



NFIRS-1 Basic

A

72002	OK	04	02	2018		2018-03173	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

1129	N-North	HICKORY	PL-Place	
Number	Prefix	Street or Highway	Street Type	Suffix

	BROKEN ARROW	OK	74012
Apt./Suite/Room	City	State	Zip Code

Cross Street

C

Incident Type

111-Building fire

D

Aid Given Or Received

- ☐ 1 Mutual Aid Received
☐ 2 Auto. Aid Received
☐ 3 Mutual Aid Given
☐ 4 Auto. Aid Given
☐ 5 Other Aid Given
☒ None

Their FDID	Their State
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Their Incident Number

E1 Dates and Times

Alarm 04 02 2018 14:40

Arrival 04 02 2018 14:43

Controlled

Last Unit Cleared 04 02 2018 19:25

E2 Shifts and Alarms

C Shift T-08

Shift or Alarms District
Platoon

E3 Special Studies

ID# Value

F Actions Taken <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">11-Extinguishment by Fire service personnel</div> Primary Action Taken <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">21-Search</div> Additional Action Taken <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">12-Salvage & overhaul</div> Additional Action Taken	G1 Resources <input checked="" type="checkbox"/> Apparatus or Personnel Module is used. <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center; border-bottom: 1px solid black;">Apparatus</td> <td style="text-align: center; border-bottom: 1px solid black;">Personnel</td> </tr> <tr> <td style="text-align: right;">Suppression</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">15</td> </tr> <tr> <td style="text-align: right;">EMS</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">6</td> </tr> <tr> <td style="text-align: right;">Other</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> </table> <input type="checkbox"/> Resource counts include aid received resources.		Apparatus	Personnel	Suppression	6	15	EMS	3	6	Other	2	2	G2 Estimated Dollar Losses and Values Losses: Required for all fires if known. Optional for all non-fires. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Property: \$</td> <td style="border: 1px solid black; width: 20%; text-align: center;">50,000.00</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> None</td> </tr> <tr> <td>Contents: \$</td> <td style="border: 1px solid black; text-align: center;">30,000.00</td> <td style="text-align: center;"><input type="checkbox"/> None</td> </tr> </table> Pre-Incident Values: Optional <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Property: \$</td> <td style="border: 1px solid black; width: 20%; text-align: center;">105,000.00</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> None</td> </tr> <tr> <td>Contents: \$</td> <td style="border: 1px solid black; text-align: center;">30,000.00</td> <td style="text-align: center;"><input type="checkbox"/> None</td> </tr> </table>	Property: \$	50,000.00	<input type="checkbox"/> None	Contents: \$	30,000.00	<input type="checkbox"/> None	Property: \$	105,000.00	<input type="checkbox"/> None	Contents: \$	30,000.00	<input type="checkbox"/> None
	Apparatus	Personnel																								
Suppression	6	15																								
EMS	3	6																								
Other	2	2																								
Property: \$	50,000.00	<input type="checkbox"/> None																								
Contents: \$	30,000.00	<input type="checkbox"/> None																								
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Contents: \$	30,000.00	<input type="checkbox"/> None																								

Completed Modules <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	H1 Casualties <input checked="" type="checkbox"/> None <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center; border-bottom: 1px solid black;">Deaths</td> <td style="text-align: center; border-bottom: 1px solid black;">Injuries</td> </tr> <tr> <td style="text-align: right;">Fire Service</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Civilian</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table>		Deaths	Injuries	Fire Service	0	0	Civilian	0	0	H3 Hazardous Materials Release <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	I Mixed Use Property <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	0	0										
Civilian	0	0										
H2 Detector 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 <input type="checkbox"/> None 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, Kindergarten 215 <input type="checkbox"/> High School, Junior High 241 <input type="checkbox"/> College, Adult Education 311 <input type="checkbox"/> Nursing Home 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 type="checkbox"/> MultiFamily Dwelling 439 <input type="checkbox"/> Rooming/Boarding House 449 <input type="checkbox"/> Commerical 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 571 <input type="checkbox"/> Gas or Service Station 579 <input type="checkbox"/> Motor Vehicle/Boat Sales/Repairs 599 <input type="checkbox"/> Business Office 615 <input type="checkbox"/> Electric-Generating Plant 629 <input type="checkbox"/> Laboratory/Science Laboratory 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
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Outside 124 <input type="checkbox"/> Playground or Park 655 <input type="checkbox"/> Crops or Orchard 669 <input type="checkbox"/> Forest (Timberland) 807 <input type="checkbox"/> Outdoor Storage Area 919 <input type="checkbox"/> Dump or Sanitary Landfill 931 <input type="checkbox"/> Open Land or Field 936 <input type="checkbox"/> Vacant Lot	938 <input type="checkbox"/> Graded/Cared 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	Property Use: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">400-Residential, other</div> Description 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

