

4/21/22

To Whom it May Concern:

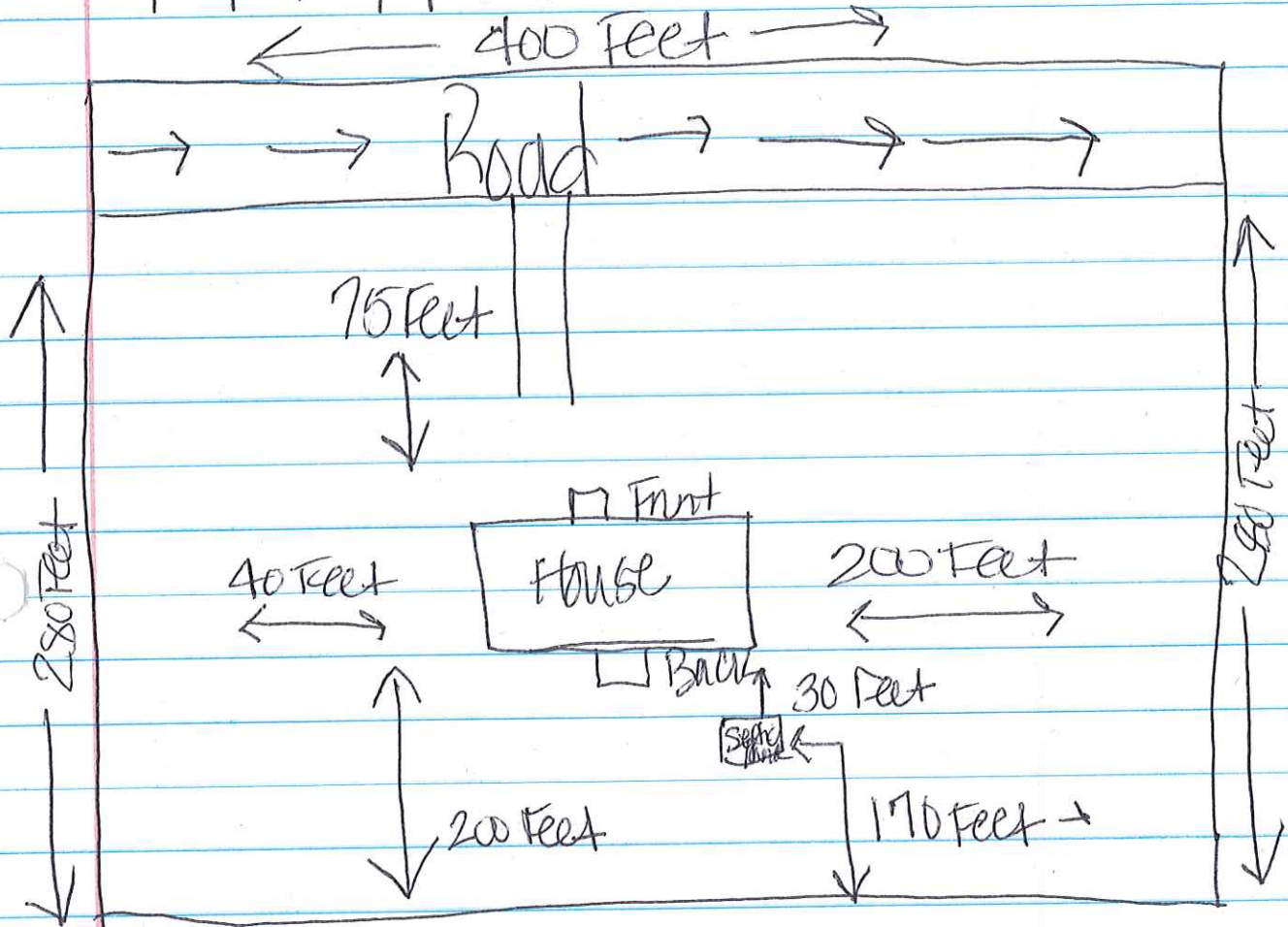
I, Alexis Olive, lost my home due to a house fire at 1215 BO Murphy Rd Canton, MS 39046. I am requesting to put a mobile home back on my land.

If you have any further questions please contact me at 601.761.1435.

Thank You,
Alexis Olive

4/21/22

Plot Plan



Madison County Board of Supervisors
Madison County, Mississippi
E-911 Administrative Office
1633 W. Peace Street
P.O. Box 608
Canton, MS 39046
(t): 601-859-6485 (f): 601-859-4743

Date: 04/18/2022

To: OLIVE ALEXIS

Re: Address for Parcel
082G-25D-012/01.00 (GPS: 32.504257 -90.042827)
Structure: T (MOBILE HOMES)
Subdivision:

Per your request, we have determined your new address to be:

125 BO MURPHY RD
CANTON, MS 39046

Please find enclosed the E-911 ordinance for the maintenance of the Madison County Emergency Response System. We ask for your cooperation in marking your residence or structure as stated per the ordinance. This is very important in emergency response.

Because an address is based on an access point of a structure, please note that for some unforeseen reason the access point that this address assigned from should change, it is very important that you contact our office with the new information.

If you have any additional questions or need further assistance with this matter, please contact our office.

Sincerely,



Jennifer Knight
Madison County E-911 Administration

cc: Postmaster (CANTON)
Madison Co. Sheriff Dept.
Madison Co. Tax Assessor
Madison Co. GIS Dept.
Madison Co. Road Dept.
Madison Co. ESN: 206



P. O. Box 107
Canton, MS 39046

Phone: (601) 856-5969
Fax: (601) 856-8936

April 20, 2022

RE: 125 Bo Murphy
Madison County, Mississippi

To Whom It May Concern:

Bear Creek Water Association is the water provider for the property at 125 Bo Murphy Road. We will provide such service according to our normal Policies and Procedures.

Please contact me if you need any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nolan P. Williamson', with a long, sweeping flourish at the end.

Nolan P. Williamson, P.E.
General Manager

STATE OF MISSISSIPPI
COUNTY OF MADISON

QUITCLAIM DEED

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good, legal and valuable consideration, the receipt and sufficiency of all of which is hereby acknowledged, we undersigned, ABEL CHAMPION, GRANTORS, do hereby sell, convey and quitclaim unto MARK XAVIER OLIVE, GRANTEE, as tenants in common the following described real property as follows, to wit:

From concrete marker on the West margin of the highway right-of-way at the Southeast corner of that land which is conveyed to Nelson Cauthen by Leroy McDowell and Ester Mae McDowell by deed dated November 25, 1960, which deed is recorded in Book 79 of Page 228 in the Chancery Clerk's Office in Canton, Mississippi, which concrete marker is 28.36 chains East of and 14.07 chains South of the Northwest corner of said S 1/2 SE 1/4, Section 25, Township 8 North Range 2 East Madison County, Mississippi, thence run North 17 degrees 3 minutes East 280 feet to and iron stob at the intersection of the West line of the right-of-way of the black topped county road with North Line of a local road 400 feet to a point, which point is the point of beginning, thence run North 17 degrees 3 minutes East 237.5 feet to an iron stob, thence run west along a fence line 795 feet to an iron stake, thence run South 17 degrees 3 minutes West 237.5 feet to a point on the North side of said local road 795 feet to the point of beginning.

