

A FDID: 01701 State: MI Incident Date: 05/06/2005 Station: 0522005 Exposure: 0 NFIRS - 1 Basic

B Location
 1 - Street address: 12140 Lakeshore Drive
 Address Type: Drive
 Number/Milepost: 12140 Prefix: Lakeshore Street or Highway: Drive Street Type: Drive Suffix:
 Apt./Suite/Room: City: Brimley State: MI Zip Code: 49715
 Census Tract: Cross street or directions, as applicable:

<p>C Incident Type <u>700 - False alarm or fa</u> Incident Type</p>	<p>E1 Dates & Times Midnight is 0000 Alarm <u>05/06/2005</u> <u>10:30</u> Arrival <u>05/06/2005</u> <u>10:35</u> Controlled <u>05/06/2005</u> <u>10:35</u> Last Unit Cleared <u>05/06/2005</u> <u>10:35</u></p>	<p>E2 Shifts & Alarms Local Option <input type="checkbox"/> Shift or platoon <input type="checkbox"/> Alarms <input type="checkbox"/> District E3 Special Studies Local Option <input type="checkbox"/> Special Study ID# <input type="checkbox"/> Special Study Value</p>
<p>D Aid Given or Received <input type="checkbox"/> Their FDID <input type="checkbox"/> Their State <input type="checkbox"/> Their Incident Number <u>N - None</u> Type Aid Given or Received</p>		

<p>F Actions Taken <u>93 - Cancelled enroute</u> Actions Taken</p>	<p>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>2</u> <u>5</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.</p>	<p>G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. Property \$ <u></u> Contents \$ <u></u> PRE-INCIDENT VALUE: Optional Property \$ <u></u> Contents \$ <u></u></p>
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<p>H1 Casualties Fire Deaths Injuries Service <u>0</u> <u>0</u> Civilian <u>0</u> <u>0</u></p>	<p>H2 Detector <u></u> H3 Hazardous Materials Release <u></u> I Mixed Use Property <u></u> J Property Use <u>144 - Casino, gambling clubs</u></p>
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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