

**A** MM DD YYYY  Delete NFIRS -1  
 17100 MA 06 01 2017 3 17-0004600 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. Census Tract \_\_\_\_\_-\_\_\_\_\_  
 Street address \_\_\_\_\_ 9 \_\_\_\_\_ INTERFAITH TER \_\_\_\_\_  
 Intersection Number/Milepost Prefix Street or Highway Street Type Suffix  
 In front of \_\_\_\_\_  
 Rear of \_\_\_\_\_  
 Adjacent to A \_\_\_\_\_ FRAMINGHAM MA 01702 \_\_\_\_\_  
 Apt./Suite/Room City State Zip Code  
 Directions \_\_\_\_\_  
 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 ALARM always required  
 Date. Alarm \* 06 01 2017 21:08:20  
 ARRIVAL required, unless canceled or did not arrive  
 Arrival \* 06 01 2017 21:13:22  
 CONTROLLED Optional, except for wildland fires  
 Controlled \_\_\_\_\_  
 LAST UNIT CLEARED, required except for wildland fires  
 Last Unit  
 Cleared 06 02 2017 01:19:28

**E2 Shift & Alarms**  
 Local Option  
 4 \_\_\_\_\_  
 Shift or Alarms District Platoon

**D Aid Given or Received\***  
 1  Mutual aid received 17198 MA  
 Their FDID Their State  
 2  Automatic aid recv.  
 3  Mutual aid given  
 4  Automatic aid given  
 5  Other aid given  
 N  None  
 Their Incident Number

**E3 Special Studies**  
 Local Option  
 \_\_\_\_\_  
 Special Study ID# Special Study Value

**F Actions Taken \***  
 11 Extinguishment by fire  
 Primary Action Taken (1)  
 \_\_\_\_\_  
 Additional Action Taken (2)  
 \_\_\_\_\_  
 Additional Action Taken (3)

**G1 Resources \***  
 Check this box and skip this section if an Apparatus or Personnel form is used.  
 Apparatus Personnel  
 Suppression 0010 0026  
 EMS 0003 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 \$ \_\_\_\_\_, 200, 000   
 Contents \$ \_\_\_\_\_, 100, 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 \_\_\_\_\_ 001  
 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  
 33  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 429  
 Multifamily dwelling  
 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

[21:17:44 BJD] CONFIRMED WF. E3 ATTACK, L3 LADDERING, R1 SEARCH. INITIAL REPORT FEMALE AND DOG UNACCOUNTED FOR.;[00:08:30 BJD] STATE FIRE MARSHALL ON SCENE;[00:11:20 BJD] RED CROSS ON SCENE;[01:13:41 BJD] E4 ON SCENE FOR FIRE WATCH. On arrival to a 2 1/2 story wood framed apartment building C2 assumed command from Engine 3. Heavy fire on the first and second division A side. Engine 3 crew had advanced an attack line and was initiating attack on the first floor. Report from dispatch of a possible female occupant and her dogs unaccounted for. Ladder 3 set up the aerial to the roof and cut 4 vent holes. On Rescue 1 arrival they were assigned to do a primary search of the occupancy. Engine 5 established a supply line into Engine 3 using 400' of 4" hose. Engine 5 crew then advanced a second line from Engine 3 to the second floor to assist with fire extinguishment. The missing occupant was identified outside safe and this information was transmitted to dispatch and all on scene companies. Rescue 1 completed searches of unit and adjacent units for occupants and fire extension. None reported. Expired dogs were found on Division 1 by Engine 3 crew and covered for the duration of the incident for removal later. Engine 1 crew on scene as RIT. The fire on both divisions was knocked down and all crews assisted with overhaul. C1, C3, C4, FP1, FP2 and FP3 all on scene. Natick was used mutual aid with Lt. Falone as a pilot first covering Station 3 then Station 5. Wayland was in town mutual aid with FF Funes, J. as a pilot first covering Station 1 then Station 7. FF Villalobos was a callback assisting in dispatch. State Fire Marshall's office called in to assist with the investigation. Red Cross called to assist with displaced occupants.

**L Authorization**

140131  GILDEA, PAUL A  DC10   06  07  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   06  07  2017  
Member making report ID Signature Position or rank Assignment Month Day Year

