

**B Location\***  Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section 3 "Alternative Location Specification". Use only for Wildland fires.

Street address 1400 E International Speedway BLVD S  
 Number/Milepost Prefix Street or Highway Street Type Suffix  
 Intersection  
 In front of  
 Rear of  
 Adjacent to  
 Directions  
Deland FL 32724  
 Apt./Suite/Room City State Zip Code  
 Cross street or directions, as applicable

**C Incident Type \***  
132 Road freight or transport  
 Incident Type

**E1 Date & Times** Midnight is 0000  
 Check boxes if dates are the same as Alarm Date. ALARM always required  
 Alarm \* 03 17 2003 16:57:00  
 ARRIVAL required, unless canceled or did not arrive  
 Arrival \* 03 17 2003 17:02:00  
 CONTROLLED Optional, except for wildland fires  
 Controlled 03 17 2003 20:58:00  
 LAST UNIT CLEARED, required except for wildland fires  
 Last Unit Cleared 03 17 2003 20:58:00

**E2 Shift & Alarm** Local Option  
B 02 80  
 Shift or Alarms District Platform

**D Aid Given or Received\***  
 1  Mutual aid received 08182 FL  
 Their FDID Their State  
 2  Automatic aid recvd.  
 3  Mutual aid given  
 4  Automatic aid given 305458  
 Their Incident Number  
 5  Other aid given  
 N  None

**E3 Special Studies** Local Option  
 Special Study 10\* Special Study 11\*

**F Actions Taken \***  
11 Extinguish  
 Primary Action Taken (1)  
81 Incident command  
 Additional Action Taken (2)  
84 Refer to proper  
 Additional Action Taken (3)

**G1 Resources \***  
 Check this box and skip this section if an Apparatus or Personnel form is used.  
 Apparatus Personnel  
 Suppression 0004 0010  
 EMS  
 Other  
 Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses & Value**  
 LOSSES: Required for all fires if known. Optional for non fires. No:  
 Property \$ 035, 000  
 Contents \$ 000, 000  
 PRE-INCIDENT VALUE: Optional.  
 Property \$ 035, 000  
 Contents \$ 000, 000

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

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

**H3 Hazardous Materials Release**  
 N  None  
 1  Natural Gas: slow leak, no evacuation or HazMat actions  
 2  Propane gas: <21 lb. tank (as in home BBQ grill)  
 3  Gasoline: vehicle fuel tank or portable container  
 4  Kerosene: fuel burning equipment or portable storage  
 5  Diesel fuel/fuel oil: vehicle fuel tank or portable  
 6  Household solvents: home/office spill, cleanup only  
 7  Motor oil: from engine or portable container  
 8  Paint: from paint cans totaling < 55 gallons  
 0  Other: Special HazMat actions required or spill > 55gal.. Please complete the HazMat form

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

**J Property Use\* Structures**  
 131  Church, place of worship  
 161  Restaurant or cafeteria  
 162  Bar/Tavern or nightclub  
 213  Elementary school or kindergarten  
 215  High school or junior high  
 241  College, adult education  
 311  Care facility for the aged  
 331  Hospital  
**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/boardng 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/repairs  
 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 579  
**Motor vehicle or boat sales,**  
 NFIRS-1 Revision 03/11/99

**K1' Person/Entity Involved**  Local Option .Paquette & Co., Inc. 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 Mr., Ms., Mrs. First Name  MI  Last Name  Suffix

1400 Number E Prefix International Speedway Street or Highway BLVD Street Type S Suffix

Post Office Box  Apt./Suite/Room Deland City

FL State 32720 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

F.D. RESPONDED FOR FIRE AND EXPLOSION AT THE ABOVE ADDRESS. UPON ARRIVAL, V.C.F.S. E-42 WAS ON SCENE AND HAD 1 3/4" LINE ADVANCED AND WAS ATTACKING FIRE ON TRAILER PORTION OF A TRACTOR TRAILER. DRIVER OF V.C.F.S. E-42 ADVISED BATT. 80 THAT HE WAS LOW ON WATER. 100' 2 1/2" HOSE CONNECTED FROM E-81 TO E-42 TO REFILL TRUCK. BATT. 80 ESTABLISHED COMMAND. BATT. 80 RECEIVED MANIFEST FROM STORAGE FACILITY OWNER AND ADVISED NOT TO ENTER TRAILER TO EXTINGUISH FIRE. V.C.F.S. ASSISTED OUT OF TRAILER AND WATER WAS APPLIED FROM REAR OF TRAILER. MULTIPLE 55 GAL. DRUM OBSERVED FROM THE REAR OF TRAILER TO BE EXPANDED AND/OR SPLIT.

