

<b>A</b> FDID <u>62210</u> * State <u>MN</u> * Incident Date <u>10</u> <u>05</u> <u>2013</u> * Station <u>07</u> Incident Number <u>13-0029322</u> * Exposure <u>000</u> * <div style="float:right;"><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity</div>		NFIRS -1 Basic	
<b>B Location*</b> <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract <u>0317</u> - <u>00</u> Module In Section B "Alternative Location Specification". Use only for Wildland fires.			
<input checked="" type="checkbox"/> Street address <u>977</u> <u>REANEY</u> <u>AVE</u> Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions Apt./Suite/Room <u>SAINT PAUL</u> <u>MN</u> <u>55106</u> - City State Zip Code Cross street or directions, as applicable			
<b>C Incident Type *</b> <u>111</u> Building fire Incident Type		<b>E1 Date &amp; Times</b> Midnight is 0000 Check boxes if dates are the same as Alarm ALARM always required Date. Alarm * <u>10</u> <u>05</u> <u>2013</u> <u>03:54:33</u> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * <u>10</u> <u>05</u> <u>2013</u> <u>03:57:48</u> CONTROLLED Optional, Except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit <input checked="" type="checkbox"/> Cleared <u>10</u> <u>05</u> <u>2013</u> <u>06:34:49</u>	
<b>D Aid Given or Received*</b> 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 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 Their FDID Their State Their Incident Number		<b>E2 Shift &amp; Alarms</b> Local Option <u>A</u> <u>01</u> <u>D3</u> Shift or Alarms District Platoon <b>E3 Special Studies</b> Local Option Special Study ID# Special Study Value	
<b>F Actions Taken *</b> <u>11</u> Extinguishment by fire Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)		<b>G1 Resources *</b> <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression <u>0009</u> EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.	
<b>G2 Estimated Dollar Losses &amp; Values</b> LOSSES: Required for all fires if known. Optional for non fires. None Property \$ <u>025</u> , <u>000</u> Contents \$ <u>002</u> , <u>500</u> PRE-INCIDENT VALUE: Optional Property \$ <u>000</u> , <u>000</u> Contents \$ <u>000</u> , <u>000</u>			
<b>Completed Modules</b> <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		<b>H1* Casualties</b> <input checked="" type="checkbox"/> None Deaths Injuries Fire Service Civilian <b>H2 Detector</b> Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown	
<b>H3 Hazardous Materials Release</b> 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		<b>I Mixed Use Property</b> 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	
<b>J Property Use* Structures</b> 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital		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	
Outside 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		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 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 <u>429</u> Multifamily dwelling	

