

A FDID 46942 * State PA * Incident Date 08 13 2008 * Station 42 Incident Number 08-0818572 * Exposure 000 * Delete Change No Activity **NFIRS -1 Basic**

B Location* 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. Census Tract 2041 - 02

Street address 301 Washington ST
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection In front of Rear of Adjacent to Directions

Conshohocken PA 19428
 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 * 08 13 2008 16:53:06
 Month Day Year Hr Min Sec

E2 Shift & Alarms Local Option
C 08 04
 Shift or Alarms District Platoon

D Aid Given or Received*

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

Their FDID Their State
 Their Incident Number

ARRIVAL required, unless canceled or did not arrive
 Arrival * 08 13 2008 16:57:29
 CONTROLLED Optional, except for wildland fires
 Controlled 08 13 2008 22:29:51
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared 08 14 2008 18:35:54

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

F Actions Taken *

10 Fire control or
 Primary Action Taken (1)

50 Fires, rescues &
 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 0009 0064
 EMS
 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 \$ 034 , 500 , 000
 Contents \$, 000 , 000
 PRE-INCIDENT VALUE: Optional
 Property \$ 075 , 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
 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 4291
Multifamily Under

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
 301 Washington ST
 Number Prefix Street or Highway Street Type Suffix
 Post Office Box Apt./Suite/Room City
 PA 19428
 State Zip Code

L Remarks Local Option

Nature: Building Fire 203 Washington Street

Dispatch and Arrival: CFD was dispatched to 203 Washington Street for a building fire at the construction site on Washington Street. Fire Department personal arrived to find the correct location to be 301 Washington Street "The Stables at Millennium" construction site in which there was 4 buildings under construction; building 100 was only concrete and steel (no wood construction started as of time of the fire), building 200 and 300 - 4 story wood frame construction with some sections of roof installed and a 2 story club house located between the 200 & 300 buildings. Fire Department personnel arrived to find heavy fire conditions on the second floor at the A-D corner of the 300 building. As crews were establishing water supply lines and attack line for fire suppression the fire conditions rapidly advanced throughout the open frame construction of the building making the building of origin to become fully involved in fire. There was a total of 5 exposure: Exposure 1 was the Club House at the Stables, Exposure 2 Building 200 at the Stables, Exposure 3 was 227 Washington Street "Millennium III office building", Exposure 4 was 309 Washington Street Building 4000 "Riverwalk at Millennium" and Exposure 5 was 309 Washington Street Building 1000 "Riverwalk at Millennium. Building 300 became fully involved in fire to the point that there was collapse of the structure members, the building was a total loss.

Exposure 1 & 2: At this time the amount of radiant heat being produced by combustion of raw materials (wood & construction materials) in the 300 building the fire started spreading to the exposure building located on the construction site and adjacent to the construction site. Due to the close proximity of buildings 200 (approximately 25 Ft. from building 300 and connected to the club house at the C-D corner) and the club house (connected to building 300 on B-C corner) they also became fully involved in fire with in

L Authorization

2008 Phipps, Robert P FC 09 02 2008
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. 1025 McGrath, John W FM 09 02 2008
 Member making report ID Signature Position or rank Assignment Month Day Year

46942
FDID *

PA
State *

MM DD YYYY
8 13 2008
Incident Date *

42
Station

08-0818572
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

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Exposure 3: With the fire conditions that were now burning on the construction site, the exposure at 227 Washington Street "Millennium III office building" which was located approximately 52 Ft. away started to become involved in fire (roof, second floor, exterior features of the building) at this time the sprinkler system of this building activated on the second floor and held the fire to the B-C corner inside the building. Roofing material continued to burn while elevated master stream and deck guns were placed in service.

Exposure 4: With the fire conditions that were now burning in Exposure 2 (approximately 60 Ft. away) & 1 and the radiant heat being produced the exterior facade and roof material started to burn. Also do to the heat being produced the window glazing started to fail which also let more radiant heat into the dwelling units until the combustible materials in some units reached there ignition and started to burn. With fire fighting effort used to extinguish the fire and the amount of water used to do this task, there was catastrophic failure in numerous sections of the building.

Exposure 5: With the fire conditions that were now burning in Exposure 4 (approximately 40Ft. away) & 2 (Approximately 30 Ft.) and the radiant heat being produced the exterior facade and roof material started to burn. Also do to the heat being produced the window glazing started to fail which also let more radiant heat into the dwelling units until the combustible materials in some units reached there ignition temperature and started to burn. With fire fighting effort used to extinguish the fire and the amount of water used to do this task, there was catastrophic failure in numerous sections of the building.

46942	PA	MM	DD	YYYY	42	08-0818572	000	Complete Narrative
FDID *	State *	8	13	2008	Station	Incident Number *	Exposure *	

Narrative:

Conclusion: The fire reach a total of 8 alarms with numerous special pieces of apparatus being additional called to the scene. The fire was placed under control at 22:29 hrs. 8-13-08. the scene was inspected by the Borough Engineer at 10:30 hrs. 8-14-08 to evaluated what sections of the buildings were structurally unsound. This was relayed to the management company and there Engineer on site, and those sections that were a structural danger to the public were made safe. The assignment was recalled at 18:35 hrs on 8-14-08.

