

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 1509 - 01

Street address 271 Petaluma BLVD N
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection
 In front of
 Rear of
 Adjacent to
 Directions

Petaluma CA 94952
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

C Incident Type *
441 Heat from short circuit
 Incident Type

D Aid Given or Received*

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

Their FDID Their State
 Their Incident Number

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm Date. ALARM always required

Alarm * 06 10 2011 05:44:00
 Month Day Year Hr Min Sec

Arrival * 06 10 2011 05:50:13
 ARRIVAL required, unless canceled or did not arrive

Controlled
 CONTROLLED Optional, except for wildland fires

Last Unit Cleared 06 10 2011 06:58:03
 LAST UNIT CLEARED, required except for wildland fires

E2 Shift & Alarms Local Option
B 12
 Shift or Alarms District Platoon

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

F Actions Taken *

86 Investigate
 Primary Action Taken (1)

51 Ventilate
 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

EMS
 Other 0001 0003

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 \$, 000 , 000
 Contents \$, 000 , 000

PRE-INCIDENT VALUE: Optional
 Property \$, 000 , 000
 Contents \$, 000 , 000

Completed Modules

Fire-2
 Structural-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
 0 Unknown

H3 Hazardous Materials Release

None
 1 Natural Gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: < 1 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

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

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

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 Property Use 569
Professional supplies,

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 _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

L Remarks
Local Option

Engine 9381 responded code 2 for a smoke check at 271 Petaluma Blvd. N. at Dunaway's Paint Store. Upon our arrival we were met by a store employee who stated when he got to work he noticed smoke down to about 4 feet off of the floor of the store. After investigation of the smoke source we found that old or faulty wire inside the conduit from the meter to the breaker box had come into contact with one another melting the smart meter and the mounting box of the meter. Some of the wood was burnt around the area as well. The smoldering of the wood and plastic over what appeared to be an extended amount of time caused the smoke in the building. PG&E was called to the scene to isolate the meter and shut down the power to the building before Engine 9381 checked for extension. The incident was brought under control and left in the hands of the business owner.

Business owner: Mike Dunaway
Phone- 762-7474
Mobile- 953-0604
06/10/2011 07:18:59 mmedeiro

L Authorization

2672	Medeiros, Mike	020		06	10	2011
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year

Check Box if same as Officer in charge. 2672

2672	Medeiros, Mike	020		06	10	2011
Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year

B Apparatus or * Resource	Date and Times						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	
	Check if same as alarm date										
	Month	Day	Year	Hour	Min						
1 ID <u>9381</u> Type <u>11</u>	Dispatch	<input checked="" type="checkbox"/>	<u>6</u>	<u>10</u>	<u>2011</u>	<u>05:44</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival	<input checked="" type="checkbox"/>	<u>6</u>	<u>10</u>	<u>2011</u>	<u>05:50</u>	<input type="checkbox"/>			<u> </u>	<u> </u>
	Clear	<input checked="" type="checkbox"/>	<u>6</u>	<u>10</u>	<u>2011</u>	<u>06:58</u>	<input type="checkbox"/>			<u> </u>	<u> </u>
2 ID <u> </u> Type <u> </u>	Dispatch	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<u> </u>	<u> </u>
	Clear	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<u> </u>	<u> </u>
3 ID <u> </u> Type <u> </u>	Dispatch	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<u> </u>	<u> </u>
	Clear	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<u> </u>	<u> </u>
4 ID <u> </u> Type <u> </u>	Dispatch	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<u> </u>	<u> </u>
	Clear	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<u> </u>	<u> </u>
5 ID <u> </u> Type <u> </u>	Dispatch	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<u> </u>	<u> </u>
	Clear	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<u> </u>	<u> </u>
6 ID <u> </u> Type <u> </u>	Dispatch	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<u> </u>	<u> </u>
	Clear	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<u> </u>	<u> </u>
7 ID <u> </u> Type <u> </u>	Dispatch	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<u> </u>	<u> </u>
	Clear	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<u> </u>	<u> </u>
8 ID <u> </u> Type <u> </u>	Dispatch	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<u> </u>	<u> </u>
	Clear	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<u> </u>	<u> </u>
9 ID <u> </u> Type <u> </u>	Dispatch	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<u> </u>	<u> </u>
	Clear	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<u> </u>	<u> </u>

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;"> <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 <p>NV None
UU Undetermined</p> |
|---|---|---|