1. This conveyance and its warranty are made subject to all applicable building restrictions, restrictive covenants, easements, and mineral reservation of record.
2. This instrument is done without the benefit of a title search at the request of the parties herein involved.

WITNESS MY SIGNATURE this the 18 day of April, 2013.

22⁰⁰ #620

103 DOGWOOD DR
CANYON 39046

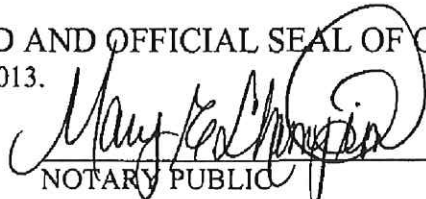
Abel Champion

ABEL CHAMPION

STATE OF MISSISSIPPI
COUNTY OF MADISON

PERSONALLY CAME AND APREARED BEFORE ME, the under-
signed authority in and for the aforesaid jurisdiction, the within named ABEL
CHAMPION, who acknowledged to me that she signed and delivered the above and
foregoing instruments of writing on the day and year therein mentioned.

GIVEN UNDEER MY HAND AND OFFICIAL SEAL OF OFFICE, this the
18 day of April, 2013.



NOTARY PUBLIC

MY COMMISSION EXPIRES

4/5/15



GRANTOR'S ADDRESS Abel Champion
1930 Alcazar Dr
Miramar FL 33024

GRANTEE'S ADDRESS Mark K Olive
125 Eo Murphy Rd
Canton, MS 39046

INDEX: SE 1/4, SECTION 25, TOWNSHIP 8 NORTH, RANGE 2 EAST


Individual On-site Wastewater Disposal System (IOWDS)

Applicant: Alexis Olive 125 Bo Murphy Rd Canton MS 39046	Property: 125 Bo Murphy Rd Canton 39046 Sec: Town: Range: Lot: Property Size: 2.00 Acres 0 Sq.Ft.	ID: 277486/226470 Date: 4/25/2022
--	---	--

Plot Plan (Plat): Type of Dwelling: Residence # of Bedrooms: 4 # of Occupants: 7 Estimated Usage: Gallons per Day Water Supply: Public	System: Status: Existing, Vacant Treatment: Advanced Treatment System Disposal: Spray Irrigation (Disinfected)
--	---

Description
Description content area

Notes: The home that previously occupied the property burned and had been replaced by a new mobile home at the time of my inspection. The home was not tied into the existing advanced treatment system and the system was not in use. A factory authorized representative of Enviro-Flo did visit the property, inspect the system, and provide documentation verifying that it is functioning within manufacturer specifications. He also provided a continuing maintenance agreement. The Health Department cannot predict how the system will respond once put into use. Recommendations for repair have been provided in the event they are needed.	Author: KENNETH EVANS
--	------------------------------

Environmentalist Signature: 	Date: 4/25/2022
---	---------------------------

Permit/Recommendation

This document is proof that a Notice of Intent has been filed as per
Section 41-67-5, Mississippi Code of 1972, Annotated

The Mississippi State Department of Health has examined the soil and terrain of the property indicated below. The following recommendations are made using soil and site analysis principles and our best efforts. The Mississippi State Department of Health makes no warranty or representation as to any wastewater system installed. **Recommendations may be voided if grading or fill changes the soil characteristics or if plat (dwelling or private water well) is changed and/or relocated.**
If you have any questions about your Permit/Recommendation, please contact the environmentalist of record. Current Certified Installers can be verified from www.healthhms.com/wastewater or verified by environmentalists.

Applicant:	Property:	Soil and Site Evaluation:
Alexis Olive 125 Bo Murphy Rd Canton MS 39046	125 Bo Murphy Rd Canton 39046 Section: Township: Range: Subdivision Name Lot Number: Lot Size: 2.00 Acres 0 sq. ft.	Slope: 1.00 % Soil Textures: Top Soil: Silt Loam Sub Soil: Silt Loam Seasonal High Water 6 Inches Restriction 6 Inches Sensitive Water No

Application:	Water Supplier:	Soil and Site Evaluation:
Type of Residence Estimated Usage: 520 GPD Application Type: Existing Residential Inspection (\$100.00)	Drinking Public	ID: 277486/219093 Date Issued: 4/22/2022 Expiration Date: 4/22/2024 Non-transferrable, valid for one (1) year from date issued. Notice of Intent filed: 4/19/2022

GPD = Gallons Per Day N/A = Not Available H = Horizontal T = Triangular

Treatment:			
Septic Tank (with baffles):	N/A	Septic Tank (without baffles):	N/A
		Advanced Treatment System (ATS):	520 GPD

Disposal:		
Maximum Depth	N/A	Backfill Required : 12 inches minimum above the top of aggregate or prod

Aggregate (Gravel/Tire Chips) Options		
Trench (2 ft wide)	N/A	Trench (3 ft wide) N/A Absorption Bed N/A

Aggregate Replacement Options

Large Diameter Pipe	Chambers
Double 6 inch N/A	Total Coverage Area Required N/A
8 inch N/A	Linear Footage Required for Selected Chamber Widths
10 inch N/A	16" N/A 22" N/A 34" N/A

Expanded Polystyrene System (EPS)	Multi-Pipe System (MPS)
3-10H: N/A 1-12H: N/A	MPS - 9 N/A MPS 3609 N/A
3-10T: N/A 2-12H: N/A	MPS - 11 N/A MPS 3611 N/A
3-12H: N/A	MPS - 13 N/A MPS 3613 N/A
	MPS - 14 N/A

ATS Specific Disposal Options	Additional Disposal Options
Drip Irrigation 868 Feet Backfill Require 12 Inches	Elevated Sand Mound
Spray Irrigation 5548 Square Feet Backfill Require N/A	Basal N/A
Overland Discharge	Absorption N/A
1 Point N/A	
2 Point N/A	
4 Point N/A	

General Placement/Location of Soil Boring(s):

Grid area for General Placement/Location of Soil Boring(s).

Notes:

Author: KENNETH EVANS

Next Steps:

Please make several copies of this document (Permit/Recommendation), and supply to the following if applicable:

- * Public utility supplying water, to receive a water meter
- * Certified well driller, if water source is from a private well
- * County Code Office (Planning Department), placement/building permit
- * Certified Installer, for installation

REMINDER: Approval of the design, construction or installation of an Individual On-site Wastewater Disposal System by the Department is required. The Certified Installer is responsible for notifying the Department 24-hours before beginning installation of your Individual On-site Wastewater Disposal System and, at that time, to schedule a time for inspection of the system with the Department.

