



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC UTILITIES

PIPELINE SAFETY DIVISION

INCIDENT REPORT

1214 VFW Parkway, Boston, Massachusetts
May 12, 2018

PIPELINE SAFETY DIVISION

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May 12, 2018

Boston Gas Company d/b/a National Grid

Estimated Property Damage (per Boston Fire Department): \$2,500,000

Injuries: 3 (minor)

Report Issued: November 23, 2020

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EXHIBIT LIST

- Exhibit 1: Boston Fire Department Report
- Exhibit 2: National Grid Telephonic Incident Notice to Department of Public Utilities
- Exhibit 3: Photographs
- Exhibit 4: Odorization Test Results
- Exhibit 5: Pressure Test Record

I. INTRODUCTION

A. Scope of the Investigation

The Massachusetts Department of Public Utilities (“Department”), Pipeline Safety Division (“Division”), pursuant to G.L. c. 164, § 105A and a Federal Certification Agreement as provided for in 49 U.S.C. § 60105, has investigated a natural gas release at 1214 VFW Parkway, West Roxbury (Boston), MA, on May 12, 2018 (“Incident”). The release of gas may have contributed to the Incident¹ and fire and property damage estimated at \$2.5 million by the Boston Fire Department. The gas service at the location was provided by Boston Gas Company d/b/a National Grid (“National Grid” or “Operator”).

Pursuant to 49 U.S.C. § 60105(c), and as part of the Department’s annual certification process by the United States Department of Transportation (“U.S. DOT”), the Department must report to the U.S. DOT:

each accident or incident . . . involving a fatality, personal injury requiring hospitalization, or property damage or loss of more than an amount the [U.S. DOT] Secretary establishes, any other accident the [Department] considers significant, and a summary of the investigation by the [Department] of the cause and circumstances surrounding the accident or incident.

¹ Incident, as defined by 49 CFR § 191.3, means any of the following events:

- (1) An event that involves a release of gas from a pipeline . . . and that results in one or more of the following consequences:
 - (i) A death, or personal injury necessitating in-patient hospitalization;
 - (ii) Estimated property damage of \$50,000 or more, including loss to the operator and others, or both, but excluding cost of gas lost; or
 - (iii) Unintentional estimated gas loss of three million cubic feet or more.
- (2) An event that results in an emergency shutdown of an LNG facility or an underground natural gas storage facility. . . .
- (3) An event that is significant in the judgment of the operator, even though it did not meet the criteria of paragraph (1) or (2) of this definition.

The Department has established procedures for determining the nature and extent of violations of codes and regulations pertaining to the safety of pipeline facilities and the transportation of gas, including but not limited to, G.L. c. 164, §§ 76, 76C, and 105A and 220 CMR §§ 69.00 and 101.00 through 115.00. The Division, on behalf of the Department, also enforces the U.S. DOT safety standards for gas pipeline systems as set forth in 49 CFR Parts 40, 192, 193, and 199.

B. Overview of Incident

On May 12, 2018, the Boston Fire Department (“BFD”) received an alarm of a fire at 1212 VFW Parkway, Boston, at approximately 5:58 a.m. (Exh. 1). The fire was actually located at 1214 VFW Parkway, part of the same condominium complex as 1212 VFW Parkway.

The first BFD unit arrived on site at 6:06 a.m. (Exh. 1). At 6:15, the BFD reported the now six-alarm fire to National Grid (Exh. 2). At approximately 6:44 a.m., National Grid notified the Division by telephone of the Incident, reporting that the gas service had been impacted and was feeding the fire (Exh. 2). The Division dispatched an investigator to the scene, who subsequently observed a pressure test performed at the site. National Grid took possession of the jurisdictional piping and appurtenances (which included the service line, service riser, and service regulator) for further testing and evaluation.

Thirty-six residents were displaced by the fire. One resident and two firefighters were taken to a local hospital with minor injuries. The BFD’s last unit cleared the site at about 6:12 p.m. later that day (Exh. 1).

National Grid informed the Division that it provided telephonic notification of the Incident to the U.S. DOT on May 12, 2018 (DOT #1211946) but did not file a 30-day PHMSA 7100.1 incident report because gas was not suspected as the cause of the Incident.

II. INVESTIGATION

A. Introduction

The Division, on behalf of the Department, conducted an investigation to determine the cause and origin of the fire. This included issuing information requests to National Grid regarding the operational and maintenance history of the location, collecting distribution system information, and requesting that Massachusetts Materials Research, Inc. (“MMR”) examine the jurisdictional piping and appurtenances for defects. The results of the Division’s investigation are set forth below.

B. Description of the Gas Facilities

The building at 1214 VFW Parkway is supplied with natural gas for heating, cooking, and hot water. The natural gas service to the building was installed in August 1986.

At the Division’s request, National Grid conducted a pressure test onsite on May 12, 2018. The pressure test -- conducted on the [REDACTED] plastic service line from the gate valve to the riser valve -- showed [REDACTED] and was successful (Exh. 5).

C. Odorization

State regulation, 220 CMR § 101.06(20), requires operators to odorize natural gas in their distribution systems. Gas must have a “distinctive odor of sufficient intensity so that a concentration of 0.15% gas in the air is readily perceptible to the normal or average olfactory senses of a person coming from fresh uncontaminated air into a closed room.” The state

regulation also requires a gas operator to conduct periodic sampling of odorant concentrations throughout their system. National Grid conducts odorant sampling throughout its system on a monthly basis. A review of National Grid's odorant records indicate satisfactory odorization levels throughout the distribution system (Exh. 4).

D. BFD Report

The BFD investigated and issued a report on May 12, 2018, concluding that the factors that contributed to ignition were "undetermined" and that the cause of the ignition was "undetermined after investigation" (Exh. 1).

E. MMR Failure Analysis

MMR conducted a detailed analysis of the jurisdictional piping and appurtenances secured from 1214 VFW Parkway and issued its report on January 21, 2020.² MMR conducted visual inspection, radiography, borescope examination, leak testing, disassembly, Fourier transform infrared spectroscopy, and binocular microscopy.

The regulator and riser assemblies were disassembled (regulator) and cut (riser) to reveal internal damage that led to leakage of these two items, and the service tee tapping cap was removed to reveal any thread or O-ring damage that may have caused the slow leak observed. MMR summarized the findings of this analysis as follows:

This examination revealed thermal damage as the result of the fire as the cause of the jurisdictional component leakage. While the regulator did not visibly appear to have been tampered with, old thread damage on the adjustment screw cap in the removal direction predating laboratory disassembly damage

² Copies of the MMR report can be obtained by contacting: Veda-Anne Ulcickas, Massachusetts Materials Research, Inc., P.O. Box 810, Century Drive, West Boylston, MA 01583.

revealed the need for examination of this regulator's service history. Such an inspection would reveal whether the adjusting screw region was ever accessed legitimately by the service provider.³

MMR's overall conclusion was as follows:

The regulator and riser assembly revealed only leaks caused by thermal damage from the fire. A slow leak of approximately 1 ft³/hr was detected from the cap of the service tee that was unrelated to fire damage. Since the regulator was located outside the condo building it served, it is unlikely a path to the originating unit existed for gas originating at the service tee.

III. SUMMARY OF FINDINGS

- The [REDACTED] plastic service to 1214 VFW Parkway was installed in August 1986.
- The operating pressure in the service line on May 12, 2018, prior to the incident was approximately [REDACTED].
- The gas was odorized to meet both the state and federal requirements.
- National Grid responded to a gas-fed fire at the scene at approximately 6:29 a.m. on May 12, 2018.
- The fire severely damaged the three-story structure at 1214 VFW Parkway.
- Pressure test results were satisfactory, from the gate valve to the riser at the time of initial investigation.
- Analysis of the regulator and riser assembly revealed leaks caused by thermal damage from the fire. A leak from the service tee cap appeared unrelated to the fire.
- The source of ignition and contributing factors could not be determined.

³ The Division's review of the service history showed that National Grid performed work at this location on at least two occasions, March 14, 2007 and February 14, 2011.