NFIRS-1 Revision 03/11/99

<b>A</b> FDID <u>62210</u> *    State <u>MN</u> *    Incident Date <u>10</u> <u>05</u> <u>2013</u> *    Station <u>07</u> Incident Number <u>13-0029322</u> *    Exposure <u>000</u> *		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		<b>NFIRS -2</b> <b>Fire</b>	
<b>B Property Details</b>  <b>B1</b> <u>0004</u> <input type="checkbox"/> Not Residential <i>Estimated Number of residential living units in building of origin whether or not all units became involved</i>  <b>B2</b> <u>001</u> <input type="checkbox"/> Buildings not involved <i>Number of buildings involved</i>  <b>B3</b> <u>          </u> <input checked="" type="checkbox"/> None <i>Acres burned (outside fires)</i> <input type="checkbox"/> Less than one acre			<b>C On-Site Materials or Products</b> <input checked="" type="checkbox"/> None <i>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</i> Enter up to three codes. Check one or more boxes for each code entered. <b>On-site material (1)</b> <u>NNN</u> <u>None</u> <b>On-site material (2)</b> <u>          </u> <u>          </u> <b>On-site material (3)</b> <u>          </u> <u>          </u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           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         </div> <div style="width: 45%;">           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         </div> </div>		
<b>D Ignition</b>  <b>D1</b> <u>93</u> <u>Courtyard, patio,</u> <i>Area of fire origin *</i>  <b>D2</b> <u>60</u> <u>Heat from other open</u> <i>Heat source *</i>  <b>D3</b> <u>96</u> <u>Rubbish, trash, waste</u> <i>Item first ignited *</i> <input type="checkbox"/> Check Box if fire spread was confined to object of origin <b>D4</b> <u>          </u> <u>          </u> <i>Type of material first ignited</i> <i>Required only if item first ignited code is 00 or &lt;70</i>		<b>E1 Cause of Ignition</b> <input type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input checked="" type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation  <b>E2 Factors Contributing To Ignition</b> <u>UU</u> <u>Undetermined</u> <input type="checkbox"/> None <i>Factor Contributing To Ignition (1)</i> <u>          </u> <u>          </u> <i>Factor Contributing To Ignition (2)</i>		<b>E3 Human Factors Contributing To Ignition</b> Check all applicable boxes 1 <input type="checkbox"/> Asleep <input type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved  7 <input type="checkbox"/> Age was a factor <i>Estimated age of person involved</i> <u>          </u>  1 <input type="checkbox"/> Male    2 <input type="checkbox"/> Female	
<b>F1 Equipment Involved In Ignition</b> <input type="checkbox"/> None If Equipment was not involved, Skip to Section G <u>          </u> <u>          </u> <i>Equipment Involved</i>  Brand <u>          </u> Model <u>          </u> Serial # <u>          </u> Year <u>          </u>		<b>F2 Equipment Power</b> <u>          </u> <u>          </u> <i>Equipment Power Source</i>  <b>F3 Equipment Portability</b> 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary  <i>Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.</i>		<b>G Fire Suppression Factors</b> Enter up to three codes. <input type="checkbox"/> None <u>          </u> <u>          </u> <i>Fire suppression factor (1)</i> <u>          </u> <u>          </u> <i>Fire suppression factor (2)</i> <u>          </u> <u>          </u> <i>Fire suppression factor (3)</i>	
<b>H1 Mobile Property Involved</b> <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned		<b>H2 Mobile Property Type &amp; Make</b> <u>          </u> <u>          </u> <i>Mobile property type</i>  <u>          </u> <u>          </u> <i>Mobile property make</i>  <u>          </u> <u>          </u> <i>Mobile property model</i> <i>Year</i>  <u>          </u> <u>          </u> <u>          </u> <i>License Plate Number</i> <i>State</i> <i>VIN Number</i>		<b>Local Use</b> <input type="checkbox"/> Pre-Fire Plan Available <i>Some of the information presented in this report may be based upon reports from other Agencies</i> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

NFIRS-2 Revision 01/19/99

<b>I1 Structure Type *</b> 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	<b>I2 Building Status *</b>  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	<b>I3 Building Height</b> Count the ROOF as part of the highest story  <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> <small>Total number of stories at or above grade</small>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <small>Total number of stories below grade</small>	<b>I4 Main Floor Size*</b> <div style="text-align: right;">NFIRS-3 Structure Fire</div>  <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> , <div style="border: 1px solid black; width: 40px; text-align: center;">003</div> , <div style="border: 1px solid black; width: 40px; text-align: center;">900</div></div> <div>Total square feet</div> </div> <div style="text-align: center; font-weight: bold;">OR</div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> , <div style="border: 1px solid black; width: 40px; text-align: center;">065</div> BY <div style="border: 1px solid black; width: 20px; height: 20px;"></div> , <div style="border: 1px solid black; width: 40px; text-align: center;">060</div></div> <div>Lenght in feet      Width in feet</div> </div>
<b>J1 Fire Origin *</b>  <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 40px; text-align: center;">001</div> Story of fire origin</div> <div><input type="checkbox"/> Below Grade</div> </div>	<b>J3 Number of Stories Damaged By Flame</b> Count the ROOF as part of the highest story  <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> <div>Number of stories w/ minor damage (1 to 24% flame damage)</div> </div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> <div>Number of stories w/ significant damage (25 to 49% flame damage)</div> </div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> <div>Number of stories w/ heavy damage (50 to 74% flame damage)</div> </div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> <div>Number of stories w/ extreme damage (75 to 100% flame damage)</div> </div>	<b>K Material Contributing Most To Flame Spread</b>  <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine <b>Skip To Section L</b>  <b>K1</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Item contributing most to flame spread  <b>K2</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="display: flex; justify-content: space-between;"> <div>Type of material contributing most of flame spread</div> <div>Required only if item contributing code is 00 or &lt;70</div> </div>	
<b>J2 Fire Spread *</b>  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 checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	<b>L1 Presence of Detectors *</b> (In area of the fire)  N <input type="checkbox"/> None Present <div style="border: 1px solid black; padding: 2px; display: inline-block;">Skip to section M</div>  1 <input checked="" type="checkbox"/> Present  U <input type="checkbox"/> Undetermined		
<b>L2 Detector Type</b>  1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input checked="" 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		<b>L3 Detector Power Supply</b>  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	<b>L5 Detector Effectiveness</b> 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
<b>L4 Detector Operation</b>  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		<b>L6 Detector Failure Reason</b> 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	
<b>M1 Presence of Automatic Extinguishment System *</b>  N <input checked="" type="checkbox"/> None Present  1 <input type="checkbox"/> Present <div style="border: 1px solid black; padding: 2px; display: inline-block;">Complete rest of Section M</div>	<b>M2 Type of Automatic Extinguishment System *</b> 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 <sub>2</sub> ) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	<b>M3 Automatic Extinguishment System Operation</b> 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	<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated  <div style="border: 1px solid black; width: 40px; height: 20px;"></div> Number of sprinkler heads operating
<b>M5 Automatic Extinguishment System Failure Reason</b> 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	

