

Property Details

B1 Not Residential
 Estimated number of residential living units in building of origin whether or not all units damage involved
 0001

B2 Buildings not involved
 Number of buildings involved
 003

B3 None
 Less than one acre
 Acres burned (outside fires)

C On-Site Materials or Products None
 Complete if there were any significant amounts of commercial, industrial, aviation or agricultural products or materials on the property, whether or not they became involved.
 Enter up to three codes. Check one or more boxes for each code entered.

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

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D Ignition

D1 Courtyard, patio, etc.
 Area of fire origin *

D2 Cigarette
 Heat source *

D3 Organic materials
 Check box if fire spread from area burning *
 was confined to object of origin

D4 _____
 Type of material first ignited
 Required only if fire first ignited inside structure

E1 Cause of Ignition
 Check box if this is an exposure report. Skip to section G

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

1 Abandoned or _____
 Factor contributing to ignition (1)

1 _____
 Factor contributing to ignition (2)

E3 Human Factors Contributing To Ignition
 Check all applicable boxes

1 Asleep None
 2 Possibly impaired by alcohol or drugs
 3 Unattended person
 4 Possibly mental disabled
 5 Physically Disabled
 6 Multiple persons involved

7 Age was a factor
 Estimated age of person involved _____

1 Male 2 Female

F1 Equipment Involved In Ignition
 None if equipment was not involved, skip to section G

Equipment involved _____

Serial # _____
 Model _____
 Detail # _____
 Year _____

F2 Equipment Power
 Equipment power source _____

F3 Equipment Portability

1 Portable
 2 Stationary

Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.

G Fire Suppression Factors
 Enter up to three codes. None

Fire suppression factor (1) _____
 Fire suppression factor (2) _____
 Fire suppression factor (3) _____

H1 Mobile Property Involved
 None

1 Not involved in ignition, but burned
 2 Involved in ignition, but did not burn
 3 Involved in ignition and burned

Mobile property make _____
 License plate number _____
 State _____ VOP Number _____

H2 Mobile Property Type & Make

Mobile property type _____
 Mobile property make _____

Local Use

Pre-Fire Plan Available
 Some of the information presented in this report may be based upon reports from other agencies

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

NFIRS-3 Revision 01/19/99

I1 Structure Type * Fire was in enclosed building or a portable/mobile structure complete the rest of this form <input checked="" type="checkbox"/> Enclosed Building <input type="checkbox"/> Portable/mobile structure <input type="checkbox"/> Open structure <input type="checkbox"/> Air supported structure <input type="checkbox"/> Tent <input type="checkbox"/> Open platform (e.g. stage) <input type="checkbox"/> Underground structure (e.g. tunnel) <input type="checkbox"/> Connective structure (e.g. bridge) <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story 001 <small>Total number of stories at or above ground</small> _____ <small>Total number of stories below grade</small>	I4 Main Floor Size* NFIRS-3 Structure Fire _____ , _____ , _____ <small>Total square feet</small> OR _____ BY _____ <small>Length in feet Width in feet</small>
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J1 Fire Origin * 001 <small>Story of fire origin</small> <input type="checkbox"/> Below Grade	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story _____ <small>Number of stories w/ minor damage (1 to 24% flame damage)</small> _____ <small>Number of stories w/ significant damage (25 to 49% flame damage)</small> _____ <small>Number of stories w/ heavy damage (50 to 74% flame damage)</small> _____ <small>Number of stories w/ extreme damage (75 to 100% flame damage)</small>	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread to save an additional fire ignited or unable to extinguish <small>Skip To Section L</small> K1 _____ <small>Type contributing most to flame spread</small> K2 58 Tobacco <small>Type of material contributing most to flame spread Required only if flame spread contributing code is 00 or 01</small>
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L1 Presence of Detectors * <small>(In area of the fire)</small> <input type="checkbox"/> None Present <small>Skip to section M</small> <input checked="" type="checkbox"/> Present <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input checked="" type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 8 <input type="checkbox"/> Other _____ 9 <input type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants 5 <input type="checkbox"/> Undetermined
L2 Detector Type 1 <input checked="" type="checkbox"/> Smoke X 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input checked="" type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) 4 <input type="checkbox"/> Undetermined	L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 7 <input type="checkbox"/> Other _____ 8 <input type="checkbox"/> Undetermined

M1 Presence of Automatic Extinguishment System * <input type="checkbox"/> None Present <input type="checkbox"/> Present <small>Complete rest of Section M</small>	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M5) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 5 <input type="checkbox"/> Other 6 <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 9 <input type="checkbox"/> Other _____ 0 <input type="checkbox"/> Undetermined <small>NFIRS-3 Revision 01/19/99</small>
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of A&E 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO2) system 8 <input type="checkbox"/> Other special hazard system 9 <input type="checkbox"/> Undetermined	M4 Number of Sprinkler Heads Operating Required if system operated _____ <small>Number of sprinkler heads operating</small>	

2029

OH

8

10

2014

7

14-0010207

000

Complete
Narrative

Narrative:

E7 was called to this address on a still alarm for a occupant that had a small fire on her porch that they extinguished but was concerned it was still smoldering. E7 arrived to this address to find nothing showing and occupants out back of structure. This was an upstairs apartment and occupant stated that she had been out on the porch smoking and put her cigarette out and placed it in a plant sitting on the porch. Occupant smelled something burning a short time later and came out to find plant was on fire. A neighbor (Kenny Hendrick) came up with a fire extinguisher and put the fire out and removed the planter. E7 found that the fire had charred and burned the porch top railing and the outside of the porch and eaves. E7 crew opened up the charred areas and found them unburned and clean underneath. NO extension was found by E7 crew. Top railing was burned the most and was still scoldering. E7 crew soaked areas with water to cool several times. Occupant had contacted owner but he was unavailable to come to the scene. He was going to come by later this evening. Information was gathered and occupant told us she was going to be home for the day. E7 advised her to keep an eye on things and if she felt the need to call us back. E7 returned to service.