IV. CONCLUSION

Based on the Division's review of all relevant information, including National Grid's responses to the information requests, the BFD report, and the MMR report, the Division finds that the cause and origin of the Incident at 1214 VFW Parkway is unknown and undetermined. The Division further finds insufficient evidence to support a determination that National Grid's distribution system caused or contributed to the cause of the fire, or that National Grid failed to comply with any state or federal pipeline safety laws or regulations.

EXHIBIT 1

Boston Fire Department Report

| | | | | | | | | | |
|---|--|---|------------------------------|---|----------------|---|-------------------|---|----------------------------------|
| A | | MM DD YYYY 05 12 2018 | FDID 25035 * | State MA * | Station [] | Incident Number 18-0030451 * | Exposure 000 * | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity | NFIRS -1 Basic |
| B Location* | | <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module In Section B "Alternative Location Specification". Use only for Wildland fires. | | | | | | | |
| <input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions | | 1212 <small>Number/Milepost</small> | VFW <small>Prefix</small> | PKWY <small>Street Type</small> | | BOSTON <small>City</small> | | MA <small>State</small> | 02132 <small>Zip Code</small> |
| C Incident Type * | | E1 Date & Times | | | | E2 Shift & Alarms | | | |
| 111 Building fire <small>Incident Type</small> | | Midnight is 0000 Check boxes if dates are the same as Alarm Date. ALARM always required | | | | Local Option 2 06 12 <small>Shift or Alarms District Platoon</small> | | | |
| D Aid Given or Received * | | E3 Special Studies | | | | | | | |
| 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid rcv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None | | Arrival * 05 12 2018 06:06:36 <small>ARRIVAL required, unless canceled or did not arrive</small> <input type="checkbox"/> Controlled <small>CONTROLLED Optional, Except for wildland fires</small> <input type="checkbox"/> Last Unit Cleared <small>LAST UNIT CLEARED, required except for wildland fires</small> | | | | Local Option Special Study ID# Special Study Value | | | |
| F Actions Taken * | | G1 Resources * | | | | G2 Estimated Dollar Losses & Values | | | |
| 50 Fires, rescues & hazardous conditions <small>Primary Action Taken (1)</small> 40 Hazardous condition, Other <small>Additional Action Taken (2)</small> 10 Fire control or extinguishment, Other <small>Additional Action Taken (3)</small> | | <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0043 EMS <input type="checkbox"/> Check box if resource counts include aid received resources. | | | | LOSSES: Required for all fires if known. Optional for non fires. None Property \$ 002, 500, 000 Contents \$, 100, 000 PRE-INCIDENT VALUE: Optional Property \$, 000, 000 Contents \$, 000, 000 | | | |
| Completed Modules | | H1* Casualties | | H3 Hazardous Materials Release | | | | I Mixed Use Property | |
| <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11 | | Deaths Injuries Fire Service Civilian | | N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form | | | | NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use | |
| J Property Use* Structures | | 341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input checked="" type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse | | | | 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway | | 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 429 Multifamily dwelling | |

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

Check This Box if same address as incident location. Then skip the three duplicate address lines.

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

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner

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

Local Option

Business name (if Applicable)

Area Code

Phone Number

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

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

L Remarks

Local Option

While responding to box 2883 Ladder 25 observed heavy fire showing from large condominium complex Lt Briscoe immediately struck the second alarm, then third shortly after. There were two occupants that were screaming for help from the third floor window. Under heavy fire conditions. Lt Briscoe grabbed a 28 Ft ladder off of Ladder 25 and, FF Michael Blarney, FF Richard Widener and FF Russell Watt threw the 28ft Ladder to the third floor window. FF Widener climbed the ladder to the third window and Ladder 25 brought the trapped occupants down. At around the same time Engine 30 took a 2.5 inch line to the front of the building with approximately 150 ft. of line and attacked the fire that was burning at a gas line trying not to extinguish the fire. Engine 30's chauffeur grabbed a hydrant on the Alpha side of the building. Engine 53 was the second engine on scene. They ran a 2.5 line to the Alpha side of the building and knocked down heavy fire. Engine 53 took the line over a 35 foot ladder that Ladder through to second floor on the A/B corner. Engine 53 did a primary search for fire spread on the second floor. (later on Engine 53 was ordered out of the building and set up a blitz gun helped out Engine 30 in control of the gas fire). Lack of hydrants in the front in the initial stages of the building was a problem but all companies did a great job of working together to overcome and adapt. Engine 55 secured a water supply and advanced a 2.5 line to the front of the building to join in the effort to knock down heavy fire and cool the gas line that continued to burn being careful not to put it out. Ladder 16 threw another ground ladder to the 3rd floor porch on the Charlie side. After securing the ladder, Ladder 16 went to the 3rd floor to open up apartment doors to conduct a primary search. (Engine 28 had a line on the third floor ready to knock down any exposed fire). The second apartment was met with heavy fire in the ceiling. (Engine 48 had a charged line in place). (Later, FF Norman had a ceiling come down on him while overhauling (at this point we were ordered out of the building) FF Norman went with EMS to the hospital. (Later, Ladder 16 change their bottles and set up pipe operations.) Engine 41 supplied Ladder 16 with water. (Later on ladder 16 help open up windows on the Alpha side. Ladder 16 would go back in to the fire building to complete the secondary search.

L Authorization

Rescue 2 on the box conducted a primary search in exposure in building D and forced doors on the exposure building. A search was negative and few hot spots in 3 apartments on 1st floor exposure side. Company then continued open ceilings in the bathroom with Engine 24's line in place. Car 4 supervisor all operations in this sector. R2 on the order of Operations opened the hatch to the cockloft in this exposure building. Very little smoke was in the cockloft. Engine 21 played their line in the cockloft. Two members of Rx conducted a primary search on floor 2 and 3 or the main fire building before existing. (R2 was released by

Commissioner Finn due to multiple alarm fire in District 7. Ladder 28 responded on the second alarm and position the apparatus on the Charlie side. Ladder 28 put 2 4X4\$ wholes in the roof using a chain saw. All other members of Ladder 28 performed primary searches on floors one and two and overhauled on floors 1,2, and 3. Upon arrival on Engine 48, company ran attack line over a ground ladder to floor 3. They attacked the fire in the attack once

Narrative:

While responding to box 2883 Ladder 25 observed heavy fire showing from large condominium complex Lt Briscoe immediately struck the second alarm, then third shortly after. There were two occupants that were screaming for help from the third floor window. Under heavy fire conditions. Lt Briscoe grabbed a 28 Ft ladder off of Ladder 25 and, FF Michael Blarney, FF Richard Widener and FF Russell Watt threw the 28ft Ladder to the third floor window. FF Widener climbed the ladder to the third window and Ladder 25 brought the trapped occupants down. At around the same time Engine 30 took a 2.5 inch line to the front of the building with approximately 150 ft. of line and attacked the fire that was burning at a gas line trying not to extinguish the fire. Engine 30's chauffeur grabbed a hydrant on the Alpha side of the building. Engine 53 was the second engine on scene. They ran a 2.5 line to the Alpha side of the building and knocked down heavy fire. Engine 53 took the line over a 35 foot ladder that Ladder through to second floor on the A/B corner. Engine 53 did a primary search for fire spread on the second floor. (later on Engine 53 was ordered out of the building and set up a blitz gun helped out Engine 30 in control of the gas fire). Lack of hydrants in the front in the initial stages of the building was a problem but all companies did a great job of working together to overcome and adapt. Engine 55 secured a water supply and advanced a 2.5 line to the front of the building to join in the effort to knock down heavy fire and cool the gas line that continued to burn being careful not to put it out. Ladder 16 threw another ground ladder to the 3rd floor porch on the Charlie side. After securing the ladder, Ladder 16 went to the 3rd floor to open up apartment doors to conduct a primary search. (Engine 28 had a line on the third floor ready to knock down any exposed fire). The second apartment was met with heavy fire in the ceiling. (Engine 48 had a charged line in place). (Later, FF Norman had a ceiling come down on him while overhauling (at this point we were ordered out of the building) FF Norman went with EMS to the hospital. (Later, Ladder 16 change their bottles and set up pipe operations.) Engine 41 supplied Ladder 16 with water. (Later on ladder 16 help open up windows on the Alpha side. Ladder 16 would go back in to the fire building to complete the secondary search. Rescue 2 on the box conducted a primary search in exposure in building D and forced doors on the exposure building (search was negative and few hot spots in 3 apartments on the exposure side. Company then continued open ceilings in the bath room with Engine 21's line in place. Car 4 supervisor all operations in this sector. R2 on the order of Operations C7 opened the hatch to the cockloft in this exposure building, very little smoke was trapped. Engine 21 played their line in the cockloft. Two members of Rx conducted a primary on floor 2 and 3 or the main fire building before existing. (R2 was released by Commissioner Finn due to multiple alarm fire in District 7. Ladder 28 responded on the second alarm and position the apparatus on the Charlie side. Ladder 28 put 2 4X4\$ wholes in the roof using a chain saw. All other members of Ladder 28 performed primary searches on floors one and two and overhauled on floors 1,2, and 3. Upon arrival on Engine 48, company ran attack line over a ground ladder to floor 3. They attacked the fire in the attack once the ceiling was taken down. Companies were then ordered out of the building. Engine 48 ran another line over L10's aerial. Members returned to the interior and washed down floors 2 and 3. Engine 48 removed water from the building by putting holes in exterior walls. Engine 42 secured a hydrant on the Charlie side of the building. E-42 stretched their attack line on floor number 3 and then moved from 1216 VFW Parkway to 1214 VFW Parkway Floor 3. E-42 evacuated the building and relieved E-55 from their line. Engine 42 returned to their line on floor 3 and breached a wall to drain some water from floor 3. After a wash down and a check with their Thermal Imager , Engine 42 returned to quarters.