BATT. 80 CALLED HAZ-MAT DUTY OFFICER. HAZ-MAT DUTY OFFICER CALLED AND ADVISED THAT HAZ-MAT TEAM WOULD BE RESPONDING. BATT.80 CONTACTED STATE WARNING POINT, D.O.T., ENVIRONMENTAL SERVICES, EMERGENCY MANAGEMENT. HAZ-MAT TEAM ON SCENE OPERATION TURNED OVER TO TEAM LEADER GARY SEDAKE. D.F.D. ON SCENE TO ASSIST WITH HAZ-MAT TEAM IN INCIDENT COMMAND AND SUPPORT FUNCTION.

**L Authorization**

GRIFFITHS Officer in charge ID Griffiths, Terry Signature CP Position or rank BAT 80 Assignment 03 Month 18 Day 2003 Year

Check Box if  Same as Officer making report ID in charge. PILCHER Pilcher, Samuel Lewis ENG E-81 03 18 2003

**B Property Details**

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

**B2**  Buildings involved  **Buildings not involved**  
 Number of buildings involved

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

**C On-Site Materials**  **None** or Products  
 Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved.  
 Enter up to three codes. Check one or more boxes for each code entered.

**On-site material (1)** NNN None

**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** 82 Cargo/trunk area - all  
 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  **Not**  
 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

**E2 Factors Contributing To Ignition**

NN None  **None**

Factor Contributing To Ignition (1) \_\_\_\_\_

Factor Contributing To Ignition (2) \_\_\_\_\_

**F1 Equipment Involved In Ignition**

**None** if Equipment was not involved, Skip to Section G

NNN None  
 Equipment Involved

Brand \_\_\_\_\_

Model \_\_\_\_\_

Serial # \_\_\_\_\_

Year \_\_\_\_\_

**F2 Equipment Power**

\_\_\_\_\_ None  
 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)

\_\_\_\_\_ None  
 Fire suppression factor (2)

\_\_\_\_\_ None  
 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**

23 Trailer - semi,  
 Mobile property type

UD1 UNKNOWN (TRAILER)  
 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 \_\_\_\_\_

NFIRS-2 Revision 01/19/99

**A** FDID \* 08032 State \* FL Incident Date \* MM DD YYYY 3 2003 Station 81 Incident Number \* 03-03005 Exposure \* 000 Haz No \* 1  Delete  Change **NFIRS - HazMat**

**B** HazMat ID                      Chemical \* NON-REGULATED WASTE  
 UN Number                      DOT Hazard Classification                      CAS Registration Number                      Name                     

**C1** Container Type  
11  
 Container Type  
 More hazardous Materials? Use additional sheets.

**C2** Estimated Container Capacity  
          ,           , 55  
 Capacity: by volume or weight  
**C3** Units: Capacity Check one box  
 VOLUME WEIGHT  
 11  Ounces 21  Ounces  
 12  Gallons 22  Pounds  
 13  Barrels: 42 gal. 23  Grams  
 14  Liters 24  Kilograms  
 15  Cubic feet  
 16  Cubic meters

**D1** Estimated Amount Released  
          ,           , 55  
 Amount released: by volume or weight  
**D2** Units: Released Check one box  
 VOLUME WEIGHT  
 11  Ounces 21  Ounces  
 12  Gallons 22  Pounds  
 13  Barrels: 42 gal. 23  Grams  
 14  Liters 24  Kilograms  
 15  Cubic feet  
 16  Cubic meters

**E1** Physical State When Released  
 1  Solid  
 2  Liquid  
 3  Gas  
 U  Undetermined  
**E2** Released Into  
7  
 Released into

Complete the remainder of this form only for the first hazardous material involved in this incident.

