

16600 FDID	AR State	03/03/2015 Incident Date	5 Station	2150745 Incident Number	0 Exposure	NFIRS - 1 Basic
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Location Address is on the Wildland Fire Module Census Tract:

Street Address

3207 Candlewood ST **Jonesboro, AR 72401**

Street Address Apt./Suite/Room City, State and Zip Code

Cross street or directions

Incident Type 111 Building fire Shifts & Alarms <table> <tr> <td>B</td> <td>1</td> <td>5</td> </tr> <tr> <td>Shift</td> <td>Alarm</td> <td>District</td> </tr> </table>	B	1	5	Shift	Alarm	District	Dates & Times Alarm: 3/3/2015 10:23:00AM Arrival: 3/3/2015 10:26:00AM Controlled: Last Unit: 3/3/2015 12:33:00PM
B	1	5					
Shift	Alarm	District					

Aid Given or Received N None Actions Taken 11 Extinguish Primary Action Taken (1) 12 Salvage & overhaul Additional Action Taken (2) Additional Action Taken (3)	Resources <input checked="" type="checkbox"/> Apparatus or Personnel Form Used <table> <tr> <td></td> <td>Apparatus</td> <td>Personnel</td> </tr> <tr> <td>Suppression:</td> <td>1</td> <td>3</td> </tr> <tr> <td>EMS:</td> <td>5</td> <td>13</td> </tr> <tr> <td>Other:</td> <td>4</td> <td>4</td> </tr> </table> <input type="checkbox"/> Resource counts include aid received		Apparatus	Personnel	Suppression:	1	3	EMS:	5	13	Other:	4	4
	Apparatus	Personnel											
Suppression:	1	3											
EMS:	5	13											
Other:	4	4											

Estimated Dollar Losses & Values				
LOSSES		None	PRE-INCIDENT VALUE:	None
Property:	20,000	<input type="checkbox"/>	Property:	150,000
Contents:	10,000	<input type="checkbox"/>	Contents:	20,000

Casualties <input checked="" type="checkbox"/> None <table> <tr> <td></td> <td>Deaths</td> <td>Injuries</td> </tr> <tr> <td>Fire Service:</td> <td>0</td> <td>0</td> </tr> <tr> <td>Civilian:</td> <td>0</td> <td>0</td> </tr> </table>		Deaths	Injuries	Fire Service:	0	0	Civilian:	0	0	Hazardous Materials Released N None
	Deaths	Injuries								
Fire Service:	0	0								
Civilian:	0	0								

Detector U Unknown	Mixed Use Property NN Not mixed use
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Property Use
419 1 or 2 family dwelling

Person/Entity Involved

Dustin Webb

Name

Business name

3207 Candlewood

Street Address

Post Office Box

Apt./Suite/Room

Jonesboro, AR 72404

City, State and Zip Code

(816)721-2051

Phone Number

Owner

Dustin Webb

Name

Business name

3207 Candlewood ST

Street Address

Post Office Box

Apt./Suite/Room

Jonesboro, AR 72404

City, State and Zip Code

(816) 721-2051

Phone Number

LLoyds of London

Insurance Company

Total Insurance

Authorization

Officer in charge: **Winstead, Donald, Brett**

Signature: _____

Assignment **Shift Offi**

Date **3/3/2015**

Battalion Chief Donald B Winstead

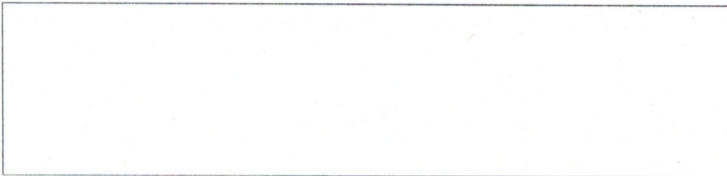
Member making report: **Parsons, Michael S**

Signature: _____

Assignment **Engine Com**

Date **3/3/2015**

Firefighter Michael S Parsons



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FDID	State	Incident Date	Station	Incident Number	Exposure	

