

**A** FDID 04317 \* State NC \* Incident Date 07 02 2018 \* Station BT1 Incident Number 18-0000732 \* Exposure 000 \*  Delete  Change  No Activity **NFIRS -1 Basic**

**B Location\***  Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract \_\_\_\_\_ - \_\_\_\_\_

Street address 12089 US 421 N  
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection  In front of  Rear of  Adjacent to  Directions  
BROADWAY NC 27505 - \_\_\_\_\_  
 Apt./Suite/Room City State Zip Code

\_\_\_\_\_ Cross street or directions, as applicable

**C Incident Type \***  
111 Building fire  
 Incident Type

**E1 Date & Times** Midnight is 0000  
 Check boxes if dates are the same as Alarm Date. ALARM always required  
 Alarm  07 02 2018 00:54:18  
 ARRIVAL required, unless canceled or did not arrive  
 Arrival  07 02 2018 01:03:33  
 CONTROLLED Optional, Except for wildland fires  
 Controlled  \_\_\_\_\_  
 LAST UNIT CLEARED, required except for wildland fires  
 Last Unit  Cleared 07 02 2018 05:45:00

**E2 Shift & Alarms** Local Option  
V 01 012  
 Shift or Alarms District Platoon

**D Aid Given or Received \***

1  Mutual aid received \_\_\_\_\_  
 2  Automatic aid recv. \_\_\_\_\_  
 3  Mutual aid given \_\_\_\_\_  
 4  Automatic aid given \_\_\_\_\_  
 5  Other aid given \_\_\_\_\_  
 N  None \_\_\_\_\_

Their FDID \_\_\_\_\_ Their State \_\_\_\_\_  
 Their Incident Number \_\_\_\_\_

**E3 Special Studies** Local Option  
 Special Study ID# \_\_\_\_\_ Special Study Value \_\_\_\_\_

**F Actions Taken \***

11 Extinguishment by fire  
 Primary Action Taken (1)

\_\_\_\_\_ Additional Action Taken (2)

\_\_\_\_\_ Additional Action Taken (3)

**G1 Resources \***  Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel  
 Suppression 0005 0011

EMS \_\_\_\_\_ Other \_\_\_\_\_

Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses & Values** LOSSES: Required for all fires if known. Optional for non fires. None

Property \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_   
 Contents \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_   
 PRE-INCIDENT VALUE: Optional  
 Property \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_   
 Contents \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Completed Modules**

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

**H1\* Casualties**  None  
 Deaths Injuries  
 Fire Service \_\_\_\_\_  
 Civilian \_\_\_\_\_

**H2 Detector** Required for Confined Fires.  
 1  Detector alerted occupants  
 2  Detector did not alert them  
 U  Unknown

**H3 Hazardous Materials Release**

N  None

1  Natural Gas: slow leak, no evaluation or HazMat actions  
 2  Propane gas: <21 lb. tank (as in home BBQ grill)  
 3  Gasoline: vehicle fuel tank or portable container  
 4  Kerosene: fuel burning equipment or portable storage  
 5  Diesel fuel/fuel oil: vehicle fuel tank or portable  
 6  Household solvents: home/office spill, cleanup only  
 7  Motor oil: from engine or portable container  
 8  Paint: from paint cans totaling < 55 gallons  
 0  Other: Special HazMat actions required or spill > 55gal. Please complete the HazMat form

**I Mixed Use Property**

NN  Not Mixed  
 10  Assembly use  
 20  Education use  
 33  Medical use  
 40  Residential use  
 51  Row of stores  
 53  Enclosed mall  
 58  Bus. & Residential  
 59  Office use  
 60  Industrial use  
 63  Military use  
 65  Farm use  
 00  Other mixed use

**J Property Use\* Structures**

131  Church, place of worship  
 161  Restaurant or cafeteria  
 162  Bar/Tavern or nightclub  
 213  Elementary school or kindergarten  
 215  High school or junior high  
 241  College, adult education  
 311  Care facility for the aged  
 331  Hospital

341  Clinic, clinic type infirmary  
 342  Doctor/dentist office  
 361  Prison or jail, not juvenile  
 419  1-or 2-family dwelling  
 429  Multi-family dwelling  
 439  Rooming/boarding house  
 449  Commercial hotel or motel  
 459  Residential, board and care  
 464  Dormitory/barracks  
 519  Food and beverage sales

539  Household goods, sales, repairs  
 579  Motor vehicle/boat sales/repair  
 571  Gas or service station  
 599  Business office  
 615  Electric generating plant  
 629  Laboratory/science lab  
 700  Manufacturing plant  
 819  Livestock/poultry storage (barn)  
 882  Non-residential parking garage  
 891  Warehouse

**Outside**

124  Playground or park  
 655  Crops or orchard  
 669  Forest (timberland)  
 807  Outdoor storage area  
 919  Dump or sanitary landfill  
 931  Open land or field

936  Vacant lot  
 938  Graded/care for plot of land  
 946  Lake, river, stream  
 951  Railroad right of way  
 960  Other street  
 961  Highway/divided highway  
 962  Residential street/driveway