**K1 Person/Entity Involved** ☐ Local Option ☐ Business name (if applicable)   612 - 703 - 4471  
Area Code Phone Number

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

TENISHA  N  JACKSON   
Mr., Ms., Mrs. First Name MI Last Name Suffix

977  REANEY  AVE   
Number Prefix Street or Highway Street Type Suffix

SAINT PAUL  
Post Office Box Apt./Suite/Room City

MN  55106  -   
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)   312 - 466 - 8643  
Area Code Phone Number

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

HAIDOS   STAVROS   
Mr., Ms., Mrs. First Name MI Last Name Suffix

13316  COMMERCIAL  AVE   
Number Prefix Street or Highway Street Type Suffix

CHICAGO  
Post Office Box Apt./Suite/Room City

IL  60622  -   
State Zip Code

**L Remarks** ☐ Local Option

FIRE CREWS ARRIVED AND FOUND A FIRE ON A REAR PORCH OF OCCUPIED 4-PLEX WITH THE FIRE POSSIBLY EXTENDING TO THE ROOF LINE. I ASSUMED COMMAND AND ORDERED ENGINE #7 TO USE A HAND-LINE TO ATTACK THE FIRE IN THE REAR OF THE HOUSE. ENGINE #4 COMPLETED A WATER SUPPLY TO ENGINE #7 AND STOOD-BY FOR SAFETY CREW.

ENGINE #9 USED A HAND-LINE TO BACK-UP FIRE ATTACK. SQUAD #1 COMPLETED A SEARCH OF THE 4 UNITS BUT DID NOT FIND ANY VICTIMS OR INJURIES. LADDER #7 COMPLETED SALVAGE, VENTILATION, AND OVERHAUL AND FOUND ONLY MINOR EXTENSION IN THE ATTIC.

MEDIC #24 SET UP TRIAGE AREA BUT HAD NO VICTIMS. FIRE INVESTIGATOR BLANK INTERVIEWED TENANTS AND NOTIFIED OWNERS GROUP. A CARETAKER WILL RESPOND IN THE MORNING. XCEL GAS AND ELECTRIC AND SAINT PAUL POLICE ON SCENE ALSO. RED CROSS REQUESTED FOR TENANTS IN APARTMENT #1 AND BOARD-UP TO SECURE THE BUILDING.

I HELD A FIRE REVIEW BEHIND LADDER #7 AND COMPANIES PICKED UP ALL THEIR EQUIPMENT.

**L Authorization**

1892  JADWINSKI, STANLEY J  150  C3  10  06  2013  
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. ☒  1892  JADWINSKI, STANLEY J  150  C3  10  06  2013  
Member making report ID Signature Position or rank Assignment Month Day Year