

A MM DD YYYY Delete NFIRS -1
 17100 MA 03 11 2017 5 17-0002171 000 Change Basic
 FDID * State * Incident Date * Station Incident Number * Exposure * No Activity

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.

Street address
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions

969 CONCORD ST
 FRAMINGHAM MA 01701
 Cross street or directions, as applicable

C Incident Type *
 111 Building fire
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm Date.
 ALARM always required
 Alarm * 03 11 2017 01:19:09
 ARRIVAL required, unless canceled or did not arrive
 Arrival * 03 11 2017 01:24:57
 CONTROLLED Optional, except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit
 Cleared 03 11 2017 11:01:20

E2 Shift & Alarms
 Local Option
 4
 Shift or Alarms District Platoon

D Aid Given or Received*

1 Mutual aid received 17014 MA
 2 Automatic aid recv.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None

E3 Special Studies
 Local Option
 Special Study ID#
 Special Study Value

F Actions Taken *

11 Extinguishment by fire
 Primary Action Taken (1)
 81 Incident command
 Additional Action Taken (2)
 Additional Action Taken (3)

G1 Resources *

Check this box and skip this section if an Apparatus or Personnel is used.
 Apparatus Personnel
 Suppression 0013 0032
 EMS 0005 0001
 Other
 Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires. None

Property \$ 500,000
 Contents \$ 250,000
 PRE-INCIDENT VALUE: Optional
 Property \$ 000,000
 Contents \$ 000,000

Completed Modules

Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1* Casualties None
 Deaths Injuries
 Fire Service
 Civilian
H2 Detector
 Required for Confined Fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release

N None
 1 Natural Gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21 lb. tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling < 55 gallons
 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN Not Mixed
 10 Assembly use
 20 Education use
 30 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Bus. & Residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use*

Structures

131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school or kindergarten
 215 High school or junior high
 241 College, adult education
 311 Care facility for the aged
 331 Hospital

341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1-or 2-family dwelling
 429 Multi-family dwelling
 439 Rooming/boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales

539 Household goods, sales, repairs
 579 Motor vehicle/boat sales/repair
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 629 Laboratory/science lab
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

Outside

124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field

936 Vacant lot
 938 Graded/care for plot of land
 946 Lake, river, stream
 951 Railroad right of way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway

981 Construction site
 984 Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 Property Use 500
 Mercantile, business, Other
 NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved _____ - _____ - _____
 Local Option Business name (if applicable) Area Code Phone Number

Check This Box if same address as incident location. Then skip the three duplicate address lines.

 Mr., Ms., Mrs. First Name MI Last Name Suffix

 Number Prefix Street or Highway Street Type Suffix

 Post Office Box Apt./Suite/Room City

 State Zip Code

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

K2 Owner Same as person involved? Then check this box and skip the rest of this section. _____ - _____ - _____
 Local Option Business name (if Applicable) Area Code Phone Number

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

 Mr., Ms., Mrs. First Name MI Last Name Suffix

 Number Prefix Street or Highway Street Type Suffix

 Post Office Box Apt./Suite/Room City

 State Zip Code

L Remarks

Local Option

[01:50:23 TD] EVERSOURCE ELEC. NOTIFIED; [03:57:35 TD] STATE FIRE MARSHAL ON SCENE; [07:04:14 TD] EVERSOURCE ELEC. ON SCENE; [08:32:35 TD] FP4 CLEAR OF FIRE SCENE; [08:42:45 TD] BUILDING INSPECTOR ON SCENE. At approximately 0130 the box to 969 Concord was received. Conditions were cold weather with winds up to 35+ MPH. Engine 5, Engine 2, Rescue 1, Platform 1 and Car 2 responded. On arrival to a one story wood frame building approximately 30 by 100 (containing 10 occupancies) we had nothing showing. Engine 5 investigated the box at the C side (rear) of the building and found the water gong activated. A light smoke condition and an activated sprinkler head were reported by Engine 5 after they gained access to the salon. Rescue 1 joined Engine 5 with both units using thermal imagers. Heat signatures detected but no high heat or visible fire detected. Platform 1 was using their thermal imager in the A (front) of the building. Engine 2 laid a 4" line into Engine 5 and then assisted checking adjacent units on either side of the salon for any fire, heat or smoke condition. None reported. All three fire companies pulled ceilings looking for extension of fire. None found. Engine 5 crew pulled a 2" mattydale to wet any hot spots detected. Platform 1 opened the front door for horizontal ventilation of the cold smoke created by the sprinkler head. Engine 5 and Rescue 1 exited the occupancy to change bottles and command had Engine 2 take over the handline from Engine 5 and continue the investigation. Engine 5 and Rescue 1 re-entered the occupancy to join Engine 2. Command (A side) noticed fire venting out of the front of the roof. A second alarm was requested which consisted of Ladder 3, Engine 3, and Engine 7. Command changed position to the C (front) of the building. Platform 1 had set up in front of the building upon arrival and had thrown the aerial to the roof. They cut a vent hole near the ridge. A larger volume of fire vented out of the hole and was visibly burning along the ridge. Engine 2 was at the C side (rear) entrance of the fire using a handline to attack the fire in the cockloft. Engine 5 crew used a second handline to assist with fire attack. Engine 1 was dispatched as RIT and set up in the rear B/C corner with the

