

# United States Fire Administration



**Technical Report Series**

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**Ramada Inn  
Air Crash and Fire  
Wayne Township, Indiana**



**Federal Emergency Management Agency**

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**United States Fire Administration  
National Fire Data Center**

**Ramada Inn  
Air Crash and Fire  
Wayne Township, Indiana  
(October 20, 1987)**

**Investigated by: Randolph E. Kirby**

**This is Report 014 of the Major Fires Investigation Project conducted by TriData Corporation under contract EMW-86-C-2277 to the United States Fire Administration, Federal Emergency Management Agency.**



**Federal Emergency Management Agency**



**United States Fire Administration  
National Fire Data Center**

## SUMMARY OF KEY ISSUES

Issues	Comments
Cause of Fire	Military aircraft crashed into building, igniting its fuel.
Fire Fighting	Airport Fire Department arrived in one minute. Fire knocked down within three minutes - example of having right equipment at the right time.  Lack of information on whether plane was armed partially delayed search efforts. Quicker access to military is needed.
Building Structure	Building held up well. Was soundly constructed, with masonry and fire proof steel components.  Flexicore concrete panels in floor/ceiling assembly helped channel heat away from fire source.  Double pane windows prevented fire and smoke from entering building in many areas.  Interior walls and doors restricted or impeded movement of fire and smoke.
Fire Protection Equipment	Smoke alarms in each room and automatic fire alarm alerted guests and employees. There was no sprinkler system.

## SUMMARY OF KEY ISSUES (cont'd)

Issues	Comments
Incident Command	Strong, coordinated command, through most of incident.  Wayne Township Fire Department's Disaster Plan was successfully used.
Evacuation	Guests and employees evacuated on their own upon hearing fire and smoke alarms.  Difficulty in accounting for all guests and employees.
Communications	Problems with communications among fire departments, especially between vehicles.
Media Relations	Wayne Township Fire Chief gave frequent press releases. Used media to request hotel guests to report in. Proactive media relations successfully minimized distraction from fire fighting effort.

**RAMADA INN  
AIR CRASH AND FIRE**

**Wayne Township, Indiana, October 20, 1987**

**Investigated by: Randolph E. Kirby**

**Local Contacts: Chief Richard Lamb  
Wayne Township Fire Department  
6456 West Ohio Street  
Indianapolis, Indiana 46241  
(317) 247-8501**

**Chief Jim Underwood  
Indianapolis Airport Fire Department  
2500 S. High School Road  
Indianapolis, Indiana  
(317) 248-5089**

**Marshal Larry Bosell  
Indiana State Fire Marshal  
Suite 900  
1099 N. Meridan Street  
Indianapolis, Indiana 46204**

**OVERVIEW**

On October 20, 1987 at 0911, the control tower at the Indianapolis Airport was advised by the pilot of an A-7D Corsair single-engine military aircraft of an intended emergency landing due to engine failure. The Airport Fire Department began its normal response to set up on the intended runway.

Due to low weather ceiling and poor visibility the plane overshot the intended runway, circled the airport and attempted to fly to an alternate runway. The Fire Department, having seen this, attempted to follow the aircraft. The pilot, unable to maintain altitude, ejected from the aircraft at approximately 500 feet.

The unoccupied aircraft careened off the roof of a Bank One branch building in the 5600 block of Bradbury Avenue in Wayne Township, crossed the street, hit an embankment, went airborne for approximately 25 feet and bellied into the front of the Ramada Inn. The aircraft shattered into many pieces, sending the cockpit and engine into the lobby and its wings to the top of the carport and upper floors of the hotel, simultaneously igniting its approximately 20,000 lbs. of fuel. Nine employees of the hotel were killed, all in the lobby and areas adjacent to the lobby. Four non-fire fighters were injured: an employee, a visitor to the hotel, a guest and the pilot. The visitor's injuries were critical. In addition, three fire fighters were injured. (See in Appendix 3.)

Arriving within one minute of the aircraft's impact, the Airport Fire Department crash crew began a fire suppression and rescue operation which later proved to be the most important factor in minimizing deaths and injuries.

## **STRUCTURES AND CODES**

**Ramada Inn** -- The Ramada Inn is a 7-story brick building with 165 rooms. It is located in an area called Park Fletcher within the Wayne Township jurisdiction, less than one half mile from the airport, and in close proximity to other hotels, and manufacturing and commercial buildings. The Ramada has enjoyed a very good fire history and fire code compliance. It was built approximately 20 years ago under the I.C.B.O. code and is constructed entirely of fire resistant materials. The structure is steel reinforced concrete with masonry block walls between rooms, and floor-ceiling assemblies of Flexicore panels.

The exit corridors are at least one hour fire-rated. Each of the seven floors is served by two fire proof stairwells located on opposite ends of the building. The first floor is 200 ft. x 100 ft; the tower section (second through seventh floors) is 200 ft. x 40 ft. The interior finishes are primarily vinyl wall coverings and commercial grade wall-to-wall carpet.

The first floor exiting is by way of corridors to the east and south of the building and front lobby. The kitchen and banquet rooms exit directly to the outside on the south end of the building. The restaurant and cocktail lounge have exits directly to the outside at the north side of the building as well as through the lobby. The second through the seventh floors exit through a center interior corridor to a fire tower located at each end of the corridor.

**Bank One** -- The Bank One building, located directly across from the front entrance of the Ramada Inn, is a one-story building, approximately 60 ft, x 60 ft. It is constructed of masonry material with a steel joist supported flat roof assembly. Both the bank and the Ramada Inn are on Bradbury Avenue,

## **OCCUPANTS**

Approximately 130 guests were registered at the Ramada Inn the day of the fire plus an unknown number of employees. A hotel staff meeting was scheduled to take place on October 20, the day of the fire, but had been cancelled the day before. Therefore not as many employees were in the hotel at the time of the fire as might have been.

In July of 1987, following a mattress fire, the Wayne Township Fire Department had instructed the employees of this hotel in fire safety. This included procedures to follow regarding fire department notification and building evacuation. Thus, the employees had had recent fire safety training at the time of the fire; none were injured after the initial crash.

## **FIRE PROTECTION SYSTEMS AND EQUIPMENT**

The Ramada Inn has a six inch standpipe system with two 1 1/2 inch hose outlets located on every floor, one at each end of the corridor. Portable fire extinguishers are located in the same areas. The building is equipped with an automatic fire alarm system and smoke detectors in each room. It is not equipped with an automatic sprinkler system.

The water grid system servicing the area around the motel is considered very good by fire department authorities. Fire hydrants are located strategically in close proximity to the Ramada. There was plenty of water for fire fighting.

## **FIRE DEPARTMENT EQUIPMENT AND TRAINING**

The Wayne Township Fire Department has five fire stations with approximately 350 volunteer fire fighters. The department operates ten engines, three trucks, five advanced life support units, and three basic life support units. It is one of the largest and best organized volunteer departments in the nation.

The Indianapolis Airport Fire Department has one station with 26 fire fighters, three large crash trucks, one rescue vehicle, and one squad vehicle. The Wayne Township Fire Department was provided disaster training at the airport in May 1987. In addition, approximately 45 fire fighters from Wayne Township had completed an 80 hour course taught by the Airport Fire Department in Aircraft Crash and Rescue. Included in the 45 were four who were district chiefs or higher. The current disaster plan had been discussed within the Department on Monday, October 19, the day before the fire, and a mock disaster drill was planned for October 31. Their thinking about handling an aircraft disaster was right up to date.

Decatur Township Fire Department, which provided mutual aid, also received training in May 1987 at the airport firehouse. It included training on resupply and vehicle operation. In addition, Indianapolis, which also provided mutual aid, had several fire fighters who had recently taken disaster management courses at the National Fire Academy.

## **THE FIRE**

The fire originated at 0917 in the front portion of the building. Upon impact, the cockpit and engine components of the A-7 aircraft went into the front lobby area. The A-7 is 48 feet long and 34 feet wide. Its wings severed from the main body of the aircraft, slamming into an area of the building just above the carport, blowing small pieces of metal through the windows of several rooms, and simultaneously igniting the remaining

fuel stored in multiple areas of the aircraft. A giant fireball momentarily engulfed the entire outside front of the hotel to about the fourth floor.

Within a minute after ignition, Airport Crash Truck 23 arrived on the scene and began attacking the fire with AFFF (foam) from the northwest corner of the building. Crash Truck 24 approached from the northeast corner of the building and joined Truck 23 in applying AFFF on the fire. Airport Unit 27 stopped on Bradbury Avenue, which was blocked by debris from the aircraft and from the damaged Bank One building. Its crew put on airpicks and entered the west side of the building looking for victims. Airport Unit 25 with two EMT's treated a burned employee who was coming through the east door. Another person, who had just stopped to use the phone at the hotel, was very badly burned and was found lying in the grass north of the carport. He was transported to the hospital by a private ambulance that happened to pass by. Information was obtained from one of the victims that people were trapped in the laundry room.

Within approximately three minutes the main body of the fire was knocked down. The Airport Chief ordered that the Wayne Township Fire Department be advised he was setting up a command post in a parking lot across the street from the hotel.

A major concern of the Airport Fire Chief at this time was whether the plane was carrying any armaments. The Airport Chief advised the Wayne Township Deputy Chief of this situation and radioed the Indianapolis Airport Authority to ask whether the aircraft had weapons aboard. An Indianapolis police officer was dispatched to the hospital to interview the pilot, who had survived a low-level bail-out and was conscious and in good condition after a quick medical check. It was learned from him that there were no armaments aboard, but the delayed information had already in turn delayed the search for victims.

Wayne's Deputy Chief, after being notified of the situation, immediately ordered all rescue services to be put on standby. He requested equipment from the Indianapolis Fire Department and the Decatur Township Fire Department. He further ordered that roads leading to the hotel be sealed off and reserved for emergency use only. He also ordered the

command bus to be brought to the scene. He established an equipment staging area on a roadway in close proximity to the hotel.

Upon arrival of the Wayne Deputy Chief at the scene, he began directing the water resupply effort to the crash units. When the first Wayne rescue unit arrived, a search and rescue effort was organized and implemented.

When Wayne's Fire Chief arrived at the scene, he placed his Deputy Chief at the command post while he began directing the fireground suppression operation. Pumpers, aerial devices, and handlines were strategically deployed to all sides of the building. He sent personnel to the Bank One building to ascertain if rescue was needed, but the Bank One building had been vacated by its six employees and three customers, and there were no injuries or fire present.

The Wayne Fire Chief, concerned that all hotel occupants had not been accounted for, coupled with the fact that he had incomplete information regarding the number of people in the hotel, ordered a second search of the hotel. Meanwhile, fire personnel were assisting a person from the south side area of the building who had jumped from a third floor room onto the first floor roof of the kitchen area. This person was transported to the hospital for treatment for smoke inhalation and possible fractures.

The search of the hotel revealed that all the occupants had vacated the building. The best estimate of the number of registered guests was 130. However, this could not be confirmed at the time.

Approximately 25 minutes into the fire incident, the fire was essentially out with the exception of some scattered hot spots. Concerned with uncertain estimates and incomplete accountability of the occupants, the Wayne Fire chief ordered another thorough search of the building. Assisted by the Indiana State Fire Marshal's Office, a room to room search was implemented. This time, luggage tags and other paraphernalia that would identify the occupant was collected. Meanwhile, a second Indianapolis Ramada Inn was contacted to ascertain whether or not their registration computer system would be of help in this endeavor.

The second search turned up no occupants. As it turned out, they were part of the tremendous crowd that had gathered to watch the fire event. Only two guests were assisted from the hotel by the fire department during the whole incident. The others apparently left by designated exits. The guests and employees who were in the restaurant, banquet rooms, and kitchen left by exits opening directly to the outside from these areas.

The local media was requested to broadcast announcements asking any hotel guests to call the American Red Cross and report their whereabouts.

A total of 88 fire fighting personnel in 22 units from four departments participated in the incident. Another 20 agencies and business assisted. (See list in Appendix 12.)

## **OVERHAUL OPERATION**

After the fire had been extinguished, the task of discovering and removing bodies was begun. Crews entering the lobby area began removing parts of the aircraft. They were amazed to discover the good condition of the main structural members of the building, given the intensity and amount of fire that was present in this area.

The aircraft cockpit and engine were the largest pieces of the aircraft found. Heavy equipment had to be summoned to remove the engine.

Three bodies were found in an area behind the reception desk on the first floor. Another body was found in an office behind the reception area. Two bodies were found in an office off the lobby area. Three bodies were found in the laundry room, located down the hall from the lobby. All fatalities were later identified as employees of the hotel. A temporary morgue was setup at the northeast end of the parking lot.

Overhaul of the second, third, and fourth floors, north side, revealed numerous pieces of the aircraft in several rooms. The main fuselage was located in the center of the building on the second floor. A large section which was believed to have been a part of the right wing was found on the collapsed carport. It still contained some fuel and had to be lifted off by use of a crane. The nosewheel and strut were located in the middle of Bradbury Avenue. The left main gear was located in the southwest corner of

the Bank One parking lot. The ejection seat and canopy were located behind the bank building, a few hundred feet away.

## **FATALITIES**

As stated earlier, there were nine fatalities. Four were burned beyond recognition and had to be identified by utilizing medical and dental records. The remaining five died essentially from smoke inhalation and some thermal burns. All the victims had high levels of carbon monoxide, ranging from 4.1 percent to 76.8 percent. Those with the higher levels were located a distance away from the lobby. According to the Indianapolis Medical Examiner, these high levels of CO indicate that the victims had a momentary awareness of what was happening.

## **INJURIES**

Those injured by the fire included one female employee who was in the laundry room and escaped through the east end exit of the building. She was transported to the hospital for treatment of burns to the face and hands. According to Chief Lamb, she said she had run through smoke to an exit with which she was familiar. All of those who stayed behind in the laundry room died.

Another injury victim was a hotel guest, rescued from the kitchen roof on the south side. He was transported to the hospital for treatment for smoke inhalation and possible fractures.

A third victim received burns over 95 percent of his body. He had entered the hotel to use the telephone and was outside heading toward his vehicle parked next to the carport when the plane crashed. He was transported to the hospital.

The pilot who parachuted from the plane landed a few blocks from the scene and was transported to the hospital for treatment of shock and possible muscle strains.

One fire fighter from the Airport Fire Department was transported and admitted to the hospital for smoke inhalation. Two Wayne Township fire fighters were treated for smoke inhalation and released.

The Chief of the Wayne Township Fire Department ordered a "debriefing session" for all personnel involved in the incident. A Wayne County psychiatrist/psychologist was asked to conduct the debriefing. He immediately began meeting with various groups and individuals to lend assistance to those who were having problems coping with the events. Thus far, the debriefing has proven to be invaluable in reducing the stress and psychological impact of the incident on the personnel involved in it.

Some of the employees who were working in the Bank One branch the day of the incident are receiving psychological counseling by a local professional.

#### **DAMAGE ASSESSMENT**

The fire completely gutted the lobby area and caused considerable heat and smoke damage to the east, center and south exit corridors. It also destroyed some vehicles outside the hotel. Amazingly, the main structural members of the building survived in excellent condition. This was due in part to rapid extinguishment and the fact that the main steel support beams had been sprayed with what was believed to be an asbestos material. There was no horizontal spread of the fire except in those areas where doors to offices were left open. The corridor walls and doors did an excellent job in fire containment.

The floor assembly, constructed of Flexicore concrete panels, withstood tremendous heat without any apparent structural failure. It is believed that this is due in part to the built-in cavities of the panels which may have distributed heat away from the source to a larger portion of the building.

Eight rooms on the upper floors were considerably damaged as a result of fire penetration from the outside, including from the fireball after the crash. There was no fire penetration from the inside of the building, floor to floor. The double glass panels used in the windows held up very well. In many places the inner glass remained intact even though the outer pane broke; fire and smoke did not get into those rooms. (Double pane

windows also proved effective in the Pebble Beach Urban Wildlands Fire.<sup>1)</sup> Some exceptions, of course, were where pieces of aircraft knocked windows out. There was extensive smoke damage in the building.

Separation walls, corridor walls, and doors also did exceptionally well in this incident. There were no noted failures of the components except where the force of flying debris in the area of impact caused failure.

The roof of the Bank One building was struck by the plane's landing gear, which caused about 40 percent of the roof on the southwest side to collapse. There was no fire in this building.

The military aircraft, which was completely destroyed, was valued at \$7.9 million.

A final dollar loss estimate for the damage to Bank One and the Ramada Inn buildings was not available at the time this report was written, but was thought to be several hundred thousand dollars, and lower than expected considering that a plane crashed into the building with fuel on board.

## **LESSONS LEARNED**

1. **Effective Disaster Plan** -- The outcome of this fire illustrates the necessity of having a well-designed disaster plan and incident command system that is frequently practiced by all people and departments involved. The Wayne Township and Indianapolis Airport Fire Departments were well prepared for the type of incident that occurred.

2. **Rapid Response** -- The almost immediate fire suppression activities by the Indianapolis Airport Fire Department halted the spread of the fire, minimizing further building damage and most probably preventing further injuries and loss of life. The one minute response time was possible because they literally saw the crash coming. The first vehicles in also had clear access to get close to the fire.

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<sup>1</sup> Urban Wildlands Fire, Pebble Beach, California, USFA Fire Investigation Technical Report Series, U.S. Fire Administration, Federal Emergency Management Agency, Emmitsburg, Maryland.

3. **Pre-fire Planning** -- Familiarization and pre-fire planning for selected high risk properties in one's jurisdiction is an essential part of any effective emergency plan. Emergency personnel must know in advance, in so far as possible, what they might expect during an emergency. This function must be an on-going program with continuous updating.

4. **Leadership** -- As with any emergency operation the successful outcome will depend on the competency of its fireground commanders. A continuing in-service training program for both officers and firefighters is crucial. Disaster situations, above all, require strong, aggressive, and competent leaders, as were present at this incident.

5. **Inter-jurisdiction Mutual Aid Cooperation** -- As proven again in this incident, the immediate response of mutual aid departments without hesitation or confusion was a key factor that influenced the successful outcome. Four fire departments cooperated in this incident. In large disasters, additional resources often will be needed.

6. **Construction and Inspection** -- Fire department influence on the design and construction of buildings also is crucial. Good construction enhances favorable emergency outcomes.

An ongoing, thorough, and effective plans review and building inspection program must be continually employed. In this case the hotel's fire defenses were in good condition and did their job. The superb construction of the building played an important role in preventing the upward spread of the fire from floor to floor. The fireproof coating of steel members prevented warping or distortion, thereby preventing any structural failure. The Flexicore concrete panels probably helped dissipate the heat from the fire. The double pane thermal windows appeared to have prevented smoke and fire from entering several rooms.

7. **Military Liaison** -- A large part of the nation is exposed one way or another to hazardous military cargo. Immediate contact with the military must be established to enable emergency services to assess the risk when such cargo is involved in a fire. If the pilot had not been available for questioning, there would have been a long delay in determining what was on the plane. As it was, there was some delay. Also, some incorrect information was received from Air Force personnel on the

scene as to the presence of armaments, according to Chief Lamb. It was difficult initially even to find out where the plane had come from to seek additional information on it.

8. **Media Relations** -- Good relations- with the media can be used to communicate with victims or survivors, and keep the media from adding to the problem faced. Early in the fire, Wayne's fire chief requested the media to broadcast an appeal to the hotel guests to report their whereabouts so they could be accounted for. The Chief also called several timely press conferences and gave press releases regarding the status of the incident. This allowed him to choose the times to deal with the press, instead of having them compete for his time and be a distraction.

## **CONCLUSION**

The early arrival of proper fire fighting equipment and well trained officers and firefighters of both the Indianapolis Airport Fire Department and Wayne Township Fire Department were the main factors in the relatively successful outcome of this disaster. Their quick and efficient actions and strong, aggressive leadership minimized what might otherwise have been a major catastrophe. This outstanding effort was supported by the Indianapolis and Decatur Township Fire Departments, Indiana State Fire Marshal's Office and several other city, state, and federal agencies, which is testimony to the teamwork and esprit de corps displayed in this community.

## APPENDICES

List of Slides and Videotapes, with a Diagram Showing Where Slides Were Taken. (Slides & tapes are included with the master report at the U.S. Fire Administration.)

Map of the Indianapolis Airport Region Showing "Jet Firefighter's Route" and Timeline of Events Leading to Crash.

Plan of Main Floor Showing Location of Bodies.

Fire Department's Chronological Report of Events.

Wayne Township Incident Reports (Hotel and Bank Building).

Wayne Township Fire Service Casualty Reports.

Wayne Township Civilian Casualty Reports.

Indianapolis Airport Fire Department Record of Occupational Injury or Illness.

- I. Diagram of Placement of Fire Equipment.
- J Aircraft Information Sheet.
- K. Airport Disaster Communications Plan.
- L. Units Used at the Fire and Agencies Who Responded.
- M. Wayne Township Fire Department Dispatcher's Log.
- N. Emergency Evacuation Diagram for Ramada Inn Guests
- O. Victim Autopsy Reports. (Included in master copy only.)
- P. Strescon Industries Specifications Regarding Flexicore Floor Panels.

## List of Slides and Videotapes

<u>Slides</u>	<u>Description</u>
1	North side of Ramada on fire prior to fire department arrival.
2	Extinguishing operation begins by Foxtrot (crash truck) approximately one minute after plane impact.
3	Members of Airport Fire Department advancing hand lines on top of carport.
4	Fire condition to front of building approximately three minutes after plane impact.
5	Vehicle burning at east side of carport.
6	Building debris and parts of aircraft on Bardbury Avenue and Ramada parking lot.
7	Destruction to roof of Bank One.
8	Damage to Bank One ceiling and roof assembly as seen from the outside,
9	North side of Ramada after fire knock down.
10	Fire and impact destruction to carport.
11	Damage to concrete column caused by impact of aircraft wings.
12	Fire and smoke damage to north side of building.
13	Damage to outer layers of glass in windows.