After the inspection, you must provide the Department with the following to obtain Final Approval:

- * Affidavit - Installation (From the Certified Installer)
- * Affidavit - Maintenance (From you, if an Advanced Treatment System was installed)
- * An additional fee of \$97.50 may be required for Final Approval, if not paid with initial application (Please see "Application" box on this form).

PLEASE BE AWARE, the Department cannot give Final Approval to any installation that occurs without inspection by the Department at the time of installation.

REMINDER: If any person or Certified Installer fails to obtain Final Approval or submit an Affidavit of proper installation to the Department in the installation of the system, the Department, after due notice and hearing, may levy an administrative fine not to exceed \$10,000.00. Also, if any person is operating in the state as an installer without certification by the Department, the Department, after due notice and opportunity for an administrative hearing, may impose a monetary penalty not to exceed \$10,000.00 for each violation as per Section 41-67-7(4) and 41-67-25(8) of the Mississippi Individual On-site Wastewater Disposal System Law.

Environmentalist Signature:

Date:

4/22/2022



NFIRS-1 Basic

A

45004	MS	01	30	2022	GLUCKSTADT FIRE STATION 3 (STATION 3)	2200159	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract:

Street Address
 Intersection
 In Front Of
 Rear Of
 Adjacent To
 Directions
 US National Grid

125	Prefix	BO MURPHY	RD-Road	Suffix
Number	Prefix	Street or Highway	Street Type	Suffix

Apt./Suite/Room	City	State	Zip Code
Canton	MS	39046	

Cross Street

<p>C Incident Type</p> <p style="border: 1px solid black; padding: 2px;">111-Building fire</p>	<p>E1 Dates and Times</p> <p>Alarm <input style="width: 20px;" type="text"/>01 <input style="width: 20px;" type="text"/>30 <input style="width: 20px;" type="text"/>2022 <input style="width: 20px;" type="text"/>15:19</p> <p>Arrival <input style="width: 20px;" type="text"/>01 <input style="width: 20px;" type="text"/>30 <input style="width: 20px;" type="text"/>2022 <input style="width: 20px;" type="text"/>15:22</p> <p>Controlled <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>Last Unit Cleared <input style="width: 20px;" type="text"/>01 <input style="width: 20px;" type="text"/>30 <input style="width: 20px;" type="text"/>2022 <input style="width: 20px;" type="text"/>17:54</p>	<p>E2 Shifts and Alarms</p> <p>A <input style="width: 20px;" type="text"/>1 <input style="width: 20px;" type="text"/>3</p> <p>Shift or Alarms District Platoon</p>				
<p>D Aid Given Or Received</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <tr> <td style="width: 50%; text-align: center;">Their FDID</td> <td style="width: 50%; text-align: center;">Their State</td> </tr> <tr> <td colspan="2" style="text-align: center;">Their Incident Number</td> </tr> </table> <p> <input type="checkbox"/> 1 Mutual Aid Received <input type="checkbox"/> 2 Auto. Aid Received <input type="checkbox"/> 3 Mutual Aid Given <input type="checkbox"/> 4 Auto. Aid Given <input type="checkbox"/> 5 Other Aid Given <input checked="" type="checkbox"/> None </p>	Their FDID	Their State	Their Incident Number			<p>E3 Special Studies</p> <p><input style="width: 40px;" type="text"/>9244 <input style="width: 40px;" type="text"/>4 - Unknown</p> <p>ID# Value</p>
Their FDID	Their State					
Their Incident Number						

<p>F Actions Taken</p> <p style="border: 1px solid black; padding: 2px;">11-Extinguishment by fire service personnel</p> <p>Primary Action Taken</p> <p style="border: 1px solid black; padding: 2px;">12-Salvage & overhaul</p> <p>Additional Action Taken</p> <p style="border: 1px solid black; padding: 2px;">81-Incident command</p> <p>Additional Action Taken</p> <p style="border: 1px solid black; padding: 2px;">86-Investigate</p> <p>Additional Action Taken</p>	<p>G1 Resources</p> <p><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%; text-align: center;">Apparatus</td> <td style="width: 35%; text-align: center;">Personnel</td> </tr> <tr> <td>Suppression</td> <td style="text-align: center;">3</td> <td style="text-align: center;">9</td> </tr> <tr> <td>EMS</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> </table> <p><input type="checkbox"/> Resource counts include aid received resources.</p>		Apparatus	Personnel	Suppression	3	9	EMS	0	0	Other	5	6	<p>G2 Estimated Dollar Losses and Values</p> <p>Losses: Required for all fires if known. Optional for all non-fires.</p> <p>Property: \$ <input style="width: 80px;" type="text"/>129,100.00 <input type="checkbox"/></p> <p>Contents: \$ <input style="width: 80px;" type="text"/>50,000.00 <input type="checkbox"/></p> <p>Pre-Incident Values: Optional None</p> <p>Property: \$ <input style="width: 80px;" type="text"/>129,100.00 <input type="checkbox"/></p> <p>Contents: \$ <input style="width: 80px;" type="text"/> <input checked="" type="checkbox"/></p>
	Apparatus	Personnel												
Suppression	3	9												
EMS	0	0												
Other	5	6												

Completed Modules <input type="checkbox"/> 2 - Fire <input type="checkbox"/> 3 - Structure Fire <input type="checkbox"/> 4 - Civilian Fire Cas. <input type="checkbox"/> 5 - Fire Service Cas. <input type="checkbox"/> 6 - EMS <input type="checkbox"/> 7 - HazMat <input type="checkbox"/> 8 - Wildland Fire <input type="checkbox"/> 9 - Apparatus <input type="checkbox"/> 10 - Personnel <input type="checkbox"/> 11 - Arson	H1 Casualties <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td>Deaths</td> <td>Injuries</td> </tr> <tr> <td>Fire Service</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Civilian</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> </table>		Deaths	Injuries	Fire Service	<input type="text" value="0"/>	<input type="text" value="0"/>	Civilian	<input type="text" value="0"/>	<input type="text" value="0"/>	H3 Hazardous Materials Release <input type="checkbox"/> 1 - Natural Gas <input type="checkbox"/> 2 - Propane Gas <input type="checkbox"/> 3 - Gasoline <input type="checkbox"/> 4 - Kerosene <input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil <input type="checkbox"/> 6 - Household Solvents <input type="checkbox"/> 7 - Motor Oil <input type="checkbox"/> 8 - Paint <input type="checkbox"/> 0 - Other <input checked="" type="checkbox"/> None	I Mixed Use Property <input type="checkbox"/> Not Mixed <input type="checkbox"/> 10 - Assembly Use <input type="checkbox"/> 20 - Education Use <input type="checkbox"/> 33 - Medical Use <input type="checkbox"/> 40 - Residential Use <input type="checkbox"/> 51 - Row Of Stores <input type="checkbox"/> 53 - Enclosed Mall <input type="checkbox"/> 58 - Business and Residential <input type="checkbox"/> 59 - Office Use <input type="checkbox"/> 60 - Industrial Use <input type="checkbox"/> 63 - Military Use <input type="checkbox"/> 65 - Farm Use <input type="checkbox"/> 00 - Other Mixed Use
		Deaths	Injuries									
Fire Service	<input type="text" value="0"/>	<input type="text" value="0"/>										
Civilian	<input type="text" value="0"/>	<input type="text" value="0"/>										
H2 Detector Required for Confined Fires <input type="checkbox"/> 1 - Detector Alerted Occupants <input checked="" type="checkbox"/> 2 - Detector Did Not Alert Them <input type="checkbox"/> 3 - Unknown												

