



NFIRS-1 Basic

A

08483	AZ	07	27	2024	Station 341 (341)	24322854	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract:

Street Address
 Intersection
 In Front Of
 Rear Of
 Adjacent To
 Directions
 US National Grid

41625	W-West	INDIAN SCHOOL	RD-Road	
Number	Prefix	Street or Highway	Street Type	Suffix

HICKMAN RANCH	TONOPAH	AZ	85354
Apt./Suite/Room	City	State	Zip Code

Cross Street

<p>C Incident Type</p> <p><input style="width: 100%;" type="text" value="111-Building fire"/></p>	<p>E1 Dates and Times</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Alarm</td> <td style="text-align: center;">07</td> <td style="text-align: center;">27</td> <td style="text-align: center;">2024</td> <td style="text-align: center;">05:19</td> </tr> <tr> <td>Arrival</td> <td style="text-align: center;">07</td> <td style="text-align: center;">27</td> <td style="text-align: center;">2024</td> <td style="text-align: center;">05:36</td> </tr> <tr> <td>Controlled</td> <td style="text-align: center;">07</td> <td style="text-align: center;">27</td> <td style="text-align: center;">2024</td> <td style="text-align: center;">11:09</td> </tr> <tr> <td>Last Unit Cleared</td> <td style="text-align: center;">07</td> <td style="text-align: center;">27</td> <td style="text-align: center;">2024</td> <td style="text-align: center;">13:36</td> </tr> </table>	Alarm	07	27	2024	05:19	Arrival	07	27	2024	05:36	Controlled	07	27	2024	11:09	Last Unit Cleared	07	27	2024	13:36	<p>E2 Shifts and Alarms</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">C</td> <td style="text-align: center;"></td> <td style="text-align: center;">34-TONR</td> </tr> <tr> <td style="text-align: center;">Shift or Platoon</td> <td style="text-align: center;">Alarms</td> <td style="text-align: center;">District</td> </tr> </table>	C		34-TONR	Shift or Platoon	Alarms	District
Alarm	07	27	2024	05:19																								
Arrival	07	27	2024	05:36																								
Controlled	07	27	2024	11:09																								
Last Unit Cleared	07	27	2024	13:36																								
C		34-TONR																										
Shift or Platoon	Alarms	District																										
<p>D Aid Given Or Received</p> <p> <input type="checkbox"/> 1 Mutual Aid Received <input checked="" type="checkbox"/> 2 Auto. Aid Received <input type="checkbox"/> 3 Mutual Aid Given <input type="checkbox"/> 4 Auto. Aid Given <input type="checkbox"/> 5 Other Aid Given <input type="checkbox"/> None </p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Buckeye Fire Department (08041)</td> <td style="width: 40%;"></td> </tr> <tr> <td>Their FDID</td> <td>Their State</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">Their Incident Number</td> </tr> </table>	Buckeye Fire Department (08041)		Their FDID	Their State	<input style="width: 100%;" type="text"/>		Their Incident Number			<p>E3 Special Studies</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input style="width: 100%;" type="text"/></td> <td style="width: 50%; text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center;">ID#</td> <td style="text-align: center;">Value</td> </tr> </table>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	ID#	Value														
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ID#	Value																											

F Actions Taken <div style="border: 1px solid black; padding: 2px; width: fit-content;">10-Fire control or extinguishment, other</div> Primary Action Taken	G1 Resources <input checked="" type="checkbox"/> Apparatus or Personnel Module is used. <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Apparatus</td> <td style="text-align: center;">Personnel</td> </tr> <tr> <td>Suppression</td> <td style="border: 1px solid black; text-align: center;">14</td> <td style="border: 1px solid black; text-align: center;">46</td> </tr> <tr> <td>EMS</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">9</td> </tr> <tr> <td>Other</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">8</td> </tr> </table> <input type="checkbox"/> Resource counts include aid received resources.		Apparatus	Personnel	Suppression	14	46	EMS	4	9	Other	5	8	G2 Estimated Dollar Losses and Values Losses: Required for all fires if known. Optional for all non-fires. None
	Apparatus	Personnel												
Suppression	14	46												
EMS	4	9												
Other	5	8												
		Property: \$ <input style="width: 100px;" type="text"/> <input checked="" type="checkbox"/> Contents: \$ <input style="width: 100px;" type="text"/> <input checked="" type="checkbox"/> Pre-Incident Values: Optional None Property: \$ <input style="width: 100px;" type="text"/> <input checked="" type="checkbox"/> Contents: \$ <input style="width: 100px;" type="text"/> <input checked="" type="checkbox"/>												

