

## NFIRS-1 Basic

**A**

40106	MN	12	18	2019	Le Sueur (FD)	1205	0
FDID	State	Month	Day	Year	Station	Number	Exposure

**B Location Type**

Census tract:

Street Address  
 Intersection  
 In Front Of  
 Rear Of  
 Adjacent To  
 Directions  
 US National Grid

600		Ferry		ST-Street	
Number	Prefix	Street or Highway	Street Type	Suffix	

	Le Sueur	MN	56058
Apt./Suite/Room	City	State	Zip Code

Cross Street

<p><b>C Incident Type</b></p> <p><input style="width: 100%;" type="text" value="111-Building fire"/></p>	<p><b>E1 Dates and Times</b></p> <p>Alarm <input style="width: 20px;" type="text" value="12"/> <input style="width: 20px;" type="text" value="18"/> <input style="width: 20px;" type="text" value="2019"/> <input style="width: 40px;" type="text" value="12:05"/></p> <p>Arrival <input style="width: 20px;" type="text" value="12"/> <input style="width: 20px;" type="text" value="18"/> <input style="width: 20px;" type="text" value="2019"/> <input style="width: 40px;" type="text" value="12:10"/></p> <p>Controlled <input style="width: 20px;" type="text" value="12"/> <input style="width: 20px;" type="text" value="18"/> <input style="width: 20px;" type="text" value="2019"/> <input style="width: 40px;" type="text" value="12:12"/></p> <p>Last Unit Cleared <input style="width: 20px;" type="text" value="12"/> <input style="width: 20px;" type="text" value="18"/> <input style="width: 20px;" type="text" value="2019"/> <input style="width: 40px;" type="text" value="14:59"/></p>	<p><b>E2 Shifts and Alarms</b></p> <p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>Shift or Alarms District Platoon</p>								
<p><b>D Aid Given Or Received</b></p> <p> <input checked="" type="checkbox"/> 1 Mutual Aid Received  <input type="checkbox"/> 2 Auto. Aid Received  <input type="checkbox"/> 3 Mutual Aid Given  <input type="checkbox"/> 4 Auto. Aid Given  <input type="checkbox"/> 5 Other Aid Given  <input type="checkbox"/> None         </p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; text-align: center;">HENDERSON (72105)</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Their FDID</td> <td style="text-align: center;">Their State</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">Their Incident Number</td> </tr> </table>	HENDERSON (72105)		Their FDID	Their State	<input style="width: 100%;" type="text"/>		Their Incident Number			<p><b>E3 Special Studies</b></p> <p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>ID# Value</p>
HENDERSON (72105)										
Their FDID	Their State									
<input style="width: 100%;" type="text"/>										
Their Incident Number										

<p><b>F Actions Taken</b></p> <p><input style="width: 100%;" type="text" value="11-Extinguishment by fire service personnel"/></p> <p>Primary Action Taken</p> <p><input style="width: 100%;" type="text" value="12-Salvage &amp; overhaul"/></p> <p>Additional Action Taken</p>	<p><b>G1 Resources</b></p> <p><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th></th> <th style="text-align: center;">Apparatus</th> <th style="text-align: center;">Personnel</th> </tr> </thead> <tbody> <tr> <td>Suppression</td> <td style="text-align: center;">4</td> <td style="text-align: center;">19</td> </tr> <tr> <td>EMS</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table> <p><input type="checkbox"/> Resource counts include aid received resources.</p>		Apparatus	Personnel	Suppression	4	19	EMS	0	0	Other	0	0	<p><b>G2 Estimated Dollar Losses and Values</b></p> <p><b>Losses:</b> Required for all fires if known. Optional for all non-fires. <span style="float: right;">None</span></p> <p>Property: \$ <input style="width: 100px;" type="text" value="150,000.00"/> <input type="checkbox"/></p> <p>Contents: \$ <input style="width: 100px;" type="text" value="50,000.00"/> <input type="checkbox"/></p> <p><b>Pre-Incident Values:</b> Optional <span style="float: right;">None</span></p> <p>Property: \$ <input style="width: 100px;" type="text" value="150,000.00"/> <input type="checkbox"/></p> <p>Contents: \$ <input style="width: 100px;" type="text" value="50,000.00"/> <input type="checkbox"/></p>
	Apparatus	Personnel												
Suppression	4	19												
EMS	0	0												
Other	0	0												