Slides

Description

- South side of building after fire.
- East side of building after fire.
- 16 West side of building after fire.
- 17 Fire damage to front lobby area.
- 18 Damage to carport from inside building.
- 19 Condition of main steel support beam.
- 20 Fire damage to lobby from different angle.
- 21 Door and corridor walls, second floor, after fire.
- 22 Removal of parts of aircraft from lobby and carport areas.
- 23 Airport unit fighting fire with handline from atop partially collapsed carport.
- 24 Fires burning immediately after impact, before first airport unit arrives.

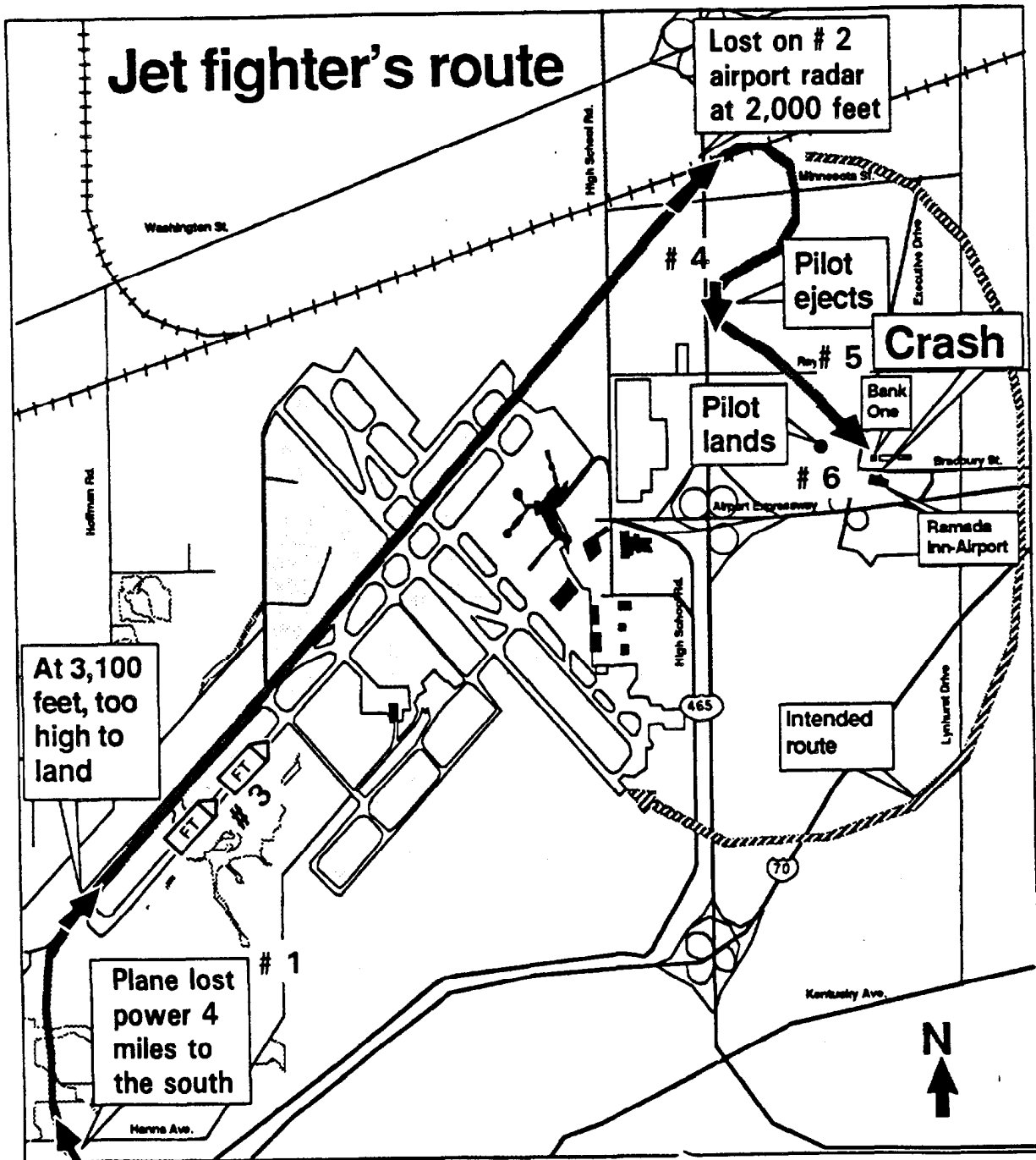
Videotapes

Excerpts from news reports live from the scene and news summaries.

Raw footage by cameraman from State Fire Marshal's office,

## Appendix B

- "Jet fighter's route"
- Timeline of Events Leading to Crash



## Timeline of Events Leading to Crash

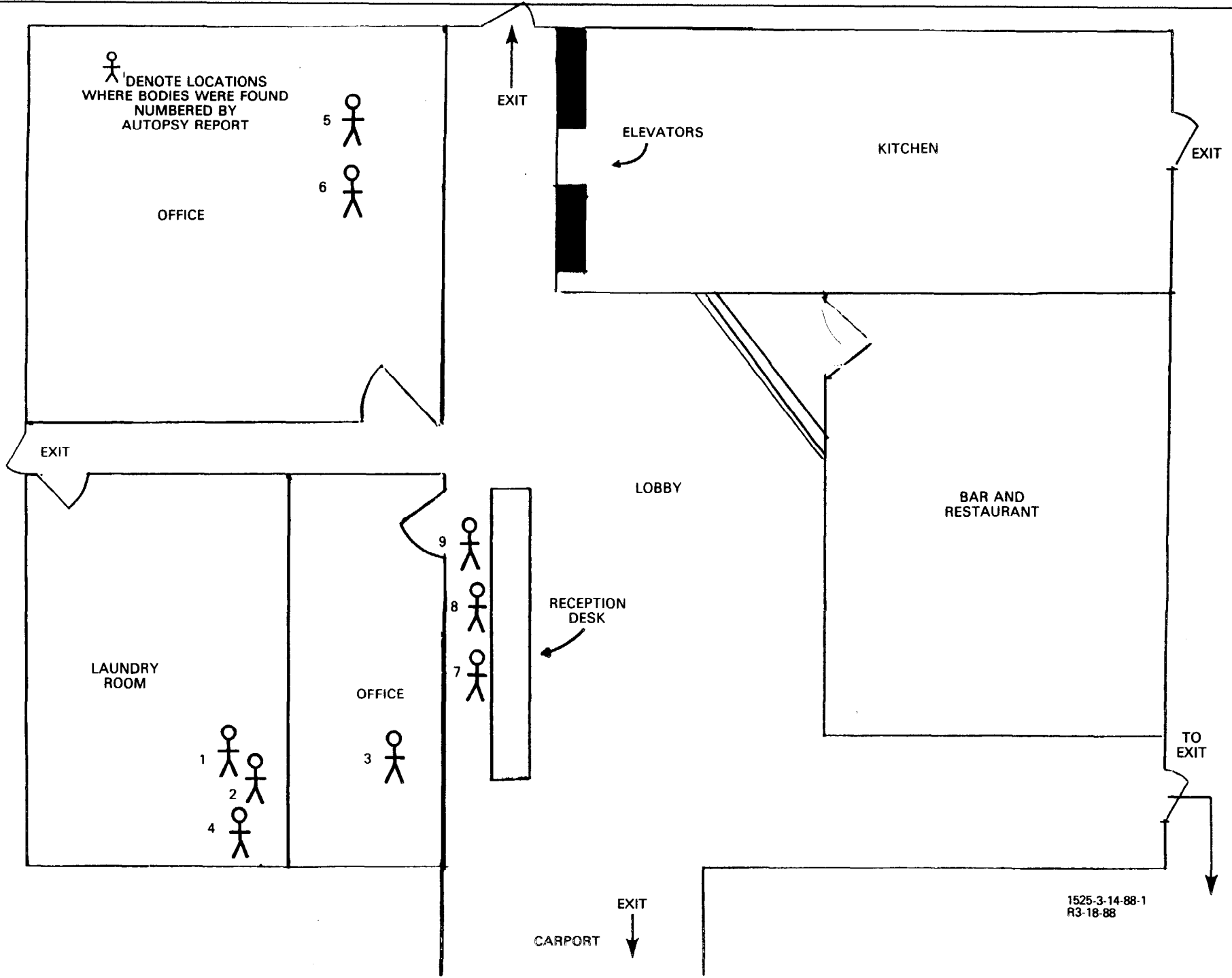
1. 0914 Ground Control advised aircraft is 4 miles out.
2. 0915 Ground Control advised aircraft above the airport about 2000 feet. Thirty seconds later Ground Control sees him beyond and to the right of Runway 4-L.
3. At this time all foxtrot Equipment is proceeding northeast on taxi way A heading for the terminal area.
4. 0916 Ground Control advised something just happened. He just fired the rockets off. He just went down. He's on fire. He just blew up behind the Hilton.

Note: It was later learned that there were no armaments on the aircraft. What looked like rockets firing was actually the pilot ejecting from the plane.

Ground Control advised the aircraft is behind the Ramada Inn and there is fire on the canopy roof.

5. 0917 Plane's left landing gear hits the roof of Bank One building.
6. Plane hit grass area across from Bank One and goes airborne for approximately 125 feet slamming into front lobby and carport area of the Ramada Inn.

MAIN FLOOR OF RAMADA INN



DENOTE LOCATIONS WHERE BODIES WERE FOUND NUMBERED BY AUTOPSY REPORT

5  
6

OFFICE

EXIT

ELEVATORS

KITCHEN

EXIT

EXIT

LOBBY

BAR AND RESTAURANT

LAUNDRY ROOM

OFFICE

RECEPTION DESK

9

8

7

1

2

4

3

TO EXIT

EXIT

CARPORT

1525-3-14-88-1  
R3-18-88

Appendix C

FIRE DEPARTMENT'S CHRONOLOGICAL REPORT OF EVENTS  
RAMADA INN DISASTER -- OCTOBER, 20, 1987

Appendix D

- 0911 - The FAA Control Tower notified the IAAFD via direct line of a military A-7 making a emergency landing with a flame-out on R,W 31.
- 0912 - The IAAFD began their normal response to set up on runway 31.
- 0913 - The FAA ground controller advised IAAFD via radio we are changing to runway 41.
- (0914 - Ground control advised aircraft is 4 miles out.
- 0915 - Ground control advised aircraft above the airport about 2000 feet. Thirty seconds later ground advised we got him now he's over to the right,
- NOTE: At this time all foxtrot equipment is proceeding N.E. on taxiway A heading for the terminal area.
- 0916 - Ground control advised something just happened, he just fired the rockets off. He just went down, He's on fire, He just blew up behind the Hilton  
304, advised Foxtrot 20 to remain on the airport and return to the firehouse.  
Ground control advised the aircraft is behind the Ramada Inn, and there is fire on the roof.  
304, called Wayne Township Fire Department for assistance via a scanner radio located in Foxtrot  
  
Foxtrot 23 and 27 took the Park Fletcher exit off of Airport Expressway while Foxtrot 21, 24, and 25 took the Lynhurst exit off Airport Expressway.
- 0917 - Vehicles arrive on the scene.  
Foxtrot 23 sets up on the N.W, corner of the building and immediately starts applying AFFF to the fire.  
Foxtrot 27 stops in the street which was blocked by debris from the aircraft and the crew starts to put on airpicks and grab some forcible entry tools,  
They start entry into the building on the west side looking for victims.  
Foxtrot 24 set up on the N.E. corner of the building and immediately starts applying AFFF to the fire.  
Foxtrot 25, with two EMT'S started to treat burn victims coming out of the East door. A burn victim advised there were two people trapped in the laundry room. 354, went back to the east door to try and enter but flames kept him back and he was forced to stay outside the building.  
351, got out of Foxtrot 21 and started scene command! directing FT 23, and 24 where to knock down the fire.  
304, repositioned Foxtrot 21 to set up a command post, while contacting IAA dispatch to start the Signal 16 disaster plan in motion.
- 0918 - 304, radioed Hayne Township F.D. that a command post had been established in the parking lot across the street from the Ramada and that the first arriving engines are to lay hose into the back of the airport crash trucks to resupply.
- 0920 Wayne Township E-11 arrived and started resupplying FT 23.  
Wayne Township E-Z arrived and started resupplying FT 24.  
Wayne Township F.D. notified Gas Co. and IPALCO.  
Wayne Township notified Indianapolis Fire Department of Aircraft into building.
- 0921 Wayne Township E-9, E-10, and Car 2 arrived on the scene.  
304, advises Wayne's Car 2 of the situation, and radioed IAA dispatch to try and find out whether this aircraft had any weapons onboard.
- 0922 Wayne Car 2, ordered all incoming apparatus to stage at Airport Expressway and the Bradbury exit ramp.
- 0924 Wayne Medic 9 arrived on the scene.
- 0924 Manpower was Organized to start a room by room, floor by floor, search.
- 0925 304, radioed IAA Dispatch to call IFD and have them stage at the Expressway and bradbury.
- 0926 Indianapolis Fire Department E-18 arrived on the scene, followed by E-19, and E-13.
- 0928 304, radioed IAA dispatch to make sure Emergency Management had been notified.



# FIRE INCIDENT REPORTING SYSTEM

## INDIANA DEPARTMENT OF FIRE PREVENTION AND BUILDING SAFETY

PLEASE PRINT OR TYPE IN YOUR OWN WORDS. BOTH A WRITTEN AND CODED RESPONSE (WHEN NECESSARY). LEAVING NO ITEM BLANK. BLACKING N/A CODE WHEN NEEDED.

WAYNE TWP

Fire Department

NFIRS-1

### INCIDENT REPORT

1  DELETE REC  
2  CHANGE

A	FDID <u>119117</u>	INCIDENT NO	EXP <u>010110</u>	MO <u>210</u>	DAY <u>17</u>	YEAR <u>2017</u>	DAY OF WEEK 1 <input type="checkbox"/> Sunday 3 <input checked="" type="checkbox"/> Tuesday 5 <input type="checkbox"/> Thurs 2 <input type="checkbox"/> Monday 4 <input type="checkbox"/> Wednesday 6 <input type="checkbox"/> Friday 7 <input type="checkbox"/> Sat	ALARM TIME <u>101918</u>	ARRIVAL TIME <u>101920</u>	TIME "In Service" (Available) <u>119117</u>	
B	TYPE OF SITUATION FOUND 11 <input checked="" type="checkbox"/> Structure fire 12 <input type="checkbox"/> Outside of structure fire 13 <input type="checkbox"/> Vehicle fire 14 <input type="checkbox"/> Trees, brush, grass fire 15 <input type="checkbox"/> Trash, rubbish fire <u>Other FIRE EXPLOSION NOT CLASSIFIED 19</u>						TYPE OF ACTION TAKEN 1 <input checked="" type="checkbox"/> Extinguishment 4 <input type="checkbox"/> Remove hazard 7 <input type="checkbox"/> Ambulance service 2 <input type="checkbox"/> Rescue 5 <input type="checkbox"/> Standby 8 <input type="checkbox"/> Fill in, move up, transfer 3 <input type="checkbox"/> Investigation only 6 <input type="checkbox"/> Salvage 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported			MUTUAL AID 1 <input checked="" type="checkbox"/> Recd 2 <input type="checkbox"/> Given FDID 0 <input type="checkbox"/> N/A	
C	FIXED PROPERTY USE (Occupancy) <u>HOTEL</u>				IGNITION FACTOR (Cause) <u>1415 OTHER IGNITION FACTOR NOT CLASSIFIED 1919</u>						
D	CORRECT ADDRESS (Up to maximum of 21 characters) <u>5455 W BRADBURY</u>								ZIP CODE <u>4162411</u>		CENSUS TRACT
E	OCCUPANT NAME (Last, First, M.I.) <u>RANADA INN</u>						TELEPHONE <u>247-5171</u>			ROOM OR APT.	
F	OWNER NAME (Last, First, M.I.)				ADDRESS				TELEPHONE		
G	METHOD OF ALARM 1 <input type="checkbox"/> Telephone direct 4 <input checked="" type="checkbox"/> Radio 8 <input type="checkbox"/> Voice signal municipal alarm signal 2 <input type="checkbox"/> Municipal alarm system 5 <input type="checkbox"/> Verbal 9 <input type="checkbox"/> Not classified above 3 <input type="checkbox"/> Private alarm system 6 <input type="checkbox"/> No alarm recd 0 <input type="checkbox"/> Undetermined or not reported			DISTRICT <u>10102</u>		SHIFT <u>012</u>		ALARMS			
H	FIRE PERSONNEL RESPONDED		ENGINES RESPONDED		AERIAL APPARATUS RESPONDED			OTHER VEHICLES RESPONDED			
I	INCIDENT - RELATED INJURIES		COMPLETE NFIRS 3 FIRE SVC <u>0002</u>		COMPLETE NFIRS 2 OTHERS <u>005</u>		INCIDENT - RELATED FATALITIES		COMPLETE NFIRS 3 FIRE SVC <u>0010</u>		COMPLETE NFIRS 2 OTHERS <u>0019</u>
J	COMPLEX <u>Hotel Complex</u>				MOBILE PROPERTY TYPE (COMPLETE LINE S) <u>1414</u>				88 <input type="checkbox"/> N/A		
K	AREA OF FIRE ORIGIN <u>Lobby Entrance way</u>				EQUIPMENT INVOLVED IN IGNITION (IF ANY) <u>Other object</u>				98 <input type="checkbox"/> N/A		
L	FORM OF HEAT OF IGNITION (Heat Source) <u>Hot Smoking Fabric</u>		TYPE OF MATERIAL IGNITED (Composition) <u>Class 1B Flammable liquid</u>		FORM OF MATERIAL IGNITED (Use) <u>Structural Component (metal)</u>						
M	METHOD OF EXTINGUISHMENT 1 <input type="checkbox"/> Self-extinguished 3 <input type="checkbox"/> Portable extinguisher 8 <input type="checkbox"/> Master 2 <input type="checkbox"/> Make-shift aids 4 <input type="checkbox"/> Automatic ext. system 9 <input type="checkbox"/> Not classified above 5 <input type="checkbox"/> Pre-connect hose/tank only 0 <input type="checkbox"/> Undetermined or not reported 6 <input type="checkbox"/> Pre-connect hose/hydrant draft standpipe reported 7 <input checked="" type="checkbox"/> Hand-laid hose/hydrant draft standpipe		LEVEL OF FIRE ORIGIN 1 <input type="checkbox"/> Grade level to 9 ft 6 <input checked="" type="checkbox"/> Over 70 feet 2 <input type="checkbox"/> 10 to 19 feet 7 <input type="checkbox"/> Objects in flight 3 <input type="checkbox"/> 20 to 29 feet 8 <input type="checkbox"/> Below ground level 4 <input type="checkbox"/> 30 to 49 feet 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined		ESTIMATED TOTAL DOLLAR LOSS						
N	NUMBER OF STORIES 1 <input type="checkbox"/> 1 story 3 <input type="checkbox"/> 3 to 4 stories 7 <input type="checkbox"/> 25 to 49 stories 2 <input type="checkbox"/> 2 stories 4 <input type="checkbox"/> 5 to 6 stories 8 <input type="checkbox"/> 50 stories or more 5 <input checked="" type="checkbox"/> 7 to 12 stories 0 <input type="checkbox"/> Undetermined or not reported 6 <input type="checkbox"/> 13 to 24 stories		CONSTRUCTION TYPE 1 <input type="checkbox"/> Fire resistant 4 <input type="checkbox"/> Unprotected non-combustible 8 <input type="checkbox"/> Unprotected wood frame 2 <input type="checkbox"/> Heavy timber 5 <input type="checkbox"/> Protected ordinary 9 <input type="checkbox"/> Not classified above 3 <input type="checkbox"/> Protected non-combustible 6 <input type="checkbox"/> Unprotected ordinary 0 <input type="checkbox"/> Undetermined or not reported 7 <input type="checkbox"/> Protected wood frame								
O	EXTENT OF DAMAGE Confined to the object of origin 1 <input type="checkbox"/> 1 <input type="checkbox"/> Confined to the fire-rated comp of origin 4 <input type="checkbox"/> 4 <input type="checkbox"/> Extended beyond structure of origin 7 <input type="checkbox"/> 7 <input type="checkbox"/> Confined to part of room or area of origin 2 <input type="checkbox"/> 2 <input type="checkbox"/> Confined to floor of origin 5 <input type="checkbox"/> 5 <input type="checkbox"/> Undetermined or not reported 0 <input type="checkbox"/> 0 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> 3 <input type="checkbox"/> Confined to structure of origin 6 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> No damage of this type (N/A) 9 <input type="checkbox"/> 9 <input type="checkbox"/>		DETECTOR PERFORMANCE 1 <input type="checkbox"/> Det in room or space of fire origin - oper but fire too small to oper 5 <input type="checkbox"/> Det in room or space of fire origin but fire too small to oper 2 <input type="checkbox"/> Det not in room or space of fire origin - oper 9 <input type="checkbox"/> Not classified above 3 <input type="checkbox"/> Det in room or space of origin - no oper 0 <input type="checkbox"/> Undetermined or not reported 4 <input type="checkbox"/> Det not in room or space of origin - no oper 8 <input type="checkbox"/> No detectors present (N/A)		SPRINKLER PERFORMANCE 1 <input type="checkbox"/> Equipment operated 0 <input type="checkbox"/> Undetermined or not reported 2 <input type="checkbox"/> Equipment should have operated - did not 8 <input type="checkbox"/> No equipment present (N/A) 3 <input type="checkbox"/> Equipment pre. but fire too small to oper 9 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Not classified above						
Q	TYPE OF MATERIAL GENERATING MOST SMOKE <u>Class 1B Flammable liquid 1212</u>		AVENUE OF SMOKE TRAVEL 1 <input type="checkbox"/> Air handling duct 4 <input type="checkbox"/> Stairwell 7 <input type="checkbox"/> Utility opening in floor 2 <input type="checkbox"/> Corridor 5 <input type="checkbox"/> Opening in construction 9 <input type="checkbox"/> Not classified above 3 <input type="checkbox"/> Elevator shaft 6 <input type="checkbox"/> Utility opening in wall 8 <input type="checkbox"/> No avenue of smoke travel (N/A)								
R	FORM OF MATERIAL GENERATING MOST SMOKE <u>Class 1B Flammable liquid JP-4 Jet Fuel</u>		98 <input type="checkbox"/> N/A								
S	IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO. (if any)					
T	IF EQUIP INV IN IGN	YEAR	MAKE	MODEL	SERIAL NO.						
U	OFFICER IN CHARGE AT INCIDENT (NAME)			POSITION			DATE				
	MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)			POSITION			DATE				

RETURN TO STATE FIRE MARSHAL ON A MONTHLY BASIS

Mutual Aid Companies on Back

Check box if remarks are made on reverse side

COMPLETE IF SHORT FORM

COMPLETE ON ALL INCIDENTS

COMPLETE IF CASUALTY

COMPLETE FOR ALL FIRES

COMPLETE IF STRUCTURE FIRE

ALL INCIDENTS



# FIRE INCIDENT REPORTING SYSTEM

## INDIANA DEPARTMENT OF FIRE PREVENTION AND BUILDING SAFETY

PLEASE PRINT OR TYPE, IN YOUR OWN WORDS, BOTH A WRITTEN AND CODED RESPONSE (WHEN NECESSARY), LEAVING NO ITEM BLANK. BLACKING N/A CODE WHEN NEEDED.