FF Ameto (phone 858-900-1620) an off duty fire fighter from L-26 helped several people from the Alpha side of Floor 3 to Ladder 25's ground.

25035
FDID *

MA
State *

MM DD
5 12
Incident Date *

YYYY
2018

Station

18-0030451
Incident Number *

000
Exposure *

Complete
Narrative

Large empty rectangular area for the incident narrative.

| | | | | | | | | |
|----------|---------------------|-------------------|--|---------------------------|-------------------------------------|-----------------------|--|--------------------------|
| A | FDID * <u>25035</u> | State * <u>MA</u> | Incident Date * MM <u>05</u> DD <u>12</u> YYYY <u>2018</u> | Station <u> </u> | Incident Number * <u>18-0030451</u> | Exposure * <u>000</u> | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity | NFIRS -2 Fire |
|----------|---------------------|-------------------|--|---------------------------|-------------------------------------|-----------------------|--|--------------------------|

B Property Details

B1 0060 Not Residential
Estimated Number of residential living units in building of origin whether or not all units became involved

B2 001 Buildings not involved
 Number of buildings involved

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

C On-Site Materials None or Products Complete if there were any significant amounts of commercial, industrial, energy 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.

| | |
|---|--|
| <u> </u> <u> </u> On-site material (1) | 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service |
| <u> </u> <u> </u> On-site material (2) | 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service |
| <u> </u> <u> </u> On-site material (3) | 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service |

D Ignition

D1 UU Undetermined
 Area of fire origin *

D2 UU Undetermined
 Heat source *

D3 UU Undetermined
 Item first ignited * 1 Check Box if fire spread was confined to object of origin

D4
 Type of material first ignited Required only if item first ignited code is 00 or <70

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

UU Undetermined None
 Factor Contributing To Ignition (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

Brand

Model

Serial #

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 use 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

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

 Mobile property model Year

 License Plate Number State VIN Number

NFIRS-2 Revision 01/19/99

| | | | |
|--|---|--|---|
| I1 Structure Type * If Fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <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 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined | I3 Building * Height Count the ROOF as part of the highest story <u>003</u> Total number of stories at or above grade <u>001</u> Total number of stories below grade | I4 Main Floor Size* NFIRS-3 Structure Fire <u> </u> , <u>120</u> , <u>000</u> Total square feet OR <u> </u> , <u> </u> BY <u> </u> , <u> </u> Length in feet Width in feet |
| J1 Fire Origin * <u>001</u> <input type="checkbox"/> Below Grade Story of fire origin | J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <u> </u> Number of stories w/ minor damage (1 to 24% flame damage) <u> </u> Number of stories w/ significant damage (25 to 49% flame damage) <u> </u> Number of stories w/ heavy damage (50 to 74% flame damage) <u>003</u> Number of stories w/ extreme damage (75 to 100% flame damage) | K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 <u>UU</u> <u>Undetermined</u> Item contributing most to flame spread K2 <u>UU</u> <u>Undetermined</u> Type of material contributing most of flame spread Required only if item contributing code is 00 or <70 | |
| J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input checked="" type="checkbox"/> Beyond building of origin | L1 Presence of Detectors * (In area of the fire) N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined | L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input checked="" 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 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined | L5 Detector Effectiveness Required if detector operated 1 <input checked="" 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 U <input type="checkbox"/> Undetermined |
| L2 Detector Type 1 <input checked="" type="checkbox"/> Smoke 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 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined | L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <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 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined | |
| M1 Presence of Automatic Extinguishment System * N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M | M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 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 (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined | 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 (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <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 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined NFIRS-3 Revision 01/19/99 |
| M4 Number of Sprinkler Heads Operating Required if system operated <u> </u> Number of sprinkler heads operating | | | |

| A | | | | | | | | | | NFIRS - 9 Apparatus or Resources | | |
|---------------------------------|---------------------------------|--|----------|---|-------------|---------------------------|-------------------------------------|-------------------------------------|--|--|--------------------------------|---------------------------------|
| FDID * <u>25035</u> | | State * <u>MA</u> | | MM <u>5</u> DD <u>12</u> YYYY <u>2018</u> | | Station <u> </u> | | Incident Number * <u>18-0030451</u> | | Exposure * <u>000</u> | | <input type="checkbox"/> Delete |
| <input type="checkbox"/> Change | | | | | | | | | | | | |
| B Apparatus or * Resource | | Date and Times <small>Check if same as alarm date</small> | | | | | Sent | Number of * People | Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> | | Actions Taken | |
| | | <small>Month Day Year Hour Min</small> | | | | | <input type="checkbox"/> | | | | | |
| <u>1</u> | ID <u>C01</u> Type <u>00</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:07</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:20</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>08:57</u> | | | | | | <u> </u> <u> </u> |
| <u>2</u> | ID <u>C07</u> Type <u>00</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:07</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:20</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:11</u> | | | | | | <u> </u> <u> </u> |
| <u>3</u> | ID <u>C27</u> Type <u>92</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:08</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:08</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>08:06</u> | | | | | | <u> </u> <u> </u> |
| <u>4</u> | ID <u>D04</u> Type <u>92</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:02</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:18</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>08:57</u> | | | | | | <u> </u> <u> </u> |
| <u>5</u> | ID <u>D08</u> Type <u>92</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:02</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:25</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>16:51</u> | | | | | | <u> </u> <u> </u> |
| <u>6</u> | ID <u>D12</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>05:58</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:16</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>07:07</u> | | | | | | <u> </u> <u> </u> |
| <u>7</u> | ID <u>E03</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:14</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:25</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>12:10</u> | | | | | | <u> </u> <u> </u> |
| <u>8</u> | ID <u>E04</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:03</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:37</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>08:43</u> | | | | | | <u> </u> <u> </u> |
| <u>9</u> | ID <u>E16</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:02</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:17</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>11:09</u> | | | | | | <u> </u> <u> </u> |

