A

08249	MI	MM 01	DD 31	YYYY 2019	1	19-0300	0	NFIRS-1 Basic
FDID	State	Incident Date			Station	Incident Number	Exposure	

B Location Type

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

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

Number/Milepost   Prefix   Street or Highway

Wayne		MI	48184	-
Apt./Suite/Room City		State	Zip Code	

Cross Street, Directions or National Grid, as applicable

Census Tract | 5669 | - | 00

Street Type   Suffix

C Incident Type

424	Carbon monoxide incident

D Aid Given or Received

1 Mutual aid received
2 Automatic aid received
3 Mutual aid given
4 Automatic aid given
5 Other aid given
N x None

Their FDID   Their State

Their Incident Number

E1 Dates and Times

Check boxes if dates are the same as Alarm Date.

Midnight is 0000

	Month	Day	Year	Hour Min Sec
Alarm	01	31	2019	05:44:00
Arrival	01	31	2019	05:54:00
Controlled				
Last Unit Cleared	01	31	2019	06:20:00

ALARM always required
ARRIVAL required, unless cancelled or did not arrive
CONTROLLED optional, except for wildland fires
LAST UNIT CLEARED, required except for wildland fires

E2 Shifts and Alarms

Local Option

C		
Shift or Platoon	Alarms	District

E3 Special Studies

Local Option

Special Study ID#	Special Study Value

F Actions Taken

86	Investigate

Primary Action Taken (1)

G1 Resources

X Check this box and test this block if an Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	1	2
EMS	0	0
Other	0	0

Check box if resources counts include aid received resources.

G2 Estimated Dollar Losses and Values

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

Property $
Contents $

PRE-INCIDENT VALUE: Optional

Property $
Contents $

Completed Modules

Fire-2
Structure Fire-3
Civilian Fire Cas.-4
Fire Service Cas.-5
EMS-6
HazMat-7
WildLand Fire-8
X Apparatus-9
X Personnel-10
Arson-11

H1 Casualties

☒ None

	Death	Injury
Fire Service	0	0
Civilian		

H2 Detector

Required for confined fires.
1 Detector alerted occupants
2 Detector did not alert occupants
U Unknown

H3 Hazardous Materials Release

0 Special HazMat actions required or spill >= 55 gal.
1 Natural gas: slow leak, no evac. or HazMat actions
2 Propane gas – Less than a 21 lb. tank
3 Gasoline – vehicle fuel tank or portable container
4 Kerosene – fuel-burning equipment/portable storage
5 Diesel fuel/fuel oil – vehicle fuel tank/portable
6 Household/office solvent or chemical spill
7 Motor oil – from engine or portable container
8 Paint – spills less than 55 gallons
N None

I Mixed Use Property

00 Mixed use, other
10 Assembly use
20 Educational use
33 Medical use
40 Residential use
51 Row of stores
53 Enclosed mall
58 Business and residential use
59 Office use
60 Industrial use
63 Military use
65 Farm use
NN Not mixed use

J Property Use

Structures

Code	Description
131	Church, mosque, synagogue, temple, chapel
161	Restaurant or cafeteria
162	Bar or nightclub
213	Elementary school, including kindergarten
215	High school/junior high school/middle school
241	Adult education center, college classroom
311	24-hour care Nursing homes, 4 or more persons
331	Hospital - medical or psychiatric

Outside

Code	Description
124	Playground
655	Crops or orchard
669	Forest, timberland, woodland
807	Outside material storage area
919	Dump, sanitary landfill
931	Open land or field

Code	Description
341	Clinic, clinic-type infirmary
342	Doctor, dentist or oral surgeon office
361	Jail, prison (not juvenile)
419 ☒	1 or 2 family dwelling
429	Multifamily dwelling
439	Boarding/rooming house, residential hotels
449	Hotel/motel, commercial
459	Residential board and care
464	Barracks, dormitory
519	Food and beverage sales, grocery store

Code	Description
936	Vacant lot
938	Graded and cared-for plots of land
946	Lake, river, stream
951	Railroad right-of-way
960	Street, other
961	Highway or divided highway
962	Residential street, road or residential driveway

Code	Description
539	Household goods, sales, repairs
571	Service station, gas station
579	Motor vehicle or boat sales, services, repair
599	Business office
615	Electric-generating plant
629	Laboratory or science laboratory
700	Manufacturing, processing
819	Livestock, poultry storage
882	Parking garage, general vehicle
891	Warehouse

Code	Description
981	Construction site
984	Industrial plant yard - area

Look up and enter a Property Use code and description only if you have NOT checked a Property Use Box.

Property Use 419 Code

1 or 2 family dwelling
Property Use Description

K1 Person/Entity Involved

Local Option

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

Business Name (if Applicable) | Area Code Phone Number

Mr., Ma., Mrs. First Name | MI Last Name | Suffix

Number Prefix Street or Highway | Street Type Suffix

City: Wayne

Post Office Box Apt./Suite/Room

State: MI Zip Code: 48184 -

K2 Owner

Same as person involved? Then check this box and skip the rest of this block.

Local Option

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

Business Name (if Applicable) | Area Code Phone Number

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

Number Prefix Street or Highway | Street Type Suffix

City: Wayne

Post Office Box Apt./Suite/Room

State: MI Zip Code: 48184 -

M Authorization

36	Andrew Stager	Capt		01	31	2019
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
36	Andrew Stager	Capt		01	31	2019
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year

L Remarks

Local Option

Dispatched to the above location for a Carbon Monoxide detector activation. On arrival we found maintenance on scene in the basement monitoring for CO. FD investigation showed levels of CO from 35-50 throughout the house. Furnace boiler was shut down by maintenance and windows were open for passive ventilation. Homeowner was found at neighbors house and advised of the situation. Maintenance advised FD he would contact their heating and cooling company. Once CO levels were reduced, FD turned scene over to maintenance.

Steven Miller (maintenance)
313 399-0095

A

08249	MI	MM 01	DD 31	YYYY 2019	1	19-0300	0
FDID	State	Incident Date			Station	Incident Number	Exposure

B Apparatus or Resource

Dates and Times

Check if the same date as Alarm date on the Basic Module (Block E1)

Midnight is 0000

			Month/Day/Year	Hour/Min	Sent	Number of People	Apparatus Use	Actions Taken

Apparatus Use: Check ONE box for each apparatus to indicate its main use at the incident.

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

1. ID E-5
   Type 11

Dispatch	X	01/31/2019	0544
Arrival	X	01/31/2019	0554
Clear	X	01/31/2019	0620

Sent: X

Number of People: 2

Apparatus Use:
Other
X Suppression
EMS

Actions Taken: 86

| A | 08249 | MI | MM 01 | DD 31 | YYYY 2019 | 1 | 19-0300 | 0 | | NFIRS-10 |
| | FDID | State | Incident Date | | | Station | Incident Number | Exposure | | Personnel |

B Apparatus or Resource

Dates and Times			Sent	Number of People	Apparatus Use	Actions Taken
Check if the same date as Alarm date on the Basic Module (Block E1)		Midnight is 0000			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.

			Month/Day/Year	Hour/Min					
1	ID E-5	Dispatch	X	01/31/2019	0544	Sent X	2	Other	86
	Type 11	Arrival	X	01/31/2019	0554			X Suppression	
		Clear	X	01/31/2019	0620			EMS	

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
56	Reeves, Jason	Lieutenant/Paramedic	86			
36	Stager, Andrew	Capt	86			