Wayne Twp Fire Department

NFIRS-1

### INCIDENT REPORT

- 1  DELETE REC
- 2  CHANGE

A	FDID 49101212	INCIDENT NO.	EXP.	MO. 110	DAY 20	YEAR 87	DAY OF WEEK 1 <input type="checkbox"/> Sunday 3 <input type="checkbox"/> Tuesday 2 <input type="checkbox"/> Monday 4 <input type="checkbox"/> Wednesday 5 <input type="checkbox"/> Thurs 6 <input type="checkbox"/> Friday 7 <input type="checkbox"/> Sat	ALARM TIME	ARRIVAL TIME	TIME — "In Service" (Available)								
B	TYPE OF SITUATION FOUND 11 <input type="checkbox"/> Structure fire 12 <input type="checkbox"/> Outside of structure fire 13 <input type="checkbox"/> Vehicle fire 14 <input type="checkbox"/> Trees, brush, grass fire 15 <input type="checkbox"/> Trash, rubbish fire			TYPE OF ACTION TAKEN 1 <input type="checkbox"/> Extinguishment 4 <input type="checkbox"/> Remove hazard 2 <input type="checkbox"/> Rescue 5 <input type="checkbox"/> Standby 3 <input type="checkbox"/> Investigation only 6 <input type="checkbox"/> Salvage			7 <input type="checkbox"/> Ambulance service 8 <input type="checkbox"/> Fill in, move up, transfer 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported			MUTUAL AID 1 <input type="checkbox"/> Rec'd 2 <input type="checkbox"/> Given FID 0 <input type="checkbox"/> N/A								
C	FIXED PROPERTY USE (Occupancy) <u>BANK WITH FIRST STATE BANKING FAC</u>				IGNITION FACTOR (Cause) <u>NOT A FIRE</u>													
D	CORRECT ADDRESS (Up to maximum of 29 characters) <u>5600 W BRADBURY</u>								ZIP CODE <u>41612411</u>	CENSUS TRACT								
E	OCCUPANT NAME (Last, First, M.I.) <u>BANK ONE</u>						TELEPHONE <u>639-7215</u>		ROOM or APT.									
F	OWNER NAME (Last, First, M.I.) <u>BANK ONE of INDIAN</u>			ADDRESS <u>101 MONUMENT Circle</u>				TELEPHONE <u>639-3000</u>										
G	METHOD OF ALARM 1 <input type="checkbox"/> Telephone direct 2 <input type="checkbox"/> Municipal alarm system 3 <input type="checkbox"/> Private alarm system		4 <input checked="" type="checkbox"/> Radio 5 <input type="checkbox"/> Verbal 6 <input type="checkbox"/> No alarm rec'd 7 <input type="checkbox"/> Tie-Line (911)		8 <input type="checkbox"/> Voice signal municipal alarm signal 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		DISTRICT <u>101011</u>	SHIFT <u>03</u>	ALARMS									
H	FIRE PERSONNEL RESPONDED		ENGINES RESPONDED		AERIAL APPARATUS RESPONDED		OTHER VEHICLES RESPONDED											
I	INCIDENT - RELATED INJURIES		(COMPLETE NFIRS 3) FIRE SVC. <u>01012</u>		(COMPLETE NFIRS 2) OTHERS <u>01013</u>		INCIDENT - RELATED FATALITIES		(COMPLETE NFIRS 3) FIRE SVC. <u>01014</u>	(COMPLETE NFIRS 2) OTHERS <u>01015</u>								
J	COMPLEX				98 <input type="checkbox"/> N/A		MOBILE PROPERTY TYPE		(COMPLETE LINE S) 08 <input type="checkbox"/> N/A									
K	AREA OF FIRE ORIGIN				EQUIPMENT INVOLVED IN IGNITION (IF ANY)		(COMPLETE LINE T) 98 <input type="checkbox"/> N/A											
L	FORM OF HEAT OF IGNITION (Heat Source)		TYPE OF MATERIAL IGNITED (Composition)			FORM OF MATERIAL IGNITED (Use)												
M	METHOD OF EXTINGUISHMENT 1 <input type="checkbox"/> Self-extinguished 2 <input type="checkbox"/> Make-shift aids		3 <input type="checkbox"/> Portable extinguisher 4 <input type="checkbox"/> Automatic ext. system 5 <input type="checkbox"/> Pre-connect hose/tank only 6 <input type="checkbox"/> Pre-connect hose/hydrant draft standpipe 7 <input type="checkbox"/> Hand-lad hose/hydrant draft standpipe		8 <input type="checkbox"/> Master 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		LEVEL OF FIRE ORIGIN 1 <input type="checkbox"/> Grade level to 9 ft 2 <input type="checkbox"/> 10 to 19 feet 3 <input type="checkbox"/> 20 to 29 feet 4 <input type="checkbox"/> 30 to 49 feet		5 <input type="checkbox"/> 50 to 70 feet 6 <input type="checkbox"/> Over 70 feet 7 <input type="checkbox"/> Objects in flight 8 <input type="checkbox"/> Below ground level 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined		ESTIMATED TOTAL DOLLAR LOSS							
N	NUMBER OF STORIES 1 <input type="checkbox"/> 1 story 2 <input type="checkbox"/> 2 stories		3 <input type="checkbox"/> 3 to 4 stories 4 <input type="checkbox"/> 5 to 6 stories 5 <input type="checkbox"/> 7 to 12 stories 6 <input type="checkbox"/> 13 to 24 stories		7 <input type="checkbox"/> 25 to 49 stories 8 <input type="checkbox"/> 50 stories or more 0 <input type="checkbox"/> Undetermined or not reported		CONSTRUCTION TYPE 1 <input type="checkbox"/> Fire resistive 2 <input type="checkbox"/> Heavy timber 3 <input type="checkbox"/> Protected non-combustible		4 <input type="checkbox"/> Unprotected non-combustible 5 <input type="checkbox"/> Protected ordinary 6 <input type="checkbox"/> Unprotected ordinary 7 <input type="checkbox"/> Protected wood frame		8 <input type="checkbox"/> Unprotected wood frame 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported							
O	EXTENT OF DAMAGE Confined to the object of origin Confined to part of room or area of origin Confined to room of origin		Flame 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3		Smoke 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3		4 <input type="checkbox"/> Confined to the fire-rated comp of origin 5 <input type="checkbox"/> Confined to floor of origin 6 <input type="checkbox"/> Confined to structure of origin		Flame 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 6 <input type="checkbox"/> 6		Smoke 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 6 <input type="checkbox"/> 6		7 <input type="checkbox"/> Extended beyond structure of origin 8 <input type="checkbox"/> Undetermined or not reported 9 <input type="checkbox"/> No damage of this type (N/A)		Flame 7 <input type="checkbox"/> 7 0 <input type="checkbox"/> 0		Smoke 7 <input type="checkbox"/> 7 0 <input type="checkbox"/> 0	
P	DETECTOR PERFORMANCE 1 <input type="checkbox"/> Det. in room or space of fire origin - oper. 2 <input type="checkbox"/> Det. not in room or space of fire origin - oper. 3 <input type="checkbox"/> Det. in room or space of origin - no oper. 4 <input type="checkbox"/> Det. not in room or space of origin - no oper.				5 <input type="checkbox"/> Det. in room or space of fire origin, but fire too small to oper. 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported 8 <input type="checkbox"/> No detectors present (N/A)		SPRINKLER PERFORMANCE 1 <input type="checkbox"/> Equipment operated 2 <input type="checkbox"/> Equipment should have operated - did not 3 <input type="checkbox"/> Equipment pre. but fire too small to oper. 9 <input type="checkbox"/> Not classified above				0 <input type="checkbox"/> Undetermined or not reported 8 <input type="checkbox"/> No equipment present (N/A)							
Q	TYPE OF MATERIAL GENERATING MOST SMOKE		98 <input type="checkbox"/> N/A		AVENUE OF SMOKE TRAVEL 1 <input type="checkbox"/> Air handling duct 2 <input type="checkbox"/> Corridor 3 <input type="checkbox"/> Elevator shaft				4 <input type="checkbox"/> Stairwell 5 <input type="checkbox"/> Opening in construction 6 <input type="checkbox"/> Utility opening in wall 7 <input type="checkbox"/> Utility opening in floor 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported 8 <input type="checkbox"/> No avenue of smoke travel (N/A)									
R	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		FORM OF MATERIAL GENERATING MOST SMOKE		98 <input type="checkbox"/> N/A													
S	IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO. (if any)												
T	IF EQUIP. INV. IN IGN.	YEAR	MAKE	MODEL	SERIAL NO.													
U	OFFICER IN CHARGE AT INCIDENT (NAME)				POSITION				DATE									
	MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)				POSITION				DATE									



# FIRE INCIDENT REPORTING SYSTEM

## INDIANA DEPARTMENT OF FIRE PREVENTION AND BUILDING SAFETY

PLEASE PRINT OR TYPE, IN YOUR OWN WORDS, BOTH A WRITTEN AND CODED RESPONSE (WHEN NECESSARY), LEAVING NO ITEM BLANK, BLACKING THE BOXES.

WAYNE TWP Fire Department

Fire Department

NFIRS-3

### FIRE SERVICE CASUALTY REPORT

1  DELETE REPORT  
2  CHANGE

FA	FDID 41910212	INCIDENT NO.	EXPOSURE NO.	CASUALTY NO. 101011	INJURY OCCURED	MO. DAY YEAR 11 02 08 11	TIME OF INJURY 110415
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FB	CASUALTY NAME (LAST, FIRST, MI) <b>BROSAN DAVID M</b>	TYPE OF CASUALTY 1 <input type="checkbox"/> Fireground injury before F.D. arrival 2 <input checked="" type="checkbox"/> Fireground injury after F.D. arrival 3 <input type="checkbox"/> Injury during response to or return from incident 4 <input type="checkbox"/> Non-fire incident injury creating the alarm 5 <input type="checkbox"/> Non-fire incident injury after alarm 6 <input type="checkbox"/> Medical aid call, illness creating the alarm 7 <input type="checkbox"/> Injury response to or return from incident 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported
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FC	AGE 1211	SEX 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	CASE SEVERITY 1 <input type="checkbox"/> Minor—The patient is not in danger of death or permanent disability. Immediate medical care is not necessary. 2 <input type="checkbox"/> Moderate—There is little danger of death or permanent disability. Quick medical care is advisable. This category includes injuries such as fractures or lacerations requiring sutures. 3 <input checked="" type="checkbox"/> Severe—The situation is potentially life threatening if the condition remains uncontrolled. Immediate medical care is necessary even though body processes may still be functioning and vital signs may be normal. 4 <input type="checkbox"/> Life Threat—Death is imminent. Body processes and vital signs are not normal. Immediate medical care is necessary. This category includes such as severe hemorrhaging, multiple trauma, and multiple internal injuries. 5 <input type="checkbox"/> D O A—Dead upon arrival at the scene 6 <input type="checkbox"/> Died subsequent to arrival	PRIMARY APPARENT SYMPTOM <b>APPARENT SYMPTOM NOT CLASSIFIED ABOVE</b>
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FD	PRIMARY PART OF BODY <b>LUNGS</b>	PATIENT TAKEN TO 1 <input checked="" type="checkbox"/> Hospital, emergency room or general admission 2 <input type="checkbox"/> Doctor's office clinic 3 <input type="checkbox"/> Long-term care facility 4 <input type="checkbox"/> Morgue 5 <input type="checkbox"/> Funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Not transported 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported
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FE	ASSIGNMENT 1 <input checked="" type="checkbox"/> Fire suppression 2 <input type="checkbox"/> Emergency Medical Service (EMS) 3 <input type="checkbox"/> Fire prevention/inspection 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Fire alarm/communications	NUMBER OF RESPONSES PRIOR TO INJURY 1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two 3 <input type="checkbox"/> Three 4 <input type="checkbox"/> Four 5 <input type="checkbox"/> Five 6 <input type="checkbox"/> Six to eight	PHYSICAL CONDITION 1 <input checked="" type="checkbox"/> Rested 2 <input type="checkbox"/> Fatigued 3 <input type="checkbox"/> Impaired (drugs, alcohol) 4 <input type="checkbox"/> Impaired (illness, medication) 5 <input type="checkbox"/> Not classified above 6 <input type="checkbox"/> Undetermined or not reported	STATUS BEFORE ALARM 1 <input checked="" type="checkbox"/> Asleep 2 <input type="checkbox"/> Awake 3 <input type="checkbox"/> Not classified above 4 <input type="checkbox"/> Undetermined or not reported
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FF	FIRE FIGHTER ACTIVITY <b>MOVING TOOLS OR EQUIPMENT AROUND SCENE 1714</b>	WHERE INJURY OCCURRED <b>OUTSIDE STRUCTURE GRADE LEVEL 1411</b>
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FG	CAUSE OF FIRE FIGHTER INJURY <b>UNUSUAL FUMES, GASES 14112</b>	MEDICAL CARE PROVIDED 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Treated at scene 3 <input type="checkbox"/> Treated at medical clinic 4 <input type="checkbox"/> Treated at doctor's office 5 <input checked="" type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Hospital outpatient 7 <input type="checkbox"/> Hospital inpatient 8 <input type="checkbox"/> Continued care after hospital release 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported
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FH	PROTECTIVE COAT WORN 1 <input checked="" type="checkbox"/> Nomex protective coat with liner 2 <input type="checkbox"/> Nomex protective coat without liner 3 <input type="checkbox"/> Canvas protective coat with liner 4 <input type="checkbox"/> Canvas protective coat without liner 5 <input type="checkbox"/> Rubber (or rubberized) coat with liner 6 <input type="checkbox"/> Rubber (or rubberized) coat without liner 7 <input type="checkbox"/> Other protective coat with liner 8 <input type="checkbox"/> Other protective coat without liner 9 <input type="checkbox"/> No protective coat being worn when injured 0 <input type="checkbox"/> Undetermined or not reported	STATUS OF PROTECTIVE COAT 1 <input type="checkbox"/> Open 2 <input type="checkbox"/> Partially open 3 <input checked="" type="checkbox"/> Closed, collar up 4 <input type="checkbox"/> Closed, collar down 5 <input type="checkbox"/> No protective coat being worn 6 <input type="checkbox"/> Not classified above 7 <input type="checkbox"/> Undetermined or not reported	PROBLEM WITH PROTECTIVE COAT 1 <input type="checkbox"/> Burned 2 <input type="checkbox"/> Ripped 3 <input type="checkbox"/> Melted 4 <input type="checkbox"/> Cut 5 <input type="checkbox"/> Trapped steam or hazardous gases 6 <input checked="" type="checkbox"/> No failure of the protective coat 7 <input type="checkbox"/> No protective coat worn 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported
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FI	PROTECTIVE TROUSERS WORN 1 <input checked="" type="checkbox"/> Nomex protective trousers with liner 2 <input type="checkbox"/> Nomex protective trousers without liner 3 <input type="checkbox"/> Canvas protective trousers with liner 4 <input type="checkbox"/> Canvas protective trousers without liner 5 <input type="checkbox"/> Rubber (or rubberized) protective trousers with liner 6 <input type="checkbox"/> Rubber (or rubberized) without liner 7 <input type="checkbox"/> Other protective trousers with liner 8 <input type="checkbox"/> Other protective trousers without liner 9 <input type="checkbox"/> No protective trousers being worn 0 <input type="checkbox"/> Undetermined or not reported	STATUS OF PROTECTIVE TROUSERS 1 <input checked="" type="checkbox"/> Protective trousers worn properly 2 <input type="checkbox"/> Protective trousers worn inside boots 3 <input type="checkbox"/> Protective trousers worn without suspension 4 <input type="checkbox"/> No protective trousers worn 5 <input type="checkbox"/> Not classified above 6 <input type="checkbox"/> Undetermined or not reported	PROBLEM WITH PROTECTIVE TROUSERS 1 <input type="checkbox"/> Burned 2 <input type="checkbox"/> Ripped 3 <input type="checkbox"/> Melted 4 <input type="checkbox"/> Cut 5 <input type="checkbox"/> Trapped steam or hazardous gases 6 <input checked="" type="checkbox"/> No failure of the protective trousers 7 <input type="checkbox"/> No protective trousers worn 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported
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FJ	BOOTS/SHOES WORN 1 <input checked="" type="checkbox"/> Boots, knee length (steel baseplate and steel toe) 2 <input type="checkbox"/> Boots, knee length (steel toe only) 3 <input type="checkbox"/> Boots, 3/4 length (steel baseplate and steel toe) 4 <input type="checkbox"/> Boots, 3/4 length (steel toe only) 5 <input type="checkbox"/> Shoes, safety (steel baseplate and steel toe) 6 <input type="checkbox"/> Shoes, safety (steel toe only) 7 <input type="checkbox"/> Boots, without steel reinforcement 8 <input type="checkbox"/> Shoes, non-safety 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	STATUS OF BOOTS 1 <input type="checkbox"/> 3/4 length boots pulled up (full length) 2 <input type="checkbox"/> 3/4 length boots not pulled up 3 <input checked="" type="checkbox"/> Knee length boots worn 4 <input type="checkbox"/> No boots worn 5 <input type="checkbox"/> Not classified above 6 <input type="checkbox"/> Undetermined or not reported	PROBLEM WITH BOOTS/SHOES 1 <input type="checkbox"/> Burned 2 <input type="checkbox"/> Ripped 3 <input type="checkbox"/> Cut 4 <input type="checkbox"/> Punctured 5 <input type="checkbox"/> Object fell into 6 <input type="checkbox"/> Failed under impact 7 <input checked="" type="checkbox"/> No failure of boots/shoes 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported
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FK	HELMET WORN 1 <input checked="" type="checkbox"/> Leather helmet 2 <input type="checkbox"/> Aluminum helmet 3 <input type="checkbox"/> Glass fiber helmet 4 <input type="checkbox"/> Polycarbonate helmet 5 <input type="checkbox"/> No helmet being worn 6 <input type="checkbox"/> Not classified above 7 <input type="checkbox"/> Undetermined or not reported	STATUS OF HELMET 1 <input checked="" type="checkbox"/> Chin strap in use 2 <input type="checkbox"/> Chin strap and ear/neck protector in use 3 <input type="checkbox"/> Ear/neck protector only in use 4 <input type="checkbox"/> Chin strap and ear/neck protector not in use 5 <input type="checkbox"/> No helmet being worn 6 <input type="checkbox"/> Not classified above 7 <input type="checkbox"/> Undetermined or not reported	PROBLEM WITH HELMET 1 <input type="checkbox"/> Burned 2 <input type="checkbox"/> Melted 3 <input type="checkbox"/> Fractured 4 <input type="checkbox"/> Punctured 5 <input type="checkbox"/> Knocked off 6 <input type="checkbox"/> No failure of helmet 7 <input type="checkbox"/> No helmet worn 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported
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FL	FACE PROTECTION WORN 1 <input checked="" type="checkbox"/> Full face protection 2 <input type="checkbox"/> Partial face protection 3 <input type="checkbox"/> Goggles worn 4 <input type="checkbox"/> No face protection worn 5 <input type="checkbox"/> Not classified above 6 <input type="checkbox"/> Undetermined or not reported	PROBLEM WITH FACE PROTECTION 1 <input type="checkbox"/> Burned 2 <input type="checkbox"/> Melted 3 <input type="checkbox"/> Fractured/cracked/broke 4 <input type="checkbox"/> Scratched 5 <input type="checkbox"/> No failure of face protection 6 <input type="checkbox"/> No face protection being used 7 <input type="checkbox"/> Not classified above 8 <input type="checkbox"/> Undetermined or not reported
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FM	BREATHING APPARATUS WORN 1 <input type="checkbox"/> Self-contained open circuit demand-type apparatus 2 <input type="checkbox"/> Self-contained open circuit pressure-type apparatus 3 <input type="checkbox"/> Self-contained closed circuit-type apparatus 4 <input type="checkbox"/> Not self-contained 5 <input type="checkbox"/> No breathing apparatus being used 6 <input type="checkbox"/> Not classified above 7 <input type="checkbox"/> Undetermined or not reported	STATUS OF BREATHING APPARATUS 1 <input type="checkbox"/> Face piece and regulator connected 2 <input type="checkbox"/> Air supply turned off 3 <input checked="" type="checkbox"/> Face piece not in place 4 <input type="checkbox"/> Harness not secured 5 <input type="checkbox"/> Breathing apparatus properly worn 6 <input type="checkbox"/> No breathing apparatus 7 <input type="checkbox"/> Not classified above 8 <input type="checkbox"/> Undetermined or not reported	PROBLEM WITH BREATHING APPARATUS <b>NO FAILURE OF APPARATUS 917</b>
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FN	GLOVES WORN 1 <input type="checkbox"/> Cotton 2 <input type="checkbox"/> Wool 3 <input type="checkbox"/> Canvas 4 <input type="checkbox"/> Leather 5 <input type="checkbox"/> Asbestos 6 <input type="checkbox"/> Rubber 7 <input checked="" type="checkbox"/> Synthetic, including Nomex 8 <input type="checkbox"/> No gloves being worn 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	PROBLEM WITH GLOVES 1 <input type="checkbox"/> Burned 2 <input type="checkbox"/> Ripped 3 <input type="checkbox"/> Melted 4 <input type="checkbox"/> Cut, punctured 5 <input type="checkbox"/> Object fell into 6 <input type="checkbox"/> Insufficient insulation 7 <input type="checkbox"/> No failure of the gloves 8 <input type="checkbox"/> No gloves being worn 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported
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FO	SPECIAL EQUIPMENT WORN 1 <input type="checkbox"/> Proximity suit 2 <input type="checkbox"/> Chemical suit 3 <input type="checkbox"/> SCUBA gear 4 <input type="checkbox"/> Exposure suit 5 <input type="checkbox"/> Life preservers 6 <input type="checkbox"/> Life belt/ladder belt 7 <input type="checkbox"/> Personnel lighting 8 <input type="checkbox"/> No special equipment being used 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	STATUS OF SPECIAL EQUIPMENT 1 <input type="checkbox"/> Being worn properly and used for designed purpose 2 <input type="checkbox"/> Being worn properly but not used for designed purpose 3 <input type="checkbox"/> Not being worn properly but used for designed purpose 4 <input type="checkbox"/> Not being worn properly and not used for designed purpose 5 <input type="checkbox"/> No special equipment being used	PROBLEM WITH SPECIAL EQUIPMENT 1 <input type="checkbox"/> Burned 2 <input type="checkbox"/> Ripped, torn, cut, punctured 3 <input type="checkbox"/> Melted 4 <input type="checkbox"/> Not properly serviced/stored prior to use 5 <input type="checkbox"/> Not used for designed purpose 6 <input type="checkbox"/> Not used as recommended by manufacturer 7 <input type="checkbox"/> No problem with special equipment 8 <input checked="" type="checkbox"/> No special equipment being used 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported
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FP	OFFICER IN CHARGE (NAME)	POSITION	DATE
	MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)	POSITION	DATE



