A

FDID	State	Incident Date (MM DD YYYY)	Station	Incident Number	Exposure
01101	GA	03 08 2014	008	3685	

☐ 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.

☑ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions
☐ US National Grid

Number/Milepost: 180 | Prefix: | Street or Highway: Hidden Ct | Street Type: Ct | Suffix:

Apt./Suite/Room: | City: Lducca | State: GA | ZIP Code: 31204 -

Cross Street, Directions or National Grid, as applicable:

Census Tract: -

RECEIVED JUN 09 2014 AIR ENFORCEMENT BRANCH EPD

C Incident Type 240 Explosion

D Aid Given or Received ☐ None

1 ☐ Mutual aid received
2 ☐ Auto. aid received
3 ☑ Mutual aid given
4 ☐ Auto. aid given
5 ☐ Other aid given

Their FDID | Their State | Their Incident Number

E1 Dates and Times Midnight is 0000

	Month	Day	Year	Hour	Min
Alarm (ALARM always required)	03	08	2014	13	34
Arrival (ARRIVAL required, unless canceled or did not arrive)				13	36
Controlled (CONTROLLED optional, except for wildland fires)				18	54
Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)				19	12

Check boxes if dates are the same as Alarm Date.

E2 Shifts and Alarms Local Option

Shift or Platoon: 1 | Alarms: 1 | District: 22

E3 Special Studies Local Option

Special Study ID#: | Special Study Value:

F Actions Taken

Primary Action Taken (1): Extinguished Fire

Additional Action Taken (2): Search 4 Missing Animals

Additional Action Taken (3):

G1 Resources

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

	Apparatus	Personnel
Suppression	5	13
EMS	2	4
Other	2	2

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses and 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 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		1
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.)

I 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: 429 (Code)

Property Use Description:

K1 Person/Entity Involved
Local Option

Business Name (if applicable) | Area Code - Phone Number

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

Mr., Ms., Mrs. | First Name: Angela | MI | Last Name: Harris | Suffix

Number: 180 | Prefix | Street or Highway: Hidden Lake | Street Type: Ct | Suffix

Post Office Box | Apt./Suite/Room | City: Macon

State: GA | ZIP Code: 31204 -

☐ 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): Hidden Lake Appt. | Area Code: 478 - Phone Number: 743-6368

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

Mr., Ms., Mrs. | First Name: Lachan | MI | Last Name: Brown | Suffix

Number: 180 | Prefix | Street or Highway: Hidden Lake Ct. | Street Type: Ct | Suffix

Post Office Box | Apt./Suite/Room | City: Macon

State: GA | ZIP Code: 31204 -

L Remarks: Local Option

On our arrival we notice that there had been some type of Explosion to the appartment, the rear windows were blown out & the walls were blown off of their fundation, frt & rear. on the inside all doors were blown off of their hinges.
We called the Fire Investigator to try to determine what happen.
there was a minor fire damage over the hot water tank
* One person was inside of the appartment, at the time of the explosion and he receive 2 & 3 degree burns to his body - Mid GA to Med Center

ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!

☐ 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	Signature	Position or rank	Assignment	Month	Day	Year
313	D L Burds	Sgt.	#32	03	08	2014

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

A

FDID: 0101 ☆ | State: GA ☆ | Incident Date (MM DD YYYY): 03 08 2014 ☆ | Station: 008 | Incident Number: 3685 ☆ | Exposure: ☆

☐ Delete ☐ Change

NFIRS-2 Fire

B Property Details

B1 08 ☐ Not Residential
Estimated number of residential living units in building of origin *whether or not all units became involved*

B2 01 ☐ 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 Materials Storage Use

On-site material (1)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service
U ☐ Undetermined

On-site material (2)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service
U ☐ Undetermined

On-site material (3)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service
U ☐ Undetermined

D Ignition

D1 01 Hall Way ☆
Area of fire origin

D2 04 Undetermined
Heat source ☆

D3 04 Undetermined
Item first ignited ☆ 1 ☐ Check box if fire spread was confined to object of origin.