2029 OH 08 10 2014 7 14-0010207 000
 Location*
 Street address 1335 N Limestone ST
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions
 Springfield OH 45504

C Incident Type *
 111 Building fire
D Aid Given or Received *
 1 Mutual aid received
 2 Automatic aid recvd.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None

E1 Date & Times Midnight is 0000
 Alarm * 08 10 2014 14:59:15
 Arrival * 08 10 2014 15:09:11
 Controlled
 Last Unit Cleared 08 10 2014 15:34:51

E2 Shift & Alarms
 Shift of Alarm District
E3 Special Studies
 Special Study ID# Special Study Value

F Actions Taken *
 87 Investigate fire out on
 12 Salvage & overhaul

G1 Resources *
 Apparatus Personnel
 Suppression 0001 3003
 EMS
 Other

G2 Estimated Dollar Losses & Values
 LOSSES: Required for all fires if known. Optional for non-fires.
 Property \$ 001,000
 Contents \$ 000,000
 PRE-INCIDENT VALUE: Optional
 Property \$ 065,000
 Contents \$ 000,000

Completed Modules
 Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1 Casualties None
 Deaths Injuries
 Fire Service
 Civilian
H2 Detector
 Required for Building fires
 Detector alerted occupants
 Detector did not alert them
 Unknown

H3 Hazardous Materials Release
 None
 1 Natural Gas: gas leak, no indication of burner activity
 2 Propane gas: (p) (b) tank (a) tank (c) tank (d) grill
 3 Gasoline: gasoline fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
 6 Household solvents: substitution spill, cleaning agent
 7 Motor oil: from engine or portable container
 8 Paint: from paint can totaling < 25 gallons
 9 Other: special hazard contents required or spill > 5 gal...
 Please complete the Spill Form

I Mixed Use Property
 Not Mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Gas & residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use * Structures
 131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school or kindergarten
 215 High school or junior high
 241 College, adult education
 311 Care Facility for the aged
 331 Hospital
 341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1- or 2-family dwelling
 429 Multi-family dwelling
 439 Rooming/boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales
 539 Household goods, sales, repairs
 579 Motor vehicle/boat sales/repair
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 629 Laboratory/science lab
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 822 Non-residential parking garage
 891 Warehouse
 936 Vacant lot
 938 Graded/care for plot of land
 946 Lake, river, stream
 951 Railroad right of way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway
 981 Construction site
 984 Industrial plant yard
 Property Use 419
 1 or 2 family dwelling

Person/Entity Involved

937 - 215 - 6505
Area Code Phone Number

Blank this box if same address as incident location. Then skip the three duplicate address lines.

Mr./Ms./Mx. First Name: Nichole Last Name: Tesseneer Suffix:

Number: 1375 Prefix: Street or Highway: 1/2 N Limestone Street Type: ST Suffix:

Post Office Box: Apt./Suite/Room: City: Springfield

State: OH Zip Code: 45504

More people involved? Check this box and attach Supplemental Forms (NFIRS-19) as necessary

K2 Owner

Same as person involved? Then check this box and skip the rest of this section.

937 - 206 - 6578
Area Code Phone Number

Blank this box if same address as incident location. Then skip the three duplicate address lines.

Mr./Ms./Mx. First Name: Eric Last Name: Crowe Suffix:

Number: 5335 Prefix: Street or Highway: Lehman Street Type: RD Suffix:

Post Office Box: Apt./Suite/Room: City: Springfield

State: OH Zip Code: 45502

L Remarks

E7 was called to this address on a still alarm for a occupant that had a small fire on her porch that they extinguished but was concerned it was still smoldering. E7 arrived to this address to find nothing showing and occupants out back of structure. This was an upstairs apartment and occupant stated that she had been out on the porch smoking and put her cigarette out and placed it in a plant sitting on the porch. Occupant smelled something burning a short time later and came out to find plant was on fire. A neighbor (Kenny Hendrick) came up with a fire extinguisher and put the fire out and removed the planter. E7 found that the fire had charred and burned the porch top railing and the outside of the porch and eaves. E7 crew opened up the charred areas and found them unburned and clean underneath. NO extension was found by E7 crew. Top railing was burned the most and was still smoldering. E7 crew soaked areas with water to cool several times. Occupant had contacted owner but he was unavailable to come to the scene. He was going to come by later this evening. Information was gathered and occupant told us she was going to be home for the day. E7 advised her to keep an eye on things and if she felt the need to call us back. E7 returned to service.

This is an exact copy of the record on file in the Springfield Fire Rescue Division.
 Issued by [Signature]
 This is stamped with red ink.

L Authorization

1237 Beekman, Timothy D E7 E7 08 10 2014
 Officer in Charge Signature Position of Rank Assignment Month Day Year

1237 Beekman, Timothy D E7 E7 08 10 2014
 Date of Report Making report to Signature Position of Rank Assignment Month Day Year