# FIRE INCIDENT REPORTING SYSTEM

## INDIANA DEPARTMENT OF FIRE PREVENTION AND BUILDING SAFETY

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WAYNE Twp Fire Department

Fire Department

NFIRS-3

### FIRE SERVICE CASUALTY REPORT

1  DELETE REPORT  
2  CHANGE

FA	ID 1910212	INCIDENT NO.	EXPOSURE NO.	CASUALTY NO. 10102	INJURY OCCURED	MO. 11	DAY 20	YEAR 87	TIME OF INJURY			
FB	CASUALTY NAME (LAST, FIRST, MI) <b>CRENSHAW DARRYL</b>				TYPE OF CASUALTY <input type="checkbox"/> 1 Fireground injury before F.D. arrival <input checked="" type="checkbox"/> 2 Fireground injury after F.D. arrival <input type="checkbox"/> 3 Injury during response to or return from incident <input type="checkbox"/> 4 Non-fire incident injury creating the alarm <input type="checkbox"/> 5 Non-fire incident injury after alarm <input type="checkbox"/> 6 Medical aid call, illness creating the alarm <input type="checkbox"/> 7 Injury during response to or return from incident <input type="checkbox"/> 8 Not classified above <input type="checkbox"/> 9 Undetermined or not reported							
FC	AGE 128	SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	CASE SEVERITY <input type="checkbox"/> 1 Minor—The patient is not in danger of death or permanent disability. Immediate medical care is not necessary. <input type="checkbox"/> 2 Moderate—There is little danger of death or permanent disability. Quick medical care is advisable. This category includes injuries such as fractures or lacerations requiring sutures. <input checked="" type="checkbox"/> 3 Severe—The situation is potentially life threatening if the condition remains uncontrolled. Immediate medical care is necessary even though body processes may still be functioning and vital signs may be normal. <input type="checkbox"/> 4 Life Threat—Death is imminent. Body processes and vital signs are not normal. Immediate medical care is necessary. This category includes such as severe hemorrhaging, multiple trauma, and multiple internal injuries. <input type="checkbox"/> 5 D.O.A.—Dead upon arrival at the scene. <input type="checkbox"/> 6 Died subsequent to arrival.			PRIMARY APPARENT SYMPTOM						
FD	PRIMARY PART OF BODY <b>LUNGS</b>			PATIENT TAKEN TO <input checked="" type="checkbox"/> 1 Hospital, emergency room or general admission <input type="checkbox"/> 2 Doctor's office clinic <input type="checkbox"/> 3 Long-term care facility		<input type="checkbox"/> 4 Morgue <input type="checkbox"/> 5 Funeral home <input type="checkbox"/> 6 Residence <input type="checkbox"/> 7 Not transported <input type="checkbox"/> 8 Not classified above <input type="checkbox"/> 9 Undetermined or not reported						
FE	ASSIGNMENT <input checked="" type="checkbox"/> 1 Fire suppression <input type="checkbox"/> 2 Emergency Medical Service (EMS) <input type="checkbox"/> 3 Fire prevention/inspection <input type="checkbox"/> 4 Training <input type="checkbox"/> 5 Maintenance <input type="checkbox"/> 6 Fire alarm/communications		NUMBER OF RESPONSES PRIOR TO INJURY <input type="checkbox"/> 1 One <input type="checkbox"/> 2 Two <input type="checkbox"/> 3 Three <input type="checkbox"/> 4 Four <input type="checkbox"/> 5 Five <input type="checkbox"/> 6 Six to eight		PHYSICAL CONDITION <input checked="" type="checkbox"/> 1 Rested <input type="checkbox"/> 2 Fatigued <input type="checkbox"/> 3 Impaired (drugs, alcohol) <input type="checkbox"/> 4 Impaired (illness, medication) <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported		STATUS BEFORE ALARM <input type="checkbox"/> 1 Asleep <input checked="" type="checkbox"/> 2 Awake <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported					
FF	FIRE FIGHTER ACTIVITY				WHERE INJURY OCCURRED							
FG	CAUSE OF FIRE FIGHTER INJURY				MEDICAL CARE PROVIDED <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Treated at scene <input type="checkbox"/> 3 Treated at medical clinic <input type="checkbox"/> 4 Treated at doctor's office <input type="checkbox"/> 5 Hospital emergency room <input type="checkbox"/> 6 Hospital outpatient <input type="checkbox"/> 7 Hospital inpatient <input type="checkbox"/> 8 Continued care after hospital release <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported							
FH	PROTECTIVE COAT WORN <input checked="" type="checkbox"/> 1 Nomex protective coat with liner <input type="checkbox"/> 2 Nomex protective coat without liner <input type="checkbox"/> 3 Canvas protective coat with liner <input type="checkbox"/> 4 Canvas protective coat without liner <input type="checkbox"/> 5 Rubber (or rubberized) coat with liner <input type="checkbox"/> 6 Rubber (or rubberized) coat without liner <input type="checkbox"/> 7 Other protective coat with liner <input type="checkbox"/> 8 Other protective coat without liner <input type="checkbox"/> 9 No protective coat being worn when injured <input type="checkbox"/> 0 Undetermined or not reported			STATUS OF PROTECTIVE COAT <input type="checkbox"/> 1 Open <input type="checkbox"/> 2 Partially open <input type="checkbox"/> 3 Closed, collar up <input type="checkbox"/> 4 Closed, collar down <input type="checkbox"/> 8 No protective coat being worn <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported		PROBLEM WITH PROTECTIVE COAT <input type="checkbox"/> 1 Burned <input type="checkbox"/> 2 Ripped <input type="checkbox"/> 3 Melted <input type="checkbox"/> 4 Cut <input type="checkbox"/> 5 Trapped steam or hazardous gases <input type="checkbox"/> 6 No failure of the protective coat <input type="checkbox"/> 7 No protective coat worn <input type="checkbox"/> 8 Not classified above <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported						
FI	PROTECTIVE TROUSERS WORN <input checked="" type="checkbox"/> 1 Nomex protective trousers with liner <input type="checkbox"/> 2 Nomex protective trousers without liner <input type="checkbox"/> 3 Canvas protective trousers with liner <input type="checkbox"/> 4 Canvas protective trousers without liner <input type="checkbox"/> 5 Rubber (or rubberized) protective trousers with liner <input type="checkbox"/> 6 Rubber (or rubberized) without liner <input type="checkbox"/> 7 Other protective trousers with liner <input type="checkbox"/> 8 Other protective trousers without liner <input type="checkbox"/> 9 No protective trousers being worn <input type="checkbox"/> 0 Undetermined or not reported			STATUS OF PROTECTIVE TROUSERS <input type="checkbox"/> 1 Protective trousers worn properly <input type="checkbox"/> 2 Protective trousers worn inside boots <input type="checkbox"/> 3 Protective trousers worn without suspension <input type="checkbox"/> 8 No protective trousers worn <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported		PROBLEM WITH PROTECTIVE TROUSERS <input type="checkbox"/> 1 Burned <input type="checkbox"/> 2 Ripped <input type="checkbox"/> 3 Melted <input type="checkbox"/> 4 Cut <input type="checkbox"/> 5 Trapped steam or hazardous gases <input type="checkbox"/> 6 No failure of the protective trousers <input type="checkbox"/> 7 No protective trousers worn <input type="checkbox"/> 8 Not classified above <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported						
FJ	BOOTS/SHOES WORN <input type="checkbox"/> 1 Boots, knee length (steel baseplate and steel toe) <input type="checkbox"/> 2 Boots, knee length (steel toe only) <input type="checkbox"/> 3 Boots, 3/4 length (steel baseplate and steel toe) <input type="checkbox"/> 4 Boots, 3/4 length (steel toe only) <input type="checkbox"/> 5 Shoes, safety (steel baseplate and steel toe) <input type="checkbox"/> 6 Shoes, safety (steel toe only) <input type="checkbox"/> 7 Boots without steel reinforcement <input type="checkbox"/> 8 Shoes, non-safety <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported			STATUS OF BOOTS <input type="checkbox"/> 1 3/4 length boots pulled up (full length) <input type="checkbox"/> 2 3/4 length boots not pulled up <input type="checkbox"/> 3 Knee length boots worn <input type="checkbox"/> 8 No boots worn <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported		PROBLEM WITH BOOTS/SHOES <input type="checkbox"/> 1 Burned <input type="checkbox"/> 2 Ripped <input type="checkbox"/> 3 Cut <input type="checkbox"/> 4 Punctured <input type="checkbox"/> 5 Object fell into <input type="checkbox"/> 6 Failed under impact <input type="checkbox"/> 7 No failure of boots/shoes <input type="checkbox"/> 8 Not classified above <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported						
FK	HELMET WORN <input type="checkbox"/> 1 Leather helmet <input type="checkbox"/> 2 Aluminum helmet <input type="checkbox"/> 3 Glass fiber helmet <input type="checkbox"/> 4 Polycarbonate helmet <input type="checkbox"/> 8 No helmet being worn <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported		STATUS OF HELMET <input type="checkbox"/> 1 Chin strap in use <input type="checkbox"/> 2 Chin strap and ear/neck protector in use <input type="checkbox"/> 3 Ear/neck protector only in use <input type="checkbox"/> 4 Chin strap and ear/neck protector not in use <input type="checkbox"/> 8 No helmet being worn <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported			PROBLEM WITH HELMET <input type="checkbox"/> 1 Burned <input type="checkbox"/> 2 Melted <input type="checkbox"/> 3 Fractured <input type="checkbox"/> 4 Punctured <input type="checkbox"/> 5 Knocked off <input type="checkbox"/> 6 No failure of helmet <input type="checkbox"/> 7 No helmet worn <input type="checkbox"/> 8 Not classified above <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported						
FL	FACE PROTECTION WORN <input type="checkbox"/> 1 Full face protection <input type="checkbox"/> 2 Partial face protection <input type="checkbox"/> 3 Goggles worn <input type="checkbox"/> 8 No face protection worn <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported		PROBLEM WITH FACE PROTECTION <input type="checkbox"/> 1 Burned <input type="checkbox"/> 2 Melted <input type="checkbox"/> 3 Fractured/cracked/broke <input type="checkbox"/> 4 Scratched <input type="checkbox"/> 7 No failure of face protection <input type="checkbox"/> 8 No face protection being used <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported									
FM	BREATHING APPARATUS WORN <input type="checkbox"/> 1 Self-contained open circuit demand-type apparatus <input type="checkbox"/> 2 Self-contained open circuit pressure-type apparatus <input type="checkbox"/> 3 Self-contained closed circuit-type apparatus <input type="checkbox"/> 4 Not self-contained <input type="checkbox"/> 8 No breathing apparatus being used <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported		STATUS OF BREATHING APPARATUS <input type="checkbox"/> 1 Face piece and regulator connected <input type="checkbox"/> 2 Air supply turned off <input type="checkbox"/> 3 Face piece not in place <input type="checkbox"/> 4 Harness not secured <input type="checkbox"/> 5 Breathing apparatus properly worn <input type="checkbox"/> 8 No breathing apparatus <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported									
FN	GLOVES WORN <input type="checkbox"/> 1 Cotton <input type="checkbox"/> 2 Wool <input type="checkbox"/> 3 Canvas <input type="checkbox"/> 4 Leather <input type="checkbox"/> 5 Asbestos <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Synthetic, including Nomex <input type="checkbox"/> 8 No gloves being worn <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported		PROBLEM WITH GLOVES <input type="checkbox"/> 1 Burned <input type="checkbox"/> 2 Ripped <input type="checkbox"/> 3 Melted <input type="checkbox"/> 4 Cut, punctured <input type="checkbox"/> 5 Object fell into <input type="checkbox"/> 6 Insufficient insulation <input type="checkbox"/> 7 No failure of the gloves <input type="checkbox"/> 8 No gloves being worn <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported									
FO	SPECIAL EQUIPMENT WORN <input type="checkbox"/> 1 Proximity suit <input type="checkbox"/> 2 Chemical suit <input type="checkbox"/> 3 Scuba gear <input type="checkbox"/> 4 Exposure suit <input type="checkbox"/> 5 Life preservers <input type="checkbox"/> 6 Life belt, ladder belt <input type="checkbox"/> 7 Personal lighting <input type="checkbox"/> 8 No special equipment being used <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported		STATUS OF SPECIAL EQUIPMENT <input type="checkbox"/> 1 Being worn properly and used for designed purpose <input type="checkbox"/> 2 Being worn properly but not used for designed purpose <input type="checkbox"/> 3 Not being worn properly but used for designed purpose <input type="checkbox"/> 4 Not being worn properly and not used for designed purpose <input type="checkbox"/> 8 No special equipment being used <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported			PROBLEM WITH SPECIAL EQUIPMENT <input type="checkbox"/> 1 Burned <input type="checkbox"/> 2 Ripped, torn, cut, punctured <input type="checkbox"/> 3 Melted <input type="checkbox"/> 4 Not properly serviced/stored prior to use <input type="checkbox"/> 5 Not used for designed purpose <input type="checkbox"/> 6 Not used as recommended by manufacturer <input type="checkbox"/> 7 No problem with special equipment <input type="checkbox"/> 8 No special equipment being used <input type="checkbox"/> 9 Not classified above <input type="checkbox"/> 0 Undetermined or not reported						
FP	OFFICER IN CHARGE (NAME)				POSITION				DATE			
MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)				POSITION				DATE				

RETURN TO STATE FIRE MARSHAL ON A MONTHLY BASIS

REMARKS ON REVERSE SIDE



# FIRE INCIDENT REPORTING SYSTEM

## INDIANA DEPARTMENT OF FIRE PREVENTION AND BUILDING SAFETY

Wayne Twp Fire Department  
CIVILIAN CAUALTY REPORT

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PLEASE BLACK RATHER THAN CHECK BOXES

A	FDID 490122	INCIDENT NO.	EXP.	MO	DAY	YEAR	DAY OF WEEK 1 Sun 3 Tuesday 2 Mon 4 Wednesday	5 Thurs 6 Fri 7 Sat	ALARM TIME
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CASUALTY SEVERE ENOUGH TO CHECK ON LATER yes <input type="checkbox"/> no <input type="checkbox"/>		CASUALTY NUMBER 001	1 <input type="checkbox"/> DELETE REC. 2 <input type="checkbox"/> CHANGE
GA	CASUALTY LAST NAME EVANS	FIRST NAME MI Christopher L.	D.O.B. MO YEAR AGE TIME OF INJURY
GB	HOME ADDRESS 51		TELEPHONE
GC	SEX 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	CASUALTY TYPE 1 <input checked="" type="checkbox"/> Fire casualty 2 <input type="checkbox"/> Action casualty 3 <input type="checkbox"/> EMS casualty	SEVERITY 1 <input type="checkbox"/> Injury 2 <input checked="" type="checkbox"/> Death
GD	AFFILIATION 2 <input type="checkbox"/> Other Emergency Personnel 3 <input checked="" type="checkbox"/> Civilian		
GE	FAMILIARITY WITH STRUCTURE 1 <input type="checkbox"/> Less than 1 day 2 <input type="checkbox"/> 1 to 7 days 3 <input type="checkbox"/> 8 to 30 days 4 <input type="checkbox"/> 1 to 2 months 5 <input type="checkbox"/> 3 to 6 months 6 <input type="checkbox"/> 7 to 12 months 7 <input type="checkbox"/> Over 1 year 8 <input type="checkbox"/> Not a Structure 9 <input type="checkbox"/> Undetermined or not reported	LOCATION AT IGNITION 1 <input type="checkbox"/> Intimately involved with ignition 2 <input type="checkbox"/> In the room or space of fire origin 3 <input type="checkbox"/> On same floor as origin of fire 4 <input type="checkbox"/> In same building as origin of fire 5 <input type="checkbox"/> Outside of building of fire origin but on property 6 <input type="checkbox"/> Fire casualty off property of fire origin 7 <input type="checkbox"/> Undetermined or not reported	CONDITION BEFORE INJURY 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Bedridden, other physical handicap 3 <input type="checkbox"/> Impaired by drugs, alcohol 4 <input type="checkbox"/> Under restraint 5 <input type="checkbox"/> Too young to act 6 <input type="checkbox"/> Too old to act 7 <input type="checkbox"/> Mentally handicapped, senile 8 <input type="checkbox"/> Undetermined or not reported
GF	CONDITION PREVENTING ESCAPE 1 <input type="checkbox"/> No time to escape, explosion or fire progressed too rapidly 2 <input type="checkbox"/> Fire between casualty and exit 3 <input type="checkbox"/> Locked doors 4 <input type="checkbox"/> Illegal gates, locks 5 <input type="checkbox"/> Clothing on casualty burning 6 <input type="checkbox"/> Moved too slowly 7 <input type="checkbox"/> Victim incapacitated prior to ignition 8 <input type="checkbox"/> No conditions prevented escape or not a factor	ACTIVITY AT TIME OF INJURY 1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Response/return 5 <input type="checkbox"/> Cleanup, salvage, mop up 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Undetermined or not reported	CAUSE OF INJURY 1 <input type="checkbox"/> Caught in, under, between, trapped by 2 <input type="checkbox"/> Exposed to fire products 3 <input type="checkbox"/> Exposed to chemicals, radiation 4 <input type="checkbox"/> Fell or stepped on, over, into 5 <input type="checkbox"/> Overexertion 6 <input type="checkbox"/> Rubbed by contact with 7 <input type="checkbox"/> Struck by 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported 0 <input type="checkbox"/> Not applicable
GF	NATURE OF INJURY 1 <input type="checkbox"/> Burns and asphyxia/smoke 2 <input type="checkbox"/> Burns only 3 <input type="checkbox"/> Asphyxia/smoke only 4 <input type="checkbox"/> Wound, cut, bleeding 5 <input type="checkbox"/> Dislocation, fracture 6 <input type="checkbox"/> Complaint of pain 7 <input type="checkbox"/> Shock 8 <input type="checkbox"/> Strain, sprain 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	PART OF BODY INJURED 1 <input type="checkbox"/> Head, neck 2 <input type="checkbox"/> Body, trunk, back 3 <input type="checkbox"/> Arm 4 <input type="checkbox"/> Leg 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Foot 7 <input type="checkbox"/> Internal 8 <input type="checkbox"/> Multiple parts 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	DISPOSITION 1 <input type="checkbox"/> Refused help 2 <input type="checkbox"/> Treated at scene and released 3 <input type="checkbox"/> Taken to hospital by fire dept vehicle 4 <input type="checkbox"/> Taken to hospital by non fire dept vehicle 5 <input type="checkbox"/> Taken to other than a hospital 6 <input type="checkbox"/> Died 7 <input type="checkbox"/> Not classified above 8 <input type="checkbox"/> Undetermined or not reported
<input type="checkbox"/> SEE REMARKS ON BACK		<input type="checkbox"/> SEE ADDITIONAL REPORT	