17100  
FDID \*

MA  
State \*

MM DD YYYY  
6 1 2017  
Incident Date \*

3  
Station

17-0004600  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

[21:17:44 BJD] CONFIRMED WF. E3 ATTACK, L3 LADDERING, R1 SEARCH. INITIAL REPORT FEMALE AND DOG UNACCOUNTED FOR.; [00:08:30 BJD] STATE FIRE MARSHALL ON SCENE; [00:11:20 BJD] RED CROSS ON SCENE; [01:13:41 BJD] E4 ON SCENE FOR FIRE WATCH. On arrival to a 2 1/2 story wood framed apartment building C2 assumed command from Engine 3. Heavy fire on the first and second division A side. Engine 3 crew had advanced an attack line and was initiating attack on the first floor. Report from dispatch of a possible female occupant and her dogs unaccounted for. Ladder 3 set up the aerial to the roof and cut 4 vent holes. On Rescue 1 arrival they were assigned to do a primary search of the occupancy. Engine 5 established a supply line into Engine 3 using 400' of 4" hose. Engine 5 crew then advanced a second line from Engine 3 to the second floor to assist with fire extinguishment. The missing occupant was identified outside safe and this information was transmitted to dispatch and all on scene companies. Rescue 1 completed searches of unit and adjacent units for occupants and fire extension. None reported. Expired dogs were found on Division 1 by Engine 3 crew and covered for the duration of the incident for removal later. Engine 1 crew on scene as RIT. The fire on both divisions was knocked down and all crews assisted with overhaul. C1, C3, C4, FP1, FP2 and FP3 all on scene. Natick was used mutual aid with Lt. Falone as a pilot first covering Station 3 then Station 5. Wayland was in town mutual aid with FF Funes, J. as a pilot first covering Station 1 then Station 7. FF Villalobos was a callback assisting in dispatch. State Fire Marshall's office called in to assist with the investigation. Red Cross called to assist with displaced occupants.

**A** FDID 17100 \* State MA \* Incident Date 06 01 2017 \* Station 3 Incident Number 17-0004600 \* Exposure 000 \*  Delete  Change  No Activity **NFIRS -2 Fire**

**B Property Details**

**B1** 0001  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**  None  
 Acres burned (outside fires)  Less than one acre

**C On-Site Materials**  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 or more boxes for each code entered.

200 Personal & home  
 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** UU Undetermined  
 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

**E2 Factors Contributing To Ignition**

UU Undetermined  None  
 Factor Contributing To Ignition (1)

                       
 Factor Contributing To Ignition (2)

**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

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

NNN 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

<b>I1 Structure Type *</b> 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	<b>I2 Building Status *</b> 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	<b>I3 Building * Height</b> Count the ROOF as part of the highest story <u>002</u> <small>Total number of stories at or above grade</small>  <u>    </u> <small>Total number of stories below grade</small>	<b>I4 Main Floor Size*</b> <span style="float: right;">NFIRS-3 Structure Fire</span> <u>    </u> , <u>    </u> , <u>600</u> <small>Total square feet</small> <p style="text-align: center;"><b>OR</b></p> <u>    </u> , <u>030</u> BY <u>    </u> , <u>020</u> <small>Lenght in feet                      Width in feet</small>
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<b>J1 Fire Origin *</b> <u>001</u> <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	<b>J3 Number of Stories Damaged By Flame</b> Count the ROOF as part of the highest story <u>    </u> Number of stories w/ minor damage (1 to 24% flame damage) <u>    </u> Number of stories w/ significant damage (25 to 49% flame damage) <u>    </u> Number of stories w/ heavy damage (50 to 74% flame damage) <u>002</u> Number of stories w/ extreme damage (75 to 100% flame damage)	<b>K Material Contributing Most To Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine <span style="float: right;">Skip To Section L</span> <b>K1</b> <u>10</u> <b>Structural component or</b> <small>Item contributing most to flame spread</small> <b>K2</b> <u>99</u> <b>Multiple types of</b> <small>Type of material contributing most of flame spread                      Required only if item contributing code is 00 or &lt;70</small>
<b>J2 Fire Spread *</b> 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		

<b>L1 Presence of Detectors *</b> <small>(In area of the fire)</small> N <input type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px;">Skip to section M</span> 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	<b>L3 Detector Power Supply</b> 1 <input type="checkbox"/> Battery only 2 <input 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 checked="" type="checkbox"/> Undetermined	<b>L5 Detector Effectiveness</b> Required if detector operated 1 <input checked="" 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
<b>L2 Detector Type</b> 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	<b>L4 Detector Operation</b> 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	<b>L6 Detector Failure Reason</b> 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

<b>M1 Presence of Automatic Extinguishment System *</b> N <input checked="" type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px;">Complete rest of Section M</span> 1 <input type="checkbox"/> Present	<b>M3 Automatic Extinguishment System Operation</b> Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input 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	<b>M5 Automatic Extinguishment System Failure Reason</b> 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 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 <small>NFIRS-3 Revision 01/19/99</small>
<b>M2 Type of Automatic Extinguishment System *</b> Required if fire was within designed range of AES 1 <input 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 <sub>2</sub> ) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated <u>    </u> <small>Number of sprinkler heads operating</small>	



<b>A</b>	FDID <b>17100</b> *		State <b>MA</b> *		Incident <b>6</b> / Date <b>1</b> / <b>2017</b> *		Station <b>3</b>		Incident Number <b>17-0004600</b> *		Exposure <b>000</b> *		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 9 Apparatus or Resources	
	<b>B</b>	Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small>						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			
ID			Type	Dispatch	Month	Day	Year	Hour							Min	Arrival

  