Local Option

Person/Entity Type

Business Name (if applicable)

Phone Number

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

L Remarks:

Dispatched to residential structure fire at 1125 N Hickory PL. Sqd 1 arrived on scene first and gave short report. Gave report of hydrant 4 or 5 houses north of fire. Upon arrival E1 gave CAN report stating smoke and fire from the AD side of the house. Established Hickory command on FD211 channel. FD211 assumed command upon arrival.

Initial conditions that were seen on the 360 were fire mainly in 2 bedrooms and a bathroom. Fire coming from windows was from the CD side to the AD side. Neighbor was asked during 360 if the house was vacant and she stated that it was.

Two 1 3/4 line were placed at the front door

E1 started fire attack with a short attack through the front AD window while acting captain masked up. After that the door had to be forced and entry was made with 1 3/4 preconnect. Upon entry fire was extinguished in 3 bedrooms as our way was made to the Alpha Delta corner of the house. The fire was extinguished an estimated 4-5 minutes after entry by E1. Primary search was completed by E7. Secondary completed by E1.

Salvage and overhaul was completed and units were released.

Investigator stayed on scene.

Approximately 2-3 hours after the fire a return trip to the site was done to check for hot spots and none were found.

M Authorization

101585	OWENS, DOUGLAS	BC	BC	04/03/2018
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
100571	EASTERWOOD, KEVIN	LT	Captain	04/03/2018
Member Making Report ID	Signature	Position or Rank	Assignment	Date

NFIRS-2 Fire

A

72002	OK	04	02	2018		2018-03173	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B

Property Details

B1 ☐ Not Residential

Estimated number of residential living units in the building of origin whether or not all units became involved

B2 ☐ Buildings Not Involved

Number of buildings involved

B3 ☒ None ☐ Less than 1 acre

Acres burned (outside fires)

C

On-Site Materials
Or ProductsOn-Site Materials
Storage Use

D

Ignition

D1

Area of Fire Origin

D2

Heat Source

D3

Item First Ignited

D4

Type of Material First Ignited

E1

Cause of Ignition

- ☐ 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

Factor Contributing to Ignition

E3

Human Factors Contributing to Ignition

Check all applicable boxes

- ☐ None
☐ 1 - Asleep
☐ 2 - Possibly impaired by alcohol or drugs
☐ 3 - Unattended person
☐ 4 - Possibly Mentally Disabled
☐ 5 - Physically Disabled
☐ 6 - Multiple Persons Involved

☐ 7 - Age Was A FactorEstimated Age of
Person Involved☐ Male☐ Female

F1

Equipment Involved In Ignition

☒ None

Equipment Involved

Brand Model Serial # Year

F2

Equipment Power Source

Equipment Power Source

F3

Equipment Portability

- ☐ 1 - Portable
☒ 2 - Stationary

Portable equipment normally can be moved by one or two persons.

G

Fire Suppression Factors

H1 Mobile Property Involved <input type="checkbox"/> 1 - Not Involved in ignition, but burned <input type="checkbox"/> 2 - Involved in ignition, but did not burn <input type="checkbox"/> 3 - Involved in ignition and burned <input checked="" type="checkbox"/> None	H2 Mobile Property Type and Make <input type="checkbox"/> Mobile Property Type <input type="text"/> Mobile Property Make <input type="text"/>	Local Use <input type="checkbox"/> Pre-Fire Plan Available <input type="checkbox"/> Arson Report Attached <input type="checkbox"/> Police Report Attached <input type="checkbox"/> Coroner Report Attached <input type="checkbox"/> Other Reports Attached <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> Mobile Property Model <input type="text"/>		<input type="text"/> Year <input type="text"/>
<input type="text"/> State	<input type="text"/> License Plate Number	<input type="text"/> VIN

