

A FDID State Incident Date Station Incident Number Exposure Delete Change No Activity **NFIRS-1 Basic**

B Location Type 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

Intersection In front of Rear of Adjacent to Directions U.S. National Grid

Number/Milepost Prefix Street or Highway Street Type Suffix

Apt./Suite/Room City State ZIP Code

Cross Street, Directions or National Grid, as applicable

C Incident Type Incident Type

E1 Dates and Times Midnight is 0000

Month Day Year Hour Min

Alarm

ARRIVAL required, unless canceled or did not arrive

Arrival

CONTROLLED optional, except for wildland fires

Controlled

LAST UNIT CLEARED, required except for wildland fires

Last Unit Cleared

E2 Shifts and Alarms Local Option

Shift or Platoon Alarms District

D Aid Given or Received None

1 Mutual aid received Their FDID Their State

2 Auto. aid received

3 Mutual aid given

4 Auto. aid given

5 Other aid given Their Incident Number

E3 Special Studies Local Option

Special Study ID# Special Study Value

F Actions Taken Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources Check this box and skip this block if an Apparatus or Personnel Module is used.

Apparatus Personnel

Suppression

EMS

Other

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses and Values Required for all fires if known. Optional for non-fires. None

LOSSES: Property \$

Contents \$

PRE-INCIDENT VALUE: Optional

Property \$

Contents \$

Completed Modules

Fire-2

Structure Fire-3

Civilian Fire Cas.-4

Fire Service 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 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 storage

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 > 55 gal (Please complete the HazMat form.)

Mixed Use Property Not mixed

10 Assembly use

20 Education use

33 Medical use

40 Residential use

51 Row of stores

53 Enclosed mall

58 Business & residential

59 Office use

60 Industrial use

63 Military use

65 Farm use

00 Other mixed use

J Property Use None

Structures

131 Church, place of worship

161 Restaurant or cafeteria

162 Bar/Tavern or nightclub

213 Elementary school, kindergarten

215 High school, junior high

241 College, adult education

311 Nursing home

331 Hospital

341 Clinic, clinic-type infirmary

342 Doctor/Dentist office

361 Prison or jail, not juvenile

419 1- or 2-family dwelling

429 Multifamily 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

571 Gas or service station

579 Motor vehicle/boat sales/repairs

599 Business office

615 Electric-generating plant

629 Laboratory/Science laboratory

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/Cared 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

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

Property Use Code

Property Use Description

K1 Person/Entity Involved

Local Option Business Name (if applicable) [Redacted] Area Code [Redacted] Phone Number [Redacted]

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

Mr., Ms., Mrs. [Redacted] First Name [Redacted] MI [Redacted] Last Name [Redacted] Suffix [Redacted]

Number [Redacted] Prefix [Redacted] Street or Highway [Redacted] Street Type [Redacted] Suffix [Redacted]

Post Office Box [Redacted] Apt./Suite/Room [Redacted] City [Redacted]

State [Redacted] ZIP Code [Redacted]

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

K2 Owner

Local Option Same as person involved? Then check this box and skip the rest of this block.

Business Name (if applicable) [Redacted] Area Code [Redacted] Phone Number [Redacted]

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

Mr., Ms., Mrs. [Redacted] First Name [Redacted] MI [Redacted] Last Name [Redacted] Suffix [Redacted]

Number [Redacted] Prefix [Redacted] Street or Highway [Redacted] Street Type [Redacted] Suffix [Redacted]

Post Office Box [Redacted] Apt./Suite/Room [Redacted] City [Redacted]

State [Redacted] ZIP Code [Redacted]

L Remarks:

Stephen Engler - AR1
April 9, 2014 20:24:43

Accidental fire involving construction site addressed 1200 4th St (Block 5). See SFPD report # 140-208-899. Two fire fighters sustained injuries during suppression of the fire. Fire originated in the south/east quadrant of the structure between the top floor and the high roof section . Fire caused additional exposure building damage to the properties addressed 555 Mission Rock St estimated in the amount of \$500,000 to the structure with an additional \$300,000 in contents losses, 1180 4th St with structure damages estimated at \$5,000, and 535 China Basin North with contents losses estimated at \$50,000 to the roof.

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

M Authorization

Check box if same as Officer in charge.