CASUALTY SEVERE ENOUGH TO CHECK ON LATER yes <input type="checkbox"/> no <input type="checkbox"/>		CASUALTY NUMBER 002	1 <input type="checkbox"/> DELETE REC. 2 <input type="checkbox"/> CHANGE
GA	CASUALTY LAST NAME MANTOR	FIRST NAME MI ALLEN	D.O.B. MO YEAR AGE TIME OF INJURY
GB	HOME ADDRESS 51		TELEPHONE
GC	SEX 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	CASUALTY TYPE 1 <input checked="" type="checkbox"/> Fire casualty 2 <input type="checkbox"/> Action casualty 3 <input type="checkbox"/> EMS casualty	SEVERITY 1 <input type="checkbox"/> Injury 2 <input checked="" type="checkbox"/> Death
GD	AFFILIATION 2 <input type="checkbox"/> Other Emergency Personnel 3 <input checked="" type="checkbox"/> Civilian		
GE	FAMILIARITY WITH STRUCTURE 1 <input type="checkbox"/> Less than 1 day 2 <input type="checkbox"/> 1 to 7 days 3 <input type="checkbox"/> 8 to 30 days 4 <input type="checkbox"/> 1 to 2 months 5 <input type="checkbox"/> 3 to 6 months 6 <input type="checkbox"/> 7 to 12 months 7 <input type="checkbox"/> Over 1 year 8 <input type="checkbox"/> Not a Structure 9 <input type="checkbox"/> Undetermined or not reported	LOCATION AT IGNITION 1 <input type="checkbox"/> Intimately involved with ignition 2 <input type="checkbox"/> In the room or space of fire origin 3 <input type="checkbox"/> On same floor as origin of fire 4 <input type="checkbox"/> In same building as origin of fire 5 <input type="checkbox"/> Outside of building of fire origin but on property 6 <input type="checkbox"/> Fire casualty off property of fire origin 7 <input type="checkbox"/> Undetermined or not reported	CONDITION BEFORE INJURY 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Bedridden, other physical handicap 3 <input type="checkbox"/> Impaired by drugs, alcohol 4 <input type="checkbox"/> Under restraint 5 <input type="checkbox"/> Too young to act 6 <input type="checkbox"/> Too old to act 7 <input type="checkbox"/> Mentally handicapped, senile 8 <input type="checkbox"/> Undetermined or not reported
GF	CONDITION PREVENTING ESCAPE 1 <input type="checkbox"/> No time to escape, explosion or fire progressed too rapidly 2 <input type="checkbox"/> Fire between casualty and exit 3 <input type="checkbox"/> Locked doors 4 <input type="checkbox"/> Illegal gates, locks 5 <input type="checkbox"/> Clothing on casualty burning 6 <input type="checkbox"/> Moved too slowly 7 <input type="checkbox"/> Victim incapacitated prior to ignition 8 <input type="checkbox"/> No conditions prevented escape or not a factor	ACTIVITY AT TIME OF INJURY 1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Response/return 5 <input type="checkbox"/> Cleanup, salvage, mop up 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Undetermined or not reported	CAUSE OF INJURY 1 <input type="checkbox"/> Caught in, under, between, trapped by 2 <input type="checkbox"/> Exposed to fire products 3 <input type="checkbox"/> Exposed to chemicals, radiation 4 <input type="checkbox"/> Fell or stepped on, over, into 5 <input type="checkbox"/> Overexertion 6 <input type="checkbox"/> Rubbed by contact with 7 <input type="checkbox"/> Struck by 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported 0 <input type="checkbox"/> Not applicable
GF	NATURE OF INJURY 1 <input type="checkbox"/> Burns and asphyxia/smoke 2 <input type="checkbox"/> Burns only 3 <input type="checkbox"/> Asphyxia/smoke only 4 <input type="checkbox"/> Wound, cut, bleeding 5 <input type="checkbox"/> Dislocation, fracture 6 <input type="checkbox"/> Complaint of pain 7 <input type="checkbox"/> Shock 8 <input type="checkbox"/> Strain, sprain 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	PART OF BODY INJURED 1 <input type="checkbox"/> Head, neck 2 <input type="checkbox"/> Body, trunk, back 3 <input type="checkbox"/> Arm 4 <input type="checkbox"/> Leg 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Foot 7 <input type="checkbox"/> Internal 8 <input type="checkbox"/> Multiple parts 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	DISPOSITION 1 <input type="checkbox"/> Refused help 2 <input type="checkbox"/> Treated at scene and released 3 <input type="checkbox"/> Taken to hospital by fire dept vehicle 4 <input type="checkbox"/> Taken to hospital by non fire dept vehicle 5 <input type="checkbox"/> Taken to other than a hospital 6 <input type="checkbox"/> Died 7 <input type="checkbox"/> Not classified above 8 <input type="checkbox"/> Undetermined or not reported
<input type="checkbox"/> SEE REMARKS ON BACK		<input type="checkbox"/> SEE ADDITIONAL REPORT	

U	OFFICER IN CHARGE AT INCIDENT (Name, Position)	Date	MEMBER MAKING REPORT	Date
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RETURN TO STATE FIRE MARSHAL ON A MONTHLY BASIS

CASUALTY 1

CASUALTY 2



# FIRE INCIDENT REPORTING SYSTEM

## INDIANA DEPARTMENT OF FIRE PREVENTION AND BUILDING SAFETY

WAYNE TWP Fire Department

PLEASE BLACK RATHER THAN CHECK BOXES

### CIVILIAN CAUALTY REPORT

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of \_\_\_\_\_  
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A 50	FDID <u>490122</u>	INCIDENT NO	EXP.	MO <u>11</u>	DAY <u>20</u>	YEAR <u>87</u>	DAY OF WEEK 1 <input type="checkbox"/> Sun 3 <input checked="" type="checkbox"/> Tuesday 5 <input type="checkbox"/> Thurs 2 <input type="checkbox"/> Mon 4 <input type="checkbox"/> Wednesday 6 <input type="checkbox"/> Fri 7 <input type="checkbox"/> Sat	ALARM TIME
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CASUALTY SEVERE ENOUGH TO CHECK ON LATER yes <input type="checkbox"/> no <input type="checkbox"/>		CASUALTY NUMBER <u>1003</u>	1 <input type="checkbox"/> DELETE REC. 2 <input type="checkbox"/> CHANGE
GA	CASUALTY LAST NAME <u>Henry</u>	FIRST NAME <u>Brenda</u>	MI <u>J</u>
GB	HOME ADDRESS <u>\$1</u>	TELEPHONE	
GC	SEX 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female	CASUALTY TYPE 1 <input checked="" type="checkbox"/> Fire casualty 2 <input type="checkbox"/> Action casualty 3 <input type="checkbox"/> EMS casualty	SEVERITY 1 <input type="checkbox"/> Injury 2 <input checked="" type="checkbox"/> Death
GD	FAMILIARITY WITH STRUCTURE 1 <input type="checkbox"/> Less than 1 day 2 <input type="checkbox"/> 1 to 7 days 3 <input type="checkbox"/> 8 to 30 days 4 <input type="checkbox"/> 1 to 2 months 5 <input type="checkbox"/> 3 to 6 months 6 <input type="checkbox"/> 7 to 12 months 7 <input type="checkbox"/> Over 1 year 8 <input type="checkbox"/> Not a Structure 9 <input type="checkbox"/> Undetermined or not reported		LOCATION AT IGNITION 1 <input type="checkbox"/> Intimately involved with ignition 2 <input type="checkbox"/> In the room or space of fire origin 3 <input type="checkbox"/> On same floor as origin of fire 4 <input type="checkbox"/> In same building as origin of fire 5 <input type="checkbox"/> Outside of building of fire origin but on property 6 <input type="checkbox"/> Fire casualty off property of fire origin 0 <input type="checkbox"/> Undetermined or not reported
GE	CONDITION PREVENTING ESCAPE 1 <input type="checkbox"/> No time to escape, explosion or fire progressed too rapidly 2 <input type="checkbox"/> Fire between casualty and exit 3 <input type="checkbox"/> Locked doors 4 <input type="checkbox"/> Illegal gates, locks 5 <input type="checkbox"/> Clothing on casualty burning 6 <input type="checkbox"/> Moved too slowly 7 <input type="checkbox"/> Victim incapacitated prior to ignition 8 <input type="checkbox"/> No conditions prevented escape or not a factor		CAUSE OF INJURY 1 <input type="checkbox"/> Caught in, under, between, trapped by 2 <input type="checkbox"/> Exposed to fire products 3 <input type="checkbox"/> Exposed to chemicals, radiation 4 <input type="checkbox"/> Fell or stepped on, over, into 5 <input type="checkbox"/> Overexertion 6 <input type="checkbox"/> Rubbed by contact with 7 <input type="checkbox"/> Struck by 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported 0 <input type="checkbox"/> Not applicable
GF	NATURE OF INJURY 1 <input type="checkbox"/> Burns and asphyxia/smoke 2 <input type="checkbox"/> Burns only 3 <input type="checkbox"/> Asphyxia/smoke only 4 <input type="checkbox"/> Wound, cut, bleeding 5 <input type="checkbox"/> Dislocation, fracture 6 <input type="checkbox"/> Complaint of pain 7 <input type="checkbox"/> Shock 8 <input type="checkbox"/> Strain, sprain 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	PART OF BODY INJURED 1 <input type="checkbox"/> Head, neck 2 <input type="checkbox"/> Body, trunk, back 3 <input type="checkbox"/> Arm 4 <input type="checkbox"/> Leg 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Foot 7 <input type="checkbox"/> Internal 8 <input type="checkbox"/> Multiple parts 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	DISPOSITION 1 <input type="checkbox"/> Refused help 2 <input type="checkbox"/> Treated at scene and released 3 <input type="checkbox"/> Taken to hospital by fire dept. vehicle 4 <input type="checkbox"/> Taken to hospital by non fire dept. vehicle 5 <input type="checkbox"/> Taken to other than a hospital 6 <input type="checkbox"/> Died 7 <input type="checkbox"/> Not classified above 8 <input type="checkbox"/> Undetermined or not reported
<input type="checkbox"/> SEE REMARKS ON BACK		<input type="checkbox"/> SEE ADDITIONAL REPORT	

CASUALTY 1

CASUALTY SEVERE ENOUGH TO CHECK ON LATER yes <input type="checkbox"/> no <input type="checkbox"/>		CASUALTY NUMBER <u>1004</u>	1 <input type="checkbox"/> DELETE REC. 2 <input type="checkbox"/> CHANGE
GA	CASUALTY LAST NAME <u>Cox</u>	FIRST NAME <u>KATHERINE</u>	MI
GB	HOME ADDRESS <u>5</u>	TELEPHONE	
GC	SEX 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female	CASUALTY TYPE 1 <input checked="" type="checkbox"/> Fire casualty 2 <input type="checkbox"/> Action casualty 3 <input type="checkbox"/> EMS casualty	SEVERITY 1 <input type="checkbox"/> Injury 2 <input checked="" type="checkbox"/> Death
GD	FAMILIARITY WITH STRUCTURE 1 <input type="checkbox"/> Less than 1 day 2 <input type="checkbox"/> 1 to 7 days 3 <input type="checkbox"/> 8 to 30 days 4 <input type="checkbox"/> 1 to 2 months 5 <input type="checkbox"/> 3 to 6 months 6 <input type="checkbox"/> 7 to 12 months 7 <input type="checkbox"/> Over 1 year 8 <input type="checkbox"/> Not a Structure 9 <input type="checkbox"/> Undetermined or not reported		LOCATION AT IGNITION 1 <input type="checkbox"/> Intimately involved with ignition 2 <input type="checkbox"/> In the room or space of fire origin 3 <input type="checkbox"/> On same floor as origin of fire 4 <input type="checkbox"/> In same building as origin of fire 5 <input type="checkbox"/> Outside of building of fire origin but on property 6 <input type="checkbox"/> Fire casualty off property of fire origin 0 <input type="checkbox"/> Undetermined or not reported
GE	CONDITION PREVENTING ESCAPE 1 <input type="checkbox"/> No time to escape, explosion or fire progressed too rapidly 2 <input type="checkbox"/> Fire between casualty and exit 3 <input type="checkbox"/> Locked doors 4 <input type="checkbox"/> Illegal gates, locks 5 <input type="checkbox"/> Clothing on casualty burning 6 <input type="checkbox"/> Moved too slowly 7 <input type="checkbox"/> Victim incapacitated prior to ignition 8 <input type="checkbox"/> No conditions prevented escape or not a factor		CAUSE OF INJURY 1 <input type="checkbox"/> Caught in, under, between, trapped by 2 <input type="checkbox"/> Exposed to fire products 3 <input type="checkbox"/> Exposed to chemicals, radiation 4 <input type="checkbox"/> Fell or stepped on, over, into 5 <input type="checkbox"/> Overexertion 6 <input type="checkbox"/> Rubbed by contact with 7 <input type="checkbox"/> Struck by 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported 0 <input type="checkbox"/> Not applicable
GF	NATURE OF INJURY 1 <input type="checkbox"/> Burns and asphyxia/smoke 2 <input type="checkbox"/> Burns only 3 <input type="checkbox"/> Asphyxia/smoke only 4 <input type="checkbox"/> Wound, cut, bleeding 5 <input type="checkbox"/> Dislocation, fracture 6 <input type="checkbox"/> Complaint of pain 7 <input type="checkbox"/> Shock 8 <input type="checkbox"/> Strain, sprain 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	PART OF BODY INJURED 1 <input type="checkbox"/> Head, neck 2 <input type="checkbox"/> Body, trunk, back 3 <input type="checkbox"/> Arm 4 <input type="checkbox"/> Leg 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Foot 7 <input type="checkbox"/> Internal 8 <input type="checkbox"/> Multiple parts 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	DISPOSITION 1 <input type="checkbox"/> Refused help 2 <input type="checkbox"/> Treated at scene and released 3 <input type="checkbox"/> Taken to hospital by fire dept. vehicle 4 <input type="checkbox"/> Taken to hospital by non fire dept. vehicle 5 <input type="checkbox"/> Taken to other than a hospital 6 <input type="checkbox"/> Died 7 <input type="checkbox"/> Not classified above 8 <input type="checkbox"/> Undetermined or not reported
<input type="checkbox"/> SEE REMARKS ON BACK		<input type="checkbox"/> SEE ADDITIONAL REPORT	

CASUALTY 2

U	OFFICER IN CHARGE AT INCIDENT (Name, Position)	Date	MEMBER MAKING REPORT	Date
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RETURN TO STATE FIRE MARSHAL ON A MONTHLY BASIS



# FIRE INCIDENT REPORTING SYSTEM

## INDIANA DEPARTMENT OF FIRE PREVENTION AND BUILDING SAFETY

Wayne Twp Fire Department

Fire Department

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### CIVILIAN CAUALTY REPORT

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A	FDID <u>490122</u>	INCIDENT NO	EXP.	MO	DAY	YEAR	DAY OF WEEK 1 <input type="checkbox"/> Sun 3 <input checked="" type="checkbox"/> Tuesday 2 <input type="checkbox"/> Mon 4 <input type="checkbox"/> Wednesday 7 <input type="checkbox"/> Sat	5 <input type="checkbox"/> Thurs 6 <input type="checkbox"/> Fri	ALARM TIME
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CASUALTY SEVERE ENOUGH TO CHECK ON LATER yes <input type="checkbox"/> no <input type="checkbox"/>		CASUALTY NUMBER <u>10105</u>	1 <input type="checkbox"/> DELETE REC. 2 <input type="checkbox"/> CHANGE
GA	CASUALTY LAST NAME <u>Goldberg</u>	FIRST NAME <u>Beth</u>	MI <u>L</u>
GB	HOME ADDRESS <u>51</u>	TELEPHONE	
GC	SEX 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female	CASUALTY TYPE 1 <input type="checkbox"/> Fire casualty 2 <input type="checkbox"/> Action casualty 3 <input type="checkbox"/> EMS casualty	SEVERITY 1 <input type="checkbox"/> Injury 2 <input checked="" type="checkbox"/> Death
GD	FAMILIARITY WITH STRUCTURE 1 <input type="checkbox"/> Less than 1 day 2 <input type="checkbox"/> 1 to 7 days 3 <input type="checkbox"/> 8 to 30 days 4 <input type="checkbox"/> 1 to 2 months 5 <input type="checkbox"/> 3 to 6 months 6 <input type="checkbox"/> 7 to 12 months 7 <input type="checkbox"/> Over 1 year 8 <input type="checkbox"/> Not a Structure 9 <input type="checkbox"/> Undetermined or not reported		LOCATION AT IGNITION 1 <input type="checkbox"/> Intimately involved with ignition 2 <input type="checkbox"/> In the room or space of fire origin 3 <input type="checkbox"/> On same floor as origin of fire 4 <input type="checkbox"/> In same building as origin of fire 5 <input type="checkbox"/> Outside of building of fire origin but on property 6 <input type="checkbox"/> Fire casualty off property of fire origin 0 <input type="checkbox"/> Undetermined or not reported
GE	CONDITION PREVENTING ESCAPE 1 <input type="checkbox"/> No time to escape, explosion or fire progressed too rapidly 2 <input type="checkbox"/> Fire between casualty and exit 3 <input type="checkbox"/> Locked doors 4 <input type="checkbox"/> Illegal gates, locks 5 <input type="checkbox"/> Clothing on casualty burning 6 <input type="checkbox"/> Moved too slowly 7 <input type="checkbox"/> Victim incapacitated prior to ignition 8 <input type="checkbox"/> No conditions prevented escape or not a factor		CAUSE OF INJURY 1 <input type="checkbox"/> Caught in, under, between, trapped by 2 <input type="checkbox"/> Exposed to fire products 3 <input type="checkbox"/> Exposed to chemicals, radiation 4 <input type="checkbox"/> Fell or stepped on, over, into 5 <input type="checkbox"/> Overexertion 6 <input type="checkbox"/> Rubbed by contact with 7 <input type="checkbox"/> Struck by 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported 0 <input type="checkbox"/> Not applicable
GF	NATURE OF INJURY 1 <input type="checkbox"/> Burns and asphyxia/smoke 2 <input type="checkbox"/> Burns only 3 <input type="checkbox"/> Asphyxia/smoke only 4 <input type="checkbox"/> Wound, cut, bleeding 5 <input type="checkbox"/> Dislocation, fracture 6 <input type="checkbox"/> Complaint of pain 7 <input type="checkbox"/> Shock 8 <input type="checkbox"/> Strain, sprain 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	PART OF BODY INJURED 1 <input type="checkbox"/> Head, neck 2 <input type="checkbox"/> Body, trunk, back 3 <input type="checkbox"/> Arm 4 <input type="checkbox"/> Leg 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Foot 7 <input type="checkbox"/> Internal 8 <input type="checkbox"/> Multiple parts 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	DISPOSITION 1 <input type="checkbox"/> Refused help 2 <input type="checkbox"/> Treated at scene and released 3 <input type="checkbox"/> Taken to hospital by fire dept vehicle 4 <input type="checkbox"/> Taken to hospital by non fire dept vehicle 5 <input type="checkbox"/> Taken to other than a hospital 6 <input type="checkbox"/> Died 7 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported
<input type="checkbox"/> SEE REMARKS ON BACK		<input type="checkbox"/> SEE ADDITIONAL REPORT	

CASUALTY SEVERE ENOUGH TO CHECK ON LATER yes <input type="checkbox"/> no <input type="checkbox"/>		CASUALTY NUMBER <u>10016</u>	1 <input type="checkbox"/> DELETE REC. 2 <input type="checkbox"/> CHANGE
GA	CASUALTY LAST NAME <u>B. Brownlee</u>	FIRST NAME <u>EMMA</u>	MI <u>J</u>
GB	HOME ADDRESS <u>51</u>	TELEPHONE	
GC	SEX 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female	CASUALTY TYPE 1 <input checked="" type="checkbox"/> Fire casualty 2 <input type="checkbox"/> Action casualty 3 <input type="checkbox"/> EMS casualty	SEVERITY 1 <input type="checkbox"/> Injury 2 <input checked="" type="checkbox"/> Death
GD	FAMILIARITY WITH STRUCTURE 1 <input type="checkbox"/> Less than 1 day 2 <input type="checkbox"/> 1 to 7 days 3 <input type="checkbox"/> 8 to 30 days 4 <input type="checkbox"/> 1 to 2 months 5 <input type="checkbox"/> 3 to 6 months 6 <input type="checkbox"/> 7 to 12 months 7 <input type="checkbox"/> Over 1 year 8 <input type="checkbox"/> Not a Structure 9 <input type="checkbox"/> Undetermined or not reported		LOCATION AT IGNITION 1 <input type="checkbox"/> Intimately involved with ignition 2 <input type="checkbox"/> In the room or space of fire origin 3 <input type="checkbox"/> On same floor as origin of fire 4 <input type="checkbox"/> In same building as origin of fire 5 <input type="checkbox"/> Outside of building of fire origin but on property 6 <input type="checkbox"/> Fire casualty off property of fire origin 0 <input type="checkbox"/> Undetermined or not reported
GE	CONDITION PREVENTING ESCAPE 1 <input type="checkbox"/> No time to escape, explosion or fire progressed too rapidly 2 <input type="checkbox"/> Fire between casualty and exit 3 <input type="checkbox"/> Locked doors 4 <input type="checkbox"/> Illegal gates, locks 5 <input type="checkbox"/> Clothing on casualty burning 6 <input type="checkbox"/> Moved too slowly 7 <input type="checkbox"/> Victim incapacitated prior to ignition 8 <input type="checkbox"/> No conditions prevented escape or not a factor		CAUSE OF INJURY 1 <input type="checkbox"/> Caught in, under, between, trapped by 2 <input type="checkbox"/> Exposed to fire products 3 <input type="checkbox"/> Exposed to chemicals, radiation 4 <input type="checkbox"/> Fell or stepped on, over, into 5 <input type="checkbox"/> Overexertion 6 <input type="checkbox"/> Rubbed by contact with 7 <input type="checkbox"/> Struck by 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported 0 <input type="checkbox"/> Not applicable
GF	NATURE OF INJURY 1 <input type="checkbox"/> Burns and asphyxia/smoke 2 <input type="checkbox"/> Burns only 3 <input type="checkbox"/> Asphyxia/smoke only 4 <input type="checkbox"/> Wound, cut, bleeding 5 <input type="checkbox"/> Dislocation, fracture 6 <input type="checkbox"/> Complaint of pain 7 <input type="checkbox"/> Shock 8 <input type="checkbox"/> Strain, sprain 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	PART OF BODY INJURED 1 <input type="checkbox"/> Head, neck 2 <input type="checkbox"/> Body, trunk, back 3 <input type="checkbox"/> Arm 4 <input type="checkbox"/> Leg 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Foot 7 <input type="checkbox"/> Internal 8 <input type="checkbox"/> Multiple parts 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	DISPOSITION 1 <input type="checkbox"/> Refused help 2 <input type="checkbox"/> Treated at scene and released 3 <input type="checkbox"/> Taken to hospital by fire dept vehicle 4 <input type="checkbox"/> Taken to hospital by non fire dept vehicle 5 <input type="checkbox"/> Taken to other than a hospital 6 <input type="checkbox"/> Died 7 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported
<input type="checkbox"/> SEE REMARKS ON BACK		<input type="checkbox"/> SEE ADDITIONAL REPORT	

