

A MM DD YYYY Delete NFIRS -1
 17100 MA 02 13 2019 7 19-0001412 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
 1710 WINDSOR DR
 Number/Milepost Prefix Street or Highway Street Type Suffix
 - FRAMINGHAM MA 01701
 Apt./Suite/Room City State Zip Code
 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 * 02 13 2019 13:59:58
 Month Day Year Hr Min Sec

E2 Shift & Alarms Local Option
 3 02
 Shift or Alarms District Platoon

D Aid Given or Received*
 1 Mutual aid received 17014 MA
 2 Automatic aid recv. Their FDID Their State
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given Their Incident Number
 N None

ARRIVAL required, unless canceled or did not arrive
 Arrival * 02 13 2019 14:07:51
 CONTROLLED Optional, except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit
 Cleared 02 13 2019 19:25:26

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

F Actions Taken *
 11 Extinguishment by fire
 Primary Action Taken (1)
 52 Forcible entry
 Additional Action Taken (2)
 58 Operate apparatus or
 Additional Action Taken (3)

G1 Resources *
 Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus Personnel
 Suppression 0014 0031
 EMS 0006
 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 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
 50 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
 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

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
 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

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
 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: Hilary MI: Hawn Last Name: Hawn Suffix:

Number: 1710 Prefix: Street or Highway: WINDSOR Street Type: DR Suffix:

Post Office Box: - Apt./Suite/Room: - City: FRAMINGHAM

State: MA Zip Code: 01701

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: Richard MI: Hawn Last Name: Hawn Suffix:

Number: Prefix: Street or Highway: Street Type: Suffix:

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

State: Zip Code:

L Remarks
Local Option

Multiple 911 calls for fire at Windsor Green condominium complex. Single alarm dispatched, E-7, E-1, L-3, R-1, C-2, C-3, C-4 responded. E-7, upon leaving quarters, witnessed heavy smoke in the area, requested rapid intervention team (E-5). On arrival, E-7 assumed command and reported working fire. Due to large volume of fire, Command ordered a second alarm, (E-2, E-3, T-1). C-3 arrived on scene, assumed Command, and directed suppression and overhaul efforts until fire declared under control. Investigation of origin and cause began simultaneously as suppression efforts. Fire Investigative Team, began interviews of occupants and witnesses. After overhaul was complete, Investigators requested MA State Police Investigators (see investigation report for findings). At conclusion of investigation, building turned over to management company. FFD maintained a fire watch until 0600hrs on 2/14/19.

02/18/2019 16:22:32 Michael Dutcher

Engine 7:
Heavy smoke showing from Nobscot Square, radio report police on scene, fire in a shed at the rear. Assumed command and ordered working fire + RIT Engine. Parked on a Hydrant, stretched 300' line to rear alley way of 1709 & 1710 and began extinguishing shed before being able to pass by due to radiant heat. Attempted to keep fire out of eaves, and found 1710 heavily involved with fire on both floors, ordered 2nd Alarm. IC preceded to A side, and with R1 forced 1710's door which had partially burned through, and 1709 where R1 advanced 2" line. Front kitchen window had also self vented. Primary search 1711 clear. Additional company's arrived and advanced a hand line from the rear to floor 2 of 1710 (E3), 3rd line to 2nd

L Authorization

Officer in charge ID: 155244 Signature: MAGRI, STEVEN E Position or rank: DC10 Assignment: Month: 02 Day: 18 Year: 2019

Check Box if same as Officer Member making report ID in charge. 175117 Signature: DUTCHER, MICHAEL D Position or rank: AC Assignment: Month: 02 Day: 18 Year: 2019

Narrative:

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02/13/2019 21:00:23 Bradford Smith

Engine 1:

On arrival E1 crew dressed the hydrant. E1 crew then stretched a second line from E7 and advanced line to the second floor and extinguished 2 fully involved rooms. E1 crew then overhauled and wet down hot spots.

02/13/2019 20:32:02 Felix Torres

Ladder 3:

On arrival, L3 raised a 28 foot ground ladder to the roof. While cutting the vent whole the roof started self venting. We exited the roof and assisted E-1 with salvage and overhaul. Worked under the command chief Dutcher, Deputy chief Schultz and Deputy chief Magri.

02/13/2019 20:17:08 Wesley Davies

Rescue 1:

On scene R1 reported to command and began primary search of fire apartment and surrounding apartments. R1 then assisted E5 with stretching a line of 200 feet two and a half inch connected to 200 feet of two inch to fire apartment second floor. R1 then conducted a secondary search of surrounding apartment with thermal imager also checking for extension. R1 then assisted with overhaul and began checking apartments for CO and HCN using Multi-gas meters. R1 used PPV in apartments until no levels were found.

