

<b>A</b> 01007 NM 03 25 2016 11 F160022535 0										<b>NFIRS-1</b> Basic					
<b>B Location Type</b> 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 In front of 808 KENTUCKY ST SE Rear of Adjacent to Albuquerque NM 87108 US National Grid Cross Street, Directions or National Grid, as applicable															
<b>C Incident Type</b> 111 Building fire				<b>E1 Dates and Times</b> Check boxes if dates are the same as Alarm Date. Alarm 03 25 2016 23:14:54 Arrival 03 25 2016 23:17:34 Controlled 03 25 2016 23:27:00 Last Unit Cleared 03 26 2016 00:39:47				<b>E2 Shifts and Alarms</b> Local Option Shift or Platoon Alarms District <b>E3 Special Studies</b> Local Option Special Study ID# 1 Yes Special Study Value							
<b>D Aid Given or Received</b> 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N X None															
<b>F Actions Taken</b> 81 Incident command Primary Action Taken (1) 21 Search Additional Action Taken (2) 11 Extinguishment by fire service personnel Additional Action Taken (3)				<b>G1 Resources</b> X Check this box and test this block if an Apparatus or Personnel Module is used. Apparatus Personnel Suppression 9 24 EMS 1 2 Other 0 0 Check box if resources counts include aid received resources.				<b>G2 Estimated Dollar Losses and Values</b> LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ 10,000 Contents \$ 0 PRE-INCIDENT VALUE: Optional Property \$ 100,000 Contents \$ 0							
<b>Completed Modules</b> X Fire-2 X 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				<b>H1 Casualties</b> Death Injury Fire Service 0 0 Civilian 0 0 <b>H2 Detector</b> 1 Required for confined fires. Detector alerted occupants 2 Detector did not alert occupants U X Unknown				<b>H3 Hazardous Materials Release</b> 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 X None				<b>Mixed Use Property</b> 00 Mixed use, other 10 Assembly use 20 Educational use 33 Medical use 40 X Residential use 51 Row of stores 53 Enclosed mall 58 Business and residential use 59 Office use 60 Industrial use 83 Military use 65 Farm use NN Not mixed use			

**J Property Use Structures**

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

341 Clinic, clinic-type infirmary  
342 Doctor, dentist or oral surgeon office  
361 Jail, prison (not juvenile)  
419 ☒ 1 or 2 family dwelling  
420 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

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

**Outside**

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

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

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., 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

**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  
Post Office Box Apt./Suite/Room City  
State Zip Code

**M Authorization**

810 Paul DOW BATTALION COMMANDER B1C 03 26 2016  
Officer in charge ID Signature Position or rank Assignment Month Day Year  
810 Paul DOW BATTALION COMMANDER 03 26 2016  
Member Making report ID Signature Position or rank Assignment Month Day Year

**L**    **Remarks**  
Local Option

S – Fire was reported by residents in the area who saw smoke coming from the residence. Responding units cleared the scene of another fire at Wisconsin and Chico to respond.

IRR – "R11 arrived on scene – single story, residential structure, and smoke showing from the roof line, no occupants on the exterior. Offensive strategy, R11 = IC."

B1 and E12 arrived seconds after R11. B1 assumed Command on the alpha side – confirmed vacant structure (boarded up), assigned R11 as Search and E12 as Attack.

A – Command (B1)  
Fire Attack Group (E12)  
Incident Safety Officer (S3)  
Search Group (R11)  
Vent Group (L5)  
Water Supply (E3)  
RIT (E3)

M – E12 forced the front (alpha side) door and stretched a 1 ¼" attack line through to extinguish the fire. As they entered flames began to erupt from the bravo/Charlie corner and threaten the Bravo exposure. L5 arrived and was assigned Ventilation, E3 assigned water supply (A 300' of 5" to E12), and E11 assigned Bravo Exposure protection. Once E3 secured the water supply they were reassigned RIT. Vent Group cut a 4'x4' hole above the fire area.