D4 00 Undetermined
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 ☆ ☐ None

00 Undetermined
Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors ☆ Contributing to Ignition

Check all applicable boxes ☑ None

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 ⇨ If equipment was not involved, skip to Section G

00
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.

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 and Make

Mobile property type

Mobile property make

Mobile property model

Year

License Plate Number

State

VIN

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

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

I1 Structure Type ☆

If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.

- 1 ☑ Enclosed building
- 2 ☐ Portable/mobile structure
- 3 ☐ Open structure
- 4 ☐ Air-supported structure
- 5 ☐ Tent
- 6 ☐ Open platform (e.g., pier)
- 7 ☐ Underground structure (work areas)
- 8 ☐ Connective structure (e.g., fences)
- 0 ☐ Other type of structure

I2 Building Status ☆

- 1 ☐ Under construction
- 2 ☑ Occupied & operating
- 3 ☐ Idle, not routinely used
- 4 ☐ Under major renovation
- 5 ☐ Vacant and secured
- 6 ☐ Vacant and unsecured
- 7 ☐ Being demolished
- 0 ☐ Other
- U ☐ Undetermined

I3 Building Height ☆

Count the roof as part of the highest story.

2 — Total number of stories at or above grade

Total number of stories below grade

3685 — Incident Number ☆

NFIRS-3 Structure Fire

I4 Main Floor Size ☆

Total square feet

OR

Length in feet BY Width in feet

J1 Fire Origin ☆

Story of fire origin

☐ Below grade

J2 Fire Spread ☆

If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module).

- 2 ☐ Confined to room of origin
- 3 ☐ Confined to floor of origin
- 4 ☑ Confined to building of origin
- 5 ☐ Beyond building of 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 Type of Material Contributing Most to Flame Spread

☐ 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

K1 — Item contributing most to flame spread

K2 — Type of material contributing most to flame spread

Required only if item contributing code is 00 or <70.

L1 Presence of Detectors ☆

(In area of the fire)

- N ☐ None Present → Skip to Section M
- 1 ■ Present
- U Undetermined

L2 Detector Type

- 1 ■ Smoke
- 2 ☐ Heat
- 3 ☐ Combination smoke and heat
- 4 ☐ Sprinkler, water flow detection
- 5 ☐ More than one type present
- 0 ☐ Other
- U Undetermined

L3 Detector Power Supply

- 1 ☐ Battery only
- 2 ☐ Hardwire only
- 3 ☐ Plug-in
- 4 ■ Hardwire with battery
- 5 ☐ Plug-in with battery
- 6 ☐ Mechanical
- 7 ☐ Multiple detectors & power supplies
- 0 ☐ Other
- U Undetermined

L4 Detector Operation

- 1 ☐ Fire too small to activate
- 2 ☐ Operated → Complete Block L5
- 3 ☐ Failed to operate → Complete Block L6
- U ☑ Undetermined

L5 Detector Effectiveness

Required if detector operated.

- 1 ☐ Alerted occupants, occupants responded
- 2 ☐ Alerted occupants, occupants failed to respond
- 3 ☐ There were no occupants
- 4 ☐ Failed to alert occupants
- U ☑ Undetermined

L6 Detector Failure Reason

Required if detector failed to operate

- 1 ☐ Power failure, shutoff, or disconnect
- 2 ☐ Improper installation or placement
- 3 ☐ Defective
- 4 ☐ Lack of maintenance, includes not cleaning
- 5 ☐ Battery missing or disconnected
- 6 ☐ Battery discharged or dead
- 0 ☐ Other
- U Undetermined