Completed Modules <input type="checkbox"/> 2 - Fire <input type="checkbox"/> 3 - Structure Fire <input type="checkbox"/> 4 - Civilian Fire Cas. <input type="checkbox"/> 5 - Fire Service Cas. <input type="checkbox"/> 6 - EMS <input type="checkbox"/> 7 - HazMat <input type="checkbox"/> 8 - Wildland Fire <input type="checkbox"/> 9 - Apparatus <input type="checkbox"/> 10 - Personnel <input type="checkbox"/> 11 - Arson	H1 Casualties <input checked="" type="checkbox"/> None <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Deaths</td> <td style="text-align: center;">Injuries</td> </tr> <tr> <td>Fire Service</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Civilian</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table>		Deaths	Injuries	Fire Service	0	0	Civilian	0	0	H3 Hazardous Materials Release <input type="checkbox"/> 1 - Natural Gas <input type="checkbox"/> 2 - Propane Gas <input type="checkbox"/> 3 - Gasoline <input type="checkbox"/> 4 - Kerosene <input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil <input type="checkbox"/> 6 - Household Solvents <input type="checkbox"/> 7 - Motor Oil <input type="checkbox"/> 8 - Paint <input type="checkbox"/> 0 - Other <input checked="" type="checkbox"/> None	I Mixed Use Property <input type="checkbox"/> Not Mixed <input type="checkbox"/> 10 - Assembly Use <input type="checkbox"/> 20 - Education Use <input type="checkbox"/> 33 - Medical Use <input type="checkbox"/> 40 - Residential Use <input type="checkbox"/> 51 - Row Of Stores <input type="checkbox"/> 53 - Enclosed Mall <input type="checkbox"/> 58 - Business and Residential <input type="checkbox"/> 59 - Office Use <input type="checkbox"/> 60 - Industrial Use <input type="checkbox"/> 63 - Military Use <input type="checkbox"/> 65 - Farm Use <input type="checkbox"/> 00 - Other Mixed Use
	Deaths	Injuries										
Fire Service	0	0										
Civilian	0	0										
	H2 Detector Required for Confined Fires <input type="checkbox"/> 1 - Detector Alerted Occupants <input type="checkbox"/> 2 - Detector Did Not Alert Them <input type="checkbox"/> 3 - Unknown											

J Property Use <input type="checkbox"/> None Structures 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, Kindergarten 215 <input type="checkbox"/> High School, Junior High 241 <input type="checkbox"/> College, Adult Education 311 <input type="checkbox"/> Nursing Home 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 type="checkbox"/> MultiFamily Dwelling 439 <input type="checkbox"/> Rooming/Boarding House 449 <input type="checkbox"/> Commerical 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 571 <input type="checkbox"/> Gas or Service Station 579 <input type="checkbox"/> Motor Vehicle/Boat Sales/Repairs 599 <input type="checkbox"/> Business Office 615 <input type="checkbox"/> Electric-Generating Plant 629 <input type="checkbox"/> Laboratory/Science Laboratory 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
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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 936 <input type="checkbox"/> Vacant Lot	938 <input type="checkbox"/> Graded/Cared 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	Property Use: <div style="border: 1px solid black; padding: 2px; width: fit-content;">659-Livestock production</div> Description Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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K2				
Owner				
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Post Office Box	Apt./Suite/Room	City		
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		
State	Zip Code			
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>			

L **Remarks:**

M **Authorization**

MJ3031	McBride, John			08/02/2024
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Officer In Charge ID	Signature	Position or Rank	Assignment	Date
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GT7620	Geffert, Thomas			08/02/2024
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Member Making Report ID	Signature	Position or Rank	Assignment	Date
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NFIRS-2 Fire

A	08483	AZ	07	27	2024	Station 341 (341)	24322854	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B</p> <p>Property Details</p> <p>B1 <input type="text"/> <input type="checkbox"/> Not Residential Estimated number of residential living units in the building of origin whether or not all units became involved</p> <p>B2 <input type="text"/> <input type="checkbox"/> Buildings Not Involved Number of buildings involved</p> <p>B3 <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre Acres burned (outside fires)</p>	<p>C</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>On-Site Materials Or Products</p> <p><input type="text"/> 112-Meat products, including poultry & fish</p> <p>On-site material (1)</p> </td> <td style="width: 50%; vertical-align: top;"> <p>On-Site Materials Storage Use</p> <p><input checked="" type="checkbox"/> 1 - Bulk Storage or warehousing <input type="checkbox"/> 2 - Processing or manufacturing <input type="checkbox"/> 3 - Packaged goods for sale <input type="checkbox"/> 4 - Repair or service <input type="checkbox"/> U - Undetermined</p> </td> </tr> </table>	<p>On-Site Materials Or Products</p> <p><input type="text"/> 112-Meat products, including poultry & fish</p> <p>On-site material (1)</p>	<p>On-Site Materials Storage Use</p> <p><input checked="" type="checkbox"/> 1 - Bulk Storage or warehousing <input type="checkbox"/> 2 - Processing or manufacturing <input type="checkbox"/> 3 - Packaged goods for sale <input type="checkbox"/> 4 - Repair or service <input type="checkbox"/> U - Undetermined</p>
<p>On-Site Materials Or Products</p> <p><input type="text"/> 112-Meat products, including poultry & fish</p> <p>On-site material (1)</p>	<p>On-Site Materials Storage Use</p> <p><input checked="" type="checkbox"/> 1 - Bulk Storage or warehousing <input type="checkbox"/> 2 - Processing or manufacturing <input type="checkbox"/> 3 - Packaged goods for sale <input type="checkbox"/> 4 - Repair or service <input type="checkbox"/> U - Undetermined</p>		