J Property Use <input type="checkbox"/> None Structures <input type="checkbox"/> 131 Church, Place of Worship <input type="checkbox"/> 161 Restaurant or Cafeteria <input type="checkbox"/> 162 Bar/Tavern or Nightclub <input type="checkbox"/> 213 Elementary School, Kindergarten <input type="checkbox"/> 215 High School, Junior High <input type="checkbox"/> 241 College, Adult Education <input type="checkbox"/> 311 Nursing Home <input type="checkbox"/> 331 Hospital	<input type="checkbox"/> 341 Clinic, Clinic-Type Infirmery <input type="checkbox"/> 342 Doctor/Dentist Office <input type="checkbox"/> 361 Prison or Jail, Not Juvenile <input checked="" type="checkbox"/> 419 1- or 2-Family Dwelling <input type="checkbox"/> 429 MultiFamily Dwelling <input type="checkbox"/> 439 Rooming/Boarding House <input type="checkbox"/> 449 Commerical Hotel or Motel <input type="checkbox"/> 459 Residential, Board and Care <input type="checkbox"/> 464 Dormitory/Barracks <input type="checkbox"/> 519 Food and Beverage Sales	<input type="checkbox"/> 539 Household Goods, Sales, Repairs <input type="checkbox"/> 571 Gas or Service Station <input type="checkbox"/> 579 Motor Vehicle/Boat Sales/Repairs <input type="checkbox"/> 599 Business Office <input type="checkbox"/> 615 Electric-Generating Plant <input type="checkbox"/> 629 Laboratory/Science Laboratory <input type="checkbox"/> 700 Manufacturing Plant <input type="checkbox"/> 819 Livestock/Poultry Storage (Barn) <input type="checkbox"/> 882 Non-Residential Parking Garage <input type="checkbox"/> 891 Warehouse
---	---	--

Outside <input type="checkbox"/> 124 Playground or Park <input type="checkbox"/> 655 Crops or Orchard <input type="checkbox"/> 669 Forest (Timberland) <input type="checkbox"/> 807 Outdoor Storage Area <input type="checkbox"/> 919 Dump or Sanitary Landfill <input type="checkbox"/> 931 Open Land or Field <input type="checkbox"/> 936 Vacant Lot	<input type="checkbox"/> 938 Graded/Cared for Plot of Land <input type="checkbox"/> 946 Lake, River, Stream <input type="checkbox"/> 951 Railroad Right-of-Way <input type="checkbox"/> 960 Other Street <input type="checkbox"/> 961 Highway/Divided Highway <input type="checkbox"/> 962 Residential Street/Driveway <input type="checkbox"/> 981 Construction Site <input type="checkbox"/> 984 Industrial Plant Yard	Property Use: <input type="text"/> Description: <input type="text"/> Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
---	---	---

K1

Person/Entity Involved	<input type="text" value="Owner and Occupant"/>	<input type="text" value="6017611438"/>
Local Option	Person/Entity Type	Business Name (if applicable) Phone Number
<input type="text" value="MR-Mr."/>	<input type="text" value="ALEXA"/>	<input type="text" value="OLIVE"/>
Mr., Ms., Mrs.	First Name	MI Last Name Suffix
<input type="text" value="125"/>	<input type="text" value="BO MURPHY"/>	<input type="text" value="RD-Road"/>
Number	Prefix Street or Highway	Street Type Suffix
<input type="text" value="MS"/>	<input type="text" value="39046"/>	<input type="text" value="Canton"/>
Post Office Box	Apt./Suite/Room	City
<input type="text" value="MS"/>	<input type="text" value="39046"/>	<input type="text" value="Canton"/>
State	Zip Code	

K2

Owner	Owner and Occupant		6013986036	
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number	
MR-Mr.	MARK		OLIVE	
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
125		BO MURPHY	RD-Road	
Number	Prefix	Street or Highway	Street Type	Suffix
			Canton	
Post Office Box	Apt./Suite/Room		City	
MS	39046			
State	Zip Code			

L Remarks:

GLUCKSTADT FIRE RESPONDED TO 125 BO MURPHY RD FOR A MOBILE HOME ON FIRE. UPON ARRIVAL, ENGINE 3 ARRIVED ON THE SCENE TO FIND A MOBILE HOME WITH SMOKE SHOWING FROM THE C SIDE OF THE STRUCTURE ALONG WITH FLAMES FROM THE TOP OF THE STRUCTURE THAT HAD SELF-VENTILATED PRIOR TO GFD'S ARRIVAL. ENGINE 3 CONDUCTED A FIRE ATTACK WITH A 1 3/4 ATTACK LINE TO EXTINGUISH THE FIRE. ENGINE 1 RESPONDED ON SCENE AS WELL AS ENGINE 2 TO ASSIST IN THE FIRE ATTACK. ENGINE 1 ASSISTED ENGINE 3 WITH WATER SUPPLY. TWO DOGS WERE RECOVERED FROM THE FIRE. SALVAGE AND OVERHAUL ACTIVITIES WERE CONDUCTED. THE FIRE WAS EXTINGUISHED AND ALL HAZARDS WERE ELIMINATED. GFD RETURNED TO SERVICE.