L Authorization

 175117 DUTCHER, MICHAEL D AC _____ 03 23 2017
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. _____
 140131 GILDEA, PAUL A DC10 _____ 03 23 2017
 Member making report ID Signature Position or rank Assignment Month Day Year

17100
FDID *

MA
State *

MM DD
3 11
Incident Date *

YYYY
2017

5
Station

17-0002171
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

[01:50:23 TD] EVERSOURCE ELEC. NOTIFIED; [03:57:35 TD] STATE FIRE MARSHAL ON SCENE; [07:04:14 TD] EVERSOURCE ELEC. ON SCENE; [08:32:35 TD] FP4 CLEAR OF FIRE SCENE; [08:42:45 TD] BUILDING INSPECTOR ON SCENE. At approximately 0130 the box to 969 Concord was received. Conditions were cold weather with winds up to 35+ MPH. Engine 5, Engine 2, Rescue 1, Platform 1 and Car 2 responded. On arrival to a one story wood frame building approximately 30 by 100 (containing 10 occupancies) we had nothing showing. Engine 5 investigated the box at the C side (rear) of the building and found the water gong activated. A light smoke condition and an activated sprinkler head were reported by Engine 5 after they gained access to the salon. Rescue 1 joined Engine 5 with both units using thermal imagers. Heat signatures detected but no high heat or visible fire detected. Platform 1 was using their thermal imager in the A (front) of the building. Engine 2 laid a 4" line into Engine 5 and then assisted checking adjacent units on either side of the salon for any fire, heat or smoke condition. None reported. All three fire companies pulled ceilings looking for extension of fire. None found. Engine 5 crew pulled a 2" mattydale to wet any hot spots detected. Platform 1 opened the front door for horizontal ventilation of the cold smoke created by the sprinkler head. Engine 5 and Rescue 1 exited the occupancy to change bottles and command had Engine 2 take over the handline from Engine 5 and continue the investigation. Engine 5 and Rescue 1 re-entered the occupancy to join Engine 2. Command (A side) noticed fire venting out of the front of the roof. A second alarm was requested which consisted of Ladder 3, Engine 3, and Engine 7. Command changed position to the C (front) of the building. Platform 1 had set up in front of the building upon arrival and had thrown the aerial to the roof. They cut a vent hole near the ridge. A larger volume of fire vented out of the hole and was visibly burning along the ridge. Engine 2 was at the C side (rear) entrance of the fire using a handline to attack the fire in the cockloft. Engine 5 crew used a second handline to assist with fire attack. Engine 1 was dispatched as RIT and set up in the rear B/C corner with the RIT basket. The roof in the front was now noticeably sagging and all crews were ordered out of the building, conditions deteriorated significantly, with potential roof collapse. All companies switched to a defensive mode. As the second alarm arrived Engine 3 ordered to RIT, Ladder 3 laid a supply line to Platform 1 as they were already set up. Ladder 3 then set up on the other end of the building and Engine 7 established a supply line off of Old Connecticut Path to them. Both aerials were now using master streams to extinguish.

Narrative by Deputy Chief Paul Gildea

03/23/2017 11:13:49 Michael Dutcher

Car 1 and Car 3 on scene. After a face to face discussion with I/C, C-3 assumed command and continued defensive operations. Heavy fire through the roof, the entire length of the structure. Weather conditions deteriorated quickly, high winds, approximately 50 MPH, and a snow squall. A third alarm ordered. Defensive strategy continued until all fire extinguished.

03/23/2017 09:36:30 Michael Dutcher

A FDID 17100 * State MA * Incident Date 03 11 2017 * Station 5 Incident Number 17-0002171 * Exposure 000 * Delete Change No Activity **NFIRS -2 Fire**

B Property Details

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

B2 001 Buildings not involved
 Number of buildings involved

B3 Acres burned (outside fires) None Less than one acre

C On-Site Materials None or Products *Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved*

Enter up to three codes. Check one or more boxes for each code entered.

