

A FDID: 01701 State: MI Incident Date: 05/31/2005 Station: 005-014 Exposure: 0 NFIRS - 1 Basic

B Location
 Address Type: 2 - Intersection Number/Milepost: M-28 Highway: Highway
 Street Type: Highway Suffix:
 Apt./Suite/Room: City: Brimley State: MI Zip Code: 49715
 Census Tract: Bound Rd Cross street or directions, as applicable:

C Incident Type
 Incident Type: 132 - Road freight or tr

E1 Dates & Times Midnight is 0000
 Alarm: 05/31/2005 11:41
 Arrival: 05/31/2005 11:56
 Controlled: 05/31/2005 12:00
 Last Unit Cleared: 05/31/2005 12:10

E2 Shifts & Alarms Local Option
 Shift or platoon: Alarms: District:

D Aid Given or Received
 Their FDID: Their State: Their Incident Number:
 Type Aid Given or Received: N - None

E3 Special Studies Local Option
 Special Study ID#: Special Study Value:

F Actions Taken
 11 - Extinguish
 55 - Establish safe area
 78 - Control traffic
 Actions Taken:

G1 Resources
 Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus Personnel
 Suppression: 2 5
 EMS: 0 0
 Other: 0 0
 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 \$ 0
 Contents \$ 0
 PRE-INCIDENT VALUE: Optional
 Property \$ 0
 Contents \$ 0

H1 Casualties
 Fire Deaths Injuries
 Service: 0 0
 Civilian: 0 0

H2 Detector:
H3 Hazardous Materials Release:
I Mixed Use Property:
J Property Use: 961 - Highway or divided highway

K1 Person/Entity Involved
 Mr., Ms., Mrs. First Name: Joseph MI Last Name: S Castine Suffix:
 Number: 15133 Prefix: Stout Street or Highway: Avenue Street Type: Suffix:
 Post Office Box: Apt./Suite/Room: City: Cedar Springs
 State: MI Zip Code: 49319 Business name (if applicable): Rendering Company Area Code: 616 Phone Number: 66962676

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:

B Property Details

B1 0 Y Not Residential
Estimated number of residential living units in building of origin

B2 0
Number of buildings involved

B3 0
Acres burned (outside fires)

C On-Site Materials or Products

On-site materials On-site materials use

D Ignition

D1 86 - Exterior, exposed surface
Area of fire origin

D2 13 - Arcing
Heat source

D3 81 - Electrical wire, cable
Item first ignited

D4
Type of material first ignited

Confined to object of origin

E1 Cause of Ignition

5 - Cause under investigation
Cause of ignition

E2 Factors Contributing To Ignition

Factors contributing to ignition

E3 Human Factors Contributing To Ignition

Estimated age of person involved

Gender of person involved

F1 Equipment Involved In Ignition

Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power

Equipment power source

F3 Equipment Portability

Equipment portability

G Fire Suppression Factors

Fire suppression factors

H1 Mobile Property Involved

2 - Involved in ignition
Mobile property involved

Mobile property model

A068033
License plate number

H2 Mobile Property Type & Make

23 - Trailer - semi, designed for fre
Mobile property type

00 - Other Make
Mobile property make

Year

VIN number

Local Use

A

01701
FDID

MI
State

MM DD YYYY
05/31/2005
Incident Date

Station

005-014
Incident Number

0
Exposure

NFIRS
Remarks

Remarks

Ron Mills
Paul Fox
Jerry Albrough
Frank Toms
Darryl Cameron

M

Authorization

101
Officer in charge ID

Frank Toms
Signature

Chief
Position or rank

Assignment

05/31/2005
Month Day Year

117
Member making report ID

Phil Jobe
Signature

FF
Position or rank

Assignment

05/31/2005
Month Day Year