<p>D</p> <p>Ignition</p> <p>D1 <input type="text"/> Undetermined Area of Fire Origin</p> <p>D2 <input type="text"/> Undetermined Heat Source</p> <p>D3 <input type="text"/> Undetermined Item First Ignited</p> <p>D4 <input type="text"/> Undetermined Type of Material First Ignited</p>	<p>E1</p> <p>Cause of Ignition</p> <p><input type="checkbox"/> 1 - Intentional <input checked="" type="checkbox"/> 2 - Unintentional <input type="checkbox"/> 3 - Failure of Equipment or Heat Source <input type="checkbox"/> 4 - Act of Nature <input type="checkbox"/> 5 - Cause Under Investigation <input type="checkbox"/> U - Cause Undetermined After Investigation</p> <hr/> <p>E2</p> <p>Factors Contributing to Ignition</p> <p><input type="text"/> Undetermined Factor Contributing to Ignition</p>	<p>E3</p> <p>Human Factors Contributing to Ignition</p> <p>Check all applicable boxes</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> 1 - Asleep <input type="checkbox"/> 2 - Possibly impaired by alcohol or drugs <input type="checkbox"/> 3 - Unattended person <input type="checkbox"/> 4 - Possibly Mentally Disabled <input type="checkbox"/> 5 - Physically Disabled <input type="checkbox"/> 6 - Multiple Persons Involved</p> <hr/> <p><input type="checkbox"/> 7 - Age Was A Factor</p> <p>Estimated Age of Person Involved <input type="text"/></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
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<p>F1</p> <p>Equipment Involved In Ignition</p> <p><input checked="" type="checkbox"/></p> <p><input type="text"/></p> <p>Equipment Involved</p> <p>Brand <input type="text"/></p> <p>Model <input type="text"/></p> <p>Serial # <input type="text"/></p> <p>Year <input type="text"/></p>	<p>F2</p> <p>Equipment Power Source</p> <p><input checked="" type="checkbox"/></p> <p><input type="text"/></p> <p>Equipment Power Source</p> <hr/> <p>F3</p> <p>Equipment Portability</p> <p><input type="checkbox"/> 1 - Portable <input checked="" type="checkbox"/> 2 - Stationary Portable equipment normally can be moved by one or two persons.</p>	<p>G</p> <p>Fire Suppression Factors</p>
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<p>H1</p> <p>Mobile Property Involved</p> <p><input type="checkbox"/> 1 - Not involved in ignition, but burned</p> <p><input type="checkbox"/> 2 - Involved in ignition, but did not burn</p> <p><input type="checkbox"/> 3 - Involved in ignition and burned</p> <p><input checked="" type="checkbox"/> None</p>	<p>H2</p> <p>Mobile Property Type and Make</p> <p><input type="text"/></p> <p>Mobile Property Type</p> <p><input type="text"/></p> <p>Mobile Property Make</p>	<p>Local Use</p> <p><input type="checkbox"/> Pre-Fire Plan Available</p> <p><input type="checkbox"/> Arson Report Attached</p> <p><input type="checkbox"/> Police Report Attached</p> <p><input type="checkbox"/> Coroner Report Attached</p> <p><input type="checkbox"/> Other Reports Attached</p> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Mobile Property Model</p> <p><input type="text"/></p>		<p>Year</p> <p><input type="text"/></p>
<p>State</p> <p><input type="text"/></p>	<p>License Plate Number</p> <p><input type="text"/></p>	<p>VIN</p> <p><input type="text"/></p>

NFIRS-3 Structure Fire

<p>I1</p> <p>Structure Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Enclosed Building <input checked="" type="checkbox"/> 2 - Portable/Mobile Structure <input type="checkbox"/> 3 - Open Structure <input type="checkbox"/> 4 - Air-Supported Structure <input type="checkbox"/> 5 - Tent <input type="checkbox"/> 6 - Open Platform <input type="checkbox"/> 7 - Underground Structure <input type="checkbox"/> 8 - Connective Structure <input type="checkbox"/> 0 - Other 	<p>I2</p> <p>Building Status</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Under Construction <input checked="" type="checkbox"/> 2 - In Normal Use <input type="checkbox"/> 3 - Idle, Not Routinely Used <input type="checkbox"/> 4 - Under Major Renovation <input type="checkbox"/> 5 - Vacant and Secured <input type="checkbox"/> 6 - Vacant and Unsecured <input type="checkbox"/> 7 - Being Demolished <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined 	<p>I3</p> <p>Building Height</p> <div style="border: 1px solid black; width: 30px; text-align: center; margin: 5px;">3</div> <p>Number of Stories At/Above Grade</p> <div style="border: 1px solid black; width: 30px; text-align: center; margin: 5px;">0</div> <p>Number of Stories Below Grade</p>	<p>I4</p> <p>Main Floor Size</p> <div style="border: 1px solid black; width: 60px; text-align: center; margin: 5px;">30000</div> <p>Total Square Feet</p> <p style="text-align: center;">OR</p> <div style="display: flex; justify-content: space-around; align-items: center; margin: 5px;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> BY <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <p>Length (ft) X Width (ft)</p>
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<p>J1</p> <p>Fire Origin</p> <div style="border: 1px solid black; width: 40px; text-align: center; margin: 5px;">1</div> <p>Story of Fire Origin</p> <p><input type="checkbox"/> Below Grade</p>	<p>J3</p> <p>Number of Stories Damaged By Flame</p> <ul style="list-style-type: none"> <input type="checkbox"/> Number of Stories w/Minor Damage (1-24%) <input type="checkbox"/> Number of Stories w/Significant Damage (25-49%) <input type="checkbox"/> Number of Stories w/Heavy Damage (50-74%) <input type="checkbox"/> Number of Stories w/Extreme Damage (75-100%) <p style="font-size: small;">*Count the roof as part of the highest story</p>	<p>K</p> <p>Type of Material Contributing Most to Flame Spread</p> <p>K1 <input type="checkbox"/></p> <p>Item Contributing Most to Flame Spread</p> <p>K2 <input type="checkbox"/></p> <p>Type of Material Contributing Most To Flame Spread</p>
<p>J2</p> <p>Fire Spread</p> <ul style="list-style-type: none"> <input type="checkbox"/> Confined to Object of Origin <input type="checkbox"/> 2 - Confined to Room of Origin <input type="checkbox"/> 3 - Confined to Floor of Origin <input type="checkbox"/> 4 - Confined to Building of Origin <input checked="" type="checkbox"/> 5 - Beyond Building of Origin 		