NNN None
 On-site material (1)

 On-site material (2)

 On-site material (3)

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

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

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

D Ignition

D1 74 Attic: vacant, crawl
 Area of fire origin *

D2 UU Undetermined
 Heat source *

D3 UU Undetermined
 Item first ignited * 1 Check Box if fire spread was confined to object of origin

D4
 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

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 Asleep None
 2 Possibly impaired by alcohol or drugs
 3 Unattended person
 4 Possibly mental disabled
 5 Physically Disabled
 6 Multiple persons involved

E2 Factors Contributing To Ignition

UU Undetermined None
 Factor Contributing To Ignition (1)

 Factor Contributing To Ignition (2)

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

 Equipment Involved

Brand
 Model
 Serial #
 Year

F2 Equipment Power

 Equipment Power Source

F3 Equipment Portability

1 Portable
 2 Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes. None

 Fire suppression factor (1)

 Fire suppression factor (2)

 Fire suppression factor (3)

H1 Mobile Property Involved

None

1 Not involved in ignition, but burned
 2 Involved in ignition, but did not burn
 3 Involved in ignition and burned

H2 Mobile Property Type & Make

 Mobile property type

 Mobile property make

Local Use

Pre-Fire Plan Available
 Some of the information presented in this report may be based upon reports from other Agencies

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

 Mobile property model Year

 License Plate Number State VIN Number

I1 Structure Type * If Fire was In enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">001</div> <small>Total number of stories at or above grade</small> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;"> </div> <small>Total number of stories below grade</small>	I4 Main Floor Size* <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;"> , 003, 000</div> <small>Total square feet</small> <p style="text-align: center; font-weight: bold;">OR</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;"> , </div> <small>Length in feet</small> BY <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;"> , </div> <small>Width in feet</small>	NFIRS-3 Structure Fire	
J1 Fire Origin * <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">001</div> <small>Story of fire origin</small> <input type="checkbox"/> Below Grade	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;"> </div> <small>Number of stories w/ minor damage (1 to 24% flame damage)</small> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;"> </div> <small>Number of stories w/ significant damage (25 to 49% flame damage)</small> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;"> </div> <small>Number of stories w/ heavy damage (50 to 74% flame damage)</small> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;"> </div> <small>Number of stories w/ extreme damage (75 to 100% flame damage)</small>	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 <div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"> </div> <small>Item contributing most to flame spread</small> K2 <div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"> </div> <small>Type of material contributing most of flame spread</small> Required only if item contributing code is 00 or <70			
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * (In area of the fire) N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input checked="" type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined		
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input checked="" type="checkbox"/> Undetermined	L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined			
M1 Presence of Automatic Extinguishment System * N <input type="checkbox"/> None Present 1 <input checked="" type="checkbox"/> Present Complete rest of Section M	M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input checked="" type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input checked="" type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input checked="" type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined		
M4 Number of Sprinkler Heads Operating Required if system operated <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">001</div> <small>Number of sprinkler heads operating</small>		NFIRS-3 Revision 01/19/99			

A										NFIRS - 9 Apparatus or Resources			
FDID * <u>17100</u>		State * <u>MA</u>		MM <u>3</u> DD <u>11</u> YYYY <u>2017</u>		Station <u>5</u>		Incident Number * <u>17-0002171</u>		Exposure * <u>000</u>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change
B Apparatus or * Resource		Date and Times <small>Check if same as alarm date</small>					Sent	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken			
		Month Day Year Hour Min					<input type="checkbox"/>						
<u>1</u>	ID <u>A1</u> Type <u>76</u>	Dispatch <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>01:55</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>	<u> </u>	<u> </u>
		Arrival <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>02:06</u>	<input checked="" type="checkbox"/>			<u> </u>	<u> </u>	<u> </u>	<u> </u>
		Clear <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>04:10</u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>2</u>	ID <u>A2</u> Type <u>76</u>	Dispatch <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>01:55</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>	<u> </u>	<u> </u>
		Arrival <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>02:06</u>	<input checked="" type="checkbox"/>			<u> </u>	<u> </u>	<u> </u>	<u> </u>
		Clear <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>04:11</u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>3</u>	ID <u>A3</u> Type <u>76</u>	Dispatch <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>02:37</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>	<u> </u>	<u> </u>
		Arrival <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>02:42</u>	<input checked="" type="checkbox"/>			<u> </u>	<u> </u>	<u> </u>	<u> </u>
		Clear <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>07:04</u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>4</u>	ID <u>C2</u> Type <u>92</u>	Dispatch <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>01:19</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>	<u> </u>	<u> </u>
		Arrival <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>01:24</u>	<input checked="" type="checkbox"/>			<u> </u>	<u> </u>	<u> </u>	<u> </u>
		Clear <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>07:20</u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>5</u>	ID <u>C4</u> Type <u>92</u>	Dispatch <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>02:16</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>81</u>	<u>55</u>	<u> </u>	<u> </u>
		Arrival <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>02:16</u>	<input checked="" type="checkbox"/>			<u> </u>	<u> </u>	<u> </u>	<u> </u>
		Clear <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>11:01</u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>6</u>	ID <u>E1</u> Type <u>11</u>	Dispatch <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>01:38</u>	<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>70</u>	<u> </u>	<u> </u>	<u> </u>
		Arrival <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>01:46</u>	<input checked="" type="checkbox"/>			<u> </u>	<u> </u>	<u> </u>	<u> </u>
		Clear <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>04:24</u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>7</u>	ID <u>E1A</u> Type <u>11</u>	Dispatch <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>02:25</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>90</u>	<u> </u>	<u> </u>	<u> </u>
		Arrival <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>02:25</u>	<input checked="" type="checkbox"/>			<u> </u>	<u> </u>	<u> </u>	<u> </u>
		Clear <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>02:26</u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>8</u>	ID <u>E1N</u> Type <u>11</u>	Dispatch <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>02:26</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>90</u>	<u> </u>	<u> </u>	<u> </u>
		Arrival <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>02:26</u>	<input checked="" type="checkbox"/>			<u> </u>	<u> </u>	<u> </u>	<u> </u>
		Clear <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>02:26</u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>9</u>	ID <u>E2</u> Type <u>11</u>	Dispatch <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>01:19</u>	<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>11</u>	<u>73</u>	<u> </u>	<u> </u>
		Arrival <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>01:28</u>	<input checked="" type="checkbox"/>			<u> </u>	<u> </u>	<u> </u>	<u> </u>
		Clear <input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>05:58</u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>