02/13/2019 20:54:40 Joseph Ahearn

17100
FDID *

MA
State *

MM DD
2 13
Incident Date *

YYYY
2019

7
Station

19-0001412
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

Engine 2:

E-2 initial response from HQ (Training) as RIT. On arrival deployed and staged for RIT at scene. Crew then ordered to advance a line to 2nd floor attic area and extinguish heavy fire in common attic space. Crew then changed out bottles and stood by until released by IC.
02/13/2019 19:36:33 John Degiacomo

Engine 5:

Upon arrival, E5 stretched a 3rd attack line and was assigned to fire suppression on 2nd floor. Then assisted with overhaul in fire apartment, and salvage in adjoining apartments. Assisted R1 with metering and venting apartments.
02/13/2019 20:38:31 erokes

Engine 3:

Upon arrival E3 was assigned to stretch a backup line from E7. E3 stretched 400 feet of 2 inch to the adjacent Apt. E3 assisted E1 with salvage and overhaul .
02/13/2019 20:23:41 John Marston

Tower 1:

Upon arrival T1 positioned behind E7 near the B-C Corner of the 1700 building, and set up the truck for aerial operations. T1 worked with L3 to deploy ground ladders and ventilate the roof.

B Property Details

B1 0012 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 or Products None *Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved*

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

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

D Ignition

D1 14 Common room, den,
 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 UU Undetermined
 Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition

Check box if this is an exposure report. Skip to section G

1 Intentional
 2 Unintentional
 3 Failure of equipment or heat source
 4 Act of nature
 5 Cause under investigation
 U Cause undetermined after investigation

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; display: inline-block;">002</div> <small>Total number of stories at or above grade</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <small>Total number of stories below grade</small>	I4 Main Floor Size* NFIRS-3 Structure Fire <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> </div> , <div style="border: 1px solid black; padding: 2px;">007</div> , <div style="border: 1px solid black; padding: 2px;">000</div> </div> <small>Total square feet</small> <p style="text-align: center; font-weight: bold;">OR</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> </div> , <div style="border: 1px solid black; padding: 2px;">200</div> BY <div style="border: 1px solid black; padding: 2px;"> </div> , <div style="border: 1px solid black; padding: 2px;">035</div> </div> <small>Length in feet Width in feet</small>
J1 Fire Origin * <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">001</div> <div><input type="checkbox"/> Below Grade</div> </div> <small>Story of fire origin</small>	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> <small>Number of stories w/ minor damage (1 to 24% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <small>Number of stories w/ significant damage (25 to 49% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <small>Number of stories w/ heavy damage (50 to 74% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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 <small>Skip To Section L</small> K1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">UU</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Undetermined</div> <small>Item contributing most to flame spread</small> K2 <div style="border: 1px solid black; padding: 2px; display: inline-block;">UU</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Undetermined</div> <small>Type of material contributing most of flame spread Required only if item contributing code is 00 or <70</small>	
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 * <small>(In area of the fire)</small> N <input type="checkbox"/> None Present Skip to section M 1 <input type="checkbox"/> Present U <input checked="" type="checkbox"/> Undetermined	L3 Detector Power Supply 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	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 checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M	M3 Automatic Extinguishment System Operation 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	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 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>	
M2 Type of Automatic Extinguishment System * 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 ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M4 Number of Sprinkler Heads Operating Required if system operated <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <small>Number of sprinkler heads operating</small>		

A										NFIRS - 9 Apparatus or Resources				
FDID *		State *		Incident Date *			Station		Incident Number *		Exposure *		<input type="checkbox"/> Delete	<input type="checkbox"/> Change
17100		MA		MM DD YYYY 2 13 2019			7		19-0001412		000			
B Apparatus or *		Date and Times					Sent	Number	Use	Actions Taken				
Resource		Check if same as alarm date					<input type="checkbox"/>	of *	Check ONE box for each apparatus to indicate its main use at the incident.					
		Month	Day	Year	Hour	Min	People							
1	ID A2 Type 76	Dispatch	<input type="checkbox"/>	2	13	2019	14:05	<input type="checkbox"/>	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>		
2	ID A4 Type 76	Dispatch	<input type="checkbox"/>	2	13	2019	14:05	<input type="checkbox"/>	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>		
3	ID C2 Type 92	Dispatch	<input type="checkbox"/>	2	13	2019	14:00	<input type="checkbox"/>	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>		
4	ID C3 Type 92	Dispatch	<input checked="" type="checkbox"/>	2	13	2019	13:59	<input type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	81	<input type="checkbox"/>		
5	ID C4 Type 92	Dispatch	<input type="checkbox"/>	2	13	2019	14:39	<input type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	10	<input type="checkbox"/>		
6	ID E1 Type 11	Dispatch	<input type="checkbox"/>	2	13	2019	14:00	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	12	10		
7	ID E1A Type 11	Dispatch	<input type="checkbox"/>	2	13	2019	14:18	<input type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	74	91		
8	ID E1N Type 11	Dispatch	<input type="checkbox"/>	2	13	2019	14:18	<input type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	74	91		
9	ID E2 Type 11	Dispatch	<input type="checkbox"/>	2	13	2019	14:04	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11	<input type="checkbox"/>		