air and Light 82 was requested and arrived on scene and established re-hab.

Injuries/Fatalities

There were no reported civilian injuries or fatalities. One firefighter from L-61 experienced a cough later due to smoke inhalation from initial suppression operations.

Property Damage

There were three structures involved in fire. The first structure to the north was under construction. It was in the stick frame process (no drywall, electrical, and limited plumbing inside the structure). This structure was a complete loss and had collapsed into the basement upon the arrival of L-61. The second structure to the south was near completion and considered move in ready. The entire attic was involved in fire and is considered a total loss.

Estimated dollar value between the two structures is estimated to be at \$1,114,470. This number was based on square footage of the strucures and percent of construction completed.

9738 S.	9,229 square feet	30% complete
9744 S.	8,376 square feet	100% complete

The exposure structure to the north (1007 West Lazy Water Cove) and associated fence and items in the rear yard were heat damaged.

There were construction dumpsters placed at 9738 S. Lazy Water Cove and 9744 S. Lazy Water Cove. Both dumpsters were fully involved upon arrival of fire personnel.

Fire Watch

Due to the amount of heat and fuel load involved and the presence of trapped fire, a fire watch was initiated during the early morning hours on 12 July 2016. Custody of the site was maintained by this fire watch until the investigation team arrived, maintaining a chain of custody.

Investigation

Fire investigation is being conducted by the South Jordan Investigation Team. See their investigative report for further origin and cause.

Command and Control

Initial - Captain J. Allen L-61
Assumed - Deputy Chief R. Thompson

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
 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
 Area of fire origin *

D2
 Heat source *

D3
 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

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

E2 Factors Contributing To Ignition

None
 Factor Contributing To Ignition (1)

Factor Contributing To Ignition (2)

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 Year

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

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

Total number of stories below grade

I4 Main Floor Size*

 , 006 , 500
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 Injured Person Identification Number 1 Male * 1 Career
2 Female 2 Volunteer

C Casualty # 1

First Name Chase MI Last Name Kanzee Suffix

D Age or Date of Birth * Age 23 OR Date Of Birth
 In years OR Month Day Year

E Date & Time of Injury Midnight is 0000 Date of Injury 7 11 2016 Time of Injury 23:45:00
 Month Day Year Hour Minutes

F Responses 0
 Number of prior responses during past 24 hours

G1 Usual Assignment
 1 Suppression
 2 EMS
 3 Prevention
 4 Training
 5 Maintenance
 6 Communications
 7 Administration
 8 Fire investigation
 0 Other

G2 Physical Condition Just Prior To Injury
 1 Rested 0 Other
 2 Fatigued U Undetermined
 4 ILL or Injured

G3 Severity
 1 Report only, including exposure
 2 First aid only
 3 Treated by physician (no lost time)
 4 Moderate (lost time)
 5 Severe (lost time)
 6 Life threatening (lost time)
 7 Death

G4 Taken To
 1 Hospital
 4 Doctor's office
 5 Morgue/funeral home
 6 Residence
 7 Station or quarters
 0 Other
 N Not transported

G5 Activity at Time of Injury

 Activity at time of injury

H1 Primary Apparent Symptom
 Primary apparent symptom

I1 Cause of Firefighter Injury
 Cause of Injury

H2 Primary Area of Body Injured
 Primary injured body part or area

I2 Factor Contributing to Injury
 Contributing Factor

I3 Object Involved in Injury
 None

 Object involved in injury

J1 Where Injury Occurred
 1 Enroute to FD Location
 2 At FD location
 3 Enroute to incident scene
 4 Enroute to medical facility
 5 At scene in structure
 6 At scene outside
 7 At medical facility
 8 Returning from incident
 9 Returning from med facility
 0 Other

J2 Story Where Injury Occurred
 Check this box and enter the story if the injury occurred inside or on a structure
 Below grade
 Story of Injury
 2 Injury occurred outside

J3 Specific Location Complete as Applicable
 65 In aircraft
 64 In boat or ship or barge
 63 In rail vehicle
 61 In motor vehicle
 54 In sewer
 53 In tunnel
 49 In structure
 45 In attic
 36 In water
 35 In well
 34 In ravine
 33 In quarry or mine
 32 In ditch or trench
 31 In open pit
 28 On steep grade
 27 On fire escape/outside stairs
 26 On vertical surface or ledge
 25 On ground ladder
 24 On aerial ladder or in basket
 23 On roof
 22 Outside at grade
 00 Other

J4 Vehicle Type Complete ONLY if Specific Location code is >60
 1 Suppression vehicle
 2 EMS vehicle
 3 Other FD vehicle
 4 Non-FD vehicle

Remarks
 Smoke inhalation during suppression activities leading to a cough. Followed up by visit with department physician.
 If protective equipment failed and was a factor in this injury, please complete the other side of this form.