981  Construction site  
 984  Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:  
 Property Use 400  
Residential, Other  
 NFIRS-1 Revision 03/11/99

**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 910 - 391 - 8292

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

Mr., Ms., Mrs. First Name CARL MI \_\_\_\_\_ Last Name MCNEILL Suffix \_\_\_\_\_

Number 12089 Prefix \_\_\_\_\_ Street or Highway US 421 Street Type \_\_\_\_\_ Suffix N

Post Office Box \_\_\_\_\_ Apt./Suite/Room \_\_\_\_\_ City BROADWAY

State NC Zip Code 27505

**L Remarks**

Local Option

[07/02/2018 01:18:15 : pos1 : TEDWARDS2308]  
ES2 MARKED ENR ACCIDENTALLY

[07/02/2018 01:17:44 : pos1 : TEDWARDS2308]  
1200 REQ FM ON CALL

[07/02/2018 01:13:17 : pos1 : TEDWARDS2308]  
(Cloned from 1807-070126)  
FD REQ A DEPUTY ON EACH SIDE TO DIRECT TRAFFIC

[07/02/2018 01:06:09 : pos4 : JSTRADLEY]  
SOUTH RIVER ETA 25 MINS

[07/02/2018 01:02:38 : pos1 : TEDWARDS2308]  
ADDRESS IS BESIDE 12119 PER MED12

[07/02/2018 01:01:54 : pos4 : JSTRADLEY]  
\*\*Appended Information from duplicate call:  
Caller Name : SPRINT, Phone : 919-478-9407, Complaint : FIRE RES STR  
Apt/Suite : , Flr/Bldg :  
Narrative : Cross streets: SANDY RIDGE DR//MCNEILL MILL RD  
Cross streets: ROSSER PITTMAN RD//DEAD END  
ALI X Coordinate: -079.024873  
ALI Y Coordinate: 035.436627  
\*\*Nearest Address: 12119 USHY 421 N, BROADWAY

**L Authorization**

129890 Officer in charge ID Currin, Tony Signature DTC Position or rank \_\_\_\_\_ Assignment \_\_\_\_\_ 07 Month 02 Day 2018 Year

Check Box if same as Officer in charge.  125040 Member making report ID Williams, James (12) C Signature FC Position or rank \_\_\_\_\_ Assignment \_\_\_\_\_ 07 Month 02 Day 2018 Year

04317  
FDID \*

NC  
State \*

MM DD YYYY  
7 2 2018  
Incident Date \*

BT1  
Station

18-0000732  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

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ALI X Coordinate: -079.024873  
ALI Y Coordinate: 035.436627  
\*\*Nearest Address: 12119 USHY 421 N, BROADWAY

\*\*End of Appended Information.

[07/02/2018 01:00:43 : pos3 : SROBERTS]  
SOUTH RIVER ELECTRIC ADVISED WILL CALL BACK WITH ETA

[07/02/2018 00:58:25 : pos3 : SROBERTS]  
CONTACTING SOUTH RIVER ELECTRIC

[07/02/2018 00:57:43 : pos2 : RMCARDLE1606]  
\*\*Appended Information from duplicate call:  
Caller Name : US CELLULAR, Phone : 919-498-4104,Complaint : 911 HANG-UP  
Apt/Suite : , Flr/Bldg :  
Narrative : Cross streets: SANDY RIDGE DR//MCNEILL MILL RD  
Landmark: BROADWAY TOWER  
Cross streets: HOLLY SPRINGS CHURCH RD//E J ESTATES DR  
ALI X Coordinate: -079.031503  
ALI Y Coordinate: 035.437624  
\*\*Nearest Address: 249 ERIC THOMAS ST, BROADWAY

\*\*End of Appended Information.

[07/02/2018 00:57:08 : pos2 : RMCARDLE1606]  
Cross streets: SANDY RIDGE DR//MCNEILL MILL RD

[07/02/2018 00:56:59 : pos2 : RMCARDLE1606]

**Narrative:**

[Call 1807-070125, 1807-070127 are related.]

[07/02/2018 00:56:27 : pos3 : SROBERTS]

\*\*Appended Information from duplicate call:

Caller Name : VERIZON WIRELESS, Phone : 910-748-6642, Complaint : FIRE RES STR

Apt/Suite : , Flr/Bldg :

Narrative : Cross streets: SANDY RIDGE DR//MCNEILL MILL RD

ALI X Coordinate: -079.024122

ALI Y Coordinate: 035.436434

\*\*Nearest Address: 12089 USHY 421 N, BROADWAY

MODULAR HOME, CALLER DOESNT KNOW ADDRESS, JUST STATED SAME IS ACROSS FROM SEMINOLE MART.

CALLER ADVISED FD ALREADY DISPATCHED

\*\*End of Appended Information.

[07/02/2018 00:55:17 : pos2 : RMCARDLE1606]

OPEN LINE //ACROSS FROM THE FD//CALLER ADV NEXT TO SEMINOLE ACROSS THE FROM THE FD

[07/02/2018 00:54:54 : pos4 : JSTRADLEY]

[Calls 1807-070125,1807-070126 are related.]