<b>Completed Modules</b> <input type="checkbox"/> 2 - Fire <input type="checkbox"/> 3 - Structure Fire <input type="checkbox"/> 4 - Civilian Fire Cas. <input type="checkbox"/> 5 - Fire Service Cas. <input type="checkbox"/> 6 - EMS <input type="checkbox"/> 7 - HazMat <input type="checkbox"/> 8 - Wildland Fire <input type="checkbox"/> 9 - Apparatus <input type="checkbox"/> 10 - Personnel <input type="checkbox"/> 11 - Arson	<b>H1 Casualties</b> <input checked="" type="checkbox"/> None <table border="0"> <tr> <td></td> <td>Deaths</td> <td>Injuries</td> </tr> <tr> <td>Fire Service</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Civilian</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> </table>		Deaths	Injuries	Fire Service	<input type="text" value="0"/>	<input type="text" value="0"/>	Civilian	<input type="text" value="0"/>	<input type="text" value="0"/>	<b>H3 Hazardous Materials Release</b> <input type="checkbox"/> 1 - Natural Gas <input type="checkbox"/> 2 - Propane Gas <input type="checkbox"/> 3 - Gasoline <input type="checkbox"/> 4 - Kerosene <input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil <input type="checkbox"/> 6 - Household Solvents <input type="checkbox"/> 7 - Motor Oil <input type="checkbox"/> 8 - Paint <input type="checkbox"/> 0 - Other <input checked="" type="checkbox"/> None	<b>I Mixed Use Property</b> <input type="checkbox"/> Not Mixed <input type="checkbox"/> 10 - Assembly Use <input type="checkbox"/> 20 - Education Use <input type="checkbox"/> 33 - Medical Use <input type="checkbox"/> 40 - Residential Use <input type="checkbox"/> 51 - Row Of Stores <input type="checkbox"/> 53 - Enclosed Mall <input type="checkbox"/> 58 - Business and Residential <input type="checkbox"/> 59 - Office Use <input type="checkbox"/> 60 - Industrial Use <input type="checkbox"/> 63 - Military Use <input type="checkbox"/> 65 - Farm Use <input type="checkbox"/> 00 - Other Mixed Use
		Deaths	Injuries									
Fire Service	<input type="text" value="0"/>	<input type="text" value="0"/>										
Civilian	<input type="text" value="0"/>	<input type="text" value="0"/>										
<b>H2 Detector</b> Required for Confined Fires <input type="checkbox"/> 1 - Detector Alerted Occupants <input type="checkbox"/> 2 - Detector Did Not Alert Them <input type="checkbox"/> 3 - Unknown												