B – Primary Search (All Clear) – 1128  
Secondary Search (All Clear) – 1136  
Fire Under Control – 1127  
Loss Stopped – 1156

A – The fire originated in the laundry room located on the Bravo/Charlie corner of the building, flames exited from the windows and door. There is extensive smoke and fire damage to all contents and fire damage to several structural members in the laundry room and kitchen. Smoke and heat damage to the rest of the interior. The fire did not extend into the trusses or into any walls (confirmed w/ TIC) outside of the laundry room. Gas and electric was already shut off to the entire building. PNM called to remove the electrical meter.

D – Property remained in custody of AFD until the Safe City Strike Force arrived and took custody. AFD RoFP form completed.

I – Several neighbors approached Command during the initial stages of the incident and reported that the building was vacant but several homeless people have been seen in the area over the past few days. There are signs that someone may be using the home to sleep in – several mattresses on the floor in the garage and one in the master bedroom. The point of origin was the laundry room. No electrical in the area and no signs of accelerants. No witnesses or suspects as to how the fire started. AFD Arson was consulted via the phone after the initial investigation and the fire cause is "undetermined".

C – Property Owner = City of Albuquerque

<b>A</b> FDID 01007		State NM	MM 03	DD 25	YYYY 2016	Station 11	Incident Number F160022535	Exposure 0	<b>NFIRS-2</b> <b>Fire</b>								
<b>B Property Details</b>  <b>B1</b> 1 Not Residential <small>Estimate number of residential living units in building of origin whether or not all units became involved</small>  <b>B2</b> 1 Buildings not involved <small>Number of buildings involved</small>  <b>B3</b> . None <small>Acres burned (outside fires) Less than one acre</small>						<b>C On-Site Materials or Products</b> <input type="checkbox"/> None <small>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</small>  <small>Enter up to three codes. Check one box for each code entered.</small> <div style="display: flex; justify-content: space-between;"><div>963 <small>On-site material (1)</small></div><div>Trash, not recyclable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div><div>On-site material (2)</div><div>On-site material (3)</div></div></div>											
<b>D Ignition</b>  <b>D1</b> 26 Laundry area, wash house (laundry) <small>Area of fire origin</small>  <b>D2</b> UU Undetermined <small>Heat Source</small>  <b>D3</b> UU Undetermined <small>Item first ignited</small>  <div style="text-align: center; font-size: small;">Check box if fire spread was confined to object of origin.</div> <b>D4</b> UU Undetermined <small>Type of material first ignited Required only if item first ignited code is 00 or &lt;70</small>						<b>E1 Cause of Ignition</b> <small>Check this box if this is an exposure report</small> 0 Cause, other (System generated code only, not used for data entry) 1 Intentional 2 Unintentional 3 Failure of equipment or heat source 4 Act of nature 5 Cause under investigation U <input checked="" type="checkbox"/> Cause undetermined after investigation  <b>E2 Factors Contributing to Ignition</b> <div style="display: flex; justify-content: space-between;"><div>UU Undetermined <small>Factor contributing to ignition (1)</small></div><div>Factor contributing to ignition (2)</div></div>						<b>E3 Human Factors Contributing to Ignition</b> <small>Check all applicable boxes</small> <input checked="" type="checkbox"/> None 1 Asleep 2 Possibly impaired by alcohol or drugs 3 Unattended or unsupervised person 4 Possibly mentally disabled 5 Physically disabled 6 Multiple persons involved 7 Age was a factor N <input checked="" type="checkbox"/> None <small>Estimated age of person involved</small> 1 Male 2 Female					
<b>F1 Equipment Involved in Ignition</b> <input checked="" type="checkbox"/> None <small>If equipment was not involved, skip to Section G</small> <div>Equipment Involved Brand Serial Model Year</div>			<b>F2 Equipment Power Source</b> <div>Equipment Power Source</div>			<b>F3 Equipment Portability</b> 1 Portable 2 Stationary <small>Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.</small>			<b>G Fire Suppression Factors</b> <small>Enter up to three codes.</small> 448 Locked or jammed doors <div>Fire suppression factor (1) Fire suppression factor (2) Fire suppression factor (3)</div>								
<b>H1 Mobile Property Involved</b> 1 Not involved in ignition, but burned 2 Involved in ignition, but did not itself burn 3 Involved in ignition and burned  <div>Mobile property model License Plate Number State VIN</div>			<b>H2 Mobile Property Type and Make</b> <div>Mobile property type Mobile property make Year</div>			<b>Local Use</b> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies:</small> Arson report attached Police report attached Coroner report attached Other reports attached											