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 <u>603</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>7</u>	<u>11</u>	<u>2016</u>	<u>23:28</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>7</u>	<u>11</u>	<u>2016</u>	<u>23:40</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u>7</u>	<u>12</u>	<u>2016</u>	<u>03:20</u>				<input type="checkbox"/>	<input type="checkbox"/>
2 ID <u>BC61</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>7</u>	<u>11</u>	<u>2016</u>	<u>23:28</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>7</u>	<u>11</u>	<u>2016</u>	<u>23:45</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u>7</u>	<u>12</u>	<u>2016</u>	<u>03:34</u>				<input type="checkbox"/>	<input type="checkbox"/>
3 ID <u>E62</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>7</u>	<u>11</u>	<u>2016</u>	<u>23:29</u>	<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>7</u>	<u>11</u>	<u>2016</u>	<u>23:39</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u>7</u>	<u>12</u>	<u>2016</u>	<u>04:09</u>				<input type="checkbox"/>	<input type="checkbox"/>
4 ID <u>L61</u> Type <u>12</u>	Dispatch <input checked="" type="checkbox"/>	<u>7</u>	<u>11</u>	<u>2016</u>	<u>23:28</u>	<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>7</u>	<u>11</u>	<u>2016</u>	<u>23:37</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u>7</u>	<u>12</u>	<u>2016</u>	<u>20:46</u>				<input type="checkbox"/>	<input type="checkbox"/>
5 ID <u>MA61</u> Type <u>76</u>	Dispatch <input checked="" type="checkbox"/>	<u>7</u>	<u>11</u>	<u>2016</u>	<u>23:28</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>7</u>	<u>11</u>	<u>2016</u>	<u>23:37</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u>7</u>	<u>12</u>	<u>2016</u>	<u>04:14</u>				<input type="checkbox"/>	<input type="checkbox"/>
6 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/>	<input type="checkbox"/>
7 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/>	<input type="checkbox"/>
8 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/>	<input type="checkbox"/>
9 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/>	<input type="checkbox"/>

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

B Apparatus or Resource *
Date and Times
Sent
Number of * People
Use
Actions Taken

Use codes listed below
 Check if same as alarm date
 X
 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 7 | 11 | 2016 | 23:28
 Sent
 Suppression

Type 92
 Arrival 7 | 11 | 2016 | 23:40
 Sent
 EMS

Clear 7 | 12 | 2016 | 03:20
 Other

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

2
 ID BC61
 Dispatch 7 | 11 | 2016 | 23:28
 Sent
 Suppression

Type 92
 Arrival 7 | 11 | 2016 | 23:45
 Sent
 EMS

Clear 7 | 12 | 2016 | 03:34
 Other

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

3
 ID E62
 Dispatch 7 | 11 | 2016 | 23:29
 Sent
 Suppression

Type 11
 Arrival 7 | 11 | 2016 | 23:39
 Sent
 EMS

Clear 7 | 12 | 2016 | 04:04
 Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/> X	Action Taken	Action Taken	Action Taken	Action Taken
7207	Richards, Michael	CAPT	X				
CAMP01	Campbell, Cory	FF I	X				
WEAV01	Weaver, Lewis	FF I	X				
WRIG01	Wright, Christopher	FF II	X				

35008

FDID

UT

State

7

11

Incident Date

2016

61

Station

16-0002216

Incident Number

000

Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
603 Battalion Chief	23:28:00	23:34:00	23:40:00	03:20:00

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

BC61 Battalion Chief 61	23:28:00	23:30:00	23:45:00	03:34:00
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Staff ID\Staff Name	Activity	Rank	Position	Role
7142 Miller, Clayton S	Fire At Scene	Battalion C		