Officer in charge ID [Redacted] Signature [Redacted] Position or rank [Redacted] Assignment [Redacted] Month [Redacted] Day [Redacted] Year [Redacted]

Member making report ID [Redacted] Signature [Redacted] Position or rank [Redacted] Assignment [Redacted] Month [Redacted] Day [Redacted] Year [Redacted]

A FDID 38005 State CA Incident Date MM 03 DD 11 YYYY 2014 Station 0000594 Incident Number Exposure 000 Delete Change **NFIRS-2 Fire**

B Property Details

B1 Not Residential
Estimated number of residential living units in building of origin *whether or not all units became involved.*

B2 4 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 box for each code entered.

On-site material (1)

On-site material (2)

On-site material (3)

On-Site Materials Storage Use

1 Bulk storage or warehousing
2 Processing or manufacturing
3 Packaged goods for sale
4 Repair or service
U Undetermined

D Ignition

D1 77 exterior
Area of fire origin Hot or smoldering

D2 40 object, other
Heat source Structural member

D3 17 or framing
Item first ignited Check box if fire spread was confined to object of origin.

D4 63 sawn wood, including all finished lumber
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.

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 None

UU Undetermined
Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition None
Check all applicable boxes

1 Asleep
2 Possibly impaired by alcohol or drugs
3 Unattended person
4 Possibly mentally 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

Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power Source

Equipment Power Source

F3 Equipment Portability

1 Portable
2 Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

G Fire Suppression Factors None

Enter up to three codes.

185 construction
Fire suppression factor (1)

000 factor, other
Fire suppression factor (2)

312 significant/unusual fuel load structure components
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

Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).

H2 Mobile Property Type and 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

NFIRS-2 Revision 01/01/05

<p>I1 Structure Type ☆</p> <p>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</p> <p>1 <input checked="" type="checkbox"/> Enclosed building</p> <p>2 <input type="checkbox"/> Portable/Mobile structure</p> <p>3 <input type="checkbox"/> Open structure</p> <p>4 <input type="checkbox"/> Air-supported structure</p> <p>5 <input type="checkbox"/> Tent</p> <p>6 <input type="checkbox"/> Open platform (e.g., piers)</p> <p>7 <input type="checkbox"/> Underground structure (work areas)</p> <p>8 <input type="checkbox"/> Connective structure (e.g., fences)</p> <p>0 <input type="checkbox"/> Other type of structure</p>	<p>I2 Building Status ☆</p> <p>1 <input checked="" type="checkbox"/> Under construction</p> <p>2 <input type="checkbox"/> In normal use</p> <p>3 <input type="checkbox"/> Idle, not routinely used</p> <p>4 <input type="checkbox"/> Under major renovation</p> <p>5 <input type="checkbox"/> Vacant and secured</p> <p>6 <input type="checkbox"/> Vacant and unsecured</p> <p>7 <input type="checkbox"/> Being demolished</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>I3 Building Height ☆</p> <p>Count the roof as part of the highest story.</p> <p style="text-align: center;">006</p> <p>Total number of stories at or above grade.</p> <p style="text-align: center;">00</p> <p>Total number of stories below grade.</p>	<p>I4 Main Floor Size ☆</p> <p style="text-align: right;">NFIRS-3 Structure Fire</p> <p>00, 322, 000</p> <p>Total square feet</p> <p style="text-align: center;">OR</p> <p>Length in feet BY Width in feet</p>
--	--	---	--

<p>J1 Fire Origin ☆</p> <p style="text-align: center;">006</p> <p>Story of fire origin <input type="checkbox"/> Below grade</p>	<p>J3 Number of Stories Damaged by Flame ☆</p> <p>Count the roof as part of the highest story.</p> <p>Number of stories w/minor damage (1 to 24% flame damage)</p> <p>Number of stories w/significant damage (25 to 49% flame damage)</p> <p>001 Number of stories w/heavy damage (50 to 74% flame damage)</p> <p>006 Number of stories w/extreme damage (75 to 100% flame damage)</p>	<p>K Type of Material Contributing Most to Flame Spread ☆</p> <p><input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. ➔ Skip to Section L</p> <p>K1 _____</p> <p>Item contributing most to flame spread</p> <p>K2 _____</p> <p>Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</p>
<p>J2 Fire Spread ☆</p> <p>If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module).</p> <p>2 <input type="checkbox"/> Confined to room of origin</p> <p>3 <input type="checkbox"/> Confined to floor of origin</p> <p>4 <input type="checkbox"/> Confined to building of origin</p> <p>5 <input checked="" type="checkbox"/> Beyond building of origin</p>		