**J Property Use**  None

<b>Structures</b> <input type="checkbox"/> 131 Church, Place of Worship <input type="checkbox"/> 161 Restaurant or Cafeteria <input type="checkbox"/> 162 Bar/Tavern or Nightclub <input type="checkbox"/> 213 Elementary School, Kindergarten <input type="checkbox"/> 215 High School, Junior High <input type="checkbox"/> 241 College, Adult Education <input type="checkbox"/> 311 Nursing Home <input type="checkbox"/> 331 Hospital	<input type="checkbox"/> 341 Clinic, Clinic-Type Infirmary <input type="checkbox"/> 342 Doctor/Dentist Office <input type="checkbox"/> 361 Prison or Jail, Not Juvenile <input type="checkbox"/> 419 1- or 2-Family Dwelling <input type="checkbox"/> 429 MultiFamily Dwelling <input type="checkbox"/> 439 Rooming/Boarding House <input type="checkbox"/> 449 Commerical Hotel or Motel <input type="checkbox"/> 459 Residential, Board and Care <input type="checkbox"/> 464 Dormitory/Barracks <input type="checkbox"/> 519 Food and Beverage Sales	<input type="checkbox"/> 539 Household Goods, Sales, Repairs <input type="checkbox"/> 571 Gas or Service Station <input type="checkbox"/> 579 Motor Vehicle/Boat Sales/Repairs <input type="checkbox"/> 599 Business Office <input type="checkbox"/> 615 Electric-Generating Plant <input type="checkbox"/> 629 Laboratory/Science Laboratory <input type="checkbox"/> 700 Manufacturing Plant <input type="checkbox"/> 819 Livestock/Poultry Storage (Barn) <input type="checkbox"/> 882 Non-Residential Parking Garage <input type="checkbox"/> 891 Warehouse
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<b>Outside</b> <input type="checkbox"/> 124 Playground or Park <input type="checkbox"/> 655 Crops or Orchard <input type="checkbox"/> 669 Forest (Timberland) <input type="checkbox"/> 807 Outdoor Storage Area <input type="checkbox"/> 919 Dump or Sanitary Landfill <input type="checkbox"/> 931 Open Land or Field <input type="checkbox"/> 936 Vacant Lot	<input type="checkbox"/> 938 Graded/Cared for Plot of Land <input type="checkbox"/> 946 Lake, River, Stream <input type="checkbox"/> 951 Railroad Right-of-Way <input type="checkbox"/> 960 Other Street <input type="checkbox"/> 961 Highway/Divided Highway <input type="checkbox"/> 962 Residential Street/Driveway <input type="checkbox"/> 981 Construction Site <input type="checkbox"/> 984 Industrial Plant Yard	<b>Property Use:</b> <input type="text"/>  <b>Description</b> Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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**K2**

**Owner**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix

<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room	City

<input type="text"/>	<input type="text"/>
State	Zip Code

**L Remarks:**

Called Henderson Fire while enroute to scene for mutual aid.  
 Called to scene of house engulfed in flames. Fire coming from A and D side windows on the 2nd floor. Pulled meter socket as we charged a line and a backup line. Once meter was pulled we knocked down fire through the window. Set up two attack teams on B side of the building and cleared first team to enter. Proceeded upstairs and used fog pattern to ventilate second story bedroom. Fire appeared to be in attic, so cut attic access larger to spray down attic area. Henderson Fire cut open roof on C and D sides to get at difficult areas of access that were smoldering and on fire. Performed salvage and overhaul, removed soffits to get at remaining hot areas. Cleaned up equipment and cleared scene.

**M Authorization**

Officer In Charge ID	Signature	Position or Rank	Assignment	Date
Nick Feser	Feser, Nicholas		Le Sueur	01/02/2020
Member Making Report ID	Signature	Position or Rank	Assignment	Date

# NFIRS-2 Fire

A	40106	MN	12	18	2019	Le Sueur (FD)	1205	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