| A | | | | | | | | | | NFIRS - 9 Apparatus or Resources | | |
|---------------------------------|---------------------------------|--|----------|---|-------------|---------------------------|-------------------------------------|-------------------------------------|---|--|-----------|---------------------------------|
| FDID * <u>25035</u> | | State * <u>MA</u> | | MM <u>5</u> DD <u>12</u> YYYY <u>2018</u> | | Station <u> </u> | | Incident Number * <u>18-0030451</u> | | Exposure * <u>000</u> | | <input type="checkbox"/> Delete |
| <input type="checkbox"/> Change | | | | | | | | | | | | |
| B Apparatus or * Resource | | Date and Times <small>Check if same as alarm date</small> | | | | | Sent <input type="checkbox"/> | Number of * People | Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> | Actions Taken | | |
| | | Month Day Year Hour Min | | | | | <input type="checkbox"/> | | | | | |
| <u>1</u> | ID <u>E16</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:07</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:40</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>11:09</u> | | | | <u> </u> | <u> </u> | |
| <u>2</u> | ID <u>E21</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:07</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:25</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>08:39</u> | | | | <u> </u> | <u> </u> | |
| <u>3</u> | ID <u>E24</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:13</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:25</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:21</u> | | | | <u> </u> | <u> </u> | |
| <u>4</u> | ID <u>E28</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:00</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:17</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>08:42</u> | | | | <u> </u> | <u> </u> | |
| <u>5</u> | ID <u>E29</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:04</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:17</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>10:25</u> | | | | <u> </u> | <u> </u> | |
| <u>6</u> | ID <u>E30</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>05:58</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:11</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>08:03</u> | | | | <u> </u> | <u> </u> | |
| <u>7</u> | ID <u>E37</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:27</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:39</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:36</u> | | | | <u> </u> | <u> </u> | |
| <u>8</u> | ID <u>E41</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:04</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:12</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:23</u> | | | | <u> </u> | <u> </u> | |
| <u>9</u> | ID <u>E42</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:14</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:17</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:30</u> | | | | <u> </u> | <u> </u> | |

| A | | | | | | | | | | NFIRS - 9 Apparatus or Resources | | | |
|---------------------------------|---------------------------------|--|----------|---|-------------|-------------------------------------|-------------------------------------|-------------------------------------|--|--|--------------------------------|---------------------------------|---------------------|
| FDID * <u>25035</u> | | State * <u>MA</u> | | MM <u>5</u> DD <u>12</u> YYYY <u>2018</u> | | Station <u> </u> | | Incident Number * <u>18-0030451</u> | | Exposure * <u>000</u> | | <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Change | | | | | | | | | | | | | |
| B Apparatus or * Resource | | Date and Times <small>Check if same as alarm date</small> | | | | | Sent | Number of * People | Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> | | | Actions Taken | |
| | | <small>Month Day Year Hour Min</small> | | | | | <input type="checkbox"/> | | | | | | |
| <u>1</u> | ID <u>E48</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:02</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:12</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:30</u> | | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |
| <u>2</u> | ID <u>E49</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:02</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:36</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>14:27</u> | | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |
| <u>3</u> | ID <u>E51</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:37</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>10:09</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>08:37</u> | | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |
| <u>4</u> | ID <u>E52</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:02</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:17</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:33</u> | | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |
| <u>5</u> | ID <u>E53</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:00</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:10</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>16:43</u> | | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |
| <u>6</u> | ID <u>E53</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>13:41</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>13:56</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>10:11</u> | | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |
| <u>7</u> | ID <u>E55</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:00</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:16</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>18:12</u> | | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |
| <u>8</u> | ID <u>E56</u> Type <u>00</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>15:47</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>16:37</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:11</u> | | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |
| <u>9</u> | ID <u>G04</u> Type <u>62</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>08:00</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> EMS | <input type="checkbox"/> Other | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>08:02</u> | <input checked="" type="checkbox"/> | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>08:12</u> | | | | | | <u> </u> <u> </u> | <u> </u> <u> </u> |

| A | | | | | | | | | | NFIRS - 9 Apparatus or Resources | | |
|------------------------------|---------------------------------|--|----------|---|-------------|-------------------------------------|---|-------------------------------------|---|--|-----------|---------------------------------|
| FDID * <u>25035</u> | | State * <u>MA</u> | | MM <u>5</u> DD <u>12</u> YYYY <u>2018</u> | | Station <u> </u> | | Incident Number * <u>18-0030451</u> | | Exposure * <u>000</u> | | <input type="checkbox"/> Delete |
| | | | | | | | | | | | | <input type="checkbox"/> Change |
| B Apparatus or * Resource | | Date and Times <small>Check if same as alarm date</small> | | | | | Sent <input checked="" type="checkbox"/> | Number of * People | Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> | Actions Taken | | |
| | | <small>Month Day Year Hour Min</small> | | | | | | | | | | |
| <u>1</u> | ID <u>H02</u> Type <u>62</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:02</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:21</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>08:12</u> | | | | <u> </u> | <u> </u> | |
| <u>2</u> | ID <u>L04</u> Type <u>12</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:02</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:39</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>12:10</u> | | | | <u> </u> | <u> </u> | |
| <u>3</u> | ID <u>L06</u> Type <u>12</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:47</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>10:09</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:05</u> | | | | <u> </u> | <u> </u> | |
| <u>4</u> | ID <u>L14</u> Type <u>12</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:17</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:18</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>11:09</u> | | | | <u> </u> | <u> </u> | |
| <u>5</u> | ID <u>L15</u> Type <u>12</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:15</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:52</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:32</u> | | | | <u> </u> | <u> </u> | |
| <u>6</u> | ID <u>L16</u> Type <u>12</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:00</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:06</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>07:12</u> | | | | <u> </u> | <u> </u> | |
| <u>7</u> | ID <u>L19</u> Type <u>12</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>07:03</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>07:03</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:34</u> | | | | <u> </u> | <u> </u> | |
| <u>8</u> | ID <u>L25</u> Type <u>12</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>05:58</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:17</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>07:04</u> | | | | <u> </u> | <u> </u> | |
| <u>9</u> | ID <u>L26</u> Type <u>12</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:10</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> | <u> </u> | |
| | | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:16</u> | <input checked="" type="checkbox"/> | | | <u> </u> | <u> </u> | |
| | | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:38</u> | | | | <u> </u> | <u> </u> | |

A FDID 25035 * State MA * Incident Date 5 12 2018 * Station 18-0030451 Incident Number * Exposure 000 * Delete Change NFIRS - 9 Apparatus or Resources

| B Apparatus or * Resource | Date and Times | | | | | Sent <input checked="" type="checkbox"/> | Number of * People | Use Check ONE box for each apparatus to indicate its main use at the incident. | Actions Taken | | | |
|-------------------------------------|--|-------------|-------------|-------------|--------------|---|--------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Check if same as alarm date | | | | | | | | | | | |
| | Month | Day | Year | Hour | Min | | | | | | | |
| 1 ID <u>L28</u> Type <u>12</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:02</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:39</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:38</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 ID <u>L29</u> Type <u>00</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:02</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:25</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>08:58</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 ID <u>M05</u> Type <u>00</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:48</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>07:09</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>16:50</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 ID <u>N05</u> Type <u>71</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>10:53</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>10:53</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>07:05</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 ID <u>R02</u> Type <u>12</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:00</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:08</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:42</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 ID <u>TL10</u> Type <u>12</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:24</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:32</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>07:05</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 ID <u>TL3</u> Type <u>62</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:07</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:32</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>09:11</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 ID <u>W12</u> Type <u>70</u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>06:02</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>07:09</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>10:38</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 ID <u>W25</u> Type <u> </u> | Dispatch <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>10:36</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | Arrival <input checked="" type="checkbox"/> | <u>5</u> | <u>12</u> | <u>2018</u> | <u>10:36</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input type="checkbox"/> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Type of Apparatus or Resources

| | | | |
|---|---|--|---|
| <p>Ground Fire Suppression</p> <ul style="list-style-type: none"> 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other <p>Heavy Ground Equipment</p> <ul style="list-style-type: none"> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other <p>Aircraft</p> <ul style="list-style-type: none"> 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other | <p>Marine Equipment</p> <ul style="list-style-type: none"> 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other <p>Support Equipment</p> <ul style="list-style-type: none"> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other <p>Medical & Rescue</p> <ul style="list-style-type: none"> 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other | <p>More Apparatus? Use Additional Sheets</p> | <p>Other</p> <ul style="list-style-type: none"> 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource NN None UU Undetermined |
|---|---|--|---|