M1 Presence of Automatic Extinguishing System ☆

- N ■ None Present
- 1 ☐ Present
- 2 ☐ Partial System Present
- U Undetermined

→ Complete rest of Section M

M2 Type of Automatic Extinguishing System

Required if fire was within designed range of AES

- 1 ☐ Wet-pipe sprinkler
- 2 ☐ Dry-pipe sprinkler
- 3 ☐ Other sprinkler system
- 4 ☐ Dry chemical system
- 5 ☐ Foam system
- 6 ☐ Halogen-type system
- 7 ☐ Carbon dioxide (CO_2) system
- 0 ☐ Other special hazard system
- U Undetermined

M3 Operation of Automatic Extinguishing System

Required if fire was within designed range

- 1 ☐ Operated/effective (go to M4)
- 2 ☐ Operated/not effective (go to M4)
- 3 ☐ Fire too small to activate
- 4 ☐ Failed to operate (go to M5)
- 0 ☐ Other
- U Undetermined

M4 Number of Sprinkler Heads Operating

Required if system operated

Number of sprinkler heads operating

M5 Reason for Automatic Extinguishing System Failure

Required if system failed or not effective

- 1 ☐ System shut off
- 2 ☐ Not enough agent discharged
- 3 ☐ Agent discharged but did not reach fire
- 4 ☐ Wrong type of system
- 5 ☐ Fire not in area protected
- 6 ☐ System components damaged
- 7 ☐ Lack of maintenance
- 8 ☐ Manual intervention
- 0 ☐ Other
- U Undetermined

A FDID: 01101 ☆ | State: GA ☆ | Incident Date (MM DD YYYY): 04 08 2014 ☆ | Station: 008 | Incident Number: 3685 ☆ | Exposure: ☆ | ☐ Delete ☐ Change

NFIRS–4 Civilian Fire Casualty

B Injured Person ☆ Gender: 1 ☑ Male 2 ☐ Female

First Name: ~~Andrew~~ Andre | MI: | Last Name: ~~Green~~ GRIEN | Suffix:

C Casualty Number ☆: 1

D Age or Date of Birth ☆

Age: 29 ☐ Months (for infants)

OR

Date of Birth: Month | Day | Year

E1 Race

1 ☐ White
2 ☑ Black, African American
3 ☐ Am. Indian, Alaska Native
4 ☐ Asian
5 ☐ Native Hawaiian, Other Pacific Islander
0 ☐ Other, multiracial
U ☐ Undetermined

E2 Ethnicity

1 ☐ Hispanic or Latino
0 ☐ Non Hispanic or Latino

F Affiliation

1 ☑ Civilian
2 ☐ EMS, not fire department
3 ☐ Police
0 ☐ Other

G Date and Time of Injury (Midnight is 0000.)

Date of Injury: 03 08 2014 (Month Day Year) | Time of Injury: 1334 (Hour Minute)

H Severity ☆

1 ☐ Minor
2 ☐ Moderate
3 ☑ Severe
4 ☐ Life threatening
5 ☐ Death
U ☐ Undetermined

I Cause of Injury

1 ■ Exposed to fire products including flame heat, smoke, and gas
2 ☐ Exposed to toxic fumes other than smoke
3 ☐ Jumped in escape attempt
4 ☐ Fell, slipped, or tripped
5 ☐ Caught or trapped
6 ☐ Structural collapse
7 ☐ Struck by or contact with object
8 ☐ Overexertion or strain
9 ☐ Multiple causes
0 ☐ Other
U ☐ Undetermined

J Human Factors Contributing to Injury ■ None

Check all applicable boxes

1 ☐ Asleep
2 ☐ Unconscious
3 ☐ Possibly impaired by alcohol
4 ☐ Possibly impaired by other drug
5 ☐ Possibly mentally disabled
6 ☐ Physically disabled
7 ☐ Physically restrained
8 ☐ Unattended person

K Factors Contributing to Injury ☐ None

Enter up to three contributing factors

Contributing factor (1)
Contributing factor (2)
Contributing factor (3)