**A** FDID 01007 State NM Incident Date MM 03 DD 25 YYYY 2016 Station 11 Incident Number F160022535 Exposure 0

NFIRS-3  
Structure  
Fire

<b>1 Structure Type</b> If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. Structure type, other 1 <input checked="" type="checkbox"/> Enclosed building 2 Fixed portable or mobile structure 3 Open structure 4 Air-supported structure 5 Tent 6 Open platform 7 Underground structure work area 8 Connective structure	<b>2 Building Status</b> Building status, other 0 Under construction 1 In normal use 2 Idle, not routinely used 3 Under major renovation 4 <input checked="" type="checkbox"/> Vacant and secured 5 Vacant and unsecured 6 Being demolished 7 Undetermined	<b>3 Building Height</b> Count the roof as part of the highest story. 1 Total number of stories at or above grade 0 Total number of stories below grade	<b>4 Main Floor Size</b> Total square feet Length in feet 1 Width in feet 500 OR Length in feet BY Width in feet
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<b>J1 Fire Origin</b> 1 Below Grade Story of fire origin	<b>J2 Fire Spread</b> If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module). 1 Confined to object of origin 2 Confined to room of origin 3 <input checked="" type="checkbox"/> Confined to floor of origin 4 Confined to building of origin 5 Beyond building of origin	<b>J3 Number of Stories Damaged by Flame</b> Count the roof as part of the highest story. 1 Number of stories w/minor damage (1 to 24% flame damage) Number of stories w/significant damage (25 to 49% flame damage) Number of stories w/heavy damage (50 to 74% flame damage) Number of stories w/extreme damage (75 to 100% flame damage)	<b>K Type of Material Contributing Most to Flame Spread</b> <input checked="" type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. K1 Item contributing most to flame spread K2 Type of material contributing most to flame spread Required only if item contributing code is 00 or <70
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<b>L1 Presence of Detectors</b> (In area of the fire) 1 Present N <input checked="" type="checkbox"/> None present U Undetermined	<b>L2 Detector Type</b> 0 Detector type, other 1 Smoke 2 Heat 3 Combination smoke and heat in a single unit 4 Sprinkler, water flow detection 5 More than one type present U Undetermined	<b>L3 Detector Power Supply</b> 0 Detector power supply, other 1 Battery only 2 Hardwire only 3 Plug-in 4 Hardwire with battery backup 5 Plug-in with battery backup 6 Mechanical 7 Multiple detectors and power supplies U Undetermined	<b>L4 Detector Operation</b> 1 Fire too small to activate detector 2 Detector operated 3 Detector failed to operate U Undetermined	<b>L5 Detector Effectiveness</b> Required if detector operated 1 Detector alerted occupants, occupants responded 2 Detector alerted occupants, occupants failed to respond 3 There were no occupants 4 Detector failed to alert occupants U Undetermined	<b>L6 Detector Failure Reason</b> Required if detector failed to operate 0 Detector failure reason, other 1 Power failure, hardwired det. shut off, disconnect 2 Improper installation or placement of detector 3 Defective detector 4 Lack of maintenance, includes not cleaning 5 Battery missing or disconnected 6 Battery discharged or dead U Undetermined
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<b>M1 Presence of Automatic Extinguishing System</b> 1 Present 2 Partial System Present N <input checked="" type="checkbox"/> None Present U Undetermined	<b>M2 Type of Automatic Extinguishing System</b> Required if fire was within designed range of AES Special hazard system, other 0 Wet-pipe sprinkler system 1 Dry-pipe sprinkler system 2 Other sprinkler system 3 Dry chemical system 4 Foam system 5 Halogen-type system 6 Carbon dioxide system 7 Undetermined	<b>M3 Operation of Automatic Extinguishing System</b> Required if fire was within designed range Operation of AES, other 0 System operated and was effective 1 System operated and was not effective 2 Fire too small to activate system 3 System did not operate 4 Undetermined	<b>M3 Number of Sprinkler Heads Operating</b> Required if system operated Number of sprinkler heads operating	<b>M5 Reason for Automatic Extinguishing System Failure</b> Required if system failed or not effective Reason system not effective, other 0 System shut off 1 Not enough agent discharged to control the fire 2 Agent discharged, but did not reach the fire 3 inappropriate system for the type of fire 4 Fire not in area protected by the system 5 System components damaged 6 Lack of maintenance, including corrosion or heads painted 7 Manual intervention defeated the system 8 Undetermined
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**A** FDID 01007 State NM Incident Date 03/25/2016 Station 11 Incident Number F160022535 Exposure 0