NFIRS-9 Revision 11/17/98

A FDID 25035 * State MA * Incident Date 5 12 2018 * Station 18-0030451 Incident Number * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

Month Day Year Hours/mins

1 ID C01 Dispatch 5 12 2018 06:07 Sent 0 Suppression EMS Other

Type 00 Arrival 5 12 2018 06:20 Clear 5 12 2018 08:57

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

2 ID C07 Dispatch 5 12 2018 06:02 Sent 0 Suppression EMS Other

Type 92 Arrival 5 12 2018 06:20 Clear 5 12 2018 08:57

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |

3 ID C27 Dispatch 5 12 2018 06:08 Sent 0 Suppression EMS Other

Type 00 Arrival 5 12 2018 06:08 Clear 5 12 2018 09:11

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |

A FDID 25035 * State MA * Incident Date 5 12 2018 * Station 18-0030451 Incident Number * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

Month Day Year Hours/mins

1 ID D04 Dispatch 5 12 2018 06:02 Sent 0 Suppression EMS Other

Type 92 Arrival 5 12 2018 06:18 Clear 5 12 2018 08:06

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

2 ID D08 Dispatch 5 12 2018 06:02 Sent 0 Suppression EMS Other

Type 92 Arrival 5 12 2018 06:25 Clear 5 12 2018 08:57

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

3 ID D12 Dispatch 5 12 2018 05:58 Sent 0 Suppression EMS Other

Type 92 Arrival 5 12 2018 06:16 Clear 5 12 2018 16:51

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

A FDID 25035 * State MA * Incident Date 5 12 2018 * Station 18-0030451 Incident Number * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

Month Day Year Hours/mins

1 ID E03 Dispatch 5 12 2018 06:14 Sent 0 Suppression EMS Other

Type 11 Arrival 5 12 2018 06:25 Clear 5 12 2018 07:07

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

2 ID E04 Dispatch 5 12 2018 09:03 Sent 0 Suppression EMS Other

Type 11 Arrival 5 12 2018 09:37 Clear 5 12 2018 12:10

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |

3 ID E16 Dispatch 5 12 2018 06:02 Sent 0 Suppression EMS Other

Type 11 Arrival 5 12 2018 06:17 Clear 5 12 2018 08:43

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |

A FDID * 25035 State * MA Incident Date * MM 5 DD 12 YYYY 2018 Station 18-0030451 Incident Number * 000 Exposure * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below

| Apparatus or Resource | Date and Times Check if same as alarm date Month Day Year Hours/mins | Sent <input type="checkbox"/> | Number of * People | Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken List up to 4 actions for each apparatus and each personnel. |
|-----------------------|--|----------------------------------|-----------------------|---|--|
|-----------------------|--|----------------------------------|-----------------------|---|--|

| | | | | | | |
|----------|---------------------------------|--|--|----------|---|--|
| 1 | ID <u>E16</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>09:07</u> Arrival <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>09:40</u> Clear <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>11:09</u> | Sent <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> <u> </u> <u> </u> <u> </u> |
|----------|---------------------------------|--|--|----------|---|--|

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|---|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

| | | | | | | |
|----------|---------------------------------|--|--|----------|---|--|
| 2 | ID <u>E21</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:09</u> Arrival <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:25</u> Clear <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>07:18</u> | Sent <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> <u> </u> <u> </u> <u> </u> |
|----------|---------------------------------|--|--|----------|---|--|

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|---|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |

| | | | | | | |
|----------|---------------------------------|--|--|----------|---|--|
| 3 | ID <u>E24</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:13</u> Arrival <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:25</u> Clear <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>08:39</u> | Sent <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> <u> </u> <u> </u> <u> </u> |
|----------|---------------------------------|--|--|----------|---|--|

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|---|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |

A FDID 25035 * State MA * Incident Date 5 12 2018 * Station 18-0030451 Incident Number * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

Month Day Year Hours/mins

1 ID E28 Dispatch 5 12 2018 06:00 Sent 0 Suppression EMS Other

Type 11 Arrival 5 12 2018 06:17 Clear 5 12 2018 09:21

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

2 ID E29 Dispatch 5 12 2018 06:04 Sent 0 Suppression EMS Other

Type 11 Arrival 5 12 2018 06:17 Clear 5 12 2018 08:42

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |

3 ID E30 Dispatch 5 12 2018 05:58 Sent 0 Suppression EMS Other

Type 11 Arrival 5 12 2018 06:11 Clear 5 12 2018 10:25

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |

| | | | | | | | | |
|----------|---------------------|-------------------|---|---------------------------|-------------------------------------|-----------------------|--|---------------------------------|
| A | FDID * <u>25035</u> | State * <u>MA</u> | Incident Date * MM <u>5</u> DD <u>12</u> YYYY <u>2018</u> | Station <u> </u> | Incident Number * <u>18-0030451</u> | Exposure * <u>000</u> | <input type="checkbox"/> Delete <input type="checkbox"/> Change | NFIRS - 10 Personnel |
|----------|---------------------|-------------------|---|---------------------------|-------------------------------------|-----------------------|--|---------------------------------|

| B Apparatus or Resource * | Date and Times | Sent | Number of * People | Use | Actions Taken |
|---------------------------|--|--------------------------|--------------------|--|---|
| Use codes listed below | Check if same as alarm date Month Day Year Hours/mins | <input type="checkbox"/> | | Check ONE box for each apparatus to indicate its main use at the incident. | List up to 4 actions for each apparatus and each personnel. |

| | | | | | | |
|---|----------------|--|--|-----------------------------|--|---|
| 1 | ID <u>E37</u> | Dispatch <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:27</u> | Sent <input checked="" type="checkbox"/> | Number of * People <u>0</u> | Use <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken <u> </u> <u> </u> <u> </u> <u> </u> |
| | Type <u>11</u> | Arrival <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:39</u> | | | | |
| | | Clear <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>08:03</u> | | | | |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| | | | <input checked="" type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

| | | | | | | |
|---|----------------|--|--|-----------------------------|--|---|
| 2 | ID <u>E41</u> | Dispatch <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:04</u> | Sent <input checked="" type="checkbox"/> | Number of * People <u>0</u> | Use <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken <u> </u> <u> </u> <u> </u> <u> </u> |
| | Type <u>11</u> | Arrival <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:12</u> | | | | |
| | | Clear <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>09:36</u> | | | | |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| | | | <input checked="" type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

| | | | | | | |
|---|----------------|--|--|-----------------------------|--|---|
| 3 | ID <u>E42</u> | Dispatch <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:14</u> | Sent <input checked="" type="checkbox"/> | Number of * People <u>0</u> | Use <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken <u> </u> <u> </u> <u> </u> <u> </u> |
| | Type <u>11</u> | Arrival <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:17</u> | | | | |
| | | Clear <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>09:23</u> | | | | |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| | | | <input checked="" type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

| | | | | | | | | |
|----------|---------------------|-------------------|---|---------------------------|-------------------------------------|-----------------------|--|---------------------------------|
| A | FDID * <u>25035</u> | State * <u>MA</u> | Incident Date * MM <u>5</u> DD <u>12</u> YYYY <u>2018</u> | Station <u> </u> | Incident Number * <u>18-0030451</u> | Exposure * <u>000</u> | <input type="checkbox"/> Delete <input type="checkbox"/> Change | NFIRS - 10 Personnel |
|----------|---------------------|-------------------|---|---------------------------|-------------------------------------|-----------------------|--|---------------------------------|

| B Apparatus or Resource * | Date and Times | Sent | Number of * People | Use | Actions Taken |
|---------------------------|--|--------------------------|--------------------|--|---|
| Use codes listed below | Check if same as alarm date Month Day Year Hours/mins | <input type="checkbox"/> | | Check ONE box for each apparatus to indicate its main use at the incident. | List up to 4 actions for each apparatus and each personnel. |

| | | | | | | |
|----------|----------------|--|--|-----------------------------|--|---|
| 1 | ID <u>E48</u> | Dispatch <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:02</u> | Sent <input checked="" type="checkbox"/> | Number of * People <u>0</u> | Use <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken <u> </u> <u> </u> <u> </u> <u> </u> |
| | Type <u>11</u> | Arrival <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:12</u> | | | | |
| | | Clear <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>09:30</u> | | | | |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| | | | <input checked="" type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

| | | | | | | |
|----------|----------------|--|--|-----------------------------|--|---|
| 2 | ID <u>E49</u> | Dispatch <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:27</u> | Sent <input checked="" type="checkbox"/> | Number of * People <u>0</u> | Use <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken <u> </u> <u> </u> <u> </u> <u> </u> |
| | Type <u>11</u> | Arrival <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:36</u> | | | | |
| | | Clear <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>08:01</u> | | | | |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| | | | <input checked="" type="checkbox"/> | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

