

A MM DD YYYY Delete **NFIRS -1**
 Change **Basic**
 No Activity

04300 FDID * NC State * 06 13 2017 Incident Date * ES Station 17-000085 Incident Number * 000 Exposure *

B Location* 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.

Street address Intersection In front of Rear of Adjacent to Directions

36 Number/Milepost E Prefix ERWIN Street or Highway ST Street Type Suffix

COATS City NC State 27521 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 * 06 13 2017 20:31:41

ARRIVAL required, unless canceled or did not arrive

Arrival * 06 13 2017 21:00:33

CONTROLLED Optional, Except for wildland fires

Controlled

LAST UNIT CLEARED, required except for wildland fires

Last Unit 06 13 2017 22:35:27

Cleared

E2 Shift & Alarms Local Option

A 006

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 *

86 Investigate 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 0001 0001

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 \$ 000, 500

Contents \$ 000, 500

PRE-INCIDENT VALUE: Optional

Property \$ 000, 500

Contents \$ 000, 500

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 evacuation 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 419

1 or 2 family dwelling

NFIRS-1 Revision 03/11/99

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 or Products 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.

On-site material (1) NNN None

On-site material (2) _____

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 14 Common room, den,
 Area of fire origin *

D2 10 Heat from powered
 Heat source *

D3 21 Upholstered sofa,
 Item first ignited * Check Box if fire spread was confined to object of origin

D4 71 Fabric, fiber, cotton,
 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

263 Extension cord
 Equipment Involved

Brand _____

Model _____

Serial # _____

Year _____

F2 Equipment Power

12 Batteries and
 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

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 _____

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>001</u> Total number of stories at or above grade _____ Total number of stories below grade	I4 Main Floor Size* _____ , <u>001</u> , <u>600</u> Total square feet OR _____ , _____ BY _____ , _____ Length in feet Width in feet
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NFIRS-3
Structure
Fire

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 _____ Number of stories w/ minor damage (1 to 24% flame damage) _____ Number of stories w/ significant damage (25 to 49% flame damage) _____ Number of stories w/ heavy damage (50 to 74% flame damage) _____ 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 _____ Item contributing most to flame spread K2 _____ Type of material contributing most of flame spread Required only if item contributing code is 00 or <70
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L1 Presence of Detectors * (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	L3 Detector Power Supply 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	L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type 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	L4 Detector Operation 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	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 checked="" type="checkbox"/> None Present Complete rest of Section M 1 <input type="checkbox"/> Present	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
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	M4 Number of Sprinkler Heads Operating Required if system operated _____ Number of sprinkler heads operating	NFIRS-3 Revision 01/19/99

Narrative:

ON THE ABOVE TIME AND DATE FM WAS DISPATCH BY HCSO TO 36 E, ERWIN ST COATS TO ASSIST DIST 6 IN THE ORGIN AND CAUSE OF A RESIDENTAL STRUCTURE FIRE. UPON FM-4 ARRIVAL STARTED WITH WALK AROUND OBSERVING THE SURROUNDING GROUNDS THERE WAS ALOT OF TRASH ON THE OUTSIDE OF THE STRUCTURE. ENTRY WAS MADE THRU DIV. A DOOR IN TO THE LIVING ROOM AREA WERE THERE WAS NORMAL FURSHING SOFA, CHAIR, AC UNIT IN DIV D WINDOW, WOODEN CHEST WITH TV SETTING ON IT AND ALOT OF STUFF. THIS ROOMWAS WHERE THE AREA OF ORGIN.

UPON UTILIZING A SYSTEMATIC APPRAOCH TO THE ABOVE DESCRIBED FIRE SCENE AND APPLYING BASIC METHODOLGY OF FIRE INVESTIGATION. THE CAUSE OF THIS FIRE HAS BEEN DETERMINED TO BE THE RESULT OF A DROP CORD PLUGGED INTO THE AC UNIT AND AND THE DROP CORD OVER HEATED AT THE WALL SOCKET THAT CAUGHT THE FABRIC ON BACK OF CHAIR ON FIRE AND THE FIRE SPREAD UP THE WALL. THERE WAS NO DISSENTING OPINIOONS AMONG THE INVESTGATORS OF THE FIRE.