A FDID 17100 * State MA * Incident Date 3 11 2017 * Station 5 Incident Number 17-0002171 * Exposure 000 * Delete Change NFIRS - 9 Apparatus or Resources

B Apparatus or * Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken		
	Dispatch	Arrival	Clear	Month	Day				Year	Hour	Min
1 ID <u>E3</u> Type <u>11</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>03</u>	<u>36</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>10</u>	<u></u>
2 ID <u>E5</u> Type <u>11</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>01</u>	<u>19</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>70</u>	<u></u>
3 ID <u>E7</u> Type <u>11</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>01</u>	<u>55</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>11</u>	<u>12</u>
4 ID <u>FP1</u> Type <u>00</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>03</u>	<u>32</u>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<u>86</u>	<u></u>
5 ID <u>L3</u> Type <u>12</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>01</u>	<u>55</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>10</u>	<u></u>
6 ID <u>P1</u> Type <u>12</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>01</u>	<u>19</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>51</u>	<u>52</u>
7 ID <u>R1</u> Type <u>71</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>01</u>	<u>19</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>11</u>	<u>21</u>
8 ID <u>SE1</u> Type <u>00</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>02</u>	<u>28</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>90</u>	<u></u>
9 ID <u>SUE1</u> Type <u>00</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3</u>	<u>11</u>	<u>2017</u>	<u>02</u>	<u>25</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>90</u>	<u></u>

Type of Apparatus or Resources

- Ground Fire Suppression
 11 Engine
 12 Truck or aerial
 13 Quint
 14 Tanker & pumper combination
 16 Brush truck
 17 ARF (Aircraft Rescue and Firefighting)
 10 Ground fire suppression, other
 Heavy Ground Equipment
 21 Dozer or plow
 22 Tractor
 24 Tanker or tender
 20 Heavy equipment, other
 Aircraft
 41 Aircraft: fixed wing tanker
 42 Helitanker
 43 Helicopter
 40 Aircraft, other

- Marine Equipment
 51 Fire boat with pump
 52 Boat, no pump
 50 Marine apparatus, other
 Support Equipment
 61 Breathing apparatus support
 62 Light and air unit
 60 Support apparatus, other
 Medical & Rescue
 71 Rescue unit
 72 Urban Search & rescue unit
 73 High angle rescue unit
 75 BLS unit
 76 ALS unit
 70 Medical and rescue unit, other

More Apparatus?
Use Additional Sheets

- Other
 91 Mobile command post
 92 Chief officer car
 93 HazMat unit
 94 Type 1 hand crew
 95 Type 2 hand crew
 99 Privately owned vehicle
 00 Other apparatus/resource
 NN None
 UU Undetermined

NFIRS-9 Revision 11/17/98

A FDID 17100 * State MA * Incident Date 3 11 2017 * Station 5 Incident Number 17-0002171 * Exposure 000 * Delete Change NFIRS - 10 Personnel

B Apparatus or Resource * Date and Times
Use codes listed below Check if same as alarm date
 Month Day Year Hours/mins

1	ID <u>A1</u>	Dispatch <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>01:55</u>	Sent <input checked="" type="checkbox"/>	Number of * People <u>0</u>	Use <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <u> </u> <u> </u> <u> </u> <u> </u>
	Type <u>76</u>	Arrival <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:06</u>				
		Clear <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>04:09</u>				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2	ID <u>A2</u>	Dispatch <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>01:55</u>	Sent <input checked="" type="checkbox"/>	Number of * People <u>0</u>	Use <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <u> </u> <u> </u> <u> </u> <u> </u>
	Type <u>76</u>	Arrival <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:06</u>				
		Clear <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>04:09</u>				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3	ID <u>A3</u>	Dispatch <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:37</u>	Sent <input checked="" type="checkbox"/>	Number of * People <u>0</u>	Use <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <u> </u> <u> </u> <u> </u> <u> </u>
	Type <u>76</u>	Arrival <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:42</u>				
		Clear <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>06:52</u>				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