**NFIRS-9  
Apparatus  
or  
Resources**

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
		Check if the same date as Alarm date on the Basic Module (Block E1)					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 R11 Type 10	Dispatch X 03/25/2016	2314		Sent X	2	Other X Suppression X EMS	<input type="checkbox"/> <input type="checkbox"/>
		Arrival X 03/25/2016	2317					<input type="checkbox"/> <input type="checkbox"/>
		Clear 03/26/2016	0029					<input type="checkbox"/> <input type="checkbox"/>
2	ID L5 Type 12	Dispatch X 03/25/2016	2315		Sent X	2	Other X Suppression X EMS	<input type="checkbox"/> <input type="checkbox"/>
		Arrival X 03/25/2016	2319					<input type="checkbox"/> <input type="checkbox"/>
		Clear 03/26/2016	0039					<input type="checkbox"/> <input type="checkbox"/>
3	ID E9 Type 10	Dispatch X 03/25/2016	2314		Sent X	4	Other X Suppression X EMS	<input type="checkbox"/> <input type="checkbox"/>
		Arrival X 03/25/2016	2325					<input type="checkbox"/> <input type="checkbox"/>
		Clear X 03/25/2016	2331					<input type="checkbox"/> <input type="checkbox"/>
4	ID E3 Type 10	Dispatch X 03/25/2016	2347		Sent X	4	Other X Suppression X EMS	<input type="checkbox"/> <input type="checkbox"/>
		Arrival						<input type="checkbox"/> <input type="checkbox"/>
		Clear 03/26/2016	0027					<input type="checkbox"/> <input type="checkbox"/>
5	ID B4 Type 92	Dispatch X 03/25/2016	2314		Sent X	1	Other X Suppression X EMS	<input type="checkbox"/> <input type="checkbox"/>
		Arrival						<input type="checkbox"/> <input type="checkbox"/>
		Clear X 03/25/2016	2346					<input type="checkbox"/> <input type="checkbox"/>
6	ID B1 Type 92	Dispatch X 03/25/2016	2314		Sent X	1	Other X Suppression X EMS	<input type="checkbox"/> <input type="checkbox"/>
		Arrival X 03/25/2016	2318					<input type="checkbox"/> <input type="checkbox"/>
		Clear 03/26/2016	0036					<input type="checkbox"/> <input type="checkbox"/>
7	ID S1 Type 93	Dispatch X 03/25/2016	2314		Sent X	2	Other X Suppression X EMS	<input type="checkbox"/> <input type="checkbox"/>
		Arrival						<input type="checkbox"/> <input type="checkbox"/>
		Clear X 03/25/2016	2319					<input type="checkbox"/> <input type="checkbox"/>
8	ID E12 Type 10	Dispatch X 03/25/2016	2314		Sent X	4	Other X Suppression X EMS	<input type="checkbox"/> <input type="checkbox"/>
		Arrival X 03/25/2016	2318					<input type="checkbox"/> <input type="checkbox"/>
		Clear 03/26/2016	0037					<input type="checkbox"/> <input type="checkbox"/>
9	ID S3 Type 93	Dispatch X 03/25/2016	2348		Sent X	2	Other X Suppression X EMS	<input type="checkbox"/> <input type="checkbox"/>
		Arrival						<input type="checkbox"/> <input type="checkbox"/>
		Clear 03/26/2016	0027					<input type="checkbox"/> <input type="checkbox"/>
10	ID E11 Type 10	Dispatch X 03/25/2016	2318		Sent X	4	Other X Suppression X EMS	<input type="checkbox"/> <input type="checkbox"/>
		Arrival X 03/25/2016	2321					<input type="checkbox"/> <input type="checkbox"/>
		Clear X 03/25/2016	2335					<input type="checkbox"/> <input type="checkbox"/>