<p>L1</p> <p>Presence of Detectors</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> U - Undetermined 	<p>L3</p> <p>Detector Power Supply</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Battery Only <input type="checkbox"/> 2 - Hardwire Only <input type="checkbox"/> 3 - Plug-In <input type="checkbox"/> 4 - Hardwire With Battery <input type="checkbox"/> 5 - Plug-In With Battery <input type="checkbox"/> 6 - Mechanical <input type="checkbox"/> 7 - Multiple Detectors & Power Supplies <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined 	<p>L5</p> <p>Detector Effectiveness</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Alerted Occupants, Occupants Responded <input type="checkbox"/> 2 - Alerted Occupants, Occupants Failed to Respond <input type="checkbox"/> 3 - There Were No Occupants <input type="checkbox"/> 4 - Failed to Alert Occupants <input type="checkbox"/> U - Undetermined
<p>L2</p> <p>Detector Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Smoke <input type="checkbox"/> 2 - Heat <input type="checkbox"/> 3 - Combination of Smoke and Heat <input type="checkbox"/> 4 - Sprinkler, Water Flow Detection <input type="checkbox"/> 5 - More Than One Type Present <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined 	<p>L4</p> <p>Detector Operation</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Fire Too Small To Activate <input type="checkbox"/> 2 - Operated <input type="checkbox"/> 3 - Failed To Operate <input type="checkbox"/> U - Undetermined 	<p>L6</p> <p>Detector Failure Reason</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Power Failure, Shutoff, or Disconnect <input type="checkbox"/> 2 - Improper Installation or Placement <input type="checkbox"/> 3 - Defective <input type="checkbox"/> 4 - Lack of Maintenance, Dirty <input type="checkbox"/> 5 - Battery Missing or Disconnected <input type="checkbox"/> 6 - Battery Discharged or Dead <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined

<p>M1</p> <p>Presence of Automatic Extinguishing System</p> <p><input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input type="checkbox"/> U - Undetermined</p>	<p>M3</p> <p>Operation of Automatic Extinguishing System</p> <p><input type="checkbox"/> 1 - Operated/Effective <input type="checkbox"/> 2 - Operated/Not Effective <input type="checkbox"/> 3 - Fire Too Small To Activate <input type="checkbox"/> 4 - Failed To Operate <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined</p> <p>Required if fire was within designed range</p>	<p>M5</p> <p>Reason for Automatic Extinguishing System Failure</p> <p><input type="checkbox"/> 1 - System Shut Off <input type="checkbox"/> 2 - Not Enough Agent Discharged <input type="checkbox"/> 3 - Agent Discharged But Did Not Reach Fire <input type="checkbox"/> 4 - Wrong Type of System <input type="checkbox"/> 5 - Fire Not In Area Protected <input type="checkbox"/> 6 - System Components Damaged <input type="checkbox"/> 7 - Lack of Maintenance <input type="checkbox"/> 8 - Manual Intervention <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined</p> <p>Required if system failed or not effective</p>
<p>M2</p> <p>Type of Automatic Extinguishing System</p> <p><input type="checkbox"/> 1 - Wet-Pipe Sprinkler <input type="checkbox"/> 2 - Dry-Pipe Sprinkler <input type="checkbox"/> 3 - Other Sprinkler System <input type="checkbox"/> 4 - Dry Chemical System <input type="checkbox"/> 5 - Foam System <input type="checkbox"/> 6 - Halogen-Type System <input type="checkbox"/> 7 - Carbon Dioxide System <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined</p> <p>Required if fire was within designed range of AES</p>	<p>M4</p> <p>Number of Sprinkler Heads Operating</p> <p><input type="text"/></p> <p>Required if system operated</p>	