[07/02/2018 00:54:43 : pos2 : RMCARDLE1606]

\*\*Appended Information from duplicate call:

Caller Name : ATTMO, Phone : 919-721-4091, Complaint : FIRE RES STR

Apt/Suite : , Flr/Bldg :

Narrative : Cross streets: SANDY RIDGE DR//MCNEILL MILL RD

Cross streets: ROSSER PITTMAN RD//DEAD END

RIGHT NEXT TO SEMINOLE

\*\*End of Appended Information.

[07/02/2018 00:54:39 : pos1 : TEDWARDS2308]

\*\* EFD Case Aborted \*\*

Abort Reason: 3. Duplicate incident

[07/02/2018 00:54:33 : pos4 : JSTRADLEY]

LEE COUNTY ADV

[07/02/2018 00:54:33 : pos1 : TEDWARDS2308]

\*\* EFD Case Entry Finished \*\*

Chief Complaint Number: 54

Chief Complaint: Confined Space / Structure Collapse

Problem Statement: STRUCTURE FIRE

[07/02/2018 00:54:14 : pos1 : TEDWARDS2308]

IFO THE FIRE DEPT

MAPPING ONLY

[07/02/2018 00:54:03 : pos1 : TEDWARDS2308]

Cross streets: SANDY RIDGE DR//MCNEILL MILL RD

ALI X Coordinate: -079.023843

ALI Y Coordinate: 035.436605

\*\*Nearest Address: 12060 USHY 421 N, BROADWAY

04317  
FDID \*

NC  
State \*

MM DD  
7 2  
Incident Date \*

YYYY  
2018

BT1  
Station

18-0000732  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

SMOKE FROM BACK OF RES LIFE HAZARDS INVOLVED  
1 STORY

DISPATCHED TO RESIDENTIAL STRUCTURE FIRE AT 12060 US 421 N BROADWAY. MEDIC 12 ADVISED FLAMES SHOWING. CAPE FEAR AND 1243 ARRIVED AT SAMETIME AT THE TIME FIRE WAS COMING OUT OF ALL WINDOWS AND THE ROOF OF THE HOME. MR MCNEILL STATED HE HEARD LOUD NOISES WENT DOWN THE HALL THAT HE SEEN FLASH LIGHTS OPENED BACK DOOR AND THE PURCH WAS ON FIRE. SO HE WENT OUT THE FRONT DOOR. 1206 IC, 1200 CALLED FOR FM, SOUTH RIVER PULLED THE METER. HOMEOWNER STATED HE DID HAVE INSURANCE. THE ACTUAL ADDRESS OF THE HOME ON FIRE WAS 12105 US 421 N BROADWAY. THERE WAS SOME VINYL SIDING DAMAGE TO THE BACK LET SIDE OF 12119 US 421 N. FM IS INVESTIGATION THE CAUSE OF FIRE. HOMEOWNER STATED THERE WAS A FREEZER PLUGED IN ON THE BACK PORCH. CAUSE OF FIRE IS UNKNOWN AT THIS TIME.

**B Property Details**

**B1** 0001  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  Less than one acre  
 Acres burned (outside fires)

**C On-Site Materials**  None *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.

**1** NNN None  
 On-site material (1)

**2**                    
 On-site material (2)

**3**                    
 On-site material (3)

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

NN None  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

NNN None  
 Fire suppression factor (1)

                   
 Fire suppression factor (2)

                   
 Fire suppression factor (3)

**H1 Mobile Property Involved**

None

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

                   
 Mobile property model Year

                            
 License Plate Number State VIN Number

**H2 Mobile Property Type & Make**

                   
 Mobile property type

                   
 Mobile property make

**Local Use**

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

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

<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 <u>001</u> Total number of stories at or above grade  <u>    </u> Total number of stories below grade	<b>I4 Main Floor Size*</b> <div style="text-align: right;">NFIRS-3 Structure Fire</div> <u>    </u> , <u>001</u> , <u>500</u> Total square feet  OR <u>    </u> , <u>    </u> BY <u>    </u> , <u>    </u> Length in feet                      Width in feet
<b>J1 Fire Origin *</b> <u>001</u> <input type="checkbox"/> Below Grade Story of fire origin	<b>J3 Number of Stories Damaged By Flame</b> 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>    </u> Number of stories w/ extreme damage (75 to 100% flame damage)	<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                      Skip To Section L  <b>K1</b> <u>    </u> <u>    </u> Item contributing most to flame spread  <b>K2</b> <u>    </u> <u>    </u> Type of material contributing most of flame spread                      Required only if item contributing code is 00 or <70	
<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 ——— Skip to section M 1 <input type="checkbox"/> Present U <input checked="" 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 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 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>L2 Detector Type</b> 1 <input 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	<b>L4 Detector Operation</b> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) 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 ——— Complete rest of Section M	<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>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
<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated <u>    </u> Number of sprinkler heads operating		NFIRS-3 Revision 01/19/99	