1	ID <b>A3</b>	Dispatch <input type="checkbox"/>	6	1	2017	21:13	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	Type <b>76</b>	Arrival <input type="checkbox"/>	6	1	2017	21:16	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
		Clear <input type="checkbox"/>	6	2	2017	00:11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	ID <b>C2</b>	Dispatch <input type="checkbox"/>	6	1	2017	21:08	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	Type <b>92</b>	Arrival <input type="checkbox"/>	6	1	2017	21:17	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
		Clear <input type="checkbox"/>	6	2	2017	01:19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	ID <b>C3</b>	Dispatch <input checked="" type="checkbox"/>	6	1	2017	21:08	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73	81
	Type <b>92</b>	Arrival <input type="checkbox"/>	6	1	2017	21:13	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Clear <input type="checkbox"/>	6	2	2017	01:19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	ID <b>C4</b>	Dispatch <input type="checkbox"/>	6	1	2017	21:36	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73	86
	Type <b>92</b>	Arrival <input type="checkbox"/>	6	1	2017	21:36	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Clear <input type="checkbox"/>	6	2	2017	01:19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	ID <b>E1</b>	Dispatch <input type="checkbox"/>	6	1	2017	21:11	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	52
	Type <b>11</b>	Arrival <input type="checkbox"/>	6	1	2017	21:22	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91	
		Clear <input type="checkbox"/>	6	1	2017	22:52			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	ID <b>E1N</b>	Dispatch <input type="checkbox"/>	6	1	2017	21:20	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91	
	Type <b>11</b>	Arrival <input type="checkbox"/>	6	1	2017	21:20	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Clear <input type="checkbox"/>	6	1	2017	21:29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	ID <b>E2</b>	Dispatch <input type="checkbox"/>	6	1	2017	21:54	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	
	Type <b>11</b>	Arrival <input type="checkbox"/>	6	1	2017	22:09	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Clear <input type="checkbox"/>	6	1	2017	22:53			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	ID <b>E3</b>	Dispatch <input type="checkbox"/>	6	1	2017	21:08	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	21
	Type <b>11</b>	Arrival <input type="checkbox"/>	6	1	2017	21:13	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	51	52
		Clear <input type="checkbox"/>	6	2	2017	00:57			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9	ID <b>E5</b>	Dispatch <input type="checkbox"/>	6	1	2017	21:08	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	12
	Type <b>11</b>	Arrival <input type="checkbox"/>	6	1	2017	21:16	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Clear <input type="checkbox"/>	6	2	2017	00:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**A** FDID  \* State  \* Incident Date    \* Station  Incident Number  \* Exposure  \*  Delete  Change **NFIRS - 9 Apparatus or Resources**

B Apparatus or * Resource	Date and Times					Sent <input type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken	
	Check if same as alarm date Month Day Year Hour Min									
1 ID <input type="text" value="FP1"/> Type <input type="text" value="00"/>	Dispatch <input type="checkbox"/>	<input type="text" value="6"/>	<input type="text" value="1"/>	<input type="text" value="2017"/>	<input type="text" value="21:52"/>	<input checked="" type="checkbox"/>	<input type="text" value="0"/>	<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text" value="6"/>	<input type="text" value="1"/>	<input type="text" value="2017"/>	<input type="text" value="21:52"/>			<input checked="" type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text" value="6"/>	<input type="text" value="2"/>	<input type="text" value="2017"/>	<input type="text" value="01:16"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
2 ID <input type="text" value="L3"/> Type <input type="text" value="12"/>	Dispatch <input type="checkbox"/>	<input type="text" value="6"/>	<input type="text" value="1"/>	<input type="text" value="2017"/>	<input type="text" value="21:08"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression	<input type="text" value="86"/>	<input type="text" value="51"/>
	Arrival <input type="checkbox"/>	<input type="text" value="6"/>	<input type="text" value="1"/>	<input type="text" value="2017"/>	<input type="text" value="21:13"/>			<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text" value="6"/>	<input type="text" value="1"/>	<input type="text" value="2017"/>	<input type="text" value="23:49"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
3 ID <input type="text" value="R1"/> Type <input type="text" value="71"/>	Dispatch <input type="checkbox"/>	<input type="text" value="6"/>	<input type="text" value="1"/>	<input type="text" value="2017"/>	<input type="text" value="21:08"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression	<input type="text" value="12"/>	<input type="text" value="21"/>
	Arrival <input type="checkbox"/>	<input type="text" value="6"/>	<input type="text" value="1"/>	<input type="text" value="2017"/>	<input type="text" value="21:16"/>			<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text" value="6"/>	<input type="text" value="1"/>	<input type="text" value="2017"/>	<input type="text" value="23:56"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
4 ID <input type="text" value="WE1"/> Type <input type="text" value="00"/>	Dispatch <input type="checkbox"/>	<input type="text" value="6"/>	<input type="text" value="1"/>	<input type="text" value="2017"/>	<input type="text" value="22:00"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression	<input type="text" value="91"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text" value="6"/>	<input type="text" value="1"/>	<input type="text" value="2017"/>	<input type="text" value="22:00"/>			<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text" value="6"/>	<input type="text" value="1"/>	<input type="text" value="2017"/>	<input type="text" value="22:15"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
5 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
6 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
7 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
8 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
9 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