A FDID 17100 * State MA * Incident Date 3 11 2017 * Station 5 Incident Number 17-0002171 * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below

Apparatus or Resource	Date and Times Check if same as alarm date Month Day Year Hours/mins	Sent <input checked="" type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken List up to 4 actions for each apparatus and each personnel.
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1	ID <u>C2</u> Type <u>92</u>	Dispatch <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>01:19</u> Arrival <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>01:24</u> Clear <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>07:13</u>	Sent <input checked="" type="checkbox"/>	<u>0</u>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2	ID <u>C4</u> Type <u>92</u>	Dispatch <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:16</u> Arrival <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:16</u> Clear <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>11:01</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>81</u> <u>55</u> <u> </u> <u> </u>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
181850	SCHULTZ, JOHN	DC4-T	X				

3	ID <u>E1</u> Type <u>11</u>	Dispatch <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>01:38</u> Arrival <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>01:46</u> Clear <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>03:56</u>	Sent <input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>70</u> <u> </u> <u> </u> <u> </u>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1499	SEXTON, JOEL	FF4	X				
150972	LATSON, DYNELL	LT6	X				
1676	MARTINEZ, EDER	FF3	X				
805	GASSEL, REMY	FF4	X				

A FDID * 17100 State * MA Incident Date * MM 3 DD 11 YYYY 2017 Station 5 Incident Number * 17-0002171 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below

Apparatus or Resource	Date and Times Check if same as alarm date Month Day Year Hours/mins	Sent <input type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken List up to 4 actions for each apparatus and each personnel.
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1	ID <u>E1A</u> Type <u>11</u>	Dispatch <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:25</u> Arrival <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:25</u> Clear <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:25</u>	Sent <input checked="" type="checkbox"/>	<u>0</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>90</u> <u> </u> <u> </u> <u> </u>
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Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2	ID <u>E1N</u> Type <u>11</u>	Dispatch <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:26</u> Arrival <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:26</u> Clear <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:26</u>	Sent <input checked="" type="checkbox"/>	<u>0</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>90</u> <u> </u> <u> </u> <u> </u>
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Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3	ID <u>E2</u> Type <u>11</u>	Dispatch <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>01:19</u> Arrival <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>01:28</u> Clear <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>05:58</u>	Sent <input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>11</u> <u>73</u> <u> </u> <u> </u>
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Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1355	WHALEN, MATTHEW	FF4	<input checked="" type="checkbox"/>				
165496	NARDINI, ANDREW	FF6	<input checked="" type="checkbox"/>				
184236	SMITH, BRADFORD	CP4	<input checked="" type="checkbox"/>				
333	FERRI, NICHOLAS	FF5	<input checked="" type="checkbox"/>				

A FDID * 17100 State * MA Incident Date * MM 3 DD 11 YYYY 2017 Station 5 Incident Number * 17-0002171 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below

Date and Times Check if same as alarm date
Month Day Year Hours/mins

Sent Number of * People

Use Check ONE box for each apparatus to indicate its main use at the incident.
 Suppression
 EMS
 Other

Actions Taken List up to 4 actions for each apparatus and each personnel.

1 ID E3 Type 11

Dispatch 3 11 2017 03:36

Arrival 3 11 2017 03:36

Clear 3 11 2017 05:54

Sent 4

Suppression
 EMS
 Other

Actions Taken 10

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
175062	BENITICH, GREGORY	LT3	X				
175616	SHEA, STEVEN	FF5	X				
2323	CAMPION, MICHAEL	FF1	X				
513	PETRO, WILLIAM	FF4	X				

2 ID E5 Type 11

Dispatch 3 11 2017 01:19

Arrival 3 11 2017 01:25

Clear 3 11 2017 04:56

Sent 4

Suppression
 EMS
 Other

Actions Taken 70

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1203	GRIGG, JARED	FF4	X				
1503	BARROSO, GUILHERME	FF4	X				
175323	PETERS, DAVID	LT2-T	X				
2539	O'CONNOR, DANIEL	PR	X				

3 ID E7 Type 11

Dispatch 3 11 2017 01:55

Arrival 3 11 2017 02:06

Clear 3 11 2017 04:11

Sent 4

Suppression
 EMS
 Other

Actions Taken 11 12
51 73

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
148571	KING, JAMES	LT9	X				
1672	WARREN, STEPHEN	FF3	X				
175495	ASSENCOA, WAYNE	FF5	X				
175497	HARDING, BRYAN	FF5	X				

A FDID * 17100 State * MA Incident Date * MM 3 DD 11 YYYY 2017 Station 5 Incident Number * 17-0002171 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below

Date and Times Check if same as alarm date
Month Day Year Hours/mins

Sent Number of * People

Use Check ONE box for each apparatus to indicate its main use at the incident.
 Suppression
 EMS
 Other

Actions Taken List up to 4 actions for each apparatus and each personnel.