<b>A</b>	FDID 01007	State NM	Incident Date MM 03 DD 25 YYYY 2016	Station 11	Incident Number F160022535	Exposure 0	<b>NFIRS-10 Personnel</b>
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B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
		<small>Check if the same date as Alarm date on the Basic Module (Block E1)</small>						
1	ID R11 Type 10	Dispatch X	Month/Day/Year 03/25/2016 Hour/Min 2314		Sent	2	Other Suppression X EMS	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
		Arrival X	03/25/2016 2317		X			<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
		Clear	03/26/2016 0029					
Personnel ID		Name		Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
1220		GALLAGHER, Nikolaus		RESCUE DRIVER				
1117		OTERO, Rachel		RESCUE LIEUTENANT				

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
		<small>Check if the same date as Alarm date on the Basic Module (Block E1)</small>						
2	ID L5 Type 12	Dispatch X	Month/Day/Year 03/25/2016 Hour/Min 2315		Sent	2	Other X Suppression EMS	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
		Arrival X	03/25/2016 2319		X			<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
		Clear	03/26/2016 0039					
Personnel ID		Name		Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
687		BENAVIDEZ, Tomas		CAPTAIN				
731		ROGERS, William		DRIVER				

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
		<small>Check if the same date as Alarm date on the Basic Module (Block E1)</small>						
3	ID E9 Type 10	Dispatch X	Month/Day/Year 03/25/2016 Hour/Min 2314		Sent	4	Other X Suppression EMS	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
		Arrival X	03/25/2016 2325		X			<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
		Clear X	03/25/2016 2331					
Personnel ID		Name		Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
1221		ORTIZ, Gregory		DRIVER				
856		PALMER, Michael		LIEUTENANT				
1444		FERNANDEZ, Michael		FIRE FIGHTER				
1450		SIEBERT, Stephen		FIRE FIGHTER				

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
		<small>Check if the same date as Alarm date on the Basic Module (Block E1)</small>						
4	ID E3 Type 10	Dispatch X	Month/Day/Year 03/25/2016 Hour/Min 2347		Sent	4	Other X Suppression EMS	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
		Arrival			X			<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
		Clear	03/26/2016 0027					
Personnel ID		Name		Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
1362		CHESHIRE, Ryan		FIRE FIGHTER				
1314		PHAM, Truong		FIRE FIGHTER				
1304		RAMIREZ, Jason		DRIVER				
822		WOODS, Lawrence		LIEUTENANT				

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
		<small>Check if the same date as Alarm date on the Basic Module (Block E1)</small>						
5	ID B4 Type 92	Dispatch X	Month/Day/Year 03/25/2016 Hour/Min 2314		Sent	1	Other X Suppression EMS	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
		Arrival			X			<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
		Clear X	03/25/2016 2346					
Personnel ID		Name		Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
851		O'BRIEN, Kevin		CAPTAIN				

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
		<small>Check if the same date as Alarm date on the Basic Module (Block E1)</small>						
6	ID B1 Type 92	Dispatch X	Month/Day/Year 03/25/2016 Hour/Min 2314		Sent	1	Other X Suppression EMS	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
		Arrival X	03/25/2016 2318		X			<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
		Clear	03/26/2016 0036					
Personnel ID		Name		Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
810		DOW, Paul		BATTALION COMMANDER				