Type of Apparatus or Resources

- |   |   |  |   |
|---|---|--|---|
| <p><b>Ground Fire Suppression</b></p> <ul style="list-style-type: none"> <li>11 Engine</li> <li>12 Truck or aerial</li> <li>13 Quint</li> <li>14 Tanker &amp; pumper combination</li> <li>16 Brush truck</li> <li>17 ARF (Aircraft Rescue and Firefighting)</li> <li>10 Ground fire suppression, other</li> </ul> <p><b>Heavy Ground Equipment</b></p> <ul style="list-style-type: none"> <li>21 Dozer or plow</li> <li>22 Tractor</li> <li>24 Tanker or tender</li> <li>20 Heavy equipment, other</li> </ul> <p><b>Aircraft</b></p> <ul style="list-style-type: none"> <li>41 Aircraft: fixed wing tanker</li> <li>42 Helitanker</li> <li>43 Helicopter</li> <li>40 Aircraft, other</li> </ul> | <p><b>Marine Equipment</b></p> <ul style="list-style-type: none"> <li>51 Fire boat with pump</li> <li>52 Boat, no pump</li> <li>50 Marine apparatus, other</li> </ul> <p><b>Support Equipment</b></p> <ul style="list-style-type: none"> <li>61 Breathing apparatus support</li> <li>62 Light and air unit</li> <li>60 Support apparatus, other</li> </ul> <p><b>Medical &amp; Rescue</b></p> <ul style="list-style-type: none"> <li>71 Rescue unit</li> <li>72 Urban Search &amp; rescue unit</li> <li>73 High angle rescue unit</li> <li>75 BLS unit</li> <li>76 ALS unit</li> <li>70 Medical and rescue unit, other</li> </ul> | <p>More Apparatus?<br/>Use Additional<br/>Sheets</p> | <p><b>Other</b></p> <ul style="list-style-type: none"> <li>91 Mobile command post</li> <li>92 Chief officer car</li> <li>93 HazMat unit</li> <li>94 Type 1 hand crew</li> <li>95 Type 2 hand crew</li> <li>99 Privately owned vehicle</li> <li>00 Other apparatus/resource</li> <li>NN None</li> <li>UU Undetermined</li> </ul> |
|---|---|--|---|

**A** FDID  \* State  \* Incident Date    \* Station  Incident Number  \* Exposure  \*  Delete  Change **NFIRS - 10 Personnel**

**B Apparatus or Resource \***  **Date and Times**  Check if same as alarm date  Sent  **Number of \* People**  **Use**  Suppression  EMS  Other **Actions Taken**     List up to 4 actions for each apparatus and each personnel.

**1** ID  Type  Dispatch      Arrival      Clear      Sent    Suppression  EMS  Other

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"/>				

**2** ID  Type  Dispatch      Arrival      Clear      Sent    Suppression  EMS  Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
140131	GILDEA, PAUL	DC10	X				

**3** ID  Type  Dispatch      Arrival      Clear      Sent    Suppression  EMS  Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
175117	DUTCHER, MICHAEL	AC	X				

**A** FDID \* 17100 State \* MA Incident Date \* MM 6 DD 1 YYYY 2017 Station 3 Incident Number \* 17-0004600 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  X Number of \* People 1 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 C4 Dispatch  6 1 2017 21:36 Sent  1  Suppression  EMS  Other 73 86

Type 92 Arrival  6 1 2017 21:36 Clear  6 2 2017 01:19

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/> X	Action Taken	Action Taken	Action Taken	Action Taken
181850	SCHULTZ, JOHN	DC4	X				

**2** ID E1 Dispatch  6 1 2017 21:11 Sent  X 4  Suppression  EMS  Other 12 52

Type 11 Arrival  6 1 2017 21:22 Clear  6 1 2017 22:49

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/> X	Action Taken	Action Taken	Action Taken	Action Taken
150972	LATSON, DYNELL	LT6	X				
1608	ALVAREZ, OSCAR	FF4	X				
1676	MARTINEZ, EDER	FF3	X				
175726	SEARIAC, STEPHEN	FF5	X				

**3** ID E1N Dispatch  6 1 2017 21:20 Sent  X 1  Suppression  EMS  Other 91

Type 11 Arrival  6 1 2017 21:20 Clear  6 1 2017 21:21

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/> X	Action Taken	Action Taken	Action Taken	Action Taken
132569	FALONE, THOMAS	PROV LT	X				

**A** FDID \* 17100 State \* MA Incident Date \* MM 6 DD 1 YYYY 2017 Station 3 Incident Number \* 17-0004600 Exposure \* 000  Delete  Change **NFIRS - 10 Personnel**