**F2** Population Density  
 1  Urban  
 2  Suburban  
 3  Rural

**G2** Area Evacuated  None  
 1  Square Feet           ,             
 2  Blocks Enter Measurement  
 3  Square miles

**H** HazMat Actions Taken  
 Enter up to three actions taken  
22 Isolate area &  
 Primary Action Taken (1)  
                       
 Additional Action Taken (2)  
                       
 Additional Action Taken (3)

**F1** Released From:  
 Check all applicable boxes  
 Below grade  
 1  Inside/on structure  
           Story of Release  
 2  Outside of structure

**G1** Area Affected  
 1  Square Feet  
 2  Blocks  
 3  Square miles  
          ,             
 Enter Measurement

**G3** Estimated Number of People Evacuated  
          ,           

**G4** Estimated Number of Buildings Evacuated  
          ,             None

**I** If fire or explosion is involved with a release, which occurred first?  
 1  Ignition U  Undetermined  
 2  Release

**J** Cause Of Release \*  
 1  Intentional  
 2  Unintentional release  
 3  Container/containment failure  
 4  Act of nature  
 5  Cause under investigation  
 U  Cause undetermined after investigation

**K** Factors Contributing to Release  
 Enter up to three contributing factors  
UU Undetermined  
 Factor Contributing To Release (1)  
                       
 Factor Contributing To Release (2)  
                       
 Factor Contributing To Release (3)

**K** Factors Affecting Mitigation  
 Enter up to three factors or impediments that affected the mitigation of the incident  
NN None  
 Factor or impediment (1)  
                       
 Factor or impediment (2)  
                       
 Factor or impediment (3)

**M** Equipment Involved In Release  
 None  
NNN None  
 Equipment involved in release  
 Brand                                       
 Model                                       
 Serial Number                             
 Year                                     

**N** Mobile Property Involved  None  
 In Release  
23 Trailer - semi, designed for  
 Mobile property type  
UD1 UNKNOWN (TRAILER)  
 Mobile property make  
                                                Year  
 Mobile property model  
                                                State  
 License Plate Number  
                                                State  
 DOT Number/ ICC Number                           

**O** HazMat Disposition \*  
 1  Completed by fire service only  
 2  Completed w/ fire service present  
 3  Released to local agency  
 4  Released to county agency  
 5  Released to state agency  
 6  Released to federal agency  
 7  Released to a private agency  
 8  Released to property owner or manager  
**O** HazMat Civilian Casualties  
 Deaths            Injuries

**A** FDID \* 08032 State \* FL Incident Da. \* 3 DD YYYY 2003 Station 81 Incident Number 03-03009 Exposure \* 000 Haz No \* 2  Delete  Change **NFIRS - HazMat**

**B** HazMat ID 3105 52 1338-23-4 Chemical \* METHYL ETHYL KETONE PEROXIDE  
 UN Number DOT Hazard Classification CAS Registration Number Name

**C1** Container Type 11 Container Type  
 More hazardous Materials? Use additional sheets.

**C2** Estimated Container Capacity 55  
 Capacity: by volume or weight

**C3** Units: Capacity Check one box  
 VOLUME WEIGHT  
 11  Ounces 21  Ounces  
 12  Gallons 22  Pounds  
 13  Barrels: 42 gal. 23  Grams  
 14  Liters 24  Kilograms  
 15  Cubic feet  
 16  Cubic meters

**D1** Estimated Amount Released 55  
 Amount released: by volume or weight

**D2** Units: Released Check one box  
 VOLUME WEIGHT  
 11  Ounces 21  Ounces  
 12  Gallons 22  Pounds  
 13  Barrels: 42 gal. 23  Grams  
 14  Liters 24  Kilograms  
 15  Cubic feet  
 16  Cubic meters

**E1** Physical State When Released  
 1  Solid  
 2  Liquid  
 3  Gas  
 U  Undetermined

**E2** Released Into 7  
 Released into

Complete the remainder of this form only for the first hazardous material involved in this incident.

**F1** Released From: Check all applicable boxes  
 Below grade  
 1  Inside/on structure        Story of Release  
 2  Outside of structure

**F2** Population Density  
 1  Urban  
 2  Suburban  
 3  Rural

**G1** Area Affected  
 1  Square Feet  
 2  Blocks  
 3  Square miles  
      ,         
 Enter Measurement

**G2** Area Evacuated  None  
 1  Square Feet       ,         
 2  Blocks Enter Measurement  
 3  Square miles

**G3** Estimated Number of People Evacuated       ,       

**G4** Estimated Number of Buildings Evacuated       ,         None

**H** HazMat Actions Taken Enter up to three actions taken  
22 Isolate area 6  
 Primary Action Taken (1)  
               
 Additional Action Taken (2)  
               