E62 Engine 62	23:29:00	23:32:00	23:39:00	04:04:09
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Staff ID\Staff Name	Activity	Rank	Position	Role
7207 Richards, Michael	Fire At Scene	Captain		
CAMP01 Campbell, Cory	Fire At Scene	Firefighter		
WEAV01 Weaver, Lewis	Fire At Scene	Firefighter		
WRIG01 Wright, Christopher	Fire At Scene	Firefighter		

L61 Ladder 61	23:28:00	23:30:00	23:37:00	20:46:00
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Staff ID\Staff Name	Activity	Rank	Position	Role
7089 Allen, Jeremy D.	Fire At Scene	Captain		
7191 Mitchell, Lacey	Fire At Scene	Engineer		
BETT01 Bettridge, Michael	Fire At Scene	Paramedic		
KANZ01 Kanzee, Chase	Fire At Scene	Firefighter		

MA61 Medic Ambulance 61	23:28:00	23:31:00	23:37:00	04:14:00
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Staff ID\Staff Name	Activity	Rank	Position	Role
WALK01 Walker, Weston	Fire At Scene	Firefighter		
YORK01 York, Alex	Fire At Scene	Paramedic		
WALK01 Walker, Weston	Fire At Scene	Firefighter		
YORK01 York, Alex	Fire At Scene	Paramedic		

35008
FDID *

UT
State *

MM DD
7 11
Incident Date *

YYYY
2016

61
Station

16-0002216
Incident Number *

000
Exposure *

Responding
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
7151 Butler, Andrew F	600	FX Fire At Scene		CHIEF		21.3	21.3	1.00
THOM01 Thompson, Reed	603	FX Fire At Scene	BC	BC		21.3	21.3	1.00
7142 Miller, Clayton S	BC61	FX Fire At Scene		BC		21.3	21.3	1.00
7207 Richards, Michael	E62	FX Fire At Scene		CAPT		21.3	21.3	1.00
CAMP01 Campbell, Cory	E62	FX Fire At Scene		FF I		21.3	21.3	1.00
WEAV01 Weaver, Lewis	E62	FX Fire At Scene		FF I		21.3	21.3	1.00
WRIG01 Wright,	E62	FX Fire At Scene		FF II		21.3	21.3	1.00
7089 Allen, Jeremy D.	L61	FX Fire At Scene		CAPT		21.3	21.3	1.00
7191 Mitchell, Lacey	L61	FX Fire At Scene		ENG		21.3	21.3	1.00
BETT01 Bettridge, Michael	L61	FX Fire At Scene		PM		21.3	21.3	1.00
KANZ01 Kanzee, Chase	L61	FX Fire At Scene		FF I		21.3	21.3	1.00
WALK01 Walker, Weston	MA61	FX Fire At Scene		FF II		21.3	21.3	1.00
YORK01 York, Alex	MA61	FX Fire At Scene		PM		21.3	21.3	1.00

Total Participants: 13

Total Personnel Hours: 276.90

An 'X' next to the unit denotes driver.

A

FDID * 35008	State * UT	MM 7 DD 11 YYYY 2016	Station 61	Incident Number * 16-0002216	Exposure * 000	<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: _____

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

Mr.,Ms., Mrs. First Name: _____ MI: _____ Last Name: **Bangerter Homes** Suffix: _____

Number: _____ Prefix: _____ Street or highway: _____ Street Type: _____ Suffix: _____

Post office box: _____ Apt./Suite/Room: _____ City: **South Jordan**

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
7 11
Incident Date

YYYY
2016

61
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000
Exposure

NFIRS - Involvement
User Fields

Involvement

Name:
Novum Homes, Ryan Snow

Involvement

Type:

Owner: **Occupant:**
X

Involvement

Name:

Involvement

Type:

Owner: **Occupant:**
X

A Delete Change **Insurance and \$Loss**

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

B Estimated Dollar Loss & Value

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
Buildings	\$1,114,470.00	\$1,114,470.00	\$0.00	\$0.00
Vehicles	\$0.00	\$0.00	\$0.00	\$0.00
Contents	\$0.00	\$0.00	\$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

Policy Number

Buildings Vehicles Contents

Policy Coverage