M Authorization

tarwi7556	TARSI, WILLIAM	CAPTAIN	GLUCKSTADT FIRE STATION 3	01/31/2022
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
perdu6406	PERRY, DUSTIN	FIRE MARSHAL	GLUCKSTADT FIRE STATION 3	01/31/2022
Member Making Report ID	Signature	Position or Rank	Assignment	Date

NFIRS-2 Fire

A	45004	MS	01	30	2022	GLUCKSTADT FIRE STATION 3 (STATION 3)	2200159	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B Property Details</p> <p>B1 <input type="text" value="1"/> <input type="checkbox"/> Not Residential Estimated number of residential living units in the building of origin whether or not all units became involved</p> <p>B2 <input type="text" value="1"/> <input type="checkbox"/> Buildings Not Involved Number of buildings involved</p> <p>B3 <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre Acres burned (outside fires)</p>	<p>C On-Site Materials Or Products</p> <p>On-Site Materials Storage Use</p>
--	---

<p>D Ignition</p> <p>D1 <input type="text" value="24-Cooking area, kitchen"/> Area of Fire Origin</p> <p>D2 <input type="text" value="13-Electrical arcing"/> Heat Source</p> <p>D3 <input type="text" value="15-Interior wall covering excluding drapes, etc."/> Item First Ignited</p> <p>D4 <input type="text" value="41-Plastic"/> Type of Material First Ignited</p>	<p>E1 Cause of Ignition</p> <p><input type="checkbox"/> 1 - Intentional <input checked="" type="checkbox"/> 2 - Unintentional <input type="checkbox"/> 3 - Failure of Equipment or Heat Source <input type="checkbox"/> 4 - Act of Nature <input type="checkbox"/> 5 - Cause Under Investigation <input type="checkbox"/> U - Cause Undetermined After Investigation</p> <hr/> <p>E2 Factors Contributing to Ignition</p> <p><input type="text" value="34-Unspecified short-circuit arc"/> Factor Contributing to Ignition</p>	<p>E3 Human Factors Contributing to Ignition</p> <p>Check all applicable boxes</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> 1 - Asleep <input type="checkbox"/> 2 - Possibly impaired by alcohol or drugs <input type="checkbox"/> 3 - Unattended person <input type="checkbox"/> 4 - Possibly Mentally Disabled <input type="checkbox"/> 5 - Physically Disabled <input type="checkbox"/> 6 - Multiple Persons Involved</p> <hr/> <p><input type="checkbox"/> 7 - Age Was A Factor</p> <p>Estimated Age of Person Involved <input type="text"/> <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
--	---	--

<p>F1 Equipment Involved In Ignition</p> <p><input checked="" type="checkbox"/> Equipment Involved</p> <p>Brand <input type="text"/> Model <input type="text"/> Serial # <input type="text"/> Year <input type="text"/></p>	<p>F2 Equipment Power Source</p> <p><input type="text"/> Equipment Power Source</p> <hr/> <p>F3 Equipment Portability</p> <p><input type="checkbox"/> 1 - Portable <input type="checkbox"/> 2 - Stationary Portable equipment normally can be moved by one or two persons.</p>	<p>G Fire Suppression Factors</p>
---	--	--

<p>H1 Mobile Property Involved</p> <p><input type="checkbox"/> 1 - Not involved in ignition, but burned <input type="checkbox"/> 2 - Involved in ignition, but did not burn <input type="checkbox"/> 3 - Involved in ignition and burned <input checked="" type="checkbox"/> None</p>	<p>H2 Mobile Property Type and Make</p> <p><input type="text"/> Mobile Property Type</p> <p><input type="text"/> Mobile Property Make</p> <hr/> <p><input type="text"/> Year</p> <hr/> <p><input type="text"/> VIN</p>	<p>Local Use</p> <p><input type="checkbox"/> Pre-Fire Plan Available <input type="checkbox"/> Arson Report Attached <input type="checkbox"/> Police Report Attached <input type="checkbox"/> Coroner Report Attached <input type="checkbox"/> Other Reports Attached</p> <hr/> <hr/> <hr/> <hr/>
<p><input type="text"/> Mobile Property Model</p> <hr/> <p>State <input type="text"/> License Plate Number <input type="text"/></p>		

NFIRS-3 Structure Fire

I1 Structure Type <input checked="" type="checkbox"/> 1 - Enclosed Building <input type="checkbox"/> 2 - Portable/Mobile Structure <input type="checkbox"/> 3 - Open Structure <input type="checkbox"/> 4 - Air-Supported Structure <input type="checkbox"/> 5 - Tent <input type="checkbox"/> 6 - Open Platform <input type="checkbox"/> 7 - Underground Structure <input type="checkbox"/> 8 - Connective Structure <input type="checkbox"/> 0 - Other	I2 Building Status <input type="checkbox"/> 1 - Under Construction <input checked="" type="checkbox"/> 2 - In Normal Use <input type="checkbox"/> 3 - Idle, Not Routinely Used <input type="checkbox"/> 4 - Under Major Renovation <input type="checkbox"/> 5 - Vacant and Secured <input type="checkbox"/> 6 - Vacant and Unsecured <input type="checkbox"/> 7 - Being Demolished <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	I3 Building Height <div style="border: 1px solid black; width: 20px; text-align: center; margin-bottom: 5px;">1</div> Number of Stories At/Above Grade <div style="border: 1px solid black; width: 20px; text-align: center; margin-bottom: 5px;">1</div> Number of Stories Below Grade	I4 Main Floor Size <div style="border: 1px solid black; width: 50px; text-align: center; margin-bottom: 5px;">2240</div> Total Square Feet OR <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> BY <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> Length (ft) X Width (ft)
J1 Fire Origin <div style="border: 1px solid black; width: 20px; text-align: center; margin-bottom: 5px;">1</div> <input type="checkbox"/> Below Grade Story of Fire Origin	J3 Number of Stories Damaged By Flame <input type="checkbox"/> Number of Stories w/Minor Damage (1-24%) <input type="checkbox"/> Number of Stories w/Significant Damage (25-49%) <input type="checkbox"/> Number of Stories w/Heavy Damage (50-74%) <input type="checkbox"/> Number of Stories w/Extreme Damage (75-100%) <i>*Count the roof as part of the highest story</i>	K Type of Material Contributing Most to Flame Spread K1 <input type="checkbox"/> Item Contributing Most to Flame Spread K2 <input type="checkbox"/> Type of Material Contributing Most To Flame Spread	
J2 Fire Spread <input type="checkbox"/> Confined to Object of Origin <input type="checkbox"/> 2 - Confined to Room of Origin <input type="checkbox"/> 3 - Confined to Floor of Origin <input checked="" type="checkbox"/> 4 - Confined to Building of Origin <input type="checkbox"/> 5 - Beyond Building of Origin	L1 Presence of Detectors <input type="checkbox"/> N - None Present <input checked="" type="checkbox"/> 1 - Present <input type="checkbox"/> U - Undetermined	L3 Detector Power Supply <input type="checkbox"/> 1 - Battery Only <input type="checkbox"/> 2 - Hardwire Only <input type="checkbox"/> 3 - Plug-In <input checked="" type="checkbox"/> 4 - Hardwire With Battery <input type="checkbox"/> 5 - Plug-In With Battery <input type="checkbox"/> 6 - Mechanical <input type="checkbox"/> 7 - Multiple Detectors & Power Supplies <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	L5 Detector Effectiveness <input type="checkbox"/> 1 - Alerted Occupants, Occupants Responded <input type="checkbox"/> 2 - Alerted Occupants, Occupants Failed to Respond <input checked="" type="checkbox"/> 3 - There Were No Occupants <input type="checkbox"/> 4 - Failed to Alert Occupants <input type="checkbox"/> U - Undetermined
L2 Detector Type <input type="checkbox"/> 1 - Smoke <input type="checkbox"/> 2 - Heat <input checked="" type="checkbox"/> 3 - Combination of Smoke and Heat <input type="checkbox"/> 4 - Sprinkler, Water Flow Detection <input type="checkbox"/> 5 - More Than One Type Present <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	L4 Detector Operation <input type="checkbox"/> 1 - Fire Too Small To Activate <input checked="" type="checkbox"/> 2 - Operated <input type="checkbox"/> 3 - Failed To Operate <input type="checkbox"/> U - Undetermined	L6 Detector Failure Reason <input type="checkbox"/> 1 - Power Failure, Shutoff, or Disconnect <input type="checkbox"/> 2 - Improper Installation or Placement <input type="checkbox"/> 3 - Defective <input type="checkbox"/> 4 - Lack of Maintenance, Dirty <input type="checkbox"/> 5 - Battery Missing or Disconnected <input type="checkbox"/> 6 - Battery Discharged or Dead <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	
M1 Presence of Automatic Extinguishing System <input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input type="checkbox"/> U - Undetermined	M3 Operation of Automatic Extinguishing System <input type="checkbox"/> 1 - Operated/Effective <input type="checkbox"/> 2 - Operated/Not Effective <input type="checkbox"/> 3 - Fire Too Small To Activate <input type="checkbox"/> 4 - Failed To Operate <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined <i>Required if fire was within designed range</i>	M5 Reason for Automatic Extinguishing System Failure <input type="checkbox"/> 1 - System Shut Off <input type="checkbox"/> 2 - Not Enough Agent Discharged <input type="checkbox"/> 3 - Agent Discharged But Did Not Reach Fire <input type="checkbox"/> 4 - Wrong Type of System <input type="checkbox"/> 5 - Fire Not In Area Protected <input type="checkbox"/> 6 - System Components Damaged <input type="checkbox"/> 7 - Lack of Maintenance <input type="checkbox"/> 8 - Manual Intervention <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined <i>Required if system failed or not effective</i>	
M2 Type of Automatic Extinguishing System <input type="checkbox"/> 1 - Wet-Pipe Sprinkler <input type="checkbox"/> 2 - Dry-Pipe Sprinkler <input type="checkbox"/> 3 - Other Sprinkler System <input type="checkbox"/> 4 - Dry Chemical System <input type="checkbox"/> 5 - Foam System <input type="checkbox"/> 6 - Halogen-Type System <input type="checkbox"/> 7 - Carbon Dioxide System <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined <i>Required if fire was within designed range of AES</i>	M4 Number of Sprinkler Heads Operating <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <i>Required if system operated</i>		