NFIRS-9 Apparatus or Resources

A

08483	AZ	07	27	2024	Station 341 (341)	24322854	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Apparatus/Resource	Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken
ID: <input type="text" value="BC101"/> Type: <input type="text" value="92-Chief officer car"/>	Dispatch: <input type="text" value="07/27/2024"/> <input type="text" value="05:19"/> Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="06:06"/> Clear: <input type="text" value="07/27/2024"/> <input type="text" value="12:58"/>	<input type="checkbox"/> Sent <input type="text" value="3"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	
ID: <input type="text" value="BC231"/> Type: <input type="text" value="92-Chief officer car"/>	Dispatch: <input type="text" value="07/27/2024"/> <input type="text" value="05:25"/> Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="06:34"/> Clear: <input type="text" value="07/27/2024"/> <input type="text" value="13:12"/>	<input type="checkbox"/> Sent <input type="text" value="2"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	
ID: <input type="text" value="BC321"/> Type: <input type="text" value="92-Chief officer car"/>	Dispatch: <input type="text" value="07/27/2024"/> <input type="text" value="05:19"/> Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="05:51"/> Clear: <input type="text" value="07/27/2024"/> <input type="text" value="13:28"/>	<input type="checkbox"/> Sent <input type="text" value="4"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>	
ID: <input type="text" value="BE104"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="07/27/2024"/> <input type="text" value="05:32"/> Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="06:29"/> Clear: <input type="text" value="07/27/2024"/> <input type="text" value="08:03"/>	<input type="checkbox"/> Sent <input type="text" value="4"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	
ID: <input type="text" value="E101"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="07/27/2024"/> <input type="text" value="05:25"/> Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="06:29"/> Clear: <input type="text" value="07/27/2024"/> <input type="text" value="07:02"/>	<input type="checkbox"/> Sent <input type="text" value="4"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	
ID: <input type="text" value="E103"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="07/27/2024"/> <input type="text" value="05:25"/> Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="06:23"/> Clear: <input type="text" value="07/27/2024"/> <input type="text" value="12:34"/>	<input type="checkbox"/> Sent <input type="text" value="8"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	
ID: <input type="text" value="E321"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="07/27/2024"/> <input type="text" value="05:25"/> Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="06:02"/> Clear: <input type="text" value="07/27/2024"/> <input type="text" value="13:24"/>	<input type="checkbox"/> Sent <input type="text" value="8"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	
ID: <input type="text" value="E326"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="07/27/2024"/> <input type="text" value="05:25"/> Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="06:09"/> Clear: <input type="text" value="07/27/2024"/> <input type="text" value="12:52"/>	<input type="checkbox"/> Sent <input type="text" value="8"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="93-Cancelled en route"/>	
ID: <input type="text" value="E328"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="07/27/2024"/> <input type="text" value="05:19"/> Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="05:43"/> Clear: <input type="text" value="07/27/2024"/> <input type="text" value="13:22"/>	<input type="checkbox"/> Sent <input type="text" value="4"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	
ID: <input type="text" value="E341"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="07/27/2024"/> <input type="text" value="05:19"/> Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="05:36"/> Clear: <input type="text" value="07/27/2024"/> <input type="text" value="12:59"/>	<input type="checkbox"/> Sent <input type="text" value="7"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	

ID: E371 (Mutual Aid Vehicle)	Dispatch: 07/27/2024 05:19	<input type="checkbox"/> Sent 0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
Type: 11-Engine	Arrival: 07/27/2024 05:51			
	Clear: 07/27/2024 10:57			
ID: F1107	Dispatch: 07/27/2024 06:25	<input type="checkbox"/> Sent 0	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	
Type: 60-Support apparatus, other	Arrival: 07/27/2024 06:25			
	Clear: 07/27/2024 08:26			
ID: L703 (Mutual Aid Vehicle)	Dispatch: 07/27/2024 07:49	<input type="checkbox"/> Sent 0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
Type: 12-Truck or aerial	Arrival: 07/27/2024 08:20			
	Clear: 07/27/2024 12:29			
ID: M3271	Dispatch: 07/27/2024 08:01	<input type="checkbox"/> Sent 0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	
Type: 76-ALS unit	Arrival: 07/27/2024 08:25			
	Clear: 07/27/2024 11:00			
ID: R328	Dispatch: 07/27/2024 05:25	<input type="checkbox"/> Sent 4	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	
Type: 76-ALS unit	Arrival: 07/27/2024 05:45			
	Clear: 07/27/2024 12:52			
ID: RH231	Dispatch: 07/27/2024 05:25	<input type="checkbox"/> Sent 3	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	
Type: 60-Support apparatus, other	Arrival: 07/27/2024 07:28			
	Clear: 07/27/2024 13:14			
ID: T104	Dispatch: 07/27/2024 05:32	<input type="checkbox"/> Sent 2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
Type: 24-Tanker or tender	Arrival: 07/27/2024 06:42			
	Clear: 07/27/2024 12:47			
ID: T326	Dispatch: 07/27/2024 05:29	<input type="checkbox"/> Sent 0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	93-Cancelled en route
Type: 24-Tanker or tender	Arrival: 07/27/2024 06:10			
	Clear: 07/27/2024 13:32			
ID: T328	Dispatch: 07/27/2024 05:19	<input type="checkbox"/> Sent 0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
Type: 24-Tanker or tender	Arrival: 07/27/2024 05:52			
	Clear: 07/27/2024 13:36			
ID: T341	Dispatch: 07/27/2024 05:19	<input type="checkbox"/> Sent 1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
Type: 24-Tanker or tender	Arrival: 07/27/2024 05:38			
	Clear: 07/27/2024 13:32			
ID: T371 (Mutual Aid Vehicle)	Dispatch: 07/27/2024 05:29	<input type="checkbox"/> Sent 0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	93-Cancelled en route
Type: 24-Tanker or tender	Arrival: <input type="checkbox"/> <input type="checkbox"/>			
	Clear: 07/27/2024 05:30			
ID: U171 (Mutual Aid Vehicle)	Dispatch: 07/27/2024 05:25	<input type="checkbox"/> Sent 0	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	
Type: 62-Light and air unit	Arrival: 07/27/2024 06:12			
	Clear: 07/27/2024 09:46			