CASUALTY 2

OFFICER IN CHARGE AT INCIDENT (Name, Position)	Date	MEMBER MAKING REPORT	Date
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RETURN TO STATE FIRE MARSHAL ON A MONTHLY BASIS



# FIRE INCIDENT REPORTING SYSTEM

## INDIANA DEPARTMENT OF FIRE PREVENTION AND BUILDING SAFETY

WAYNE TWP Fire Department

Fire Department

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### CIVILIAN CASUALTY REPORT

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FDID	INCIDENT NO.	EXP.	MO	DAY	YEAR	DAY OF WEEK	5 <input type="checkbox"/> Thurs	ALARM TIME
50	491022					1 <input type="checkbox"/> Sun 3 <input type="checkbox"/> Tuesday 6 <input type="checkbox"/> Fri		
						2 <input type="checkbox"/> Mon 4 <input type="checkbox"/> Wednesday 7 <input type="checkbox"/> Sat		

CASUALTY SEVERE ENOUGH TO CHECK ON LATER yes <input type="checkbox"/> no <input type="checkbox"/>	CASUALTY NUMBER	1 <input type="checkbox"/> DELETE REC 2 <input type="checkbox"/> CHANGE
	10017	

GA CASUALTY LAST NAME	FIRST NAME	MI	D.O.B.	MO	YEAR	AGE	TIME OF INJURY
KANWAR	NARINDER	S.		14	1946	41	

GB HOME ADDRESS	TELEPHONE
51	

GC SEX	CASUALTY TYPE	SEVERITY	AFFILIATION
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Fire casualty 2 <input type="checkbox"/> Action casualty 3 <input type="checkbox"/> EMS casualty	1 <input type="checkbox"/> Injury 2 <input checked="" type="checkbox"/> Death	2 <input type="checkbox"/> Other Emergency Personnel 3 <input checked="" type="checkbox"/> Civilian

GD FAMILIARITY WITH STRUCTURE	LOCATION AT IGNITION	CONDITION BEFORE INJURY
1 <input type="checkbox"/> Less than 1 day 2 <input type="checkbox"/> 1 to 7 days 3 <input type="checkbox"/> 8 to 30 days 4 <input type="checkbox"/> 1 to 2 months 5 <input type="checkbox"/> 3 to 6 months 6 <input type="checkbox"/> 7 to 12 months 7 <input type="checkbox"/> Over 1 year 8 <input type="checkbox"/> Not a Structure 9 <input type="checkbox"/> Undetermined or not reported	1 <input type="checkbox"/> Intimately involved with ignition 2 <input type="checkbox"/> In the room or space of fire origin 3 <input type="checkbox"/> On same floor as origin of fire 4 <input type="checkbox"/> In same building as origin of fire 5 <input type="checkbox"/> Outside of building of fire origin but on property 6 <input type="checkbox"/> Fire casualty off property of fire origin 0 <input type="checkbox"/> Undetermined or not reported	1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Bedridden, other physical handicap 3 <input type="checkbox"/> Impaired by drugs, alcohol 4 <input type="checkbox"/> Under restraint 5 <input type="checkbox"/> Too young to act 6 <input type="checkbox"/> Too old to act 7 <input type="checkbox"/> Mentally handicapped, senile 0 <input type="checkbox"/> Undetermined or not reported

GE CONDITION PREVENTING ESCAPE	ACTIVITY AT TIME OF INJURY	CAUSE OF INJURY
1 <input type="checkbox"/> No time to escape, explosion or fire progressed too rapidly 2 <input type="checkbox"/> Fire between casualty and exit 3 <input type="checkbox"/> Locked doors 4 <input type="checkbox"/> Illegal gates, locks 5 <input type="checkbox"/> Clothing on casualty burning 6 <input type="checkbox"/> Moved too slowly 7 <input type="checkbox"/> Victim incapacitated prior to ignition 8 <input type="checkbox"/> No conditions prevented escape or not a factor	1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Response/return 5 <input type="checkbox"/> Cleanup, salvage, mop up 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 0 <input type="checkbox"/> Undetermined or not reported	1 <input type="checkbox"/> Caught in, under, between, trapped by 2 <input type="checkbox"/> Exposed to fire products 3 <input type="checkbox"/> Exposed to chemicals, radiation 4 <input type="checkbox"/> Fell or stepped on, over, into 5 <input type="checkbox"/> Overexertion 6 <input type="checkbox"/> Rubbed by contact with 7 <input type="checkbox"/> Struck by 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported 0 <input type="checkbox"/> Not applicable

GF NATURE OF INJURY	PART OF BODY INJURED	DISPOSITION
1 <input type="checkbox"/> Burns and asphyxia/smoke 2 <input type="checkbox"/> Burns only 3 <input type="checkbox"/> Asphyxia/smoke only 4 <input type="checkbox"/> Wound, cut, bleeding 5 <input type="checkbox"/> Dislocation, fracture 6 <input type="checkbox"/> Complaint of pain 7 <input type="checkbox"/> Shock 8 <input type="checkbox"/> Strain, sprain 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	1 <input type="checkbox"/> Head, neck 2 <input type="checkbox"/> Body, trunk, back 3 <input type="checkbox"/> Arm 4 <input type="checkbox"/> Leg 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Foot 7 <input type="checkbox"/> Internal 8 <input type="checkbox"/> Multiple parts 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	1 <input type="checkbox"/> Refused help 2 <input type="checkbox"/> Treated at scene and released 3 <input type="checkbox"/> Taken to hospital by fire dept. vehicle 4 <input type="checkbox"/> Taken to hospital by non fire dept. vehicle 5 <input type="checkbox"/> Taken to other than a hospital 6 <input type="checkbox"/> Died 7 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported

SEE REMARKS ON BACK

SEE ADDITIONAL REPORT

CASUALTY SEVERE ENOUGH TO CHECK ON LATER yes <input type="checkbox"/> no <input type="checkbox"/>	CASUALTY NUMBER	1 <input type="checkbox"/> DELETE REC 2 <input type="checkbox"/> CHANGE
	10018	

GA CASUALTY LAST NAME	FIRST NAME	MI	D.O.B.	MO	YEAR	AGE	TIME OF INJURY
MARTIN	DAWN			6	1968	19	

GB HOME ADDRESS	TELEPHONE
51	

GC SEX	CASUALTY TYPE	SEVERITY	AFFILIATION
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Fire casualty 2 <input type="checkbox"/> Action casualty 3 <input type="checkbox"/> EMS casualty	1 <input type="checkbox"/> Injury 2 <input checked="" type="checkbox"/> Death	2 <input type="checkbox"/> Other Emergency Personnel 3 <input checked="" type="checkbox"/> Civilian

GD FAMILIARITY WITH STRUCTURE	LOCATION AT IGNITION	CONDITION BEFORE INJURY
1 <input type="checkbox"/> Less than 1 day 2 <input type="checkbox"/> 1 to 7 days 3 <input type="checkbox"/> 8 to 30 days 4 <input type="checkbox"/> 1 to 2 months 5 <input type="checkbox"/> 3 to 6 months 6 <input type="checkbox"/> 7 to 12 months 7 <input type="checkbox"/> Over 1 year 8 <input type="checkbox"/> Not a Structure 9 <input type="checkbox"/> Undetermined or not reported	1 <input type="checkbox"/> Intimately involved with ignition 2 <input type="checkbox"/> In the room or space of fire origin 3 <input type="checkbox"/> On same floor as origin of fire 4 <input type="checkbox"/> In same building as origin of fire 5 <input type="checkbox"/> Outside of building of fire origin but on property 6 <input type="checkbox"/> Fire casualty off property of fire origin 0 <input type="checkbox"/> Undetermined or not reported	1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Bedridden, other physical handicap 3 <input type="checkbox"/> Impaired by drugs, alcohol 4 <input type="checkbox"/> Under restraint 5 <input type="checkbox"/> Too young to act 6 <input type="checkbox"/> Too old to act 7 <input type="checkbox"/> Mentally handicapped, senile 0 <input type="checkbox"/> Undetermined or not reported

GE CONDITION PREVENTING ESCAPE	ACTIVITY AT TIME OF INJURY	CAUSE OF INJURY
1 <input type="checkbox"/> No time to escape, explosion or fire progressed too rapidly 2 <input type="checkbox"/> Fire between casualty and exit 3 <input type="checkbox"/> Locked doors 4 <input type="checkbox"/> Illegal gates, locks 5 <input type="checkbox"/> Clothing on casualty burning 6 <input type="checkbox"/> Moved too slowly 7 <input type="checkbox"/> Victim incapacitated prior to ignition 8 <input type="checkbox"/> No conditions prevented escape or not a factor	1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Response/return 5 <input type="checkbox"/> Cleanup, salvage, mop up 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 0 <input type="checkbox"/> Undetermined or not reported	1 <input type="checkbox"/> Caught in, under, between, trapped by 2 <input type="checkbox"/> Exposed to fire products 3 <input type="checkbox"/> Exposed to chemicals, radiation 4 <input type="checkbox"/> Fell or stepped on, over, into 5 <input type="checkbox"/> Overexertion 6 <input type="checkbox"/> Rubbed by contact with 7 <input type="checkbox"/> Struck by 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported 0 <input type="checkbox"/> Not applicable

GF NATURE OF INJURY	PART OF BODY INJURED	DISPOSITION
1 <input type="checkbox"/> Burns and asphyxia/smoke 2 <input type="checkbox"/> Burns only 3 <input type="checkbox"/> Asphyxia/smoke only 4 <input type="checkbox"/> Wound, cut, bleeding 5 <input type="checkbox"/> Dislocation, fracture 6 <input type="checkbox"/> Complaint of pain 7 <input type="checkbox"/> Shock 8 <input type="checkbox"/> Strain, sprain 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	1 <input type="checkbox"/> Head, neck 2 <input type="checkbox"/> Body, trunk, back 3 <input type="checkbox"/> Arm 4 <input type="checkbox"/> Leg 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Foot 7 <input type="checkbox"/> Internal 8 <input type="checkbox"/> Multiple parts 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported	1 <input type="checkbox"/> Refused help 2 <input type="checkbox"/> Treated at scene and released 3 <input type="checkbox"/> Taken to hospital by fire dept. vehicle 4 <input type="checkbox"/> Taken to hospital by non fire dept. vehicle 5 <input type="checkbox"/> Taken to other than a hospital 6 <input type="checkbox"/> Died 7 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported

SEE REMARKS ON BACK

SEE ADDITIONAL REPORT

U OFFICER IN CHARGE AT INCIDENT (Name, Position)	Date	MEMBER MAKING REPORT	Date

RETURN TO STATE FIRE MARSHAL ON A MONTHLY BASIS



# FIRE INCIDENT REPORTING SYSTEM

## INDIANA DEPARTMENT OF FIRE PREVENTION AND BUILDING SAFETY

Wayne Twp Fire Department

### CIVILIAN CASUALTY REPORT

PLEASE BLACK RATHER THAN CHECK BOXES

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A	FDID <u>491022</u>	INCIDENT NO.	EXP	MO <u>11</u>	DAY <u>20</u>	YEAR <u>87</u>	DAY OF WEEK 1 <input type="checkbox"/> Sun 2 <input type="checkbox"/> Mon 3 <input checked="" type="checkbox"/> Tuesday 4 <input type="checkbox"/> Wednesday 5 <input type="checkbox"/> Thurs 6 <input type="checkbox"/> Fri 7 <input type="checkbox"/> Sat	ALARM TIME		
GA	CASUALTY SEVERE ENOUGH TO CHECK ON LATER yes <input type="checkbox"/> no <input type="checkbox"/>						CASUALTY NUMBER <u>1009</u>	1 <input type="checkbox"/> DELETE REC. 2 <input type="checkbox"/> CHANGE		
GB	CASUALTY LAST NAME <u>MARSH</u>		FIRST NAME <u>MARY</u>		MI	D.O.B.	MO <u>5</u>	YEAR <u>82</u>	AGE <u>29</u>	TIME OF INJURY
GB	HOME ADDRESS <u>51</u>							TELEPHONE		
GC	SEX 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female	CASUALTY TYPE 1 <input checked="" type="checkbox"/> Fire casualty 2 <input type="checkbox"/> Action casualty 3 <input type="checkbox"/> EMS casualty		SEVERITY 1 <input type="checkbox"/> Injury 2 <input checked="" type="checkbox"/> Death		AFFILIATION 2 <input type="checkbox"/> Other Emergency Personnel 3 <input checked="" type="checkbox"/> Civilian				
GD	FAMILIARITY WITH STRUCTURE 1 <input type="checkbox"/> Less than 1 day 2 <input type="checkbox"/> 1 to 7 days 3 <input type="checkbox"/> 8 to 30 days 4 <input type="checkbox"/> 1 to 2 months 5 <input type="checkbox"/> 3 to 6 months 6 <input type="checkbox"/> 7 to 12 months 7 <input type="checkbox"/> Over 1 year 8 <input type="checkbox"/> Not a Structure 9 <input type="checkbox"/> Undetermined or not reported		LOCATION AT IGNITION 1 <input type="checkbox"/> Intimately involved with ignition 2 <input type="checkbox"/> In the room or space of fire origin 3 <input type="checkbox"/> On same floor as origin of fire 4 <input type="checkbox"/> In same building as origin of fire 5 <input type="checkbox"/> Outside of building of fire origin but on property 6 <input type="checkbox"/> Fire casualty off property of fire origin 7 <input type="checkbox"/> Undetermined or not reported		CONDITION BEFORE INJURY 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Bedridden other physical handicap 3 <input type="checkbox"/> Impaired by drugs alcohol 4 <input type="checkbox"/> Under restraint 5 <input type="checkbox"/> Too young to act 6 <input type="checkbox"/> Too old to act 7 <input type="checkbox"/> Mentally handicapped senile 8 <input type="checkbox"/> Undetermined or not reported		8 <input type="checkbox"/> Awake unimpaired 9 <input type="checkbox"/> Not classified above			
GE	CONDITION PREVENTING ESCAPE 1 <input type="checkbox"/> No time to escape explosion or fire progressed too rapidly 2 <input type="checkbox"/> Fire between casualty and exit 3 <input type="checkbox"/> Locked doors 4 <input type="checkbox"/> Illegal gates locks 5 <input type="checkbox"/> Clothing on casualty burning 6 <input type="checkbox"/> Moved too slowly 7 <input type="checkbox"/> Victim incapacitated prior to ignition 8 <input type="checkbox"/> No conditions prevented escape or not a factor		ACTIVITY AT TIME OF INJURY 1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Response/return 5 <input type="checkbox"/> Cleanup salvage mop up 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Undetermined or not reported		CAUSE OF INJURY 1 <input type="checkbox"/> Caught in under between, trapped by 2 <input type="checkbox"/> Exposed to fire products 3 <input type="checkbox"/> Exposed to chemicals radiation 4 <input type="checkbox"/> Fell or stepped on over into 5 <input type="checkbox"/> Overexertion 6 <input type="checkbox"/> Rubbed by contact with 7 <input type="checkbox"/> Struck by 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported 0 <input type="checkbox"/> Not applicable					
GF	NATURE OF INJURY 1 <input type="checkbox"/> Burns and asphyxia/smoke 2 <input type="checkbox"/> Burns only 3 <input type="checkbox"/> Asphyxia/smoke only 4 <input type="checkbox"/> Wound cut bleeding 5 <input type="checkbox"/> Dislocation fracture 6 <input type="checkbox"/> Complaint of pain 7 <input type="checkbox"/> Shock 8 <input type="checkbox"/> Strain sprain 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		PART OF BODY INJURED 1 <input type="checkbox"/> Head neck 2 <input type="checkbox"/> Body trunk back 3 <input type="checkbox"/> Arm 4 <input type="checkbox"/> Leg 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Foot 7 <input type="checkbox"/> Internal 8 <input type="checkbox"/> Multiple parts 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		DISPOSITION 1 <input type="checkbox"/> Refused help 2 <input type="checkbox"/> Treated at scene and released 3 <input type="checkbox"/> Taken to hospital by fire dept vehicle 4 <input type="checkbox"/> Taken to hospital by non fire dept vehicle 5 <input type="checkbox"/> Taken to other than a hospital 6 <input type="checkbox"/> Died 7 <input type="checkbox"/> No classified above 8 <input type="checkbox"/> Undetermined or not reported					
SEE REMARKS ON BACK						SEE ADDITIONAL REPORT				

CASUALTY 1

GA	CASUALTY SEVERE ENOUGH TO CHECK ON LATER yes <input type="checkbox"/> no <input type="checkbox"/>						CASUALTY NUMBER <u>10110</u>	1 <input type="checkbox"/> DELETE REC. 2 <input type="checkbox"/> CHANGE		
GB	CASUALTY LAST NAME <u>GONZALES</u>		FIRST NAME <u>BETTY</u>		MI	D.O.B.	MO <u>3</u>	YEAR <u>52</u>	AGE <u>35</u>	TIME OF INJURY
GB	HOME ADDRESS <u>51</u>							TELEPHONE		
GC	SEX 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female	CASUALTY TYPE 1 <input checked="" type="checkbox"/> Fire casualty 2 <input type="checkbox"/> Action casualty 3 <input type="checkbox"/> EMS casualty		SEVERITY 1 <input checked="" type="checkbox"/> Injury 2 <input type="checkbox"/> Death		AFFILIATION 2 <input type="checkbox"/> Other Emergency Personnel 3 <input checked="" type="checkbox"/> Civilian				
GD	FAMILIARITY WITH STRUCTURE 1 <input type="checkbox"/> Less than 1 day 2 <input type="checkbox"/> 1 to 7 days 3 <input type="checkbox"/> 8 to 30 days 4 <input type="checkbox"/> 1 to 2 months 5 <input type="checkbox"/> 3 to 6 months 6 <input type="checkbox"/> 7 to 12 months 7 <input type="checkbox"/> Over 1 year 8 <input type="checkbox"/> Not a Structure 9 <input type="checkbox"/> Undetermined or not reported		LOCATION AT IGNITION 1 <input type="checkbox"/> Intimately involved with ignition 2 <input type="checkbox"/> In the room or space of fire origin 3 <input type="checkbox"/> On same floor as origin of fire 4 <input type="checkbox"/> In same building as origin of fire 5 <input type="checkbox"/> Outside of building of fire origin but on property 6 <input type="checkbox"/> Fire casualty off property of fire origin 7 <input type="checkbox"/> Undetermined or not reported		CONDITION BEFORE INJURY 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Bedridden other physical handicap 3 <input type="checkbox"/> Impaired by drugs alcohol 4 <input type="checkbox"/> Under restraint 5 <input type="checkbox"/> Too young to act 6 <input type="checkbox"/> Too old to act 7 <input type="checkbox"/> Mentally handicapped senile 8 <input type="checkbox"/> Undetermined or not reported		8 <input type="checkbox"/> Awake unimpaired 9 <input type="checkbox"/> Not classified above			
GE	CONDITION PREVENTING ESCAPE 1 <input type="checkbox"/> No time to escape explosion or fire progressed too rapidly 2 <input type="checkbox"/> Fire between casualty and exit 3 <input type="checkbox"/> Locked doors 4 <input type="checkbox"/> Illegal gates locks 5 <input type="checkbox"/> Clothing on casualty burning 6 <input type="checkbox"/> Moved too slowly 7 <input type="checkbox"/> Victim incapacitated prior to ignition 8 <input type="checkbox"/> No conditions prevented escape or not a factor		ACTIVITY AT TIME OF INJURY 1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Response/return 5 <input type="checkbox"/> Cleanup salvage mop up 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Undetermined or not reported		CAUSE OF INJURY 1 <input type="checkbox"/> Caught in, under, between, trapped by 2 <input type="checkbox"/> Exposed to fire products 3 <input type="checkbox"/> Exposed to chemicals radiation 4 <input type="checkbox"/> Fell or stepped on, over, into 5 <input type="checkbox"/> Overexertion 6 <input type="checkbox"/> Rubbed by contact with 7 <input type="checkbox"/> Struck by 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported 0 <input type="checkbox"/> Not applicable					
GF	NATURE OF INJURY 1 <input type="checkbox"/> Burns and asphyxia/smoke 2 <input type="checkbox"/> Burns only 3 <input type="checkbox"/> Asphyxia/smoke only 4 <input type="checkbox"/> Wound cut bleeding 5 <input type="checkbox"/> Dislocation fracture 6 <input type="checkbox"/> Complaint of pain 7 <input type="checkbox"/> Shock 8 <input type="checkbox"/> Strain sprain 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		PART OF BODY INJURED 1 <input type="checkbox"/> Head neck 2 <input type="checkbox"/> Body trunk back 3 <input type="checkbox"/> Arm 4 <input type="checkbox"/> Leg 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Foot 7 <input type="checkbox"/> Internal 8 <input type="checkbox"/> Multiple parts 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		DISPOSITION 1 <input type="checkbox"/> Refused help 2 <input type="checkbox"/> Treated at scene and released 3 <input type="checkbox"/> Taken to hospital by fire dept vehicle 4 <input type="checkbox"/> Taken to hospital by non fire dept vehicle 5 <input type="checkbox"/> Taken to other than a hospital 6 <input type="checkbox"/> Died 7 <input type="checkbox"/> No classified above 8 <input type="checkbox"/> Undetermined or not reported					
SEE REMARKS ON BACK						SEE ADDITIONAL REPORT				