NFIRS-3 Structure Fire

I1 Structure Type <input checked="" type="checkbox"/> 1 - Enclosed Building <input type="checkbox"/> 2 - Portable/Mobile Structure <input type="checkbox"/> 3 - Open Structure <input type="checkbox"/> 4 - Air-Supported Structure <input type="checkbox"/> 5 - Tent <input type="checkbox"/> 6 - Open Platform <input type="checkbox"/> 7 - Underground Structure <input type="checkbox"/> 8 - Connective Structure <input type="checkbox"/> 0 - Other	I2 Building Status <input type="checkbox"/> 1 - Under Construction <input type="checkbox"/> 2 - In Normal Use <input type="checkbox"/> 3 - Idle, Not Routinely Used <input type="checkbox"/> 4 - Under Major Renovation <input type="checkbox"/> 5 - Vacant and Secured <input checked="" type="checkbox"/> 6 - Vacant and Unsecured <input type="checkbox"/> 7 - Being Demolished <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	I3 Building Height <div style="border: 1px solid black; width: 30px; text-align: center; margin: 2px;">10</div> Number of Stories At/Above Grade <div style="border: 1px solid black; width: 30px; text-align: center; margin: 2px;">0</div> Number of Stories Below Grade	I4 Main Floor Size <div style="border: 1px solid black; width: 60px; text-align: center; margin: 2px;">1200</div> Total Square Feet OR <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> BY <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> Length (ft) X Width (ft)
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J1 Fire Origin <div style="border: 1px solid black; width: 40px; text-align: center; margin: 2px;">1</div> <input type="checkbox"/> Below Grade Story of Fire Origin	J3 Number of Stories Damaged By Flame <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> Number of Stories w/Minor Damage (1-24%) <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> Number of Stories w/Significant Damage (25-49%) <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> Number of Stories w/Heavy Damage (50-74%) <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> Number of Stories w/Extreme Damage (75-100%) *Count the roof as part of the highest story	K Type of Material Contributing Most to Flame Spread K1 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> Item Contributing Most to Flame Spread K2 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> Type of Material Contributing Most To Flame Spread
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L1 Presence of Detectors <input type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input checked="" type="checkbox"/> U - Undetermined	L3 Detector Power Supply <input type="checkbox"/> 1 - Battery Only <input type="checkbox"/> 2 - Hardwire Only <input type="checkbox"/> 3 - Plug-In <input type="checkbox"/> 4 - Hardwire With Battery <input type="checkbox"/> 5 - Plug-In With Battery <input type="checkbox"/> 6 - Mechanical <input type="checkbox"/> 7 - Multiple Detectors & Power Supplies <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	L5 Detector Effectiveness <input type="checkbox"/> 1 - Alerted Occupants, Occupants Responded <input type="checkbox"/> 2 - Alerted Occupants, Occupants Failed to Respond <input type="checkbox"/> 3 - There Were No Occupants <input type="checkbox"/> 4 - Failed to Alert Occupants <input type="checkbox"/> U - Undetermined
L2 Detector Type <input type="checkbox"/> 1 - Smoke <input type="checkbox"/> 2 - Heat <input type="checkbox"/> 3 - Combination of Smoke and Heat <input type="checkbox"/> 4 - Sprinkler, Water Flow Detection <input type="checkbox"/> 5 - More Than One Type Present <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	L4 Detector Operation <input type="checkbox"/> 1 - Fire Too Small To Activate <input type="checkbox"/> 2 - Operated <input type="checkbox"/> 3 - Failed To Operate <input type="checkbox"/> U - Undetermined	L6 Detector Failure Reason <input type="checkbox"/> 1 - Power Failure, Shutoff, or Disconnect <input type="checkbox"/> 2 - Improper Installation or Placement <input type="checkbox"/> 3 - Defective <input type="checkbox"/> 4 - Lack of Maintenance, Dirty <input type="checkbox"/> 5 - Battery Missing or Disconnected <input type="checkbox"/> 6 - Battery Discharged or Dead <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined

M1 Presence of Automatic Extinguishing System <input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input type="checkbox"/> U - Undetermined	M3 Operation of Automatic Extinguishing System <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 Required if fire was within designed range	M5 Reason for Automatic Extinguishing System Failure <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 Required if system failed or not effective
M2 Type of Automatic Extinguishing System <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 Required if fire was within designed range of AES	M4 Number of Sprinkler Heads Operating <input type="text"/> Required if system operated	