ID:	U324	Dispatch:	07/27/2024	08:20	<input type="checkbox"/> Sent	1	<input type="checkbox"/> Suppression	<input type="checkbox"/>
Type:	62-Light and air unit	Arrival:	07/27/2024	09:10			<input type="checkbox"/> EMS	
		Clear:	07/27/2024	12:50			<input checked="" type="checkbox"/> Other	

NFIRS-10 Personnel

A	08483	AZ	07	27	2024	Station 341 (341)	24322854	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

B		Apparatus/Resource		Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken
ID:	BC101	Dispatch:	07/27/2024	05:19	<input type="checkbox"/> Sent	3	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>
Type:	92-Chief officer car	Arrival:	07/27/2024	06:06				
		Clear:	07/27/2024	12:58				

Personnel ID	Name	Rank	Role	Attend	Actions Taken
MJ3031	McBride, John			<input type="checkbox"/>	<input type="checkbox"/>
LJ8521	Lawson, John			<input type="checkbox"/>	<input type="checkbox"/>
HS2178	Holcomb, Shawn			<input type="checkbox"/>	<input type="checkbox"/>

ID:	BC231	Dispatch:	07/27/2024	05:25	<input type="checkbox"/> Sent	2	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>
Type:	92-Chief officer car	Arrival:	07/27/2024	06:34				
		Clear:	07/27/2024	13:12				

Personnel ID	Name	Rank	Role	Attend	Actions Taken
LJ7465	Lacy, Jonathan		Division Chief	<input type="checkbox"/>	<input type="checkbox"/>
BD2940	Barnett, David			<input type="checkbox"/>	<input type="checkbox"/>

ID:	BC321	Dispatch:	07/27/2024	05:19	<input type="checkbox"/> Sent	4	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>
Type:	92-Chief officer car	Arrival:	07/27/2024	05:51				
		Clear:	07/27/2024	13:28				

Personnel ID	Name	Rank	Role	Attend	Actions Taken
LW0720	Loerzel, Walt	BC		<input type="checkbox"/>	<input type="checkbox"/>
FR7463	Fischer, Ryan	Captain	CEP	<input type="checkbox"/>	<input type="checkbox"/>
JB7464	Johnson, Brandon W	BC		<input type="checkbox"/>	<input type="checkbox"/>
LJ8521	Lawson, John			<input type="checkbox"/>	<input type="checkbox"/>

ID:	BE104	Dispatch:	07/27/2024	05:32	<input type="checkbox"/> Sent	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>
Type:	11-Engine	Arrival:	07/27/2024	06:29				
		Clear:	07/27/2024	08:03				

Personnel ID	Name	Rank	Role	Attend	Actions Taken
BC3010	Barkley, Christopher			<input type="checkbox"/>	<input type="checkbox"/>
RJ7150	Randall, Jared			<input type="checkbox"/>	<input type="checkbox"/>
SJ7914	Shiffer, John			<input type="checkbox"/>	<input type="checkbox"/>
YA1749	Young, Anthony		Firefighter EMT	<input type="checkbox"/>	<input type="checkbox"/>

ID:	E101	Dispatch:	07/27/2024	05:25	<input type="checkbox"/> Sent	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS	<input type="checkbox"/>
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Type: <input type="text" value="11-Engine"/>	Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="06:29"/>	<input type="checkbox"/> Other			
	Clear: <input type="text" value="07/27/2024"/> <input type="text" value="07:02"/>				
Personnel ID	Name	Rank	Role	Attend	Actions Taken
GT7620	Geffert, Thomas			<input type="checkbox"/>	<input type="checkbox"/>
PJ1342	Petchel, Joshua			<input type="checkbox"/>	<input type="checkbox"/>
TJ1755	Tuerschmann, Jacob			<input type="checkbox"/>	<input type="checkbox"/>
FC1263	Ferrara, Chris			<input type="checkbox"/>	<input type="checkbox"/>

ID: <input type="text" value="E103"/>	Dispatch: <input type="text" value="07/27/2024"/> <input type="text" value="05:25"/>	<input type="checkbox"/> Sent	<input type="text" value="8"/>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>
Type: <input type="text" value="11-Engine"/>	Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="06:23"/>			<input type="checkbox"/> EMS	
	Clear: <input type="text" value="07/27/2024"/> <input type="text" value="12:34"/>			<input type="checkbox"/> Other	
Personnel ID	Name	Rank	Role	Attend	Actions Taken
AO3639	Adame, Oscar			<input type="checkbox"/>	<input type="checkbox"/>
GC7436	Garcia, Carlos			<input type="checkbox"/>	<input type="checkbox"/>
MK8230	Morgan, Kyle			<input type="checkbox"/>	<input type="checkbox"/>
TK1307	Tafoya, Kayla		Firefighter CEP	<input type="checkbox"/>	<input type="checkbox"/>
LJ1000	Dunlap, Juanita		Firefighter EMT	<input type="checkbox"/>	<input type="checkbox"/>
PJ8787	Padilla, Johnny			<input type="checkbox"/>	<input type="checkbox"/>
RJ7150	Randall, Jared			<input type="checkbox"/>	<input type="checkbox"/>
ST1114	Spinning, Scott			<input type="checkbox"/>	<input type="checkbox"/>