NFIRS-9 Apparatus or Resources

A

45004	MS	01	30	2022	GLUCKSTADT FIRE STATION 3 (STATION 3)	2200159	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B

Apparatus/Resource	Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken
ID: <input type="text" value="C1"/> Type: <input type="text" value="92-Chief officer car"/>	Dispatch: <input type="text" value="01/30/2022"/> <input type="text" value="15:19"/> Arrival: <input type="text" value="01/30/2022"/> <input type="text" value="15:22"/> Clear: <input type="text" value="01/30/2022"/> <input type="text" value="17:54"/>	<input type="checkbox"/> Sent <input type="text" value="2"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="11-Extinguishment by fire service personnel"/>
ID: <input type="text" value="COM 1"/> Type: <input type="text" value="92-Chief officer car"/>	Dispatch: <input type="text" value="01/30/2022"/> <input type="text" value="15:19"/> Arrival: <input type="text" value="01/30/2022"/> <input type="text" value="15:22"/> Clear: <input type="text" value="01/30/2022"/> <input type="text" value="17:54"/>	<input checked="" type="checkbox"/> Sent <input type="text" value="1"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="81-Incident command"/>
ID: <input type="text" value="ENG1"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="01/30/2022"/> <input type="text" value="15:19"/> Arrival: <input type="text" value="01/30/2022"/> <input type="text" value="15:22"/> Clear: <input type="text" value="01/30/2022"/> <input type="text" value="17:54"/>	<input type="checkbox"/> Sent <input type="text" value="3"/>		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="11-Extinguishment by fire service personnel"/>
ID: <input type="text" value="ENG2"/> Type: <input type="text" value="10-Ground fire suppression, other"/>	Dispatch: <input type="text" value="01/30/2022"/> <input type="text" value="15:19"/> Arrival: <input type="text" value="01/30/2022"/> <input type="text" value="15:22"/> Clear: <input type="text" value="01/30/2022"/> <input type="text" value="17:54"/>	<input type="checkbox"/> Sent <input type="text" value="3"/>		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="11-Extinguishment by fire service personnel"/> <input type="text" value="12-Salvage & overhaul"/>
ID: <input type="text" value="ENG3"/> Type: <input type="text" value="10-Ground fire suppression, other"/>	Dispatch: <input type="text" value="01/30/2022"/> <input type="text" value="15:19"/> Arrival: <input type="text" value="01/30/2022"/> <input type="text" value="15:22"/> Clear: <input type="text" value="01/30/2022"/> <input type="text" value="17:54"/>	<input type="checkbox"/> Sent <input type="text" value="3"/>		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="11-Extinguishment by fire service personnel"/>
ID: <input type="text" value="FM-1"/> Type: <input type="text" value="92-Chief officer car"/>	Dispatch: <input type="text" value="01/30/2022"/> <input type="text" value="15:19"/> Arrival: <input type="text" value="01/30/2022"/> <input type="text" value="15:22"/> Clear: <input type="text" value="01/30/2022"/> <input type="text" value="17:54"/>	<input type="checkbox"/> Sent <input type="text" value="1"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="86-Investigate"/> <input type="text"/> <input type="text"/> <input type="text"/>
ID: <input type="text" value="POV"/> Type: <input type="text" value="99-Privately owned vehicle"/>	Dispatch: <input type="text" value="01/30/2022"/> <input type="text" value="15:19"/> Arrival: <input type="text" value="01/30/2022"/> <input type="text" value="15:22"/> Clear: <input type="text" value="01/30/2022"/> <input type="text" value="17:54"/>	<input type="checkbox"/> Sent <input type="text" value="1"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="11-Extinguishment by fire service personnel"/>
ID: <input type="text" value="POV"/> Type: <input type="text" value="99-Privately owned vehicle"/>	Dispatch: <input type="text" value="01/30/2022"/> <input type="text" value="15:19"/> Arrival: <input type="text" value="01/30/2022"/> <input type="text" value="15:22"/> Clear: <input type="text" value="01/30/2022"/> <input type="text" value="17:54"/>	<input type="checkbox"/> Sent <input type="text" value="1"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="11-Extinguishment by fire service personnel"/>

NFIRS-10 Personnel

A	45004	MS	01	30	2022	GLUCKSTADT FIRE STATION 3 (STATION 3)	2200159	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