<p><b>B</b></p> <p><b>Property Details</b></p> <p><b>B1</b> <input type="text" value="2"/> <input type="checkbox"/> Not Residential          Estimated number of residential living units in the building of origin whether or not all units became involved</p> <p><b>B2</b> <input type="text" value="1"/> <input type="checkbox"/> Buildings Not Involved          Number of buildings involved</p> <p><b>B3</b> <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre          Acres burned (outside fires)</p>	<p><b>C</b></p> <p><b>On-Site Materials Or Products</b></p> <p><b>On-Site Materials Storage Use</b></p>
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<p><b>D</b></p> <p><b>Ignition</b></p> <p><b>D1</b> <input type="text" value="74-Attic: vacant, crawl space above top story"/>          Area of Fire Origin</p> <p><b>D2</b> <input type="text" value="60-Heat from other open flame or smoking materials, other"/>          Heat Source</p> <p><b>D3</b> <input type="text" value="10-Structural component or finish, other"/>          Item First Ignited</p> <p><b>D4</b> <input type="text" value="63-Sawn wood, including all finished lumber"/>          Type of Material First Ignited</p>	<p><b>E1</b></p> <p><b>Cause of Ignition</b></p> <p><input type="checkbox"/> 1 - Intentional  <input checked="" type="checkbox"/> 2 - Unintentional  <input type="checkbox"/> 3 - Failure of Equipment or Heat Source  <input type="checkbox"/> 4 - Act of Nature  <input type="checkbox"/> 5 - Cause Under Investigation  <input type="checkbox"/> U - Cause Undetermined After Investigation</p> <hr/> <p><b>E2</b></p> <p><b>Factors Contributing to Ignition</b></p> <p><input type="text"/>          Factor Contributing to Ignition</p>	<p><b>E3</b></p> <p><b>Human Factors Contributing to Ignition</b></p> <p>Check all applicable boxes</p> <p><input type="checkbox"/> None  <input type="checkbox"/> 1 - Asleep  <input type="checkbox"/> 2 - Possibly impaired by alcohol or drugs  <input type="checkbox"/> 3 - Unattended person  <input type="checkbox"/> 4 - Possibly Mentally Disabled  <input type="checkbox"/> 5 - Physically Disabled  <input type="checkbox"/> 6 - Multiple Persons Involved</p> <hr/> <p><input type="checkbox"/> 7 - Age Was A Factor</p> <p>Estimated Age of Person Involved <input type="text"/></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
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<p><b>F1</b></p> <p><b>Equipment Involved In Ignition</b></p> <p><input checked="" type="checkbox"/> None</p> <p><input type="text"/>          Equipment Involved</p> <p>Brand <input type="text"/></p> <p>Model <input type="text"/></p> <p>Serial # <input type="text"/></p> <p>Year <input type="text"/></p>	<p><b>F2</b></p> <p><b>Equipment Power Source</b></p> <p><input type="text"/>          Equipment Power Source</p> <hr/> <p><b>F3</b></p> <p><b>Equipment Portability</b></p> <p><input type="checkbox"/> 1 - Portable  <input type="checkbox"/> 2 - Stationary          Portable equipment normally can be moved by one or two persons.</p>	<p><b>G</b></p> <p><b>Fire Suppression Factors</b></p>
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<p>H1</p> <p><b>Mobile Property Involved</b></p> <p><input type="checkbox"/> 1 - Not involved in ignition, but burned</p> <p><input type="checkbox"/> 2 - Involved in ignition, but did not burn</p> <p><input type="checkbox"/> 3 - Involved in ignition and burned</p> <p><input checked="" type="checkbox"/> None</p>	<p>H2</p> <p><b>Mobile Property Type and Make</b></p> <p><input type="text"/></p> <p>Mobile Property Type</p> <p><input type="text"/></p> <p>Mobile Property Make</p>	<p><b>Local Use</b></p> <p><input type="checkbox"/> Pre-Fire Plan Available</p> <p><input type="checkbox"/> Arson Report Attached</p> <p><input type="checkbox"/> Police Report Attached</p> <p><input type="checkbox"/> Coroner Report Attached</p> <p><input type="checkbox"/> Other Reports Attached</p> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Mobile Property Model</p> <p><input type="text"/></p>		<p>Year</p> <p><input type="text"/></p>
<p>State</p> <p><input type="text"/></p>	<p>License Plate Number</p> <p><input type="text"/></p>	<p>VIN</p> <p><input type="text"/></p>