**B Apparatus or Resource \*** **Date and Times** **Sent** **Number of \* People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date Month Day Year Hours/mins Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

**1** ID E2 Dispatch  6 1 2017 21:54 Sent   **4**  **Suppression** 12

Type 11 Arrival  6 1 2017 22:09  4  **EMS**

Clear  6 1 2017 22:53    **Other**

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
146873	JONES, ROBERT	CP6	X				
333	FERRI, NICHOLAS	FF5	X				
369	BECKWITH, JEFFREY	FF5	X				
688	MADDEN, JAMES	FF4	X				

**2** ID E3 Dispatch  6 1 2017 21:08 Sent   **4**  **Suppression** 11 21

Type 11 Arrival  6 1 2017 21:13  4  **EMS** 51 52

Clear  6 2 2017 00:57    **Other**

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1670	CAMPOS, JOSE	FF3	X				
175616	SHEA, STEVEN	FF5	X				
2323	CAMPION, MICHAEL	FF1	X				
281	SULLIVAN, KEVIN	CP2-T	X				

**3** ID E5 Dispatch  6 1 2017 21:08 Sent   **4**  **Suppression** 11 12

Type 11 Arrival  6 1 2017 21:16  4  **EMS**

Clear  6 2 2017 00:04    **Other**

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1081	CASTOLDI, ANDREW	LT2	X				
114870	CAMPION, TIMOTHY	FF6	X				
1672	WARREN, STEPHEN	FF3	X				
821	BLUE, BRIAN	FF1	X				

**A** FDID \* 17100 State \* MA Incident Date \* 6 1 2017 Station 3 Incident Number \* 17-0004600 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 0 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 Dispatch  6 1 2017 21:52 Sent  Arrival  6 1 2017 21:52  0 Clear  6 2 2017 01:16

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"/>				

**2** ID L3 Dispatch  6 1 2017 21:08 Sent  Arrival  6 1 2017 21:13  3 Clear  6 1 2017 23:48  Suppression  EMS  Other 86 51

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1506	SEXTON, CHAD	FF4	X				
175062	BENITICH, GREGORY	LT3	X				
186724	STROM, CHRISTOPHER	FF9	X				

**3** ID R1 Dispatch  6 1 2017 21:08 Sent  Arrival  6 1 2017 21:16  3 Clear  6 1 2017 23:34  Suppression  EMS  Other 12 21

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1355	WHALEN, MATTHEW	FF4	X				
177479	RINOLDO, THOMAS	LT6	X				
280	RODRIGUEZ, MARCELINO	FF5	X				

**A** FDID \* 17100 State \* MA Incident Date \* MM 6 DD 1 YYYY 2017 Station 3 Incident Number \* 17-0004600 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  X

Number of \* People 1

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.  
91

**1** ID WE1 Dispatch  6 1 2017 22:00  
 Arrival  6 1 2017 22:00  
 Clear  6 1 2017 22:15  
 Type 00 Sent  X 1

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/> X	Action Taken	Action Taken	Action Taken	Action Taken
1675	FUNES, JOSE	FF3	X				

**2** ID  Dispatch       
 Arrival       
 Clear       
 Type  Sent

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/> X	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  Dispatch       
 Arrival       
 Clear       
 Type  Sent

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

17100

FDID

MA

State

6

Incident Date

1

2017

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Station

17-0004600

Incident Number

000

Exposure

Responding  
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
A3 AMR Ambulance 3	21:13:41	21:13:43	21:16:49	00:10:28

Staff ID\Staff Name	Activity	Rank	Position	Role
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C2 FFD Car 2 Deputy Chief 21:08:44 21:09:46 21:17:49 01:19:28

Staff ID\Staff Name	Activity	Rank	Position	Role
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140131 GILDEA, PAUL A Incident Respons DCX

C3 FFD Car 3 Assist Chief car 21:08:20 21:08:20 21:13:32 01:19:28

Staff ID\Staff Name	Activity	Rank	Position	Role
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175117 DUTCHER, MICHAEL D Incident Respons Assistant C

**Unit Narrative**

On arrival assisted I/C (C-2) with overall management of fire scene. Assumed interior operations, managing companies in exposure occupancy and overseeing overhaul operations. Assumed I/C, and began clearing companies and setting up for investigation of fire cause.

06/07/2017 21:28:42 Michael Dutcher

C4 Fire training Vehicle 21:36:22 21:36:28 21:36:29 01:19:28

Staff ID\Staff Name	Activity	Rank	Position	Role
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181850 SCHULTZ, JOHN X Incident Respons Deputy Chie

**Unit Narrative**

C4 on scene checked in with command and went interior to assist with ops and safety. C4 monitored air and assisted with checking for extension using TIC. After all fire knocked down and overhaul completed, portable lighting was set up for safety and the investigation. C4 assisted with tenants gaining access as granted by command.