ID: <input type="text" value="E321"/>	Dispatch: <input type="text" value="07/27/2024"/> <input type="text" value="05:25"/>	<input type="checkbox"/> Sent	<input type="text" value="8"/>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>
Type: <input type="text" value="11-Engine"/>	Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="06:02"/>			<input type="checkbox"/> EMS	
	Clear: <input type="text" value="07/27/2024"/> <input type="text" value="13:24"/>			<input type="checkbox"/> Other	
Personnel ID	Name	Rank	Role	Attend	Actions Taken
RB7029	Ruehle, William		Captain CEP	<input type="checkbox"/>	<input type="checkbox"/>
ST1114	Spinning, Scott			<input type="checkbox"/>	<input type="checkbox"/>
MM0078	Medina, Michael		Firefighter CEP	<input type="checkbox"/>	<input type="checkbox"/>
PS2459	Polete, Sierra		Firefighter EMT	<input type="checkbox"/>	<input type="checkbox"/>
HL7494	Hoffarth, Lauren		Firefighter EMT	<input type="checkbox"/>	<input type="checkbox"/>
JJ9134	Jacobson, Jon		Engineer CEP	<input type="checkbox"/>	<input type="checkbox"/>
TC7946	Turner, Clifton		Captain EMT	<input type="checkbox"/>	<input type="checkbox"/>
WM8102	Wanczyk, Mike		Firefighter CEP	<input type="checkbox"/>	<input type="checkbox"/>

ID: <input type="text" value="E326"/>	Dispatch: <input type="text" value="07/27/2024"/> <input type="text" value="05:25"/>	<input type="checkbox"/> Sent	<input type="text" value="8"/>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>
Type: <input type="text" value="11-Engine"/>	Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="06:09"/>			<input type="checkbox"/> EMS	<input type="checkbox"/>
	Clear: <input type="text" value="07/27/2024"/> <input type="text" value="12:52"/>			<input type="checkbox"/> Other	<input type="checkbox"/>
Personnel ID	Name	Rank	Role	Attend	Actions Taken
					<input type="checkbox"/>

MA1758	Medina, Alfred	Captain CEP	<input type="checkbox"/>	<input type="checkbox"/>
MB8181	Monroe, Brian	Engineer CEP	<input type="checkbox"/>	<input type="checkbox"/>
MS6137	Mendoza, Sarah	Firefighter CEP	<input type="checkbox"/>	<input type="checkbox"/>
RR2167	Rinaldi, Robert		<input type="checkbox"/>	<input type="checkbox"/>
BM0997	Bracken, Mitchell	Firefighter CEP	<input type="checkbox"/>	<input type="checkbox"/>
SL8184	Spicer, Lyle	Engineer EMT	<input type="checkbox"/>	<input type="checkbox"/>
TB9835	Tyson, Brenton	Firefighter EMT	<input type="checkbox"/>	<input type="checkbox"/>
VL6770	Van Arsdale, Lawrence	Captain CEP	<input type="checkbox"/>	<input type="checkbox"/>

ID: <input type="text" value="E328"/>	Dispatch: <input type="text" value="07/27/2024"/> <input type="text" value="05:19"/>	<input type="checkbox"/> Sent	<input type="text" value="4"/>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>
Type: <input type="text" value="11-Engine"/>	Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="05:43"/>			<input type="checkbox"/> EMS	
	Clear: <input type="text" value="07/27/2024"/> <input type="text" value="13:22"/>			<input type="checkbox"/> Other	

Personnel ID	Name	Rank	Role	Attend	Actions Taken
DJ6486	Dial, Scott			<input type="checkbox"/>	<input type="checkbox"/>
SA0482	Scott, Austin	Engineer CEP		<input type="checkbox"/>	<input type="checkbox"/>
FJ5296	Fors, Joseph	Firefighter CEP		<input type="checkbox"/>	<input type="checkbox"/>
HZ3850	Houze, Zachariah			<input type="checkbox"/>	<input type="checkbox"/>

ID: <input type="text" value="E341"/>	Dispatch: <input type="text" value="07/27/2024"/> <input type="text" value="05:19"/>	<input type="checkbox"/> Sent	<input type="text" value="7"/>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>
Type: <input type="text" value="11-Engine"/>	Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="05:36"/>			<input type="checkbox"/> EMS	
	Clear: <input type="text" value="07/27/2024"/> <input type="text" value="12:59"/>			<input type="checkbox"/> Other	

Personnel ID	Name	Rank	Role	Attend	Actions Taken
FM8395	Fisher, Mike	Captain CEP		<input type="checkbox"/>	<input type="checkbox"/>
JS9752	Jones, Steve			<input type="checkbox"/>	<input type="checkbox"/>
JC1224	Jarrett, Charlie			<input type="checkbox"/>	<input type="checkbox"/>
TS1063	Tridle, Skyler	Firefighter EMT		<input type="checkbox"/>	<input type="checkbox"/>
HB7990	Huebsch, Brandon			<input type="checkbox"/>	<input type="checkbox"/>
LM9951	Lintz, Mark	Firefighter EMT		<input type="checkbox"/>	<input type="checkbox"/>
MJ9755	Martin, Justin			<input type="checkbox"/>	<input type="checkbox"/>