B Apparatus/Resource		Dates/Times		Sent	Number of People	Apparatus Use	Actions Taken	
ID:	C1	Dispatch:	01/30/2022	15:19	<input checked="" type="checkbox"/> Sent	2	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	11-Extinguishment by fire service personnel
Type:	92-Chief officer car	Arrival:	01/30/2022	15:22				
		Clear:	01/30/2022	17:54				
Personnel ID	Name	Rank	Role	Attend	Actions Taken			
davhe0220	DAVIS, HENRY	CHIEF	5588001-Driver	<input type="checkbox"/>	<input type="checkbox"/>			
rusni4075	RUSHTON, NICK	CAPTAIN	5588002-Officer	<input type="checkbox"/>	<input type="checkbox"/>			
ID:	COM 1	Dispatch:	01/30/2022	15:19	<input checked="" type="checkbox"/> Sent	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	81-Incident command
Type:	92-Chief officer car	Arrival:	01/30/2022	15:22				
		Clear:	01/30/2022	17:54				
Personnel ID	Name	Rank	Role	Attend	Actions Taken			
tarwi7556	TARSI, WILLIAM	CAPTAIN	5588001-Driver	<input type="checkbox"/>	<input type="checkbox"/>			
ID:	ENG1	Dispatch:	01/30/2022	15:19	<input checked="" type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11-Extinguishment by fire service personnel
Type:	11-Engine	Arrival:	01/30/2022	15:22				
		Clear:	01/30/2022	17:54				
Personnel ID	Name	Rank	Role	Attend	Actions Taken			
sprmi5427	SPRINGER, MICHAEL	PRIVATE	5588001-Driver	<input type="checkbox"/>	<input type="checkbox"/>			
THOAN9778	THOMPSON, ANDREW	PRIVATE	5588002-Officer	<input type="checkbox"/>	<input type="checkbox"/>			
WILTA1099	WILLIAMS, TAMARCUS	PRIVATE	5588004-Crew 3	<input type="checkbox"/>	<input type="checkbox"/>			
ID:	ENG2	Dispatch:	01/30/2022	15:19	<input checked="" type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11-Extinguishment by fire service personnel 12-Salvage & overhaul
Type:	10-Ground fire suppression, other	Arrival:	01/30/2022	15:22				
		Clear:	01/30/2022	17:54				
Personnel ID	Name	Rank	Role	Attend	Actions Taken			
ACYCO0124	ACY, COLBY		5588004-Crew 3	<input type="checkbox"/>	<input type="checkbox"/>			
DIVAN8816	DIVINE JR, ANDY	PRIVATE	5588002-Officer	<input type="checkbox"/>	<input type="checkbox"/>			
WASAN4981	WASHINGTON, ANTHONY	PRIVATE	5588001-Driver	<input type="checkbox"/>	<input type="checkbox"/>			
ID:	ENG3	Dispatch:	01/30/2022	15:19	<input checked="" type="checkbox"/> Sent	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11-Extinguishment by fire service personnel
Type:	10-Ground fire suppression, other	Arrival:	01/30/2022	15:22				
		Clear:	01/30/2022	17:54				
Personnel ID	Name	Rank	Role	Attend	Actions Taken			
GIBER4392	GIBBS, ERIC	PRIVATE	5588001-Driver	<input type="checkbox"/>	<input type="checkbox"/>			
JONKE4474	JONES, KELVIN	PRIVATE	5588004-Crew 3	<input type="checkbox"/>	<input type="checkbox"/>			
perch8870	PERRY, CHAD	PRIVATE	5588002-Officer	<input type="checkbox"/>	<input type="checkbox"/>			

ID:	FM-1	Dispatch:	01/30/2022	15:19	<input type="checkbox"/> Sent	1	<input type="checkbox"/> Suppression	86-Investigate
Type:	92-Chief officer car	Arrival:	01/30/2022	15:22			<input type="checkbox"/> EMS	<input type="checkbox"/>
		Clear:	01/30/2022	17:54			<input checked="" type="checkbox"/> Other	<input type="checkbox"/>
Personnel ID	Name	Rank	Role	Attend	Actions Taken			
perdu6406	PERRY, DUSTIN	FIRE MARSHAL	5588001-Driver	<input type="checkbox"/>	<input type="checkbox"/>			

ID:	POV	Dispatch:	01/30/2022	15:19	<input type="checkbox"/> Sent	1	<input type="checkbox"/> Suppression	11-Extinguishment by fire service personnel
Type:	99-Privately owned vehicle	Arrival:	01/30/2022	15:22			<input type="checkbox"/> EMS	<input type="checkbox"/>
		Clear:	01/30/2022	17:54			<input checked="" type="checkbox"/> Other	<input type="checkbox"/>
Personnel ID	Name	Rank	Role	Attend	Actions Taken			
landa3592	LANDRUM, DAMETRI	PRIVATE	5588001-Driver	<input type="checkbox"/>	<input type="checkbox"/>	11-Extinguishment by fire service personnel		

ID:	POV	Dispatch:	01/30/2022	15:19	<input type="checkbox"/> Sent	1	<input type="checkbox"/> Suppression	11-Extinguishment by fire service personnel
Type:	99-Privately owned vehicle	Arrival:	01/30/2022	15:22			<input type="checkbox"/> EMS	<input type="checkbox"/>
		Clear:	01/30/2022	17:54			<input checked="" type="checkbox"/> Other	<input type="checkbox"/>
Personnel ID	Name	Rank	Role	Attend	Actions Taken			
minke5937	MINNINGER, KERRY	PRIVATE		<input type="checkbox"/>	<input type="checkbox"/>	11-Extinguishment by fire service personnel		

NFIRS-1S Supplemental

A

45004	MS	01	30	2022	GLUCKSTADT FIRE STATION 3 (STATION 3)	2200159	0
FDID	State	Month	Day	Year	Station	Number	Exposure

Apparatus Narrative for ENG1:

E-1 WAS THE SECOND DUE ENGINE TO ARRIVE ON SCENE. NO FH WAS IN RANGE SO E-1 MADE A CONNECTION TO E-3 FOR WATER SUPPLY. E-1A&C PULLED A SECOND 1-3/4 ATTACK LINE AND ADVANCED IT TO THE REAR OF THE STRUCTURE. E-1A&C MADE ENTRY THROUGH THE BACK GLASS SLIDING DOOR AND MADE A FIRE ATTACK. E-1A&C WERE ABLE TO KNOCK THE FIRE DOWN AND GET IT CONTROLLED. E-1A&C CONTINUED TO WORK ON HOT SPOTS AND FLARE UPS. E-1A_C PULLED THE CEILING IN MULTIPLE ROOMS AND CONTINUED TO EXTINGUISH THE FIRE. E-1A CALLED FOR AN ATTIC LADDER AND MADE ENTRY INTO THE ATTIC SPACE AND WAS ABLE TO FULLY EXTINGUISH THE FIRE. E-1A THEN APPLIED COPIOUS AMOUNTS OF FOAM TO THE BURNT AREAS OF THE STRUCTURE. AFTER THE FIRE WAS OUT E-1 WAS CLEARED TO RETURN TO SERVICE BY COMMAND ON SCENE. E-1 RETURNED TO THE STATION AND PUT E-1 BACK IN SERVICE.