06/08/2017 08:32:21 John Schultz

E1 FFD Engine 1 21:11:17 21:11:20 21:22:22 22:49:22

Staff ID\Staff Name	Activity	Rank	Position	Role
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150972 LATSON, DYNELL Incident Respons Lieutenant  
 1608 ALVAREZ, OSCAR R Incident Respons Fire Fighte  
 1676 MARTINEZ, EDER D Incident Respons Fire Fighte  
 175726 SEARIAC, STEPHEN M Incident Respons Fire Fighte

17100

FDID

MA

State

6

1

Incident Date

2017

3

Station

17-0004600

Incident Number

000

Exposure

Responding  
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E1 FFD Engine 1	21:11:17	21:11:20	21:22:22	22:49:22

Staff ID\Staff Name	Activity	Rank	Position	Role
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## Unit Narrative

On arrival E1 crew retrieved 'RIT' equipment from R1 and reported to command. E1 RIT team staged at front of fire building, and made observations while using thermal imager to advise command of any changes in fire conditions. E1 crew advised command staff of fire extension at rear ( C side ), of breezeway between adjacent B side apartment building and heavy smoke pushing from attic vent. E2 arrived on scene and assigned as RIT by command. E1 crew under direction of command staff, forced the door to the adjacent unit and moved one of the available 2 inch lines to the 2nd floor C side of unit to extinguish and overhaul extent ion. E1 crew members eventually withdrew to replenish Scott bottles and stood by at front of building awaiting further assignment.

E1 relieved Natick engine at headquarters and covered station 3 until relieved by ladder 3.

06/02/2017 07:34:10 Dynell Latson

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E1N Natick Engine	21:20:55	21:20:55	21:20:55	21:21:13

Staff ID\Staff Name	Activity	Rank	Position	Role
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132569	FALONE, THOMAS S	Incident Respons	Provisional	
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## Unit Narrative

Lt. Falone was a pilot for Natick Engine 1.

06/06/2017 18:09:07 Paul Gildea

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E2 FFD Engine 2	21:54:26	21:54:28	22:09:32	22:53:00

Staff ID\Staff Name	Activity	Rank	Position	Role
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146873	JONES, ROBERT J	Incident Respons	Captain VI	
333	FERRI, NICHOLAS A	Incident Respons	Fire Fighte	
369	BECKWITH, JEFFREY SCOTT	Incident Respons	Fire Fighte	
688	MADDEN, JAMES C	Incident Respons	Fire Fighte	

## Unit Narrative

E2 assisted with salvage and overhaul. E2 also covered station 3 and then station 5.

06/02/2017 06:41:23 Robert Jones

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E3 FFD Engine 3	21:08:44	21:09:26	21:13:32	00:57:35

Staff ID\Staff Name	Activity	Rank	Position	Role
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1670	CAMPOS, JOSE D	Incident Respons	Fire Fighte	
175616	SHEA, STEVEN G	Incident Respons	Fire Fighte	
2323	CAMPION, MICHAEL J	Incident Respons	Fire Fighte	
281	SULLIVAN, KEVIN RYAN	Incident Respons	Tempoary Ca	

17100

FDID

MA

State

6

Incident Date

1

2017

3

Station

17-0004600

Incident Number

000

Exposure

Responding  
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E3 FFD Engine 3	21:08:44	21:09:26	21:13:32	00:57:35

Staff ID\Staff Name	Activity	Rank	Position	Role
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## Unit Narrative

On arrival, E3 assumed command at a 2 and 1/2 story wood frame row house with heavy fire showing from the Alpha side from divisions 1 and 2. E3 directed E5 to secure a water supply before entering the complex due to a lack of hydrants on the street and L3 to set up on the Alpha side. E3 stretched a 2" crosslay to the Alpha side slide to begin extinguishing visible fire. E3 completed an initial 360\* inspection of the building and questioned bystanders as to the location of occupants. It was reported that the occupant of the unit on fire was a "female with dogs" and she was not accounted for. On arrival R1 was directed to complete a primary search of the fire unit. E3 encountered high heat while pushing into the division 1. Command was passed to C2 on his arrival. While working on division 1, E3 located 2 deceased canines and covered them up with a blanket for later removal. E3 continued to extinguish visible fire and overhaul in numerous locations under the direction of IC. E3 retrieved all equipment, resupplied E3, and was later released by IC.

All resident info and building info was retrieved by FP2.

Maloney Properties  
Gary Giodano  
Maintenance Superintendent  
Cochituate Homes Cooperative  
12A Interfaith Ter, Framingham  
(508)879-2956  
(508)740-8110

06/02/2017 06:41:43 K Ryan Sullivan

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E5 FFD Engine 5	21:08:44	21:10:03	21:16:59	00:04:47

Staff ID\Staff Name	Activity	Rank	Position	Role
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1081	CASTOLDI, ANDREW J	Incident Respons	Lieutenant	
114870	CAMPION, TIMOTHY J	Incident Respons	Fire Fighte	
1672	WARREN, STEPHEN T	Incident Respons	Fire Fighte	
821	BLUE, BRIAN J	Incident Respons	Fire Fighte	

## Unit Narrative

E5 upon arrival was ordered by command to establish water supply. E5 laid 400ft. from hydrant on Second St. to E3. Once completed command ordered a second line into the building. The 200ft. cross lay was extended from E3 into the bravo side doorway to the second division where fire was found in both bedrooms and knocked down. Air supply was low and E5 exited the building and went to rehab. Once rehab was complete E5 returned to the second division with R1 for overhaul until air supply was low. E5 stood by until released by command and supply line was cleaned up.