1 ID FP1 Type 00

Dispatch 3 11 2017 03:32

Arrival 3 11 2017 03:32

Clear 3 11 2017 06:09

Sent 1

Suppression EMS Other

Actions Taken 86

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
155244	MAGRI, STEVEN	FM	X				

2 ID L3 Type 12

Dispatch 3 11 2017 01:55

Arrival 3 11 2017 02:07

Clear 3 11 2017 05:51

Sent 4

Suppression EMS Other

Actions Taken 10

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
101396	AHEARN, JAMES	CP2	X				
144661	HICKS, JOSEPH	FC	X				
1506	SEXTON, CHAD	FF4	X				
1881	MATHIEU, PETER	FF2	X				

3 ID P1 Type 12

Dispatch 3 11 2017 01:19

Arrival 3 11 2017 01:27

Clear 3 11 2017 10:12

Sent 3

Suppression EMS Other

Actions Taken 51 52

11

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1502	BROWN, MATTHEW	FF4	X				
158679	MCDONALD, KEVIN	LT6	X				
245	QUITT, ADAM	FF5	X				

A FDID * 17100 State * MA Incident Date * MM 3 DD 11 YYYY 2017 Station 5 Incident Number * 17-0002171 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below

Apparatus or Resource	Date and Times Check if same as alarm date Month Day Year Hours/mins	Sent <input type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken List up to 4 actions for each apparatus and each personnel.
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1	ID <u>R1</u> Type <u>71</u>	Dispatch <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>01:19</u>	Arrival <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>01:25</u>	Clear <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>06:53</u>	Sent <input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>11</u> <u>21</u> <u>52</u> <u>56</u>
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Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
177479	RINOLDO, THOMAS	LT6	X				
280	RODRIGUEZ, MARCELINO	FF5	X				
369	BECKWITH, JEFFREY	FF5	X				

2	ID <u>SE1</u> Type <u>00</u>	Dispatch <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:28</u>	Arrival <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:28</u>	Clear <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:28</u>	Sent <input checked="" type="checkbox"/>	<u>0</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>90</u> <u></u> <u></u> <u></u>
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Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken

3	ID <u>SUE1</u> Type <u>00</u>	Dispatch <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:25</u>	Arrival <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:25</u>	Clear <input type="checkbox"/> <u>3</u> <u>11</u> <u>2017</u> <u>02:25</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>90</u> <u></u> <u></u> <u></u>
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Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
140131	GILDEA, PAUL	DC10	X				

17100 FDID *	MA State *	MM DD YYYY 3 11 2017 Incident Date *	5 Station	17-0002171 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
181850 SCHULTZ, JOHN X	C4	INC Incident		DC4-T		8.75	0.00	0.00
1499 SEXTON, JOEL D	E1	INC Incident		FF4		2.76	0.00	0.00
150972 LATSON, DYNELL	E1	INC Incident		LT6		2.76	0.00	0.00
1676 MARTINEZ, EDER D	E1	INC Incident		FF3		2.76	0.00	0.00
805 GASSEL, REMY Z	E1	INC Incident		FF4		2.76	0.00	0.00
1355 WHALEN, MATTHEW J	E2	INC Incident		FF4		4.65	0.00	0.00
165496 NARDINI, ANDREW	E2	INC Incident		FF6		4.65	0.00	0.00
184236 SMITH, BRADFORD S	E2	INC Incident		CP4		4.65	0.00	0.00
333 FERRI, NICHOLAS A	E2	INC Incident		FF5		4.65	0.00	0.00
175062 BENITICH, GREGORY	E3	INC Incident		LT3		2.41	0.00	0.00
175616 SHEA, STEVEN G	E3	INC Incident		FF5		2.41	0.00	0.00
2323 CAMPION, MICHAEL J	E3	INC Incident		FF1		2.41	0.00	0.00
513 PETRO, WILLIAM R	E3	INC Incident		FF4		2.41	0.00	0.00
1203 GRIGG, JARED J	E5	INC Incident		FF4		4.51	0.00	0.00
1503 BARROSO, GUILHERME M	E5	INC Incident		FF4		4.51	0.00	0.00
175323 PETERS, DAVID R	E5	INC Incident		LT2-T		4.51	0.00	0.00
2539 O'CONNOR, DANIEL T	E5	INC Incident		PR		4.51	0.00	0.00
148571 KING, JAMES	E7	INC Incident		LT9		2.87	0.00	0.00
1672 WARREN, STEPHEN T	E7	INC Incident		FF3		2.87	0.00	0.00
175495 ASSENCOA, WAYNE I	E7	INC Incident		FF5		2.87	0.00	0.00
175497 HARDING, BRYAN P	E7	INC Incident		FF5		2.87	0.00	0.00
155244 MAGRI, STEVEN E	FP1	INC Incident		FM		2.63	0.00	0.00
101396 AHEARN, JAMES C	L3	INC Incident		CP2		4.42	0.00	0.00
144661 HICKS, JOSEPH C	L3	INC Incident		FC		4.65	0.00	0.00
1506 SEXTON, CHAD I	L3	INC Incident		FF4		4.42	0.00	0.00
1881 MATHIEU, PETER J	L3	INC Incident		FF2		4.42	0.00	0.00
1502 BROWN, MATTHEW C	P1	INC Incident		FF4		8.89	0.00	0.00
158679 MCDONALD, KEVIN P	P1	INC Incident		LT6		8.89	0.00	0.00
245 QUITT, ADAM N	P1	INC Incident		FF5		8.89	0.00	0.00
177479 RINOLDO, THOMAS J	R1	INC Incident		LT6		5.61	0.00	0.00
280 RODRIGUEZ, MARCELINO	R1	INC Incident		FF5		5.61	0.00	0.00
369 BECKWITH, JEFFREY	R1	INC Incident		FF5		5.61	0.00	0.00
140131 GILDEA, PAUL A	SUE1	INC Incident		DC10		0.01	0.00	0.00