L Activity When Injured

1 ☐ Escaping
2 ☐ Rescue attempt
3 ☐ Fire control
4 ☐ Return to fire before control
5 ☐ Return to fire after control
6 ☐ Sleeping
7 ☐ Unable to act
8 ☐ Irrational act
0 ■ Other
U ☐ Undetermined

M1 Location at Time of Incident

1 ☐ In area of origin and not involved
2 ☐ Not in area of origin and not involved
3 ☐ Not in area of origin, but involved
4 ■ In area of origin and involved
0 ☐ Other location
U ☐ Indetermined

M2 General Location at Time of Injury

1 ■ In area of fire origin → Skip to Section N
2 ☐ In building, but not in area
3 ☐ Outside, but not in area → Skip to Block M5
U ☐ Undetermined

M3 Story at Start of Incident

Complete ONLY if injury occurred INSIDE

Story at start of incident: 1 ☐ Below grade

M4 Story Where Injury Occurred

Story where injury occurred, if different from M3: ☐ Below grade

M5 Specific Location at Time of Injury

Complete ONLY if casualty NOT in area of origin

Specific location at time of injury

N Primary Apparent Symptom

01 ☐ Smoke only, asphyxiation
11 ■ Burns and smoke inhalation
12 ☐ Burns only
21 ☐ Cut, laceration
33 ☐ Strain or sprain
96 ☐ Shock
98 ☐ Pain only

Look up a code only if the symptom is NOT found above

Primary apparent symptom

O Primary Area of Body Injured

1 ■ Head
2 ■ Neck and shoulder
3 ■ Thorax
4 ☐ Abdomen
5 ☐ Spine
6 ☐ Upper extremities
7 ☐ Lower extremities
8 ☐ Internal
9 ■ Multiple body parts

P Disposition

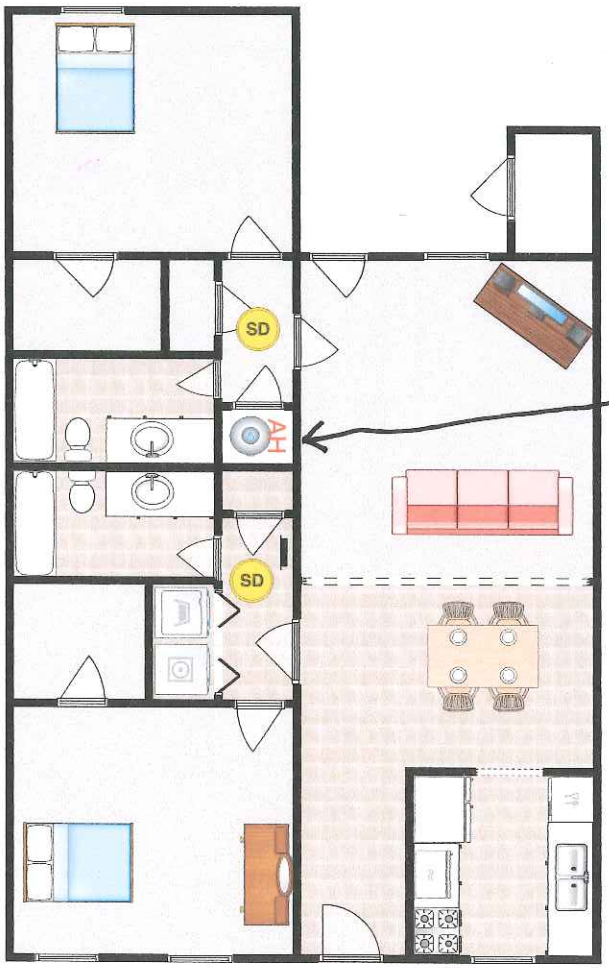
■ Transported to emergency care facility

Remarks (Local option)

Mid GA to Med Center

14-043 1

Not to scale.



Elec. Meters

Elec. Meters

Front

Floor 1