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|----------|----------------|--|--|-----------------------------|--|---|
| 3 | ID <u>E51</u> | Dispatch <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>09:37</u> | Sent <input checked="" type="checkbox"/> | Number of * People <u>0</u> | Use <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken <u> </u> <u> </u> <u> </u> <u> </u> |
| | Type <u>11</u> | Arrival <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>10:09</u> | | | | |
| | | Clear <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>14:27</u> | | | | |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| | | | <input checked="" type="checkbox"/> | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

A FDID * 25035 State * MA Incident Date * MM 5 DD 12 YYYY 2018 Station 18-0030451 Incident Number * 000 Exposure * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below

| Apparatus or Resource | Date and Times Check if same as alarm date Month Day Year Hours/mins | Sent <input type="checkbox"/> | Number of * People | Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken List up to 4 actions for each apparatus and each personnel. |
|-----------------------|--|----------------------------------|-----------------------|---|--|
|-----------------------|--|----------------------------------|-----------------------|---|--|

| | | | | | | |
|----------|---------------------------------|--|--|----------|---|--|
| 1 | ID <u>E52</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:02</u> | Sent <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> <u> </u> <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:17</u> | Sent <input checked="" type="checkbox"/> | | | |
| | | Clear <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>08:37</u> | | | | |

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|---|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

| | | | | | | |
|----------|---------------------------------|--|--|----------|---|--|
| 2 | ID <u>E53</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:00</u> | Sent <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> <u> </u> <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>06:10</u> | Sent <input checked="" type="checkbox"/> | | | |
| | | Clear <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>09:33</u> | | | | |

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|---|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

| | | | | | | |
|----------|---------------------------------|--|--|----------|---|--|
| 3 | ID <u>E53</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>13:41</u> | Sent <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <u> </u> <u> </u> <u> </u> <u> </u> |
| | | Arrival <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>13:56</u> | Sent <input checked="" type="checkbox"/> | | | |
| | | Clear <input checked="" type="checkbox"/> <u>5</u> <u>12</u> <u>2018</u> <u>16:43</u> | | | | |

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|---|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

| | | | | | | | | |
|----------|---|---|---|------------------------------|---|---|--|---------------------------------|
| A | FDID * <input type="text" value="25035"/> | State * <input type="text" value="MA"/> | Incident Date * MM <input type="text" value="5"/> DD <input type="text" value="12"/> YYYY <input type="text" value="2018"/> | Station <input type="text"/> | Incident Number * <input type="text" value="18-0030451"/> | Exposure * <input type="text" value="000"/> | <input type="checkbox"/> Delete <input type="checkbox"/> Change | NFIRS - 10 Personnel |
|----------|---|---|---|------------------------------|---|---|--|---------------------------------|

| B Apparatus or Resource * | Date and Times | Sent | Number of * People | Use | Actions Taken |
|---------------------------|--|--------------------------|--------------------|--|---|
| Use codes listed below | Check if same as alarm date Month Day Year Hours/mins | <input type="checkbox"/> | | Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> EMS <input type="checkbox"/> Other | List up to 4 actions for each apparatus and each personnel. |

| | | | | | | |
|---|--------------------------------------|--|--|---|--|---|
| 1 | ID <input type="text" value="E55"/> | Dispatch <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="12"/> <input type="text" value="2018"/> <input type="text" value="06:00"/> | Sent <input checked="" type="checkbox"/> | Number of * People <input type="text" value="0"/> | Use <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Type <input type="text" value="11"/> | Arrival <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="12"/> <input type="text" value="2018"/> <input type="text" value="06:16"/> | | | | |
| | | Clear <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="12"/> <input type="text" value="2018"/> <input type="text" value="10:11"/> | | | | |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| | | | <input checked="" type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

| | | | | | | |
|---|--------------------------------------|--|--|---|--|---|
| 2 | ID <input type="text" value="E56"/> | Dispatch <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="12"/> <input type="text" value="2018"/> <input type="text" value="15:47"/> | Sent <input checked="" type="checkbox"/> | Number of * People <input type="text" value="0"/> | Use <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Type <input type="text" value="11"/> | Arrival <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="12"/> <input type="text" value="2018"/> <input type="text" value="16:37"/> | | | | |
| | | Clear <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="12"/> <input type="text" value="2018"/> <input type="text" value="18:12"/> | | | | |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| | | | <input checked="" type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

| | | | | | | |
|---|--------------------------------------|--|--|---|--|---|
| 3 | ID <input type="text" value="G04"/> | Dispatch <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="12"/> <input type="text" value="2018"/> <input type="text" value="08:00"/> | Sent <input checked="" type="checkbox"/> | Number of * People <input type="text" value="0"/> | Use <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Type <input type="text" value="00"/> | Arrival <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="12"/> <input type="text" value="2018"/> <input type="text" value="08:02"/> | | | | |
| | | Clear <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="12"/> <input type="text" value="2018"/> <input type="text" value="09:11"/> | | | | |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| | | | <input checked="" type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

A FDID 25035 * State MA * Incident Date 5 12 2018 * Station Incident Number 18-0030451 * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

Month Day Year Hours/mins

1 ID H02 Dispatch 5 12 2018 06:02 Sent 0 Suppression EMS Other

Type 62 Arrival 5 12 2018 06:21 Clear 5 12 2018 08:12

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

2 ID L04 Dispatch 5 12 2018 06:28 Sent 0 Suppression EMS Other

Type 12 Arrival 5 12 2018 06:39 Clear 5 12 2018 07:05

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |

3 ID L06 Dispatch 5 12 2018 09:47 Sent 0 Suppression EMS Other

Type 12 Arrival 5 12 2018 10:09 Clear 5 12 2018 12:10

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |

A FDID 25035 * State MA * Incident Date 5 12 2018 * Station 18-0030451 Incident Number * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

Month Day Year Hours/mins

1 ID L14 Dispatch 5 12 2018 06:17 Sent 0 Suppression EMS Other

Type 12 Arrival 5 12 2018 06:18 Clear 5 12 2018 09:05

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

2 ID L15 Dispatch 5 12 2018 09:15 Sent 0 Suppression EMS Other

Type 12 Arrival 5 12 2018 09:52 Clear 5 12 2018 11:09

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |

3 ID L16 Dispatch 5 12 2018 06:00 Sent 0 Suppression EMS Other

Type 12 Arrival 5 12 2018 06:06 Clear 5 12 2018 09:32

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |

A FDID 25035 * State MA * Incident Date 5 12 2018 * Station 18-0030451 Incident Number * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

Month Day Year Hours/mins

1 ID L19 Dispatch 5 12 2018 07:03 Sent 0 Suppression EMS Other

Type 12 Arrival 5 12 2018 07:03 Clear 5 12 2018 07:12

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

2 ID L25 Dispatch 5 12 2018 05:58 Sent 0 Suppression EMS Other

Type 12 Arrival 5 12 2018 06:17 Clear 5 12 2018 09:34

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |

3 ID L26 Dispatch 5 12 2018 06:10 Sent 0 Suppression EMS Other

Type 12 Arrival 5 12 2018 06:16 Clear 5 12 2018 07:04

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |

A FDID * 25035 State * MA Incident Date * MM 5 DD 12 YYYY 2018 Station 18-0030451 Incident Number * Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**
 Use codes listed below Check if same as alarm date X Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.
 Month Day Year Hours/mins