# NFIRS-3 Structure Fire

<p><b>I1</b></p> <p><b>Structure Type</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 1 - Enclosed Building</li> <li><input type="checkbox"/> 2 - Portable/Mobile Structure</li> <li><input type="checkbox"/> 3 - Open Structure</li> <li><input type="checkbox"/> 4 - Air-Supported Structure</li> <li><input type="checkbox"/> 5 - Tent</li> <li><input type="checkbox"/> 6 - Open Platform</li> <li><input type="checkbox"/> 7 - Underground Structure</li> <li><input type="checkbox"/> 8 - Connective Structure</li> <li><input type="checkbox"/> 0 - Other</li> </ul>	<p><b>I2</b></p> <p><b>Building Status</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 - Under Construction</li> <li><input checked="" type="checkbox"/> 2 - In Normal Use</li> <li><input type="checkbox"/> 3 - Idle, Not Routinely Used</li> <li><input type="checkbox"/> 4 - Under Major Renovation</li> <li><input type="checkbox"/> 5 - Vacant and Secured</li> <li><input type="checkbox"/> 6 - Vacant and Unsecured</li> <li><input type="checkbox"/> 7 - Being Demolished</li> <li><input type="checkbox"/> 0 - Other</li> <li><input type="checkbox"/> U - Undetermined</li> </ul>	<p><b>I3</b></p> <p><b>Building Height</b></p> <div style="border: 1px solid black; width: 30px; text-align: center; margin: 5px 0;">2</div> <p>Number of Stories At/Above Grade</p> <div style="border: 1px solid black; width: 30px; text-align: center; margin: 5px 0;">1</div> <p>Number of Stories Below Grade</p>	<p><b>I4</b></p> <p><b>Main Floor Size</b></p> <div style="border: 1px solid black; width: 50px; text-align: center; margin: 5px 0;">800</div> <p>Total Square Feet</p> <p style="text-align: center;"><b>OR</b></p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <span>BY</span> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <p>Length (ft) X Width (ft)</p>
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<p><b>J1</b></p> <p><b>Fire Origin</b></p> <div style="border: 1px solid black; width: 40px; text-align: center; margin: 5px 0;">3</div> <p>Story of Fire Origin</p> <p><input type="checkbox"/> Below Grade</p>	<p><b>J3</b></p> <p><b>Number of Stories Damaged By Flame</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;">0</td> <td>Number of Stories w/Minor Damage (1-24%)</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">0</td> <td>Number of Stories w/Significant Damage (25-49%)</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">0</td> <td>Number of Stories w/Heavy Damage (50-74%)</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">3</td> <td>Number of Stories w/Extreme Damage (75-100%)</td> </tr> </table> <p style="font-size: small; margin-top: 5px;">*Count the roof as part of the highest story</p>	0	Number of Stories w/Minor Damage (1-24%)	0	Number of Stories w/Significant Damage (25-49%)	0	Number of Stories w/Heavy Damage (50-74%)	3	Number of Stories w/Extreme Damage (75-100%)	<p><b>K</b></p> <p><b>Type of Material Contributing Most to Flame Spread</b></p> <p><b>K1</b></p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">17-Structural member or framing</div> <p>Item Contributing Most to Flame Spread</p> <p><b>K2</b></p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">63-Sawn wood, including all finished lumber</div> <p>Type of Material Contributing Most To Flame Spread</p>
0	Number of Stories w/Minor Damage (1-24%)									
0	Number of Stories w/Significant Damage (25-49%)									
0	Number of Stories w/Heavy Damage (50-74%)									
3	Number of Stories w/Extreme Damage (75-100%)									
<p><b>J2</b></p> <p><b>Fire Spread</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confined to Object of Origin</li> <li><input type="checkbox"/> 2 - Confined to Room of Origin</li> <li><input type="checkbox"/> 3 - Confined to Floor of Origin</li> <li><input checked="" type="checkbox"/> 4 - Confined to Building of Origin</li> <li><input type="checkbox"/> 5 - Beyond Building of Origin</li> </ul>										