06/02/2017 02:11:07 Andrew Castoldi

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
FP1 FFD Fire Marshal	21:52:13	21:52:19	21:52:21	01:16:41

Staff ID\Staff Name	Activity	Rank	Position	Role
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17100

FDID

MA

State

6

1

2017

Incident Date

3

Station

17-0004600

Incident Number

000

Exposure

Responding  
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
FP1 FFD Fire Marshal	21:52:13	21:52:19	21:52:21	01:16:41

Staff ID\Staff Name	Activity	Rank	Position	Role
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L3 FFD Ladder 3	21:08:44	21:09:26	21:13:32	23:48:17
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Staff ID\Staff Name	Activity	Rank	Position	Role
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1506	SEXTON, CHAD I	Incident Respons	Fire Fighte	
175062	BENITICH, GREGORY	Incident Respons	Lieutenant	
186724	STROM, CHRISTOPHER R	Incident Respons	Firefighter	

## Unit Narrative

L3 ventilated a fully involved 2 story mutli family row house style structure by cutting 4 ventilation hole on A and C side of roof area. Followed by entering structure and extinguishing visible hot spots.

06/02/2017 06:48:44 Greg Benitich

R1 FFD Rescue 1	21:08:44	21:10:33	21:16:53	23:34:36
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Staff ID\Staff Name	Activity	Rank	Position	Role
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1355	WHALEN, MATTHEW J	Incident Respons	Fire Fighte	
177479	RINOLDO, THOMAS J	Incident Respons	Lieutenant	
280	RODRIGUEZ, MARCELINO	Incident Respons	Fire Fighte	

## Unit Narrative

Initial report from command of an unaccounted female individual. Directed by command to initiate a primary search, no last known location given. Advanced to the bravo side of the fire building where we found the apartment door compromised due to high heat. Door was removed and Rescue 1 advanced to division 2 where we encountered heavy flames throughout division two, unable to advance. Requested a line to division two for fire control and used thermal imager to scan area for possible victim. Did not locate any victims with TIC. Backed down to division one, While officer waited to direct engine company with line, Rescue 1 chauffeur and irons conducted primary search of the charlie exposure apartment, negative. It was then reported that the female has been accounted for unharmed, outside of the structure. Rescue 1 was then directed by command to conduct a primary search of the exposure apartments on the alpha and delta sides, negative. Members low on air, reported to rehab for cylinder replacement. once completed, directed by command to advance to division two with Engine 5 and overhaul. Members pulled walls and ceilings and wet down hot spots until members were low on air. All members exited the structure and reported to rehab. Staged until directed by command to make up and clear the fire scene.

06/02/2017 02:30:11 Thomas Rinoldo

WE1 Wayland Engine 1	22:00:36	22:00:40	22:00:42	22:15:08
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Staff ID\Staff Name	Activity	Rank	Position	Role
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1675	FUNES, JOSE A	Incident Respons	Fire Fighte	
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17100  
FDID

MA  
State

6 1  
Incident Date

2017

3  
Station

17-0004600  
Incident Number

000  
Exposure

Responding  
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
WE1 Wayland Engine 1	22:00:36	22:00:40	22:00:42	22:15:08

Staff ID\Staff Name	Activity	Rank	Position	Role
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Unit Narrative