1 ID L28 Dispatch 5 12 2018 06:02 Sent 0 Suppression EMS Other
 Arrival 5 12 2018 06:39
 Clear 5 12 2018 09:38

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

2 ID L29 Dispatch 5 12 2018 06:04 Sent 0 Suppression EMS Other
 Arrival 5 12 2018 06:25
 Clear 5 12 2018 08:14

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |

3 ID M05 Dispatch 5 12 2018 06:48 Sent 0 Suppression EMS Other
 Arrival 5 12 2018 07:09
 Clear 5 12 2018 08:58

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |

A FDID 25035 * State MA * Incident Date 5 12 2018 * Station 18-0030451 Incident Number * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

MM DD YYYY

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

Month Day Year Hours/mins

1 ID N05 Dispatch 5 12 2018 10:53 Sent 0 Suppression EMS Other

Type 00 Arrival 5 12 2018 10:53 Clear 5 12 2018 16:50

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

2 ID R02 Dispatch 5 12 2018 06:00 Sent 0 Suppression EMS Other

Type 71 Arrival 5 12 2018 06:08 Clear 5 12 2018 07:05

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |

3 ID TL10 Dispatch 5 12 2018 06:24 Sent 0 Suppression EMS Other

Type 12 Arrival 5 12 2018 06:32 Clear 5 12 2018 09:42

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |

A FDID 25035 * State MA * Incident Date 5 12 2018 * Station 18-0030451 Incident Number * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

Month Day Year Hours/mins

1 ID TL3 Dispatch 5 12 2018 06:07 Sent 0 Suppression EMS Other

Type 12 Arrival 5 12 2018 06:32 Clear 5 12 2018 07:05

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

2 ID W12 Dispatch 5 12 2018 06:02 Sent 0 Suppression EMS Other

Type 62 Arrival 5 12 2018 07:09 Clear 5 12 2018 09:11

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |

3 ID W25 Dispatch 5 12 2018 10:36 Sent 0 Suppression EMS Other

Type 70 Arrival 5 12 2018 10:36 Clear 5 12 2018 10:38

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|--|--------------|--------------|--------------|--------------|
| | | | | | | | |

25035
FDID

MA
State

5 12
Incident Date

2018

Station

18-0030451
Incident Number

000
Exposure

Responding
Units/Personnel

| Unit | Notify Time | Enroute Time | Arrival Time | Cleared Time |
|------|-------------|--------------|--------------|--------------|
|------|-------------|--------------|--------------|--------------|

C01 C01 06:07:44 06:07:44 06:20:28 08:57:57

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

C07 Division 2 Deputy Chief 06:02:48 06:02:48 06:20:32 08:57:50

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

C27 Central Artery Plans, 06:08:46 06:08:52 06:08:53 09:11:43

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

D04 District 4 Chief 06:02:48 06:05:15 06:18:50 08:06:39

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

D08 District 8 Chief 06:02:48 06:02:48 06:25:30 08:57:53

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

D12 District 12 Chief 05:58:08 06:00:04 06:16:41 16:51:04

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

E03 Engine 3 06:14:38 06:14:45 06:25:26 07:07:21

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

25035
FDID

MA
State

5 12
Incident Date

2018

Station

18-0030451
Incident Number

000
Exposure

Responding
Units/Personnel

| Unit | Notify Time | Enroute Time | Arrival Time | Cleared Time |
|------|-------------|--------------|--------------|--------------|
|------|-------------|--------------|--------------|--------------|

E04 Engine 4 09:03:02 09:08:53 09:37:31 12:10:04

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

E16 Engine 16 06:02:48 06:02:48 06:17:51 08:43:53

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

E16 Engine 16 09:07:30 09:12:40 09:40:03 11:09:01

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

E21 Engine 21 06:09:01 06:09:07 06:25:03 07:18:04

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

E24 Engine 24 06:13:51 06:18:15 06:25:06 08:39:10

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

E28 Engine 28 06:00:08 06:00:42 06:17:45 09:21:24

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

E29 Engine 29 06:04:42 06:08:29 06:17:22 08:42:36

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

25035
FDID

MA
State

5 12
Incident Date

2018

Station

18-0030451
Incident Number

000
Exposure

Responding
Units/Personnel

| Unit | Notify Time | Enroute Time | Arrival Time | Cleared Time |
|------|-------------|--------------|--------------|--------------|
|------|-------------|--------------|--------------|--------------|

E52 Engine 52 06:02:48 06:02:48 06:17:40 08:37:14

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

E53 Engine 53 06:00:08 06:00:17 06:10:31 09:33:05

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

E53 Engine 53 13:41:44 13:43:48 13:56:24 16:43:30

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

E55 Engine 55 06:00:08 06:00:45 06:16:52 10:11:43

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

E56 Engine 56 15:47:20 15:50:59 16:37:40 18:12:23

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

G04 G04 08:00:16 08:00:16 08:02:29 09:11:46

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

H02 Special Unit 06:02:48 06:04:12 06:21:52 08:12:01

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

25035
FDID

MA
State

5 12
Incident Date

2018

Station

18-0030451
Incident Number

000
Exposure

Responding
Units/Personnel

| Unit | Notify Time | Enroute Time | Arrival Time | Cleared Time |
|------|-------------|--------------|--------------|--------------|
|------|-------------|--------------|--------------|--------------|

| | | | | |
|--------------------|----------|----------|----------|----------|
| TL3 Tower Ladder 3 | 06:07:23 | 06:07:28 | 06:32:52 | 07:05:22 |
|--------------------|----------|----------|----------|----------|

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

| | | | | |
|---------------------|----------|----------|----------|----------|
| W12 Air Supply Unit | 06:02:48 | 06:02:48 | 07:09:13 | 09:11:51 |
|---------------------|----------|----------|----------|----------|

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

| | | | | |
|-------------------------|----------|----------|----------|----------|
| W25 Rehabilitation Unit | 10:36:17 | 10:36:17 | 10:36:34 | 10:38:57 |
|-------------------------|----------|----------|----------|----------|

| Staff ID\Staff Name | Activity | Rank | Position | Role |
|---------------------|----------|------|----------|------|
|---------------------|----------|------|----------|------|

25035
FDID *

MA
State *

MM DD
5 12
Incident Date *

YYYY
2018

Station

18-003045000000000000
Incident Number * Exposure *

NFIRS - Incident
User Fields

Empty form area for incident details.

EXHIBIT 2

National Grid Telephonic Incident Notification



TELEPHONIC INCIDENT NOTIFICATION FORM

Massachusetts Department of Public Utilities

Pipeline Safety Division

DPU Use Only

| | | | | | |
|---------------|-----------|---------------|------|---------------------|-----------|
| Date of Call: | 5/12/2018 | Time of Call: | 0644 | Report received by: | A. Motley |
|---------------|-----------|---------------|------|---------------------|-----------|

SECTION 1 GENERAL INFORMATION

| | | | |
|-----------------------|---------------|----------------------------------|------------------|
| Operator's Name: | National Grid | Who Notified Operator: | FD |
| Person Filing Report: | John | Incident City/Town: West Roxbury | 1212 VFW Parkway |
| Contact Phone Number: | 877.304.1203 | | |

SECTION 2 INCIDENT INFORMATION

| TYPE OF CALL (check all that apply) | DETAILED DESCRIPTION OF INCIDENT |
|--|--|
| 1. Hit Pipeline w/Release of Gas <input checked="" type="checkbox"/> | The fire department called National Grid to report a 6 alarm fire at 1212 VFW Parkway. The gas service has been impacted and is now feeding the fire. The location has not been made safe at this time. National Grid does not have additional information at this time. Media is onsite |
| 2. Evacuation <input type="checkbox"/> | |
| 3. Gas Outage <input type="checkbox"/> | |
| 4. 49 CFR 191 Incident <input type="checkbox"/> | |
| 5. Over/Under Pressure <input type="checkbox"/> | |
| 6. Gas Ignition/Explosion <input type="checkbox"/> | |
| 7. LNG Facility <input type="checkbox"/> | |
| 8. LPG Facility <input type="checkbox"/> | |
| 9. Security Breach <input type="checkbox"/> | |
| 10. Media on site <input checked="" type="checkbox"/> | |