CASUALTY 2

U	OFFICER IN CHARGE AT INCIDENT (Name, Position)	Date	MEMBER MAKING REPORT	Date
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RETURN TO STATE FIRE MARSHAL ON A MONTHLY BASIS



# FIRE INCIDENT REPORTING SYSTEM

## INDIANA DEPARTMENT OF FIRE PREVENTION AND BUILDING SAFETY

WAYNE TWP Fire Department

### CIVILIAN CASUALTY REPORT

PLEASE BLACK RATHER THAN CHECK BOXES

Page 6  
of \_\_\_\_\_  
NFIRS-2

A	FDID <u>491022</u>	INCIDENT NO.	EXP.	MO	DAY	YEAR	DAY OF WEEK 1 <input type="checkbox"/> Sun 2 <input type="checkbox"/> Mon 3 <input type="checkbox"/> Tuesday 4 <input type="checkbox"/> Wednesday 5 <input type="checkbox"/> Thurs 6 <input type="checkbox"/> Fri 7 <input type="checkbox"/> Sat	ALARM TIME		
GA	CASUALTY SEVERE ENOUGH TO CHECK ON LATER yes <input type="checkbox"/> no <input type="checkbox"/>						CASUALTY NUMBER <u>1011</u>	1 <input type="checkbox"/> DELETE REC 2 <input type="checkbox"/> CHANGE		
GB	CASUALTY LAST NAME <u>TEA GARDEN</u>		FIRST NAME <u>BRUCE</u>		MI <u>L</u>	DOB	MO	YEAR	AGE	TIME OF INJURY
GC	HOME ADDRESS <u>51</u>		SEX 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female		CASUALTY TYPE 1 <input type="checkbox"/> Fire casualty 2 <input type="checkbox"/> Action casualty 3 <input type="checkbox"/> EMS casualty		SEVERITY 1 <input checked="" type="checkbox"/> Injury 2 <input type="checkbox"/> Death		AFFILIATION 2 <input type="checkbox"/> Other Emergency Personnel 3 <input checked="" type="checkbox"/> Civilian	
GD	FAMILIARITY WITH STRUCTURE 1 <input type="checkbox"/> Less than 1 day 2 <input type="checkbox"/> 1 to 7 days 3 <input type="checkbox"/> 8 to 30 days 4 <input type="checkbox"/> 1 to 2 months 5 <input type="checkbox"/> 3 to 6 months 6 <input type="checkbox"/> 7 to 12 months 7 <input type="checkbox"/> Over 1 year 8 <input type="checkbox"/> Not a Structure 9 <input type="checkbox"/> Undetermined or not reported		LOCATION AT IGNITION 1 <input type="checkbox"/> Intimately involved with ignition 2 <input type="checkbox"/> In the room or space of fire origin 3 <input type="checkbox"/> On same floor as origin of fire 4 <input type="checkbox"/> In same building as origin of fire 5 <input type="checkbox"/> Outside of building of fire origin but on property 6 <input type="checkbox"/> Fire casualty off property of fire origin 0 <input type="checkbox"/> Undetermined or not reported		CONDITION BEFORE INJURY 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Bedridden, other physical handicap 3 <input type="checkbox"/> Impaired by drugs/alcohol 4 <input type="checkbox"/> Under restraint 5 <input type="checkbox"/> Too young to act 6 <input type="checkbox"/> Too old to act 7 <input type="checkbox"/> Mentally handicapped, senile 8 <input type="checkbox"/> Awake, unimpaired 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported					
GE	CONDITION PREVENTING ESCAPE 1 <input type="checkbox"/> No time to escape, explosion or fire progressed too rapidly 2 <input type="checkbox"/> Fire between casualty and exit 3 <input type="checkbox"/> Locked doors 4 <input type="checkbox"/> Illegal gates, locks 5 <input type="checkbox"/> Clothing on casualty burning 6 <input type="checkbox"/> Moved too slowly 7 <input type="checkbox"/> Victim incapacitated prior to ignition 8 <input type="checkbox"/> No conditions prevented escape or not a factor		ACTIVITY AT TIME OF INJURY 1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Response/return 5 <input type="checkbox"/> Cleanup/salvage, mop up 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational action 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		CAUSE OF INJURY 1 <input type="checkbox"/> Caught in, under, between, trapped by 2 <input type="checkbox"/> Exposed to fire products 3 <input type="checkbox"/> Exposed to chemicals, radiation 4 <input type="checkbox"/> Fell or stepped on, over, into 5 <input type="checkbox"/> Overexertion 6 <input type="checkbox"/> Rubbed by contact with 7 <input type="checkbox"/> Struck by 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported 0 <input type="checkbox"/> Not applicable					
GF	NATURE OF INJURY 1 <input type="checkbox"/> Burns and asphyxia/smoke 2 <input type="checkbox"/> Burns only 3 <input type="checkbox"/> Asphyxia/smoke only 4 <input type="checkbox"/> Wound, cut, bleeding 5 <input type="checkbox"/> Dislocation, fracture 6 <input type="checkbox"/> Complaint of pain 7 <input type="checkbox"/> Shock 8 <input type="checkbox"/> Strain, sprain 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		PART OF BODY INJURED 1 <input type="checkbox"/> Head, neck 2 <input type="checkbox"/> Body, trunk, back 3 <input type="checkbox"/> Arm 4 <input type="checkbox"/> Leg 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Foot 7 <input type="checkbox"/> Internal 8 <input type="checkbox"/> Multiple parts 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		DISPOSITION 1 <input type="checkbox"/> Refused help 2 <input type="checkbox"/> Treated at scene and released 3 <input type="checkbox"/> Taken to hospital by fire dept. vehicle 4 <input type="checkbox"/> Taken to hospital by non fire dept. vehicle 5 <input type="checkbox"/> Taken to other than a hospital 6 <input type="checkbox"/> Died 7 <input type="checkbox"/> Not classified above 8 <input type="checkbox"/> Undetermined or not reported					
SEE REMARKS ON BACK						SEE ADDITIONAL REPORT				

GA	CASUALTY SEVERE ENOUGH TO CHECK ON LATER yes <input type="checkbox"/> no <input type="checkbox"/>						CASUALTY NUMBER <u>1012</u>	1 <input type="checkbox"/> DELETE REC 2 <input type="checkbox"/> CHANGE		
GB	CASUALTY LAST NAME <u>MURRAY</u>		FIRST NAME <u>THOMAS</u>		MI <u>C</u>	DOB	MO	YEAR	AGE	TIME OF INJURY
GC	HOME ADDRESS <u>51</u>		SEX 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female		CASUALTY TYPE 1 <input checked="" type="checkbox"/> Fire casualty 2 <input type="checkbox"/> Action casualty 3 <input type="checkbox"/> EMS casualty		SEVERITY 1 <input checked="" type="checkbox"/> Injury 2 <input type="checkbox"/> Death		AFFILIATION 2 <input type="checkbox"/> Other Emergency Personnel 3 <input checked="" type="checkbox"/> Civilian	
GD	FAMILIARITY WITH STRUCTURE 1 <input type="checkbox"/> Less than 1 day 2 <input type="checkbox"/> 1 to 7 days 3 <input type="checkbox"/> 8 to 30 days 4 <input type="checkbox"/> 1 to 2 months 5 <input type="checkbox"/> 3 to 6 months 6 <input type="checkbox"/> 7 to 12 months 7 <input type="checkbox"/> Over 1 year 8 <input type="checkbox"/> Not a Structure 9 <input type="checkbox"/> Undetermined or not reported		LOCATION AT IGNITION 1 <input type="checkbox"/> Intimately involved with ignition 2 <input type="checkbox"/> In the room or space of fire origin 3 <input type="checkbox"/> On same floor as origin of fire 4 <input type="checkbox"/> In same building as origin of fire 5 <input type="checkbox"/> Outside of building of fire origin but on property 6 <input type="checkbox"/> Fire casualty off property of fire origin 0 <input type="checkbox"/> Undetermined or not reported		CONDITION BEFORE INJURY 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Bedridden, other physical handicap 3 <input type="checkbox"/> Impaired by drugs/alcohol 4 <input type="checkbox"/> Under restraint 5 <input type="checkbox"/> Too young to act 6 <input type="checkbox"/> Too old to act 7 <input type="checkbox"/> Mentally handicapped, senile 8 <input type="checkbox"/> Awake, unimpaired 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported					
GE	CONDITION PREVENTING ESCAPE 1 <input type="checkbox"/> No time to escape, explosion or fire progressed too rapidly 2 <input type="checkbox"/> Fire between casualty and exit 3 <input type="checkbox"/> Locked doors 4 <input type="checkbox"/> Illegal gates, locks 5 <input type="checkbox"/> Clothing on casualty burning 6 <input type="checkbox"/> Moved too slowly 7 <input type="checkbox"/> Victim incapacitated prior to ignition 8 <input type="checkbox"/> No conditions prevented escape or not a factor		ACTIVITY AT TIME OF INJURY 1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Response/return 5 <input type="checkbox"/> Cleanup/salvage, mop up 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational action 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		CAUSE OF INJURY 1 <input type="checkbox"/> Caught in, under, between, trapped by 2 <input type="checkbox"/> Exposed to fire products 3 <input type="checkbox"/> Exposed to chemicals, radiation 4 <input type="checkbox"/> Fell or stepped on, over, into 5 <input type="checkbox"/> Overexertion 6 <input type="checkbox"/> Rubbed by contact with 7 <input type="checkbox"/> Struck by 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported 0 <input type="checkbox"/> Not applicable					
GF	NATURE OF INJURY 1 <input type="checkbox"/> Burns and asphyxia/smoke 2 <input type="checkbox"/> Burns only 3 <input type="checkbox"/> Asphyxia/smoke only 4 <input type="checkbox"/> Wound, cut, bleeding 5 <input type="checkbox"/> Dislocation, fracture 6 <input type="checkbox"/> Complaint of pain 7 <input type="checkbox"/> Shock 8 <input type="checkbox"/> Strain, sprain 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		PART OF BODY INJURED 1 <input type="checkbox"/> Head, neck 2 <input type="checkbox"/> Body, trunk, back 3 <input type="checkbox"/> Arm 4 <input type="checkbox"/> Leg 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Foot 7 <input type="checkbox"/> Internal 8 <input type="checkbox"/> Multiple parts 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		DISPOSITION 1 <input type="checkbox"/> Refused help 2 <input type="checkbox"/> Treated at scene and released 3 <input type="checkbox"/> Taken to hospital by fire dept. vehicle 4 <input type="checkbox"/> Taken to hospital by non fire dept. vehicle 5 <input type="checkbox"/> Taken to other than a hospital 6 <input type="checkbox"/> Died 7 <input type="checkbox"/> Not classified above 8 <input type="checkbox"/> Undetermined or not reported					
SEE REMARKS ON BACK						SEE ADDITIONAL REPORT				

U	OFFICER IN CHARGE AT INCIDENT (Name, Position)	Date	MEMBER MAKING REPORT	Date
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RETURN TO STATE FIRE MARSHAL ON A MONTHLY BASIS

CIVILIAN 1

CIVILIAN 2



# FIRE INCIDENT REPORTING SYSTEM

## INDIANA DEPARTMENT OF FIRE PREVENTION AND BUILDING SAFETY

Wayne Twp Fire Department

Fire Department

PLEASE BLACK RATHER THAN CHECK BOXES

### CIVILIAN CAUALTY REPORT

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of NFIRS-2

A	FDID <u>49022</u>	INCIDENT NO	EXP	MO	DAY	YEAR	DAY OF WEEK 1 <input type="checkbox"/> Sun 3 <input checked="" type="checkbox"/> Tuesday 2 <input type="checkbox"/> Mon 4 <input type="checkbox"/> Wednesday 7 <input type="checkbox"/> Sat	5 <input type="checkbox"/> Thurs 6 <input type="checkbox"/> Fri	ALARM TIME	
GA	CASUALTY SEVERE ENOUGH TO CHECK ON LATER yes <input type="checkbox"/> no <input type="checkbox"/>						CASUALTY NUMBER <u>10113</u>	1 <input type="checkbox"/> DELETE REC 2 <input type="checkbox"/> CHANGE		
GB	CASUALTY LAST NAME <u>CAMERON</u>		FIRST NAME <u>John</u>		MI	D.O.B.	MO	YEAR	AGE	TIME OF INJURY
GC	HOME ADDRESS <u>51</u>		TELEPHONE							
GD	SEX 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	CASUALTY TYPE 1 <input checked="" type="checkbox"/> Fire casualty 2 <input type="checkbox"/> Action casualty 3 <input type="checkbox"/> EMS casualty		SEVERITY 1 <input checked="" type="checkbox"/> Injury 2 <input type="checkbox"/> Death		AFFILIATION 2 <input type="checkbox"/> Other Emergency Personnel 3 <input checked="" type="checkbox"/> Civilian				
GE	FAMILIARITY WITH STRUCTURE 1 <input type="checkbox"/> Less than 1 day 2 <input type="checkbox"/> 1 to 7 days 3 <input type="checkbox"/> 8 to 30 days 4 <input type="checkbox"/> 1 to 2 months 5 <input type="checkbox"/> 3 to 6 months 6 <input type="checkbox"/> 7 to 12 months 7 <input type="checkbox"/> Over 1 year 8 <input type="checkbox"/> Not a Structure 9 <input type="checkbox"/> Undetermined or not reported		LOCATION AT IGNITION 1 <input type="checkbox"/> Intimately involved with ignition 2 <input type="checkbox"/> In the room or space of fire origin 3 <input type="checkbox"/> On same floor as origin of fire 4 <input type="checkbox"/> In same building as origin of fire 5 <input type="checkbox"/> Outside of building of fire origin but on property 6 <input type="checkbox"/> Fire casualty off property of fire origin 0 <input type="checkbox"/> Undetermined or not reported		CONDITION BEFORE INJURY 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Bedridden, other physical handicap 3 <input type="checkbox"/> Impaired by drugs, alcohol 4 <input type="checkbox"/> Under restraint 5 <input type="checkbox"/> Too young to act 6 <input type="checkbox"/> Too old to act 7 <input type="checkbox"/> Mentally handicapped senile 0 <input type="checkbox"/> Undetermined or not reported		8 <input type="checkbox"/> Awake unimpaired 9 <input type="checkbox"/> Not classified above			
GF	CONDITION PREVENTING ESCAPE 1 <input type="checkbox"/> No time to escape, explosion or fire progressed too rapidly 2 <input type="checkbox"/> Fire between casualty and exit 3 <input type="checkbox"/> Locked doors 4 <input type="checkbox"/> Illegal gates, locks 5 <input type="checkbox"/> Clothing on casualty burning 6 <input type="checkbox"/> Moved too slowly 7 <input type="checkbox"/> Victim incapacitated prior to ignition 8 <input type="checkbox"/> No conditions prevented escape or not a factor		ACTIVITY AT TIME OF INJURY 1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Response/return 5 <input type="checkbox"/> Cleanup salvage, mop up 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 0 <input type="checkbox"/> Undetermined or not reported		CAUSE OF INJURY 1 <input type="checkbox"/> Caught in, under, between, trapped by 2 <input type="checkbox"/> Exposed to fire products 3 <input type="checkbox"/> Exposed to chemicals, radiation 4 <input type="checkbox"/> Fell or stepped on, over into 5 <input type="checkbox"/> Overexertion 6 <input type="checkbox"/> Rubbed by contact with 7 <input type="checkbox"/> Struck by 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported 0 <input type="checkbox"/> Not applicable					
GH	NATURE OF INJURY 1 <input type="checkbox"/> Burns and asphyxia/smoke 2 <input type="checkbox"/> Burns only 3 <input type="checkbox"/> Asphyxia/smoke only 4 <input type="checkbox"/> Wound, cut, bleeding 5 <input type="checkbox"/> Dislocation, fracture 6 <input type="checkbox"/> Complaint of pain 7 <input type="checkbox"/> Shock 8 <input type="checkbox"/> Strain, sprain 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		PART OF BODY INJURED 1 <input type="checkbox"/> Head, neck 2 <input type="checkbox"/> Body, trunk, back 3 <input type="checkbox"/> Arm 4 <input type="checkbox"/> Leg 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Foot 7 <input type="checkbox"/> Internal 8 <input type="checkbox"/> Multiple parts 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		DISPOSITION 1 <input type="checkbox"/> Refused help 2 <input type="checkbox"/> Treated at scene and released 3 <input type="checkbox"/> Taken to hospital by fire dept. vehicle 4 <input type="checkbox"/> Taken to hospital by non fire dept. vehicle 5 <input type="checkbox"/> Taken to other than a hospital 6 <input type="checkbox"/> Died 7 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported					
SEE REMARKS ON BACK						SEE ADDITIONAL REPORT				

GA	CASUALTY SEVERE ENOUGH TO CHECK ON LATER yes <input type="checkbox"/> no <input type="checkbox"/>						CASUALTY NUMBER <u>10114</u>	1 <input type="checkbox"/> DELETE REC 2 <input type="checkbox"/> CHANGE		
GB	CASUALTY LAST NAME <u>MC CART</u>		FIRST NAME <u>LARRY</u>		MI	D.O.B.	MO	YEAR	AGE	TIME OF INJURY
GC	HOME ADDRESS <u>5</u>		TELEPHONE							
GD	SEX 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	CASUALTY TYPE 1 <input checked="" type="checkbox"/> Fire casualty 2 <input type="checkbox"/> Action casualty 3 <input type="checkbox"/> EMS casualty		SEVERITY 1 <input checked="" type="checkbox"/> Injury 2 <input type="checkbox"/> Death		AFFILIATION 2 <input type="checkbox"/> Other Emergency Personnel 3 <input checked="" type="checkbox"/> Civilian				
GE	FAMILIARITY WITH STRUCTURE 1 <input type="checkbox"/> Less than 1 day 2 <input type="checkbox"/> 1 to 7 days 3 <input type="checkbox"/> 8 to 30 days 4 <input type="checkbox"/> 1 to 2 months 5 <input type="checkbox"/> 3 to 6 months 6 <input type="checkbox"/> 7 to 12 months 7 <input type="checkbox"/> Over 1 year 8 <input type="checkbox"/> Not a Structure 9 <input type="checkbox"/> Undetermined or not reported		LOCATION AT IGNITION 1 <input type="checkbox"/> Intimately involved with ignition 2 <input type="checkbox"/> In the room or space of fire origin 3 <input type="checkbox"/> On same floor as origin of fire 4 <input type="checkbox"/> In same building as origin of fire 5 <input type="checkbox"/> Outside of building of fire origin but on property 6 <input type="checkbox"/> Fire casualty off property of fire origin 0 <input type="checkbox"/> Undetermined or not reported		CONDITION BEFORE INJURY 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Bedridden, other physical handicap 3 <input type="checkbox"/> Impaired by drugs, alcohol 4 <input type="checkbox"/> Under restraint 5 <input type="checkbox"/> Too young to act 6 <input type="checkbox"/> Too old to act 7 <input type="checkbox"/> Mentally handicapped senile 0 <input type="checkbox"/> Undetermined or not reported		8 <input type="checkbox"/> Awake unimpaired 9 <input type="checkbox"/> Not classified above			
GF	CONDITION PREVENTING ESCAPE 1 <input type="checkbox"/> No time to escape, explosion or fire progressed too rapidly 2 <input type="checkbox"/> Fire between casualty and exit 3 <input type="checkbox"/> Locked doors 4 <input type="checkbox"/> Illegal gates, locks 5 <input type="checkbox"/> Clothing on casualty burning 6 <input type="checkbox"/> Moved too slowly 7 <input type="checkbox"/> Victim incapacitated prior to ignition 8 <input type="checkbox"/> No conditions prevented escape or not a factor		ACTIVITY AT TIME OF INJURY 1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Response/return 5 <input type="checkbox"/> Cleanup salvage, mop up 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 0 <input type="checkbox"/> Undetermined or not reported		CAUSE OF INJURY 1 <input type="checkbox"/> Caught in, under, between, trapped by 2 <input type="checkbox"/> Exposed to fire products 3 <input type="checkbox"/> Exposed to chemicals, radiation 4 <input type="checkbox"/> Fell or stepped on, over, into 5 <input type="checkbox"/> Overexertion 6 <input type="checkbox"/> Rubbed by contact with 7 <input type="checkbox"/> Struck by 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported 0 <input type="checkbox"/> Not applicable					
GH	NATURE OF INJURY 1 <input type="checkbox"/> Burns and asphyxia/smoke 2 <input type="checkbox"/> Burns only 3 <input type="checkbox"/> Asphyxia/smoke only 4 <input type="checkbox"/> Wound, cut, bleeding 5 <input type="checkbox"/> Dislocation, fracture 6 <input type="checkbox"/> Complaint of pain 7 <input type="checkbox"/> Shock 8 <input type="checkbox"/> Strain, sprain 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		PART OF BODY INJURED 1 <input type="checkbox"/> Head, neck 2 <input type="checkbox"/> Body, trunk, back 3 <input type="checkbox"/> Arm 4 <input type="checkbox"/> Leg 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Foot 7 <input type="checkbox"/> Internal 8 <input type="checkbox"/> Multiple parts 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported		DISPOSITION 1 <input type="checkbox"/> Refused help 2 <input type="checkbox"/> Treated at scene and released 3 <input type="checkbox"/> Taken to hospital by fire dept. vehicle 4 <input type="checkbox"/> Taken to hospital by non fire dept. vehicle 5 <input type="checkbox"/> Taken to other than a hospital 6 <input type="checkbox"/> Died 7 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported					
SEE REMARKS ON BACK						SEE ADDITIONAL REPORT				