<p>L1 Presence of Detectors ☆</p> <p>(In area of the fire)</p> <p>N <input checked="" type="checkbox"/> None Present ➔ Skip to Section M</p> <p>1 <input type="checkbox"/> Present</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L3 Detector Power Supply ☆</p> <p>1 <input type="checkbox"/> Battery only</p> <p>2 <input type="checkbox"/> Hardwire only</p> <p>3 <input type="checkbox"/> Plug-in</p> <p>4 <input type="checkbox"/> Hardwire with battery</p> <p>5 <input type="checkbox"/> Plug-in with battery</p> <p>6 <input type="checkbox"/> Mechanical</p> <p>7 <input type="checkbox"/> Multiple detectors & power supplies</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L5 Detector Effectiveness ☆</p> <p>Required if detector operated.</p> <p>1 <input type="checkbox"/> Alerted occupants, occupants responded</p> <p>2 <input type="checkbox"/> Alerted occupants, occupants failed to respond</p> <p>3 <input type="checkbox"/> There were no occupants</p> <p>4 <input type="checkbox"/> Failed to alert occupants</p> <p>U <input type="checkbox"/> Undetermined</p>
<p>L2 Detector Type ☆</p> <p>1 <input type="checkbox"/> Smoke</p> <p>2 <input type="checkbox"/> Heat</p> <p>3 <input type="checkbox"/> Combination smoke and heat</p> <p>4 <input type="checkbox"/> Sprinkler, water flow detection</p> <p>5 <input type="checkbox"/> More than one type present</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L4 Detector Operation ☆</p> <p>1 <input type="checkbox"/> Fire too small to activate</p> <p>2 <input type="checkbox"/> Operated ➔ Complete Block L5</p> <p>3 <input type="checkbox"/> Failed to operate ➔ Complete Block L6</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L6 Detector Failure Reason ☆</p> <p>Required if detector failed to operate.</p> <p>1 <input type="checkbox"/> Power failure, shutoff, or disconnect</p> <p>2 <input type="checkbox"/> Improper installation or placement</p> <p>3 <input type="checkbox"/> Defective</p> <p>4 <input type="checkbox"/> Lack of maintenance, includes not cleaning</p> <p>5 <input type="checkbox"/> Battery missing or disconnected</p> <p>6 <input type="checkbox"/> Battery discharged or dead</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>

<p>M1 Presence of Automatic Extinguishing System ☆</p> <p>N <input checked="" type="checkbox"/> None Present ➔ Complete rest of Section M</p> <p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Partial System Present</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>M3 Operation of Automatic Extinguishing System ☆</p> <p>Required if fire was within designed range.</p> <p>1 <input type="checkbox"/> Operated/effective (go to M4)</p> <p>2 <input type="checkbox"/> Operated/Not effective (go to M4)</p> <p>3 <input type="checkbox"/> Fire too small to activate</p> <p>4 <input type="checkbox"/> Failed to operate (go to M5)</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>M5 Reason for Automatic Extinguishing System Failure ☆</p> <p>Required if system failed or not effective.</p> <p>1 <input type="checkbox"/> System shut off</p> <p>2 <input type="checkbox"/> Not enough agent discharged</p> <p>3 <input type="checkbox"/> Agent discharged but did not reach fire</p> <p>4 <input type="checkbox"/> Wrong type of system</p> <p>5 <input type="checkbox"/> Fire not in area protected</p> <p>6 <input type="checkbox"/> System components damaged</p> <p>7 <input type="checkbox"/> Lack of maintenance</p> <p>8 <input type="checkbox"/> Manual intervention</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>
<p>M2 Type of Automatic Extinguishing System ☆</p> <p>Required if fire was within designed range of AES.</p> <p>1 <input type="checkbox"/> Wet-pipe sprinkler</p> <p>2 <input type="checkbox"/> Dry-pipe sprinkler</p> <p>3 <input type="checkbox"/> Other sprinkler system</p> <p>4 <input type="checkbox"/> Dry chemical system</p> <p>5 <input type="checkbox"/> Foam system</p> <p>6 <input type="checkbox"/> Halogen-type system</p> <p>7 <input type="checkbox"/> Carbon dioxide (CO₂) system</p> <p>0 <input type="checkbox"/> Other special hazard system</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>M4 Number of Sprinkler Heads Operating ☆</p> <p>Required if system operated.</p> <p style="text-align: center;">_____</p> <p>Number of sprinkler heads operating</p>	