

A		MM DD YYYY 06 13 2014	Station 81	Incident Number 14-0002833	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
B Location*		<input type="checkbox"/> Check this box to indicate that GIS address for this incident is provided on the Midland Fire Module in Section 8 "Alternative Location Specification". Use only for Wildland fires.					
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions		8951 N PARK PLAZA <small>Number/Milepost Prefix Street or Highway</small>		CT <small>Street Type Suffix</small>		Census Tract 0501 - 01	
		117 BROWN DEER <small>Apt./Suite/Room City</small>		WI 53223 <small>State Zip Code</small>			
C Incident Type *		E1 Date & Times		E2 Shift & Alarms			
111 Building fire <small>Incident Type</small>		Check boxes if dates are the same as Alarm Date. Alarm * 06 13 2014 21:05:58 <small>Month Day Year Hr Min Sec</small>		Local Option R 15 <small>Shift or Alarms District Platoon</small>			
D Aid Given or Received*		E3 Special Studies					
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recvd. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None		ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * 06 13 2014 21:11:04 <small>CONTROLLED Optional, Except for wildland fires</small> <input type="checkbox"/> Controlled <small>LAST UNIT CLEARED, required except for wildland fires</small> <input checked="" type="checkbox"/> Last Unit Cleared 06 13 2014 22:23:29		Local Option Special Study ID# Special Study Value			
F Actions Taken *		G1 Resources *		G2 Estimated Dollar Losses & Values			
51 Ventilate <small>Primary Action Taken (1)</small> 87 Investigate fire out on <small>Additional Action Taken (2)</small> 32 Provide basic life <small>Additional Action Taken (3)</small>		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus 0002 Personnel 0006 EMS 0001 Other 0002 <input type="checkbox"/> Check box if resource counts include aid received resources.		LOSSES: Required for all fires if known. Optional for non fires. Property \$ 002,000 Contents \$ 000,100 PRE-INCIDENT VALUE: Optional Property \$ 002,000,000 Contents \$ 400,000			
Completed Modules		H1* Casualties		H3 Hazardous Materials Release		I Mixed Use Property	
<input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input checked="" type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		Deaths Injuries Fire Service Civilian 001 H2 Detector Required for Confined Fires. 1 <input checked="" type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or hazard actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 53 gallons 9 <input type="checkbox"/> Other: special HazMat actions required or spill > 55gal., Please complete the HazMat form		NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use	
J Property Use* structures		131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input checked="" type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales		539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse	
Outside		936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway		981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 429 Multifamily dwelling			

K1 Person/Entity Involved

Local Option: _____ Business name (if applicable): _____ Area Code: 414 Phone Number: 403 - 8069

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

Mr., Ms., Mrs. First Name: ANTHONY MI: _____ Last Name: RICE Suffix: _____

Number: 8951 Prefix: N Street or Highway: PARK PLAZA Street Type: CT Suffix: _____

Post Office Box: _____ Apt./Suite/Room: _____ City: BROWN DEER

State: WI Zip Code: 53223

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.

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

Responded for an automatic fire alarm. Upon arrival we were advised that this was a kitchen fire but that the fire was out. We met the occupant who stated he had grease on the stove and while he was watching TV, the grease started on fire. The occupant did extinguish the fire and in doing so sustained a small burn to his left hand and a larger burn to the left side of his face. E81 crew set up a fan for smoke removal. M81 tended to the patient and E85 silenced the alarm. We were unable to reset the alarm because the heat detector activated in the kitchen. Maintenance man was contacted and did arrive on scene. He was going to get in contact with the alarm company to get the detector fixed. He was advised that if he was unable to activate alarm system, that he would have to establish a fire watch procedure. The guidelines were left with him. Maintenance man also was going to handle the clean up. The damage to the kitchen was the stove, range hood, two cabinets, and a countertop along with some kitchen contents.

BC NOTE; Report faxed to Brown Deer on 6/14/14 at 0700 hrs BC Busalacchi

On 06/13/2014 at 21:05:58 dispatched To 8951 N PARK PLAZA CT /117/BROWN DEER, WI 53223. The location is a Multifamily dwelling. The incident was determined to be a(n) Building fire.

21:11:04 arrived on scene.

The following involvements were noted:

Name/Business Name	Involvement Type
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L Authorization

<u>131</u> Officer in charge ID	<u>GOSSE, JOSEPH A</u> Signature	<u>LT</u> Position or rank	<u>E81</u> Assignment	<u>06</u> Month	<u>13</u> Day	<u>2014</u> Year	
Check box if same as Officer Member making report ID in charge. <input checked="" type="checkbox"/>	<u>131</u> Officer in charge ID	<u>GOSSE, JOSEPH A</u> Signature	<u>LT</u> Position or rank	<u>E81</u> Assignment	<u>06</u> Month	<u>13</u> Day	<u>2014</u> Year