<p><b>L1</b></p> <p><b>Presence of Detectors</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N - None Present</li> <li><input type="checkbox"/> 1 - Present</li> <li><input checked="" type="checkbox"/> U - Undetermined</li> </ul>	<p><b>L3</b></p> <p><b>Detector Power Supply</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 - Battery Only</li> <li><input type="checkbox"/> 2 - Hardwire Only</li> <li><input type="checkbox"/> 3 - Plug-In</li> <li><input type="checkbox"/> 4 - Hardwire With Battery</li> <li><input type="checkbox"/> 5 - Plug-In With Battery</li> <li><input type="checkbox"/> 6 - Mechanical</li> <li><input type="checkbox"/> 7 - Multiple Detectors &amp; Power Supplies</li> <li><input type="checkbox"/> 0 - Other</li> <li><input type="checkbox"/> U - Undetermined</li> </ul>	<p><b>L5</b></p> <p><b>Detector Effectiveness</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 - Alerted Occupants, Occupants Responded</li> <li><input type="checkbox"/> 2 - Alerted Occupants, Occupants Failed to Respond</li> <li><input type="checkbox"/> 3 - There Were No Occupants</li> <li><input type="checkbox"/> 4 - Failed to Alert Occupants</li> <li><input type="checkbox"/> U - Undetermined</li> </ul>
<p><b>L2</b></p> <p><b>Detector Type</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 - Smoke</li> <li><input type="checkbox"/> 2 - Heat</li> <li><input type="checkbox"/> 3 - Combination of Smoke and Heat</li> <li><input type="checkbox"/> 4 - Sprinkler, Water Flow Detection</li> <li><input type="checkbox"/> 5 - More Than One Type Present</li> <li><input type="checkbox"/> 0 - Other</li> <li><input type="checkbox"/> U - Undetermined</li> </ul>	<p><b>L4</b></p> <p><b>Detector Operation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 - Fire Too Small To Activate</li> <li><input type="checkbox"/> 2 - Operated</li> <li><input type="checkbox"/> 3 - Failed To Operate</li> <li><input type="checkbox"/> U - Undetermined</li> </ul>	<p><b>L6</b></p> <p><b>Detector Failure Reason</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 - Power Failure, Shutoff, or Disconnect</li> <li><input type="checkbox"/> 2 - Improper Installation or Placement</li> <li><input type="checkbox"/> 3 - Defective</li> <li><input type="checkbox"/> 4 - Lack of Maintenance, Dirty</li> <li><input type="checkbox"/> 5 - Battery Missing or Disconnected</li> <li><input type="checkbox"/> 6 - Battery Discharged or Dead</li> <li><input type="checkbox"/> 0 - Other</li> <li><input type="checkbox"/> U - Undetermined</li> </ul>

<p>M1</p> <p><b>Presence of Automatic Extinguishing System</b></p> <p><input checked="" type="checkbox"/> N - None Present  <input type="checkbox"/> 1 - Present  <input type="checkbox"/> 2 - Partial System Present  <input type="checkbox"/> U - Undetermined</p>	<p>M3</p> <p><b>Operation of Automatic Extinguishing System</b></p> <p><input type="checkbox"/> 1 - Operated/Effective  <input type="checkbox"/> 2 - Operated/Not Effective  <input type="checkbox"/> 3 - Fire Too Small To Activate  <input type="checkbox"/> 4 - Failed To Operate  <input type="checkbox"/> 0 - Other  <input type="checkbox"/> U - Undetermined</p> <p>Required if fire was within designed range</p>	<p>M5</p> <p><b>Reason for Automatic Extinguishing System Failure</b></p> <p><input type="checkbox"/> 1 - System Shut Off  <input type="checkbox"/> 2 - Not Enough Agent Discharged  <input type="checkbox"/> 3 - Agent Discharged But Did Not Reach Fire  <input type="checkbox"/> 4 - Wrong Type of System  <input type="checkbox"/> 5 - Fire Not In Area Protected  <input type="checkbox"/> 6 - System Components Damaged  <input type="checkbox"/> 7 - Lack of Maintenance  <input type="checkbox"/> 8 - Manual Intervention  <input type="checkbox"/> 0 - Other  <input type="checkbox"/> U - Undetermined</p> <p>Required if system failed or not effective</p>
<p>M2</p> <p><b>Type of Automatic Extinguishing System</b></p> <p><input type="checkbox"/> 1 - Wet-Pipe Sprinkler  <input type="checkbox"/> 2 - Dry-Pipe Sprinkler  <input type="checkbox"/> 3 - Other Sprinkler System  <input type="checkbox"/> 4 - Dry Chemical System  <input type="checkbox"/> 5 - Foam System  <input type="checkbox"/> 6 - Halogen-Type System  <input type="checkbox"/> 7 - Carbon Dioxide System  <input type="checkbox"/> 0 - Other  <input type="checkbox"/> U - Undetermined</p> <p>Required if fire was within designed range of AES</p>	<p>M4</p> <p><b>Number of Sprinkler Heads Operating</b></p> <p><input type="text"/></p> <p>Required if system operated</p>	