INCIDENT TIMELINE (military time)

| | | | |
|--|------|-----------------------------------|--|
| Operator received call: | 0615 | Incident made safe: | |
| Operator dispatched technician: | 0617 | Service restored (if applicable): | |
| Operator's technician arrived on site: | 0629 | | |

SECTION 3 ADDITIONAL INFORMATION

| EVACUATION INFORMATION <input checked="" type="checkbox"/> N/A | LEAK INFORMATION <input type="checkbox"/> N/A |
|--|---|
| Evacuated by: Choose an item. | Leak Classification: Choose an item. |
| No. of persons evacuated: | Has the leak been secured? <input type="checkbox"/> Yes |
| Time evacuated: | Was gas service interrupted? <input type="checkbox"/> Yes |
| Time allowed to re-enter: | |
| INJURIES/HOSPITALIZATION <input type="checkbox"/> N/A | OUTAGE INFORMATION <input type="checkbox"/> N/A |
| No. of persons hospitalized: | Estimated duration of outage: |
| No. of persons injured: | No. of customers Affected: |

SECTION 4 | DISTRIBUTION SYSTEM INFORMATION

| | | | | | |
|-----------------------------|-----------------|----------------------------|--|---------------------|--|
| Pipe Material (select one): | Choose an item. | Operating Pressure (psig): | | Pipe Size (inches): | |
|-----------------------------|-----------------|----------------------------|--|---------------------|--|

SECTION 5 DAMAGE PREVENTION INFORMATION N/A

| | | | | | |
|------------------------|--|---------------------|------------------------------|-----------------------|------------------------------|
| Dig Safe No. | | Dig Safe No. valid? | <input type="checkbox"/> Yes | Site properly marked? | <input type="checkbox"/> Yes |
| Excavator Information: | | | | | |

SECTION 6 NATIONAL RESPONSE CENTER (NRC) INFORMATION N/A

| | | | | | |
|---------------------------|------------------------------|----------------|--|-----------------------|--|
| Incident reported to NRC? | <input type="checkbox"/> Yes | Date reported: | | Time reported (est.): | |
|---------------------------|------------------------------|----------------|--|-----------------------|--|

EXHIBIT 3

Photographs









EXHIBIT 4

Pressure Test Record

Pressure Test Record

GAS SERVICE RECORD

FC-10836.NG Rev. 11/2008

| | | | | | | | |
|---|--|--|--|--|---|--|------------------------------|
| SERVICE ADDRESS | | NO: 1214 | STREET: VFW PKWY | | TOWN: WRO | STATE: | |
| SERVICE TAP STREET | | STREET: | | | DATE: 5/12/18 | SERVICE ID # | |
| CREW LEADER: J Choquette | | WORK ORDER # 1244311 | | TASK # | GRID # / REG. # / INT. DWG # | | |
| WORK PERFORMED: NEW <input type="checkbox"/> STUB <input type="checkbox"/> STUB EXT <input type="checkbox"/> INSERT <input type="checkbox"/> RELAY <input type="checkbox"/> RELOCATE <input type="checkbox"/> TRANSFER <input type="checkbox"/> | | | | | | | |
| SERVICE DATA | | SIZE | MATERIAL | INSTALLED FOOTAGE | TAP SIZE | MAIN DATA | SIZE MATERIAL PRESSURE COVER |
| MAIN TO: <input type="checkbox"/> PROP LINE <input type="checkbox"/> CURB LINE <input type="checkbox"/> VALVE | | | PL | | | | |
| <input type="checkbox"/> PROP LINE TO CURB LINE VALVE | | | | | COVER | PRESSURE TEST | HRS MIN PRESSURE |
| METER LOCATION | | SERVICE VALVE INSTALLED | METER PROTECTED | EFV INSTALLED | CATHODIC PROTECTION | | |
| IN <input type="checkbox"/> OUT <input type="checkbox"/> | | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | TEST STA. INSTALLED | ANODES | ANODE LOCATION |
| | | | CFH | | QUANTITY | RISER <input type="checkbox"/> MAIN <input type="checkbox"/> | INSULATED |
| PIPE LOT # | | SDR # | TRACER WIRE TESTED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | COMMENTS | | |
| ABANDONED: <input type="checkbox"/> AT MAIN <input type="checkbox"/> WITH MAIN <input type="checkbox"/> AT VALVE <input type="checkbox"/> OTHER <input type="checkbox"/> ORIG. INSTALL YEAR: _____ | | | | | | | |
| PUBLIC FOOTAGE: | | SIZE | MATERIAL | FOOTAGE | PRIVATE FOOTAGE: | | SIZE MATERIAL FOOTAGE |
| MAIN TO: <input type="checkbox"/> PROP LINE <input type="checkbox"/> CURB LINE <input type="checkbox"/> VALVE | | | | | <input type="checkbox"/> PROP LINE TO CURB LINE VALVE | | |
| <p>Pressure test requested by DPU</p> <p>Start Time: 6:30 pm</p> <p>End Time: 6:45 pm</p> <p>Duration: 15 min</p> <p>Pressure: [REDACTED]</p> | | | | | | | |
| MEASUREMENTS: P.O.E. LOC. : <input type="checkbox"/> TAP LOCATION: <input type="checkbox"/> VALVE LOCATION: <input type="checkbox"/> | | | | | | | |
| MAIN TO BLDG: <input type="checkbox"/> MAIN LOCATION: <input type="checkbox"/> OFFSET MEASUREMENT: <input type="checkbox"/> | | | | | | | |

EXHIBIT 5

Odorization Test Results

DISTINCT, ODOR LEVEL TESTS

| Route 2 | | | | | | | | | | | | |
|--|----------------------------|-------------------|-----------|-------------------|-------------------------------------|----------------------------|---------------------------|---------------------------|--------------------------|----------|--|--|
| LOCATION | Distribution System Tested | Test Conducted By | Test Date | Odorator Serial # | Odorator Calibration Date Performed | Odorator Threshold Reading | # Gas Converted Threshold | Odorator Distinct Reading | % Gas Converted Distinct | REMARKS: | | |
| #5 E. Boston Fire Station Prescott St. E. Boston | Central | RK | 1-24-12 | 2381-H | 5-10-11 | 04 | 05 | 09 | 09 | | | |
| #7 Somerville Court House Middlesex Ave @ Fallsway Somerville | Central | RK | 1-24-12 | 2381-H | 5-10-11 | 06 | 07 | 010 | .10 | | | |
| #12 Milton Fire Station 515 Canton Ave. Milton | Central | RK | 1-24-12 | 2381-H | 5-10-11 | 07 | 07 | 09 | 09 | | | |
| #11 Watertown Fire Station 564 Mt. Auburn St. Watertown | Central | RK | 1-24-12 | 2381-H | 5-10-11 | 08 | 08 | 010 | .10 | | | |
| #9 Chelsea Fire Station Chestnut @ Broadway Chelsea | Central | RK | 1-24-12 | 2381-H | 5-10-11 | 07 | 07 | 011 | .11 | | | |
| #13 Newton Fire Station 31 Willow St. Newton | Central | RK | 1-24-12 | 2381-H | 5-10-11 | 06 | 07 | 011 | 0.11 | | | |
| #21 Waltham Fire Station Prospect St. Waltham | West | RK | 1-24-12 | 2381-H | 5-10-11 | 05 | 06 | 08 | 08 | | | |
| #14 Brandies College South St. (Epstein Bldg.) Waltham | West | RK | 1-24-12 | 2381-H | 5-10-11 | 08 | 08 | 010 | 0.10 | | | |

IF THE DISTINCT READING IS LESS THAN .03 OR GREATER THAN .15, NOTIFY YOUR SUPERVISOR IMMEDIATELY