Total Participants: 33

Total Personnel Hours: 141.60

An 'X' next to the unit denotes driver.

A FDID 17100 * State MA * Incident Date 3 11 2017 * Station 5 Incident Number 17-0002171 * Exposure 000 * Delete Change **NFIRS - 11 Arson**

B Agency Referred To None Street Address _____ Their Case Number _____
 _____ City _____ Their ORI _____
 Agency Name _____
 Agency Phone Number _____ State _____ Zip Code _____ Their Federal Identifier (FID) _____ Their FDID _____

C Case Status

1 Investigation open
 2 Investigation closed
 3 Investigation inactive

4 Closed with arrest
 5 Closed with exceptional clearance

D Availability of Material First Ignited

1 Transport to scene
 2 Available at scene
 U Unknown

E Suspected Motivation Factors Check up to three factors

11 <input type="checkbox"/> Extortion	22 <input type="checkbox"/> Hate crime	42 <input type="checkbox"/> Vanity/recognition	54 <input type="checkbox"/> Burglary
12 <input type="checkbox"/> Labor unrest	23 <input type="checkbox"/> Institutional	43 <input type="checkbox"/> Thrills	61 <input type="checkbox"/> Homicide concealment
13 <input type="checkbox"/> Insurance fraud	24 <input type="checkbox"/> Societal	44 <input type="checkbox"/> Attention/sympathy	62 <input type="checkbox"/> Burglary concealment
14 <input type="checkbox"/> Intimidation	31 <input type="checkbox"/> Protest	45 <input type="checkbox"/> Sexual excitement	63 <input type="checkbox"/> Auto theft concealment
15 <input type="checkbox"/> Void contract/lease	32 <input type="checkbox"/> Civil unrest	51 <input type="checkbox"/> Homicide	64 <input type="checkbox"/> Destroy records/evidence
21 <input type="checkbox"/> Personal	41 <input type="checkbox"/> Fireplay/curiosity	52 <input type="checkbox"/> Suicide	00 <input type="checkbox"/> Other motivation
		53 <input type="checkbox"/> Domestic violence	UU <input checked="" type="checkbox"/> Unknown motivation

F Apparent Group Involvement Check up to three factors

1 Terrorist group
 2 Gang
 3 Anti-government group
 4 Outlaw motorcycle organization
 5 Organized crime
 6 Racial/ethnic hate group
 7 Religious hate group
 8 Sexual preference hate group
 0 Other group
 N No Group involvement, acted alone
 U Unknown

H Incendiary Devices Select one from each category

CONTAINER NN None

11 Bottle (Glass) 14 Pressurized Container 17 Box
 12 Bottle (Plastic) 15 Can 00 Other Container
 13 Jug 16 Gasoline or fuel can UU Unknown

IGNITION/DELAY DEVICE NN None

11 Wick or Fuse 17 Road flare/fuse
 12 Candle 18 Chemical Component
 13 Cigarette & Matchbook 19 Trailer/Streamer
 14 Electronic Component 20 Open flame source
 15 Mechanical Device 00 Other delay device
 16 Remote Control UU Unknown

G1 Entry Method

00 | Other entry method
 Entry Method

FUEL NN None

11 Ordinary Combustibles 16 Pyrotechnic material
 12 Flammable gas 17 Explosive material
 14 Ignitable liquid 00 Other material
 15 Ignitable solid UU Unknown

G2 Extent of Fire Involvement on Arrival

1 | No flame or smoke showing
 Extent of Fire Involvement

I Other Investigative Information Check all that apply

1 Code violations
 2 Structure for sale
 3 Structure vacant
 4 Other crimes involved
 5 Illicit drug activity
 6 Change in insurance
 7 Financial problem
 8 Criminal/Civil actions pending