## NFIRS-9 Apparatus or Resources

A

40106	MN	12	18	2019	Le Sueur (FD)	1205	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Apparatus/Resource	Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken
ID: <input type="text" value="1"/> Type: <input type="text" value="10-Ground fire suppression, other"/>	Dispatch: <input type="text" value="12/18/2019"/> <input type="text" value="12:05"/> Arrival: <input type="text" value="12/18/2019"/> <input type="text" value="12:10"/> Clear: <input type="text" value="12/18/2019"/> <input type="text" value="14:59"/>	<input checked="" type="checkbox"/> Sent <input type="text" value="19"/>	<input checked="" type="checkbox"/> 19	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
ID: <input type="text" value="2"/> Type: <input type="text" value="10-Ground fire suppression, other"/>	Dispatch: <input type="text" value="12/18/2019"/> <input type="text" value="12:05"/> Arrival: <input type="text" value="12/18/2019"/> <input type="text" value="12:10"/> Clear: <input type="text" value="12/18/2019"/> <input type="text" value="14:59"/>	<input checked="" type="checkbox"/> Sent <input type="text" value="0"/>	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
ID: <input type="text" value="eq1"/> Type: <input type="text" value="60-Support apparatus, other"/>	Dispatch: <input type="text" value="12/18/2019"/> <input type="text" value="12:05"/> Arrival: <input type="text" value="12/18/2019"/> <input type="text" value="12:10"/> Clear: <input type="text" value="12/18/2019"/> <input type="text" value="14:59"/>	<input checked="" type="checkbox"/> Sent <input type="text" value="0"/>	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
ID: <input type="text" value="gr1"/> Type: <input type="text" value="16-Brush truck"/>	Dispatch: <input type="text" value="12/18/2019"/> <input type="text" value="12:05"/> Arrival: <input type="text" value="12/18/2019"/> <input type="text" value="12:10"/> Clear: <input type="text" value="12/18/2019"/> <input type="text" value="14:59"/>	<input checked="" type="checkbox"/> Sent <input type="text" value="0"/>	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>



# NFIRS-10 Personnel

A	40106	MN	12	18	2019	Le Sueur (FD)	1205	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

