

**A** FDID: 01701 State: MI Incident Date: 09/11/2005 Station: 009-026 Exposure: 0 NFIRS - 1 Basic

**B Location**  
 Address Type: 6 - Directions Number/Milepost: M-28 Prefix:  Street or Highway: Highway Street Type:  Suffix:   
 Apt./Suite/Room:  City: Brimley State: MI Zip Code: 49715  
 Census Tract: 5 mi W. of I-75, S. side hwy Cross street or directions, as applicable

**C Incident Type**  
 Incident Type: 352 - Extrication of vid

**E1 Dates & Times** Midnight is 0000  
 Alarm: 09/11/2005 20:51  
 Arrival: 09/11/2005 20:53  
 Controlled: 09/11/2005 20:58  
 Last Unit Cleared: 09/11/2005 21:29

**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**  
23 - Extricate, disentangle  
78 - Control traffic

**G1 Resources**  
 Check this box and skip this section if an Apparatus or Personnel form is used.  
 Apparatus: 2 Personnel: 6  
 EMS: 0 Other: 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: 0 Injuries: 0  
 Civilian: 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: Sarah MI Last Name: Hytines Suffix:   
 Number: 486 Prefix:  Street or Highway: Sheridan Street Type: Drive Suffix:   
 Post Office Box:  Apt./Suite/Room:  City: Sault Ste Marie  
 State: MI Zip Code: 49783 Business name (if applicable):  Area Code:  Phone Number:

**K2 Owner**  
 Mr., Ms., Mrs. First Name: Sarah MI Last Name: Hytines Suffix:   
 Number: 486 Prefix:  Street or Highway: Sheridan Street Type: Drive Suffix:   
 Post Office Box:  Apt./Suite/Room:  City: Sault Ste Marie  
 State: MI Zip Code: 49783 Business name (if applicable):  Area Code:  Phone Number:

A

01701  
FDID

MI  
State

MM DD YYYY  
09/11/2005  
Incident Date

Station

009-026  
Incident Number

0  
Exposure

NFIRS  
Remarks

Remarks

Chief Toms  
Phil Jobe  
Nick Garlinghouse  
Ron Mills  
Adam Mills  
Jim Sutton  
License Number ZNW582  
VIN 1FMZU72XXYZA61230  
1999 Ford Explorer Red

M

Authorization

101  
Officer in charge ID

Frank Toms  
Signature

Chief  
Position or rank

Assignment

09/11/2005  
Month Day Year

117  
Member making report ID

Phil Jobe  
Signature

FF  
Position or rank

Assignment

09/11/2005  
Month Day Year