J Property Ownership

1 Private
 2 City, town, village, local
 3 County or parish
 4 State or province
 5 Federal
 6 Foreign
 7 Military
 0 Other

K Initial Observations Check all that apply

1 Windows ajar 5 Fire department forced entry
 2 Doors ajar 6 Forced entry prior to FD arrival
 3 Doors locked 7 Security system activated
 4 Doors unlocked 8 Security present, (didn't activate)

L Laboratory Used Check all that apply

1 Local 3 ATF 5 Other 6 Private
 2 State 4 FBI Federal N None
 NFIRS-11 Revision 11/17/98

17100

FDID

*

MA

State

*

3

11

2017

Incident Date

*

5

Station

17-0002171

Incident Number

*

0

Exposure

*

Arson
Narrative**Arson Narrative:**

Responded to a report of building fire at 969 Concord St. Upon arrival checked in with command fire was breaking out through several places

on the roof

Location: 969 Concord St One story wood frame strip mall with multiple businesses.

Incident # 17-0002171 03/11/2017 01:19 HRS

Weather : Temps in the teens wind gusts 35 + MPH

Owner of building : Mike Brossi Cell # [REDACTED]

Tenants:

Wicked Chronic : Rod and Beverly Barish Cell # [REDACTED]

Trinity Optical : Scott Sullivan Cell # [REDACTED]

J+M Diner : Karen Fiore [REDACTED] Insurance Travelers

Do Dance : Monica Deoliveira Cell # [REDACTED] Eric [REDACTED]

Bella sisters Salon : Feranda Mendes Cell # [REDACTED] Insurance Atlantic Casualty

Melle Norman Cosmetics : Lisa Cavall Cell # [REDACTED]

Chiropractic Solutions : Chris Hauck Cell # [REDACTED]

Style and Smiles : Jacqueline St. Hilaire Cell # [REDACTED] Insurance EMC

Predaxis : Shawn Yates

Holistic Solutions : Cindy Crowninshield Cell # [REDACTED]

Witnesses : none

Investigation : Upon arrival at scene fire was coming from several areas of the roof at the ridge line. Short time later 5-10 minutes roof

fully involved from end to end and exterior firefighting only .

Spoke with Lt. David peters first Engine company in . He stated that they responded to master box alarm at 969 Concord St.

Upon arrival at back of building where master box is located he stated nothing showing but could smell smoke and water gong going off.

Fire companies had to force doors due to keys not working . They forced door to Bella sisters salon fair amount of smoke visible but no heat

17100
FDID *

MA
State *

MM DD YYYY
3 11 2017
Incident Date *

5
Station

17-0002171
Incident Number *

0
Exposure *

Arson
Narrative

and one sprinkler head going off . They opened the business next door but no heat or smoke .

Rescue 1 and engine 5 crew used thermal imager. to check heat in ceiling ,Platform 1 crew using thermal imager toward front

of salon. They started to pull ceilings then had to exit salon to change air bottles ,that's when fire started to vent through roof.

They started interior attack but fire to heavy above went to exterior attack.

All doors locked and no windows broken heavy fire seemed to be located in center of building before spreading

to rest of building. At first the only smoke was coming from Bella sisters salon which is in the center of plaza. There was no fire visible or

heat in the habitable space just a fair amount of smoke . Due to the roof falling into the building at this time safety wont permit

an interior investigation unless the insurance company will bring in heavy equipment to excavate site .For now nothing we

saw would lead us to believe this fire is nothing more than accidental in nature

Origin and cause : Attic area above Bella Sisters Salon & accidental undetermined cause at this time.

03/23/2017 07:53:03 rpz

03/23/2017 09:36:56 Joseph Hicks (added origin description)

Framingham Fire Department
Investigation Profile Report
Investigation Profile - Basic Information

Investigation: Incident Investigation - 17-0002171	Date: 03/11/2017
Address: 969 CONCORD ST /BROSSI BROTHERS LTD - BOX285/FRAMINGHAM, MA 01701	
FDID: 17100	Alarm Date: 03/11/2017
Incident #: 17-0002171	

Case Status: 3 Investigation inactive

Status Date:

Investigators:
FP4 Fire Inspector
FP1 Fire Marshal

Laboratories Used:
N None

Initial Observations:
5 Fire department forced entry

Other Investigative Info:

Fire/Arson:

Extent of Fire Involvement on Arrival: 1 No flame or smoke showing

Availability of Material First Ignited: 2 Available at scene

Entry Method: 00 Other entry method

Incendiary Method/Devices:

Container: NN No container

Fuel: 11 Ordinary combustibles

Delay Device: NN No device

Suspected Motivational Factors:

UU Unknown

Apparent Group Involvement:

N No group involvement, acted alone

Narrative:

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Framingham Fire Department
Investigation Profile Report
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03/23/2017 11:32