Apparatus Narrative for ENG2:

ENGINE TWO RESPONDED TO ABOVE LOCATION FOR A STRUCTURE FIRE. UPON ARRIVAL ENGINE TWO MADE CONTACT WITH COMMAND AND WAS GIVEN THE TASK OF WATER SUPPLY FOR ENGINE THREE, AND TO RELIEVE INTERIOR ATTACK CREW. ENGINE TWO GAVE 1000 GALLONS OF WATER TO ENGINE THREE. CREWS THEN WENT TO RELIEVE THE INTERIOR ATTACK CREW AND EXTINGUISHED ALL ACTIVE FIRE. CREWS WERE THEN GIVEN THE TASK OF SALVAGE AND OVERHAUL, AND CHECKED FOR HOT SPOTS AND EXTENSION. ONCE THE OVERHAUL PROCESS WAS COMPLETE, ENGINE TWO WAS THEN RELEASED FROM THE SCENE. ENGINE TWO ARRIVED AT STATION ONE TO REFILL WATER TANK, SCBA BOTTLES AND RETURN THE TRUCK TO SERVICE. ENGINE TWO THE RETURNED TO SERVICE AND RESUMED NORMAL OPERATIONS.

Apparatus Narrative for ENG3:

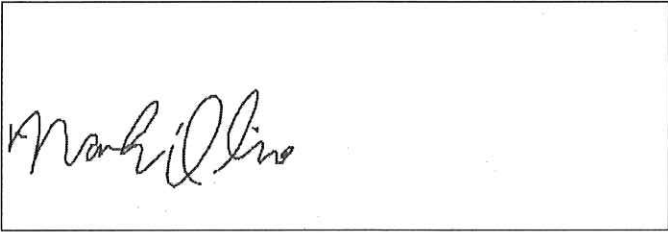
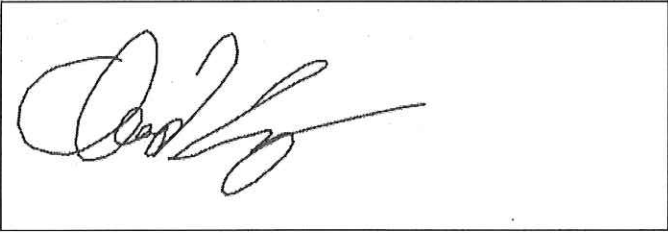
ENGINE THREE WAS DISPATCHED TO THE LISTED LOCATION FOR A MOBILE HOME ON FIRE. UPON ARRIVAL ENGINE THREE CREW FOUND A MOBILE HOME APPROXIMATELY 40% INVOLVED. ENGINE THREE PULLED ON SCENE AND ESTABLISHED ATTACK LINES FROM ENGINE THREE TO THE STRUCTURE. ENGINE THREE PULLED A CROSSLAY AND ENGINE THREE A AND C ADVANCED THE HOSE LINE TO THE FRONT DOOR, AS ENGINE THREE B PUT THE ENGINE IN PUMP GEAR AND AND GOT WATER TO THE HOSE LINE. ENGINE THREE A AND C ADVANCE THE HOSE LINE INTO THE FRONT DOOR AND SPRAYED WATER ON THE SEAT OF THE FIRE THAT APPEARED TO BE LOCATED IN THE KITCHEN AREA OF THE HOME. ENGINE THREE A AND C THE BEGAN TO PUT OUT THE FIRE THAT HAD SPREAD FROM THE KITCHEN AREA INTO OTHER AREA OF THE HOME. ENGINE THREE A AND C THEN BEGAN TO PULL CEILING TO EXPOSE ANY FIRE EXTENSION AND PROCEEDED TO EXTINGUISH THE FIRE EXTENSION AREA FOUND. ENGINE THREE CREW THE PERFORMED SALVAGE AND OVERHAUL. AFTER ALL TASK WERE COMPLETE ENGINE THREE CREW THEN BEGAN TO CLEAN UP HOSE AND TOOL AND GET THE ENGINE BACK IN SERVICE.

Apparatus Narrative for FM-1:

I (DUSTIN PERRY, CFEI) RESPONDED TO THE LISTED LOCATION FOR A HOUSE FIRE. I ARRIVED ON LOCATION TO FIND COMBAT CREWS FIGHTING FIRE. I WAITED UNTIL THE CREWS WERE FINISHED EXTINGUISHING THE FLAMES TO CONDUCT MY INVESTIGATION. I CONDUCTED MY INVESTIGATION IN A SYSTEMIC WAY UTILIZING THE SCIENTIFIC METHOD. THE AREA OF ORIGIN WAS ALONG THE BACK WALL NEXT TO THE SLIDING GLASS DOOR. AFTER FURTHER INVESTIGATION IT WAS DETERMINED THAT THE FIRE WAS ACCIDENTAL AND UNINTENTIONAL. THE CAUSE OF THE FIRE IS UNDETERMINED BUT CAN NOT RULE OUT THE BACK ELECTRICAL OUTLET AS THE CAUSE.

DUSTIN PERRY, CFEI

Consent to Search

Consent to Search		
Question	Answer	Notes
Having been informed of my constitutional right not to have a search made of my premises without a search warrant, of my right to refuse to consent to such a search, and of my right to revoke my consent to search at any time, I hereby authorize the officer(s)/agent(s) of the responding Fire department, local law enforcement agency(ies), and/or the State Fire Marshal's Office to conduct a complete search of the property listed within this incident report and its contents, which are owned and controlled by me. These officer(s)/agent(s) may remove any items, letters, papers, materials, or other property which they may require as evidence in the case(s) under investigation. This written permission is being given by me voluntarily and without threats, promises, or coercion of any kind.		
Description of resident, object, or vehicle to be searched	OCCUPIED MOBILE HOME	
Name, Title, and Agency of Officer/Agent	DUSTIN PERRY, GFD, CFEI	
Name, Title, and Agency of Officer/Agent	JOEL EVANS, MCSO	
Name, Title, and Agency of Officer/Agent	PETE ADCOCK, MS STATE FIRE MARSHALS OFFICE	
Printed Name of Owner/Occupant	ALEXA OLIVE	
Date/Time	01/30/2022 17:47:59	
Signature of Owner/Occupant		
Printed Name of Witness	CHAD PERRY	
Date/Time	01/30/2022 17:49:05	
Signature of Witness		
Printed Name of Additional Witness		
Date/Time		
Signature of Additional Witness		