Cover Station 1. Pilot was FF Funes, J.  
06/06/2017 18:07:45 Paul Gildea

17100 FDID *	MA State *	MM 6	DD 1	YYYY 2017	3 Station	17-0004600 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
140131 GILDEA, PAUL A	C2	INC Incident		DC10		4.18	0.00	0.00
175117 DUTCHER, MICHAEL D	C3	INC Incident		AC		4.19	0.00	0.00
181850 SCHULTZ, JOHN X	C4	INC Incident		DC4		3.72	0.00	0.00
150972 LATSON, DYNELL	E1	INC Incident		LT6		1.69	0.00	0.00
1608 ALVAREZ, OSCAR R	E1	INC Incident		FF4		1.69	0.00	0.00
1676 MARTINEZ, EDER D	E1	INC Incident		FF3		1.69	0.00	0.00
175726 SEARIAC, STEPHEN M	E1	INC Incident		FF5		1.69	0.00	0.00
132569 FALONE, THOMAS S	E1N	INC Incident		PROV		0.14	0.00	0.00
146873 JONES, ROBERT J	E2	INC Incident		CP6		0.98	0.00	0.00
333 FERRI, NICHOLAS A	E2	INC Incident		FF5		0.98	0.00	0.00
369 BECKWITH, JEFFREY	E2	INC Incident		FF5		0.98	0.00	0.00
688 MADDEN, JAMES C	E2	INC Incident		FF4		0.98	0.00	0.00
1670 CAMPOS, JOSE D	E3	INC Incident		FF3		3.82	0.00	0.00
175616 SHEA, STEVEN G	E3	INC Incident		FF5		3.82	0.00	0.00
2323 CAMPION, MICHAEL J	E3	INC Incident		FF1		3.82	0.00	0.00
281 SULLIVAN, KEVIN RYAN	E3	INC Incident		CP2-T		3.82	0.00	0.00
1081 CASTOLDI, ANDREW J	E5	INC Incident		LT2		3.03	0.00	0.00
114870 CAMPION, TIMOTHY J	E5	INC Incident		FF6		3.03	0.00	0.00
1672 WARREN, STEPHEN T	E5	INC Incident		FF3		3.03	0.00	0.00
821 BLUE, BRIAN J	E5	INC Incident		FF1		3.03	0.00	0.00
1506 SEXTON, CHAD I	L3	INC Incident		FF4		2.68	0.00	0.00
175062 BENITICH, GREGORY	L3	INC Incident		LT3		2.68	0.00	0.00
186724 STROM, CHRISTOPHER	L3	INC Incident		FF9		2.68	0.00	0.00
1355 WHALEN, MATTHEW J	R1	INC Incident		FF4		2.80	0.00	0.00
177479 RINOLDO, THOMAS J	R1	INC Incident		LT6		2.80	0.00	0.00
280 RODRIGUEZ, MARCELINO	R1	INC Incident		FF5		2.80	0.00	0.00
1675 FUNES, JOSE A	WE1	INC Incident		FF3		0.24	0.00	0.00

Total Participants: 27

Total Personnel Hours: 66.99

An 'X' next to the unit denotes driver.

**A** FDID \* 17100 State \* MA Incident Date \* MM 6 DD 1 YYYY 2017 Station 3 Incident Number \* 17-0004600 Exposure \* 000  Delete  Change NFIRS - 11 Arson

**B Agency Referred To**  None  
 Street Address \_\_\_\_\_ Their Case Number \_\_\_\_\_  
 Agency Name \_\_\_\_\_ City \_\_\_\_\_ Their ORI \_\_\_\_\_  
 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**

16 | Gate forced or broken  
 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**

3 | Flame and 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

Arson Narrative:

Incident # 17-0004600 - 6-01-2017 - Time: 2107

9C Interfaith Terrace

Structure fire was called into dispatch at 2107 for 9C Interfaith Terrace, the street box was recieved while dispatcher was still on phone.

The first arriving Engine company, Engine -3, Captain Sullivan, reported heavy fire and smoke from A and B side of building first and secind floors. Initial reports were residents trapped in building, which was determined to be false. Fire attack was initiated through front slider doors of apartment. A 1st alarm response was dispatched with a special call for an additional engine company. Fire was extringuished and brought under controll. No Fire department injuries reported. 2 family pets, dogs, were loss in fire.

Called to the scene was FP1, Deputy Ahearn, FP2, Lt Mazzola, and FP4 Inspector Zontini. Investigation was performed by all members with LT Mazzola as lead investigator. C-1, Chief Hicks assisted with investigation. Fire Investigator State Trooper Sergent Mathew Fafard, was called to scene to assist with investigation.

During interview with residents, it was determined there was no cooking or smoking in apartment prior to the fire. also stating they left the residence approximately 30 minutes before fire was called into dispatch. Residence stated lights had been flickering and water leak from second floor in the kitchen area was reported to management approximately 1 week before.

The investigation of fire patterns and fire damage in the apartment pointed to the room of origin was the living room. The heaviest loss was determine to be the area of 2 couches positioned near the sliders of the living room. The fire pattern showed burn patterns down to the floor indication a high temperature fire. The heat sources in the living room were 2 outlets and a cable box, but it could not be concluded, due to the fire damage, what was the original source. With the asistance from the State Fire Investigator, he confirmed these findings. No signs of arson were detected.

After examining the fire patterns, damage and intreviews, it was determines the fire was accidental in nature and cause was undetermined.

Residence:

- David Gutierrez - [REDACTED] - [REDACTED]
- Liliana Gonzalez - [REDACTED] - [REDACTED]
- Child (female) - [REDACTED] - [REDACTED]
- Child (female) - [REDACTED] - [REDACTED]
- Child (male) - [REDACTED] - [REDACTED]

Respectfully Submitted,

Assistant Fire Marshal  
Joseph Mazzola

17100  
FDID \*

MA  
State \*

MM DD YYYY  
6 1 2017  
Incident Date \*

3  
Station

17-0004600  
Incident Number \*

0  
Exposure \*

Arson  
Narrative

06/05/2017 16:17:59 Joseph Mazzola

06/14/2017 09:16:59 Joseph Mazzola

[REDACTED]