Origin & Cause: The origin ans cause for the fire was conducted by the Montgomery County Detectives Office. Any requests for reports on the Origin & Cause must be forwarded to that office.

A FDID 46942 * State PA * Incident Date MM 08 DD 13 YYYY 2008 Station 42 Incident Number 08-0818572 * Exposure 000 * Delete Change No Activity NFIRS -2 Fire

B Property Details

B1 0148 Not Residential
 Estimated Number of residential living units in building of origin whether or not all units became involved

B2 006 Buildings not involved
 Number of buildings involved

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

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.

311 Lumber, sawn wood
 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 75 Wall assembly,
 Area of fire origin *

D2 11 Spark, ember or flame
 Heat source *

D3 17 Structural member or
 Item first ignited * Check Box if fire spread was confined to object of origin

D4 63 Sawn wood, including
 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

12 Heat source too 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

312 Significant/unusua
 Fire suppression factor (1)

100 Building
 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

 Mobile property model

 License Plate Number State VIN Number

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

I1 Structure Type * If Fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input 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 checked="" type="checkbox"/> Other type of structure	I2 Building Status * 1 <input checked="" type="checkbox"/> Under construction 2 <input 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 [004] <small>Total number of stories at or above grade</small> [] <small>Total number of stories below grade</small>	I4 Main Floor Size* <div style="text-align: right; border: 1px solid black; padding: 2px;">NFIRS-3 Structure Fire</div> [] , [018] , [415] <small>Total square feet</small> <div style="text-align: center; font-weight: bold;">OR</div> [] , [] BY [] , [] <small>Length in feet Width in feet</small>
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J1 Fire Origin * [001] <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story [] <small>Number of stories w/ minor damage (1 to 24% flame damage)</small> [] <small>Number of stories w/ significant damage (25 to 49% flame damage)</small> [] <small>Number of stories w/ heavy damage (50 to 74% flame damage)</small> [004] <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 Skip To Section L K1 [17] [Structural member or] <small>Item contributing most to flame spread</small> K2 [63] [Sawn wood, including] <small>Type of material contributing most of flame spread Required only if item contributing code is 00 or<70</small>
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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 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 checked="" 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 checked="" type="checkbox"/> Undetermined
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 checked="" type="checkbox"/> Undetermined	M4 Number of Sprinkler Heads Operating Required if system operated [] <small>Number of sprinkler heads operating</small>	NFIRS-3 Revision 01/19/99

B Apparatus or * Resource		Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min					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
<u>1</u>	ID <u>5001</u> Type <u>00</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>13</u>	<u>2008</u>	<u>16:53</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<u>2</u>	ID <u>AIR35</u> Type <u>62</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>13</u>	<u>2008</u>	<u>16:53</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<u>3</u>	ID <u>CON-5</u> Type <u>91</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>13</u>	<u>2008</u>	<u>16:53</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<u>4</u>	ID <u>E35</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>13</u>	<u>2008</u>	<u>16:53</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<u>5</u>	ID <u>E35-1</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>13</u>	<u>2008</u>	<u>16:53</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<u>6</u>	ID <u>E36</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>13</u>	<u>2008</u>	<u>16:53</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<u>7</u>	ID <u>L36</u> Type <u>12</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>13</u>	<u>2008</u>	<u>16:53</u>	<input checked="" type="checkbox"/>	<u>20</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<u>8</u>	ID <u>SQ36</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>13</u>	<u>2008</u>	<u>16:53</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<u>9</u>	ID <u>TR36</u> Type <u>001</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>13</u>	<u>2008</u>	<u>16:53</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>

Type of Apparatus or Resources

- | | | | |
|---|---|---|---|
| <p>Ground Fire Suppression</p> <ul style="list-style-type: none"> 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other <p>Heavy Ground Equipment</p> <ul style="list-style-type: none"> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other <p>Aircraft</p> <ul style="list-style-type: none"> 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other | <p>Marine Equipment</p> <ul style="list-style-type: none"> 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other <p>Support Equipment</p> <ul style="list-style-type: none"> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other <p>Medical & Rescue</p> <ul style="list-style-type: none"> 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>More Apparatus?
Use Additional
Sheets</p> </div> | <p>Other</p> <ul style="list-style-type: none"> 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource NN None UU Undetermined |
|---|---|---|---|

46942 PA 8 13 2008 42 08-0818572 000
FDID State Incident Date Station Incident Number Exposure

NFIRS - Involvement
User Fields

Involvement

Involvement

Name:
Stable at Millenium

Type:

Owner: Occupant:
X

A MM DD YYYY Delete **Insurance and \$Loss**
 46942 PA 8 13 2008 42 08-0818572 000 Change

FDID * State * Incident Date * Station Incident Number * Exposure *

B Estimated Dollar Loss & Value

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
Buildings	\$75,000,000.00	\$34,500,000.00	\$0.00	\$0.00
Vehicles	\$0.00	\$0.00	\$0.00	\$0.00
Contents	\$0.00	\$0.00	\$0.00	\$0.00

C Insurance Company

Business name if applicable _____ Contact Name _____
 Street or highway _____
 Post office box _____ City _____
 State _____ Zip Code _____ Phone Number _____
 Agent Name _____
 Policy Number _____

Buildings Vehicles Contents
 Policy Coverage