ID: <input type="text" value="E371 (Mutual Aid Vehicle)"/>	Dispatch: <input type="text" value="07/27/2024"/> <input type="text" value="05:19"/>	<input type="checkbox"/> Sent	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>
Type: <input type="text" value="11-Engine"/>	Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="05:51"/>			<input type="checkbox"/> EMS	
	Clear: <input type="text" value="07/27/2024"/> <input type="text" value="10:57"/>			<input type="checkbox"/> Other	

Personnel ID	Name	Rank	Role	Attend	Actions Taken
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ID: <input type="text" value="F1107"/>	Dispatch: <input type="text" value="07/27/2024"/> <input type="text" value="06:25"/>	<input type="checkbox"/> Sent	<input type="text" value="0"/>	<input type="checkbox"/> Suppression	<input type="checkbox"/>
Type: <input type="text" value="60-Support apparatus, other"/>	Arrival: <input type="text" value="07/27/2024"/> <input type="text" value="06:25"/>			<input type="checkbox"/> EMS	
				<input checked="" type="checkbox"/> Other	

Clear:

Personnel ID	Name	Rank	Role	Attend	Actions Taken
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ID: Dispatch: Sent Suppression
 EMS
 Other

Type: Arrival:
Clear:

Personnel ID	Name	Rank	Role	Attend	Actions Taken
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ID: Dispatch: Sent Suppression
 EMS
 Other

Type: Arrival:
Clear:

Personnel ID	Name	Rank	Role	Attend	Actions Taken
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ID: Dispatch: Sent Suppression
 EMS
 Other

Type: Arrival:
Clear:

Personnel ID	Name	Rank	Role	Attend	Actions Taken
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MB7112	McKinnie Jr., Bennett	Firefighter	CEP	<input type="checkbox"/>	<input type="checkbox"/>
KA2960	Kohl, Andrew			<input type="checkbox"/>	<input type="checkbox"/>
HH2466	Higgins, Hunter	Firefighter	EMT	<input type="checkbox"/>	<input type="checkbox"/>
MJ2788	Morales, Jesus	Firefighter	CEP	<input type="checkbox"/>	<input type="checkbox"/>

ID: Dispatch: Sent Suppression
 EMS
 Other

Type: Arrival:
Clear:

Personnel ID	Name	Rank	Role	Attend	Actions Taken
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MM7363	Molite, Michael			<input type="checkbox"/>	<input type="checkbox"/>
QT7669	Quier, Tyler			<input type="checkbox"/>	<input type="checkbox"/>
BS2636	Boehm, Stefan			<input type="checkbox"/>	<input type="checkbox"/>

ID: Dispatch: Sent Suppression
 EMS
 Other

Type: Arrival:
Clear:

Personnel ID	Name	Rank	Role	Attend	Actions Taken
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SJ7914	Shiffer, John			<input type="checkbox"/>	<input type="checkbox"/>
BM0997	Bracken, Mitchell	Firefighter	CEP	<input type="checkbox"/>	<input type="checkbox"/>

ID: Dispatch: Sent Suppression
 EMS
 Other

Type: Arrival:
Clear:

Personnel ID	Name	Rank	Role	Attend	Actions Taken
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ID: T328	Dispatch: 07/27/2024 05:19	<input type="checkbox"/> Sent	0	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>
Type: 24-Tanker or tender	Arrival: 07/27/2024 05:52			<input type="checkbox"/> EMS	
	Clear: 07/27/2024 13:36			<input type="checkbox"/> Other	
Personnel ID	Name	Rank	Role	Attend	Actions Taken

ID: T341	Dispatch: 07/27/2024 05:19	<input type="checkbox"/> Sent	1	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>
Type: 24-Tanker or tender	Arrival: 07/27/2024 05:38			<input type="checkbox"/> EMS	
	Clear: 07/27/2024 13:32			<input type="checkbox"/> Other	
Personnel ID	Name	Rank	Role	Attend	Actions Taken
JC1224	Jarrett, Charlie			<input type="checkbox"/>	<input type="checkbox"/>

ID: T371 (Mutual Aid Vehicle)	Dispatch: 07/27/2024 05:29	<input type="checkbox"/> Sent	0	<input checked="" type="checkbox"/> Suppression	93-Cancelled en route
Type: 24-Tanker or tender	Arrival: <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> EMS	
	Clear: 07/27/2024 05:30			<input type="checkbox"/> Other	
Personnel ID	Name	Rank	Role	Attend	Actions Taken

ID: U171 (Mutual Aid Vehicle)	Dispatch: 07/27/2024 05:25	<input type="checkbox"/> Sent	0	<input type="checkbox"/> Suppression	<input type="checkbox"/>
Type: 62-Light and air unit	Arrival: 07/27/2024 06:12			<input type="checkbox"/> EMS	
	Clear: 07/27/2024 09:46			<input checked="" type="checkbox"/> Other	
Personnel ID	Name	Rank	Role	Attend	Actions Taken

ID: U324	Dispatch: 07/27/2024 08:20	<input type="checkbox"/> Sent	1	<input type="checkbox"/> Suppression	<input type="checkbox"/>
Type: 62-Light and air unit	Arrival: 07/27/2024 09:10			<input type="checkbox"/> EMS	
	Clear: 07/27/2024 12:50			<input checked="" type="checkbox"/> Other	
Personnel ID	Name	Rank	Role	Attend	Actions Taken
TB9835	Tyson, Brenton		Firefighter EMT	<input type="checkbox"/>	<input type="checkbox"/>