 Additional Action Taken (3)

**I** If fire or explosion is involved with a release, which occurred first?  
 1  Ignition U  Undetermined  
 2  Release

**J** Cause Of Release \*  
 1  Intentional  
 2  Unintentional release  
 3  Container/containment failure  
 4  Act of nature  
 5  Cause under investigation  
 U  Cause undetermined after investigation

**K** Factors Contributing to Release Enter up to three contributing factors  
UU Undetermined  
 Factor Contributing To Release (1)  
               
 Factor Contributing To Release (2)  
               
 Factor Contributing To Release (3)

**K** Factors Affecting Mitigation Enter up to three factors or impediments that affected the mitigation of the incident  
NN None  
 Factor or impediment (1)  
               
 Factor or impediment (2)  
               
 Factor or impediment (3)

**M** Equipment Involved In Release  None  
NNN None  
 Equipment involved in release

Brand         
 Model         
 Serial Number         
 Year       

**N** Mobile Property Involved  None In Release  
23 Trailer - semi, designed for  
 Mobile property type  
UD1 UNKNOWN (TRAILER)  
 Mobile property make  
               
 Mobile property model Year  
               
 License Plate Number State  
               
 DOT Number/ ICC Number

**O** HazMat Disposition \*  
 1  Completed by fire service only  
 2  Completed w/ fire service present  
 3  Released to local agency  
 4  Released to county agency  
 5  Released to state agency  
 6  Released to federal agency  
 7  Released to a private agency  
 8  Released to property owner or manager

**O** HazMat Civilian Casualties  
 Deaths        Injuries

**A** FDID 08032 \* State FL \* Incident Date 3 17 2003 Station 81 Incident Number 03-0300 \* Exposure 000 \*  Delete  Change **NFIRS - 10 Personnel**

**B Apparatus or Resource** \* Use codes listed below **Date and Times** Check if same as alarm date **Sent**  **Number of \* People** **Use** Check ONE box for each apparatus to indicate its main use at the incident.  Suppression  EMS  Other **Actions Taken** List up to 4 actions for each apparatus and each personnel.

**1** ID BAT 80 Dispatch  3 17 2003 16:57 Sent  1  Suppression  EMS  Other  
 Type 91 Arrival  3 17 2003 17:02 Clear  3 17 2003 20:58

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
GRIFFITHS	Griffiths, Terry	CP	X	81			

**2** ID E-81 Dispatch  3 17 2003 16:57 Sent  4  Suppression  EMS  Other  
 Type 11 Arrival  3 17 2003 17:02 Clear  3 17 2003 20:58

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
DYER	Dyer, Matthew	FFE	X	11	73		
FORTIN	Fortin, James	ENG	X	73	74	76	
PILCHER	Pilcher, Samuel	LT	X	11	54	73	
WALKER	Walker, Robert	EMT	X	11	73		

**3** ID R-81 Dispatch  3 17 2003 16:57 Sent  2  Suppression  EMS  Other  
 Type 11 Arrival  3 17 2003 17:02 Clear  3 17 2003 20:58

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
LAGRANGE	LaGrange, Daniel	FFE	X	92			
WOJCIK	Wojcik, Robert	PR	X	92			

**A** FDID \* 08032 State \* FL Incident Date \* 3 17 2003 Station 81 Incident Number \* 03-0300 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 3  
 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.

<b>1</b>	ID <u>T-81</u> Type <u>12</u>	Dispatch <input checked="" type="checkbox"/> <u>3</u> <u>17</u> <u>2003</u> <u>16:57</u> Arrival <input checked="" type="checkbox"/> <u>3</u> <u>17</u> <u>2003</u> <u>17:02</u> Clear <input checked="" type="checkbox"/> <u>3</u> <u>17</u> <u>2003</u> <u>20:58</u>	Sent <input checked="" type="checkbox"/> X	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>  </u> <u>  </u> <u>  </u> <u>  </u>	
Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/> X	Action Taken	Action Taken	Action Taken	Action Taken
FUST	Fust, Edward	ENG	X	92			
GARDNER, L	Gardner, Louis	FFE	X	92			
THORNBURG	Thornburg, Dennis	LT	X	92			

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

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"/>				
			<input type="checkbox"/>				

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

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"/>				
			<input type="checkbox"/>				