[06/13/2017 22:35:26 : pos1 : DSTEADMAN]
[Cleared with unit FM4]

[06/13/2017 22:32:17 : pos1 : DSTEADMAN]
Unit : F06FO
CMMD TERM

[06/13/2017 21:56:04 : pos1 : DSTEADMAN]
Unit : EMS102
ASSIGN COM

[06/13/2017 21:42:44 : pos1 : DSTEADMAN]
Unit : E0652
CLR BY CMMD

[06/13/2017 21:41:07 : pos1 : DSTEADMAN]
Unit : F0842
RLS BY CMMD

[06/13/2017 21:33:24 : pos1 : DSTEADMAN]
Unit : MED6
REL BY CMMD

[06/13/2017 21:11:28 : pos1 : DSTEADMAN]
Unit : RC1
MARK ADV TOMMY IS ON SITE

[06/13/2017 21:08:14 : pos1 : DSTEADMAN]
Unit : F06FO
HAVE RED CROSS TO RESPOND 1 ADULT

[06/13/2017 20:57:22 : pos1 : DSTEADMAN]
Unit : F06FO
HAVE FM ON CALL RESPOND

[06/13/2017 20:56:01 : pos1 : DSTEADMAN]
Unit : F06FO
SUBJECT HAS BEEN LOCATED OUTSIDE.. NO ONE INSIDE THE RESD

Narrative:

[06/13/2017 20:42:13 : pos1 : DSTEADMAN]
Unit : MED6
HAVE 652 STAGE AT THE STORE.. POSS 1 LIFE HAZARD.. PRIM SEARCH UNDERWAY

[06/13/2017 20:37:51 : pos1 : DSTEADMAN]
Unit : F06FO
602 IC

[06/13/2017 20:37:29 : pos1 : DSTEADMAN]
Unit : F0643
36 E ERWIN ST.. WORKING FIRE .. SMOKING FIRE.. 602 IC

[06/13/2017 20:36:47 : pos1 : DSTEADMAN]
Unit : F08FO
800 ENR

[06/13/2017 20:35:41 : pos1 : DSTEADMAN]
Cross streets: S MCKINLELY ST//S RAILROAD ST

[06/13/2017 20:32:02 : pos6 : RMCARDLE1606]
** EFD Case Complete **

[06/13/2017 20:31:48 : pos6 : RMCARDLE1606]
** EFD Key Questions Finished **

- Key Questions:
5. It is not known if anyone is trapped inside the structure.
 6. The exact location of the fire is: SMOKE COMING FROM THE ATTICK AREA
 7. It is not known if anyone is injured.

[06/13/2017 20:31:47 : pos2 : HWILKINS]
[Calls 1706-063342,1706-063343 are related.]

[06/13/2017 20:31:47 : pos1 : DSTEADMAN]
ESN = 1156, 1157

EMS/RESCUE TO ALL STRUCTURE FIRES

1ST - D6, D5, D8

[06/13/2017 20:31:37 : pos6 : RMCARDLE1606]
** EFD Recommended Dispatch **

Response Text: Code 3
Dispatch Level: 69D06
CAD Incident Code: FIRE RES STR
Determinant: Residential (single)

- Key Questions:
1. The caller is on scene (1st party).
 2. Smoke is visible.
 3. The incident involves a single-family residential structure.
 4. A single-level structure is involved.

[06/13/2017 20:31:23 : pos6 : RMCARDLE1606]

Narrative:

** EFD Case Entry Finished **

Chief Complaint Number: 69

Chief Complaint: Structure Fire

Problem Statement: RES FIRE

[06/13/2017 20:31:15 : pos6 : RMCARDLE1606]

Cross streets: S MCKINLELY ST//S RAILROAD ST

Cross streets: ERWIN CHAPEL RD//W TART RD

ALI X Coordinate: -078.671379

ALI Y Coordinate: 035.401715

**Nearest Address: 48 E ERWIN ST, COATS

RIGHT IFO SUNNY SERVICE STATION