Notes	Title: Notes Page 1
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Engine 5 dispatched for possible residential house fire on Candlewood and Culberhouse engine 5 responded to Candlewood code 3. Upon arrival to 3207 Candlewood engine 5 established command and safety with heavy fire and smoke showing from A and D side of structure. Engine 5 crew pulled two 1 3/4" lines and started extinguishment from exterior. Once fire was knocked down engine 5 crew went interior for further extinguishment. Water supply was established, a 3rd- 1 3/4" line was pulled for exterior extinguishment on D side of structure all lines were supplied with class A foam at 0.5 percent. Once all company's made it to the scene, command was passed to Batt 2, safety was passed to Batt 1. RIT was established and the structure was laddered on A side with two ladders. Truck company's performed search of structure with nothing found and also performed overhaul. The water to structure was shut off by engine 5 crew member, gas and electric company made scene and secured utilities, safe from upstairs bedroom was salvaged it was locked and unopened when it was given to home owner who had made it to the scene at that time. Salvage and overhaul was performed by all companys..Engine 5 gathered information from occupant, all company's gathered equipment, red cross was called for occupants. Engine 5 terminated command and safety and returned to service without incident. Structure was rechecked for hot spots on both floors with TIC at 15:30, 18:30, and 21:30 with nothing found. --MP

The owner advised he was working on the carburetor of the motorcycle in the garage and had left to go to the parts store to get parts, when he arrived backat house the fire department was on scene. He stated he thought he had turned the heater off but was unsure. The heater was located a couple feet from the front of the motorcycle and he advised he just filled the gas tank up completely.

No identifiable serial numbers were found on the heater. It was a two burner propane heater. It appeared to be a Mr Heater.
-LL

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FDID	State	Incident Date	Station	Incident Number	Exposure	Fire

Property Details

1 Not Residential 0.000 None
 Est. number of residential units Acres burned Less than one acre

1 Buildings not involved
 Number of buildings involved

On-Site Materials or Products None

On-site material (1) Storage use (1)
 On-site material (2) Storage use (2)
 On-site material (3) Storage use (3)

Ignition

47 Vehicle storage area; garage, carport
 Area of origin

10 Heat from powered equipment, other
 Heat Source

UU Undetermined
 Item first ignited Confined to object of origin

10 Flammable gas, other
 Type of material first ignited

Cause Of Ignition

2 Unintentional

Exposure Report

Factors Contributing To Ignition

None

UU Undetermined
 Factor contributing to ignition (1)

Factor contributing to ignition (2)

Human Factors Contributing To Ignition

None Age was a factor

Asleep
 Possibly impaired by alcohol or drugs
 Unattended person
 Possibly mentally disabled
 Physically disabled
 Multiple persons involved

Estimated age of person involved

Sex of person involved

Equipment Involved In Ignition <input type="checkbox"/> None 141 Heater, excluding catalytic and oil-filled heaters Equipment code Brand: Mr Heater Model: Buddy Heater Serial #: unknown Year: 0	Equipment Power 22 LP gas or other heavier than air gas Equipment Power Source Code Equipment Portability <input checked="" type="checkbox"/> Portable <input type="checkbox"/> Stationary
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Fire Suppression Factors None

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

Mobile Property Involved <input checked="" type="checkbox"/> None <input type="checkbox"/> Not involved in ignition, but burned <input type="checkbox"/> Involved in ignition, but did not burn <input type="checkbox"/> Involved in ignition and burn Mobile property model _____ Year 0 License Plate Number _____ State _____ VIN Number _____	Mobile Property Type & Make Mobile property type Mobile property make
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Local Use

Pre-Fire Plan Available

Arson report attached

Police report attached

Coroner report attached

Other reports attached

Structure Type 1 Enclosed building Structure type code	Building Status 2 In normal use Building status code
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Building Height 2 Total stories at or above grade 0 Total stories below grade	Main Floor Size 3,500 Total square feet 70 BY 50 Length in feet Width in feet
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Fire Origin 1 <input type="checkbox"/> Below grade Story of fire origin <input type="checkbox"/> Confined to room of origin <input type="checkbox"/> Confined to floor of origin <input checked="" type="checkbox"/> Confined to building of origin <input type="checkbox"/> Beyond building of origin	Number Of Stories Damaged By Flame 0 # of stories w/minor damage 2 # of stories w/significant damage 0 # of stories w/heavy damage 0 # of stories w/extreme damage
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Material Contributing Most To Flame Spread No Flame Spread

Item contributing most to flame spread

Type of material contributing most to flame spread

Presence of Detectors <input type="checkbox"/> None Present <input checked="" type="checkbox"/> Present <input type="checkbox"/> Undetermined	Detector Power Supply U Undetermined Power supply code	Detector Effectiveness Effectiveness code
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Detector Type 1 Smoke Detector type code	Detector Operation U Undetermined Operation code	Detector Failure Reason Failure reason code
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Automatic Extinguishment System <input checked="" type="checkbox"/> None Present <input type="checkbox"/> Present Type of Automatic System Type automatic system code	Automatic Extinguishment System Operation System operation code	Automatic Extinguishment System Failure Reason Failure reason code
	Number of Sprinkler Heads Operating: 0	