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
		<small>Check if the same date as Alarm date on the Basic Module (Block E1)</small>						
7	ID S1 Type 93	Dispatch X	Month/Day/Year 03/25/2016 Hour/Min 2314		Sent	2	Other X Suppression EMS	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
		Arrival			X			<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
		Clear X	03/25/2016 2319					
Personnel ID		Name		Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
967		ENRIQUEZ, Erik		FIRE FIGHTER				
795		ROMERO, Chris		LIEUTENANT				

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
		<small>Check if the same date as Alarm date on the Basic Module (Block E1)</small>						
8	ID E12 Type 10	Dispatch X	Month/Day/Year 03/25/2016 Hour/Min 2314		Sent	4	Other X Suppression EMS	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
		Arrival X	03/25/2016 2318		X			<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
		Clear	03/26/2016 0037					

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
1039	MESCH, Justin	LIEUTENANT				
1189	PADILLA, Brian	FIRE FIGHTER				
1256	STRATMOEN, Steven	DRIVER				
1197	VIGIL, John	FIRE FIGHTER				

<b>B Apparatus or Resource</b>		<b>Dates and Times</b> <small>Check if the same date as Alarm date on the Basic Module (Block E1)</small>		<small>Midnight is 0000</small>	<b>Sent</b>	<b>Number of People</b>	<b>Apparatus Use</b> <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	<b>Actions Taken</b> <small>List up to 4 actions for each apparatus and each personnel.</small>
9	ID <input type="text" value="S3"/> Type <input type="text" value="93"/>	Dispatch <input checked="" type="checkbox"/>	Month/Day/Year <input type="text" value="03/25/2016"/> Hour/Min <input type="text" value="2348"/>		<input checked="" type="checkbox"/>	<input type="text" value="2"/>	Other <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
		Arrival <input type="checkbox"/>	<input type="text" value=""/>					
		Clear <input type="checkbox"/>	<input type="text" value="03/26/2016"/> <input type="text" value="0027"/>					

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
943	LOPEZ, Marco	DRIVER				
670	MONTOYA, Carlos	CAPTAIN				

<b>B Apparatus or Resource</b>		<b>Dates and Times</b> <small>Check if the same date as Alarm date on the Basic Module (Block E1)</small>		<small>Midnight is 0000</small>	<b>Sent</b>	<b>Number of People</b>	<b>Apparatus Use</b> <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	<b>Actions Taken</b> <small>List up to 4 actions for each apparatus and each personnel.</small>
10	ID <input type="text" value="E11"/> Type <input type="text" value="10"/>	Dispatch <input checked="" type="checkbox"/>	Month/Day/Year <input type="text" value="03/25/2016"/> Hour/Min <input type="text" value="2318"/>		<input checked="" type="checkbox"/>	<input type="text" value="4"/>	Other <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
		Arrival <input checked="" type="checkbox"/>	<input type="text" value="03/25/2016"/> <input type="text" value="2321"/>					
		Clear <input checked="" type="checkbox"/>	<input type="text" value="03/25/2016"/> <input type="text" value="2335"/>					

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
1030	BLANCHFIELD, Matthew	Lieutenant				
1060	ESQUIBEL, Duane	FIRE FIGHTER				
1297	VINCENT, Clayton	FIRE FIGHTER				
1354	WESTERHOLD, Andrea	FIRE FIGHTER				



<b>A</b>	FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure	<b>NFIRS-1S Supplemental</b>
	01007	NM	03	25	2016	11	F160022535	0	

<b>E3 Supplemental Special Studies</b>									
Local Option									
1	1	Yes	2	2	Yes	3		4	
	Special Study ID#	Special Study Value		Special Study ID#	Special Study Value		Special Study ID#		Special Study ID#
5			6			7		8	
	Special Study ID#	Special Study Value		Special Study ID#	Special Study Value		Special Study ID#		Special Study ID#