B Apparatus/Resource	Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken
ID: <input type="text" value="1"/> Type: <input type="text" value="10-Ground fire suppression, other"/>	Dispatch: <input type="text" value="12/18/2019"/> <input type="text" value="12:05"/> Arrival: <input type="text" value="12/18/2019"/> <input type="text" value="12:10"/> Clear: <input type="text" value="12/18/2019"/> <input type="text" value="14:59"/>	<input checked="" type="checkbox"/> Sent	<input type="text" value="19"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
Personnel ID	Name	Rank	Role	Attend	Actions Taken
Jason Borchartd	Borchartd, Jason			<input type="checkbox"/>	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
Steve Breaker	Breaker, Steve			<input type="checkbox"/>	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
Jon Burns	Burns, Jon			<input type="checkbox"/>	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
Pete Burns	Burns, Pete			<input type="checkbox"/>	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
Matt Doerr	Doerr, Matt			<input type="checkbox"/>	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
Nick Feser	Feser, Nicholas			<input type="checkbox"/>	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
Tom Gerlich	Gerlich, Tom			<input type="checkbox"/>	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
Ben Hutton	Hutton, Ben			<input type="checkbox"/>	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
John Kotasek	Kotasek, John			<input type="checkbox"/>	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
Lukas Loose	Loose, Lukas			<input type="checkbox"/>	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
Mark Mediger	Mediger, Mark			<input type="checkbox"/>	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
Aaron Meyer	Meyer, Aaron			<input type="checkbox"/>	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
Shane Meyer	Meyer, Shane			<input type="checkbox"/>	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
Marty Milam	Milam, Marty			<input type="checkbox"/>	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
Justin Nielsen	Nielsen, Justin			<input type="checkbox"/>	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>
Joe Sasse	Sasse, Joe			<input type="checkbox"/>	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage &amp; overhaul"/>

Dan Straub	Straub, Dan	<input type="checkbox"/>	11-Extinguishment by fire service personnel
			12-Salvage & overhaul
Scott Vonlehe	Vonlehe, Scott	<input type="checkbox"/>	11-Extinguishment by fire service personnel
			12-Salvage & overhaul
Jesse Wenisch	Wenisch, Jesse	<input type="checkbox"/>	11-Extinguishment by fire service personnel
			12-Salvage & overhaul

ID: <input type="text" value="2"/>	Dispatch: <input type="text" value="12/18/2019"/> <input type="text" value="12:05"/>	<input checked="" type="checkbox"/> Sent <input type="text" value="0"/>	<input checked="" type="checkbox"/> Suppression	11-Extinguishment by fire service personnel
Type: <input type="text" value="10-Ground fire suppression, other"/>	Arrival: <input type="text" value="12/18/2019"/> <input type="text" value="12:10"/>		<input type="checkbox"/> EMS	12-Salvage & overhaul
	Clear: <input type="text" value="12/18/2019"/> <input type="text" value="14:59"/>		<input type="checkbox"/> Other	

Personnel ID	Name	Rank	Role	Attend	Actions Taken
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ID: <input type="text" value="eq1"/>	Dispatch: <input type="text" value="12/18/2019"/> <input type="text" value="12:05"/>	<input checked="" type="checkbox"/> Sent <input type="text" value="0"/>	<input checked="" type="checkbox"/> Suppression	11-Extinguishment by fire service personnel
Type: <input type="text" value="60-Support apparatus, other"/>	Arrival: <input type="text" value="12/18/2019"/> <input type="text" value="12:10"/>		<input type="checkbox"/> EMS	12-Salvage & overhaul
	Clear: <input type="text" value="12/18/2019"/> <input type="text" value="14:59"/>		<input type="checkbox"/> Other	

Personnel ID	Name	Rank	Role	Attend	Actions Taken
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ID: <input type="text" value="gr1"/>	Dispatch: <input type="text" value="12/18/2019"/> <input type="text" value="12:05"/>	<input checked="" type="checkbox"/> Sent <input type="text" value="0"/>	<input checked="" type="checkbox"/> Suppression	11-Extinguishment by fire service personnel
Type: <input type="text" value="16-Brush truck"/>	Arrival: <input type="text" value="12/18/2019"/> <input type="text" value="12:10"/>		<input type="checkbox"/> EMS	12-Salvage & overhaul
	Clear: <input type="text" value="12/18/2019"/> <input type="text" value="14:59"/>		<input type="checkbox"/> Other	

Personnel ID	Name	Rank	Role	Attend	Actions Taken
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