

A FDID: 01701 State: MI Incident Date: 04/08/2005 Station: 0412005 Exposure: 0 NFIRS - 1 Basic

B Location
 1 - Street address: 8899 M-28 Highway
 Address Type: _____ Number/Milepost: _____ Prefix: _____ Street or Highway: _____ Street Type: _____ Suffix: _____
 Apt./Suite/Room: _____ City: Brimley State: MI Zip Code: 49715
 Census Tract: _____ Cross street or directions, as applicable: Bound Rd

C Incident Type <u>143 - Grass fire</u> Incident Type	E1 Dates & Times Midnight is 0000 Month Day Year Hour Min Seconds Alarm: <u>04/08/2005</u> <u>15:45</u> Arrival: <u>04/08/2005</u> <u>15:50</u> Controlled: <u>04/08/2005</u> <u>17:30</u> Last Unit Cleared: <u>04/08/2005</u> <u>17:50</u>	E2 Shifts & Alarms Local Option: _____ Shift or platoon: _____ Alarms: _____ District: _____
		E3 Special Studies Local Option: _____ Special Study ID#: _____ Special Study Value: _____
D Aid Given or Received Their FDID: _____ Their State: _____ Their Incident Number: _____ Type Aid Given or Received: <u>N - None</u>		

F Actions Taken <u>11 - Extinguish</u> <u>14 - Contain fire (wildland)</u> Actions Taken	G1 Resources <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression: <u>3</u> <u>9</u> EMS: <u>0</u> <u>0</u> Other: <u>0</u> <u>0</u> <input checked="" type="checkbox"/> 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. Property \$ <u>0</u> Contents \$ <u>0</u> PRE-INCIDENT VALUE: Optional Property \$ <u>0</u> Contents \$ <u>0</u>
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H1 Casualties Deaths: <u>0</u> Injuries: <u>0</u> Fire Service: <u>0</u> <u>0</u> Civilian: <u>0</u> <u>0</u>	H2 Detector : _____ H3 Hazardous Materials Release : _____ I Mixed Use Property : <u>65 - Farm use</u> J Property Use : <u>655 - Crops or orchard</u>
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K1 Person/Entity Involved
 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: _____ Business name (if applicable): _____ Area Code: _____ Phone Number: _____

K2 Owner
 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: _____ Business name (if applicable): _____ Area Code: _____ Phone Number: _____