U	OFFICER IN CHARGE AT INCIDENT (Name, Position)	Date	MEMBER MAKING REPORT	Date
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CASUALTY 2



# RECORD, OF OCCUPATIONAL INJURY OR ILLNESS

DATE OF RECORD AS SUPPLEMENT (OSHA FORM 101) TO OSHA FORM 100

Appendix H

COMPANY NAME <i>Indianapolis Airport Authority</i>		CASE/FILE #
MAIL ADDRESS NO. & STREET CITY/TOWN STATE ZIP <i>2500 S. High School Rd. Indianapolis IN</i>		EMPLOYER'S PREMISES <input type="checkbox"/> YES <input type="checkbox"/> NO
PLACE INJURY/ILLNESS OCCURRED NO. & STREET CITY/TOWN STATE ZIP <i>5455 Bradberry St. Indianapolis IN</i>		
NAME OF EMPLOYEE FIRST MIDDLE LAST <i>Darryl Crenshaw</i>		AGE <i>28</i>
HOME ADDRESS NO. & STREET CITY/TOWN STATE ZIP <i>6438 Maidstone Apt 418 Indianapolis IN 46254</i>		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE SOCIAL SECURITY# <i>306-72-8330</i>
OCCUPATION DEPARTMENT <i>Firefighter Fire</i>		
INJURY/ILLNESS RESULTED IN <input type="checkbox"/> FATALITY <input checked="" type="checkbox"/> LOST TIME <input type="checkbox"/> FIRST AID (NO LOST TIME)		DATE OF INJURY OR INITIAL DIAGNOSIS OF ILLNESS <i>10-20-87</i>
IF FATALITY, ENTER DATE OF DEATH	IF LOST TIME INCIDENT, ENTER DATE EMPLOYEE RETURNED TO WORK	
EMPLOYEE WAS TREATED AT <input type="checkbox"/> PREMISES <input type="checkbox"/> PHYSICIAN'S OFFICE <input type="checkbox"/> CLINIC <input checked="" type="checkbox"/> HOSPITAL		REGULAR JOB <input type="checkbox"/> YES <input type="checkbox"/> NO FIRST AID ADMINISTERED BY
NAME, ADDRESS OF PHYSICIAN/CLINIC <i>Methodist Hospital</i>		IF HOSPITALIZED: NAME, ADDRESS OF HOSPITAL <i>Methodist Hospital 1600 N. Capital</i>
WHAT WAS EMPLOYEE DOING AT TIME OF INCIDENT - ITEM(S) EMPLOYEE WAS USING, I.E.: TOOLS, MATERIALS, EQUIPMENT, ETC. & WHAT WAS BEING DONE.  <i>Employee was searching for victims in the Ramada Inn Airport during an aircraft crash. Darryl was wearing a MSA airpack (self-contained breathing apparatus) when he ran out of oxygen. Darryl stated he was working with someone and lost sight of that person when his airpack became low. The environment was dark and smoke filled.</i>  <i>NOTE: Darryl was on the third floor at the time of the incident--loss of air</i>		
HOW DID INCIDENT OCCUR -- WHAT HAPPENED & HOW. OBJECTS, SUBSTANCES INVOLVED & HOW.  <i>Darryl removed his airpack mask to clean off the face piece in hopes he might visually see better. He placed the hose of the airmask in his bunker clothing pocket to breath, while returning the mask to his face. Darryl inhaled toxic smoke and gases while the mask was off.</i>		
DESCRIBE INJURY/ILLNESS & PART(S) OF BODY AFFECTED - CUT, AMPUTATION, FRACTURE, INHALATION, SPLASH, HERNIA, RADIATION, ETC.  <i>Inhaled toxic gases and smoke.</i>		
MEASURES TAKEN TO PREVENT REPETITION OF INCIDENT  <i>Due to the circumstances of this particular incident, the only measure that can be taken would be to pay more attention to the airpack bottle and try and judge when the air might start running low</i>		
OSHA INJURY/ILLNESS CODE APPLICABLE (COINCIDES WITH OSHA LOG FORM #100 & FOR COMPILATION ON ANNUAL SUMMARY OSHA FORM #102)		DATE OF THIS REPORT <i>10-21-87</i>
10 <input type="checkbox"/> INJURY (OTHER THAN FIRST AID)	24 <input type="checkbox"/> POISONING	PREPARED BY <i>James E. Underwood</i> POSITION <i>Chief</i>
21 <input type="checkbox"/> SKIN DISEASE	25 <input type="checkbox"/> TOXIC MATERIALS	
22 <input type="checkbox"/> DUST DISEASE	26 <input type="checkbox"/> REPEATED TRAUMA	
23 <input type="checkbox"/> RESPIRATORY	29 <input type="checkbox"/> OTHER ILLNESS	

TO COMPLY WITH OCCUPATIONAL SAFETY & HEALTH ACT RECORDKEEPING REQUIREMENTS, MAINTAIN THIS & ALLIED RECORDS FOR A PERIOD OF FIVE (5) CALENDAR YEARS ("OSHA" = OCCUPATIONAL SAFETY & HEALTH ACT OF 1970.)



FUEL: JP 4	CAPACITY
M. Cell	158
Aft Fuel Cell	325
Forward Fuel Cell	196
Wing Tanks	751
Sump Fuel Cell	80
<b>Total</b>	<b>1500 Gals.</b>
External Tanks (4) (If Mounted)	300 Ea.
<b>Total</b>	<b>2700 Gals.</b>

**AMMO STORAGE:**

All of Cockpit and Wing Pylons

**HYDRAULIC RESERVOIRS:**

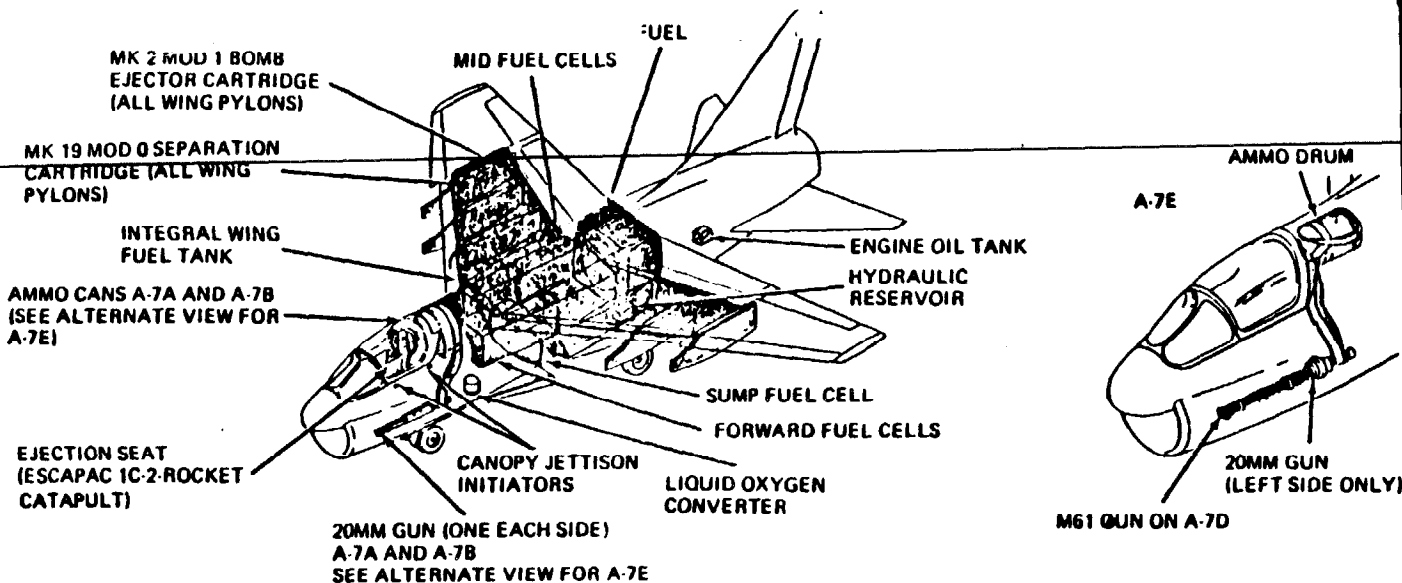
Lower Left Center Fuselage

**OIL:**

Tank 2.4 Gals.

**OXYGEN:**

Liter Converter Lower  
Fuselage Aft of Cockpit  
Converter (Liters) 10  
Bottle (Emergency) 1



**EMERGENCY SHUTDOWN OF ENGINE AND COCKPIT**

**DEACTIVATION OF:**

**1. ENGINE:**

- a. Move throttle aft to idle detent, then move outboard and aft to shut down engine.
- b. Push locking tab outboard and move fuel master shutoff lever aft.

**2. OXYGEN SYSTEM:**

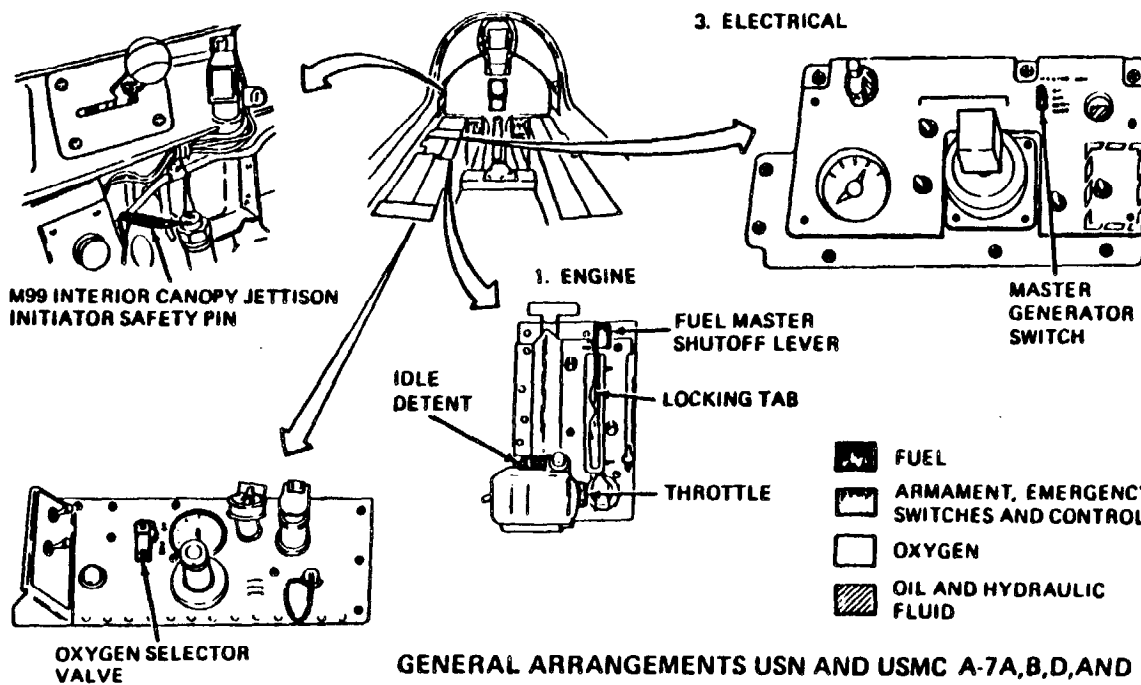
Move selector valve on left console to OFF.

**3. ELECTRICAL POWER:**

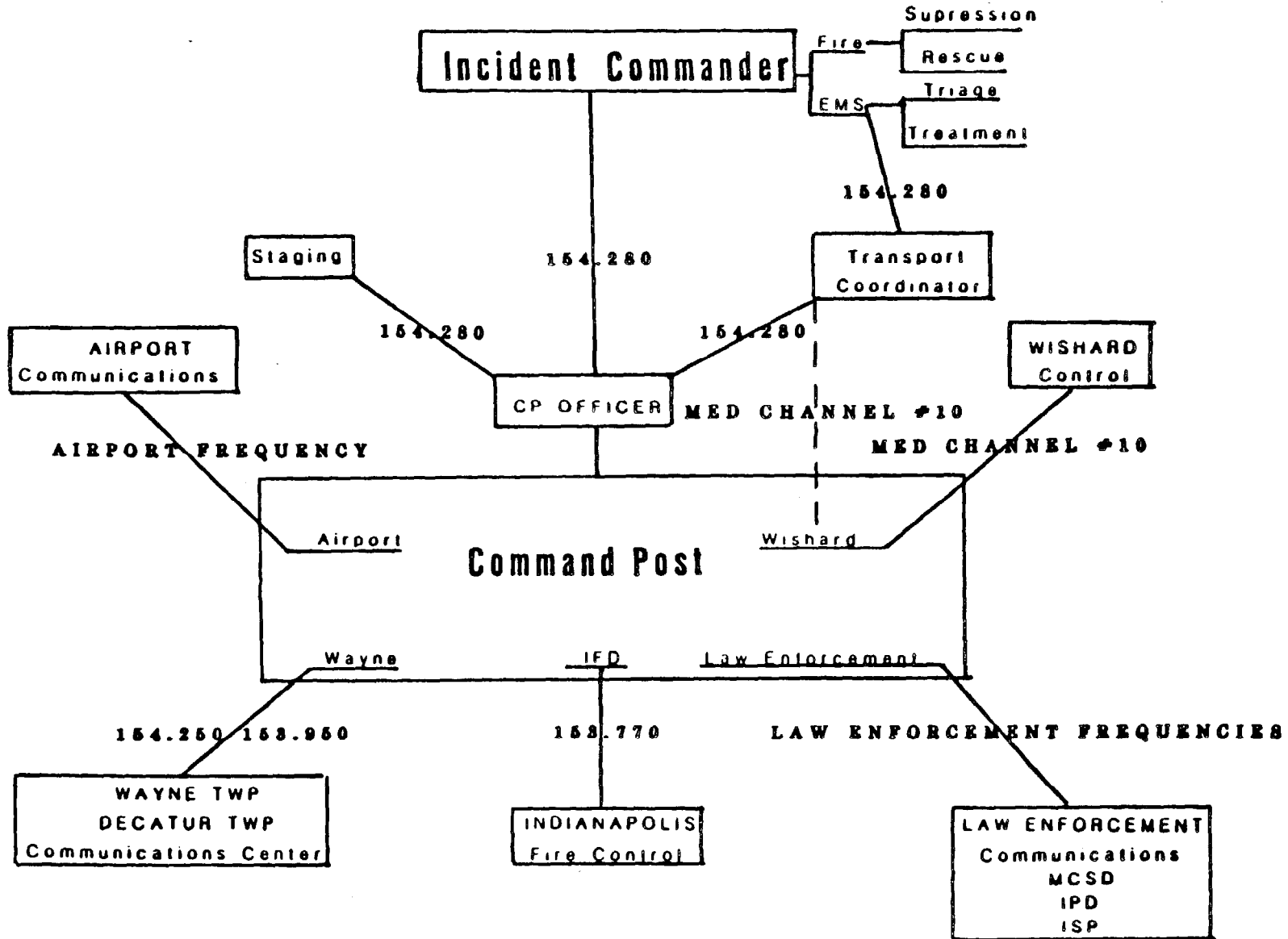
- a. Place master generator switch in OFF.

**NOTE:**

This airplane has no central storage battery. Electrical circuits are dead when engine is shutdown or master generator switch is OFF.



# AIRPORT DISASTER COMMUNICATIONS PLAN



## Units Used at the Fire

	<u>Equipment</u>	<u>Personnel</u>
<u>Wayne Township:</u>	3 engines	12
	1 truck	4
	7 ambulances	14
	4 chief officers	4
<u>Airport Fire:</u>	2 crash trucks	8
	1 chief	1
	1 heavy rescue	3
	1 squad (EMS)	2
<u>Indianapolis Fire:</u>	4 engines	16
	2 trucks	a
	1 squad	2
	1 tactical squad	6
	1 chief officer	1
<u>Decatur Township:</u>	2 engines	8
	1 ambulance	2
	1 chief officer	1
<u>Totals:</u>	9 engines, 3 trucks, 9 ambulances, 2 crash trucks	1 heavy rescue, 92 personnel

Agencies Who Responded:

Wayne Township Fire Department  
Perry Township Ambulance  
Air Ambulance  
M.C. Sheriff Department  
American Red Cross  
Ameritek  
Environmental Air Pollution  
Emergency Management-Civil Defense  
Hardees  
Decatur Township Fire Department  
Washington Township Fire Department  
Adams Mark Hotel

Wishard Ambulance  
Indiana State Police  
Salvation Army  
Dominos Pizza  
F.B.I.  
Indianapolis Fire Department  
Lifeline Helicopter  
E.M.A.S. Ambulance  
Indianapolis Police Department  
Indiana Fire Marshal's Office  
Marriott Corporation  
McDonald's

6456 West Ohio Street  
 Indianapolis, Indiana 46241  
 (317) 247-8501  
**DISPATCHER'S LOG**

Appendix M

Run Number	Date of Incident	Address Reported	Reported As:				Call Back Number	Primary			
293	10-20-87	5455 W. Bradbury Av.	Aeroplane into Ramada INN					E11			
Caller's Name		Received By:	Dispatched By:	Correct Address:			Nature No	Cause No			
Airport Authority by Radio		WH	WH				3	29			
Apparatus	Time Out	Enroute	On The Scene	To The Hospital	At The Hospital	Time In	No. Men	Man Hours	Water Used	Hose Used	Officer In Charge
E11	0918	0918	0920			<del>1722</del> 1917	4	40.00		1"	K. KELSO
E2		0918	0921			<del>1515</del> 1154	5	37.5		1 1/2"	D. Allen #206
E9		0918				<del>1318</del>	5	40.0		2 1/2"	Morrow
E10		0918				1347	4	18.0		3"	Routh #1046
M4	0918	0920	0933			1503	—	—		4"	—
M9	0918		0924			1203	—	—		5"	—
D4		0921				<del>1524</del>	1	6.25			G. Sain
MD 67		0918				—	—	—			—
LW10		0923				<del>1724</del> 1749	3	25.50			Pettiford.
C2		0918	0924			1852	1	9.50			L. Curt
A9 HR		0926		1147	1211	1311	2	8.00	Meth.		M. Morlock #983
T2	0928	0928				1737	4	33.00			L. Alcorn
C15		0918	0918			1715	1	8.00			P. Spurlin
C74		0919				1537	1	6.25			J. Finney
C70		0920				1600	1	6.75			B. Brachany
C98			0930			1821	1	9.00			R. Dillon
C45		1100	1100				1				B. Spurlin
KE 107	0956					1325	—	—			—
C29		0920	0920			1610	1	6.75			Flowers
D9	1000	1000				1610	1	6.25			Walker
C10		0922				1749	1	8.50			Hooten
T2	1757	1759	1806			2340	2	11.50			R. Brissey #287
C1	0918					1852	1	9.50			Lamb
C20	0918					1852	1	9.50			D. Anderson
C40	0918					1600	1	6.75			N. Huff
C41	0918					1600	1	6.75			Cranfil
C60			APR 1200				1				Giffin
C65			APR 1200				1				Manlove
-W10	1908		1928			2319	2	8.50	gal.		Pettiford-TOTALS
Police	IPALCO	GAS CO.	WATER	ALARM	Board Health	Red Cross	Salvation Army	IED	OTHERS:	Smoke showing 0918 0949 lifeline touch down Mority Hospitals 1000 hrs 1233 Front End loader w/claims from Airport	
	0920	0920						0920			

# EMERGENCY EVACUATION DIAGRAM

## LEGEND

- Fire Extinguisher
- Fire Alarm
- Exit
- Stairway Exit
- Ausgang
- Salida
- Sortie
- Exit



IN CASE OF FIRE  
USE STAIRWAY FOR EXIT  
DO NOT USE ELEVATOR

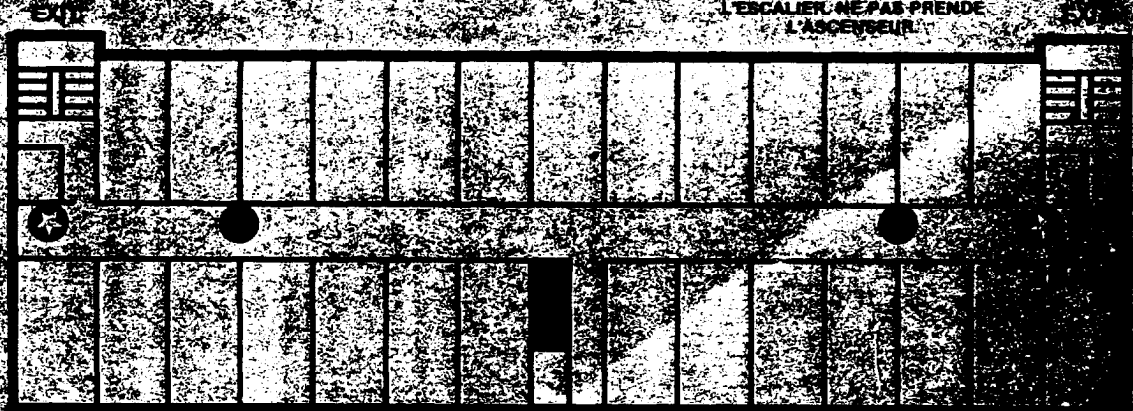
火事の際は階段を使ってください

エレベーターは使用してはなりません  
BEI FEUER  
TREPPENAUSGANG BENUTZEN  
STÄHENTUML NICHT BENUTZEN

EN CASO DE INCENDIO, ÚTILICE  
LAS ESCALERAS PARA SALIR.  
NO USE EL ASCENSOR.

EN CAS D'INCENDIE SORTIR PAR  
L'ESCALIER. NE PAS PRENDRE  
L'ASCENSEUR.

You are  
here



If you just arrived	If you hear an alarm	If you return to your room
<p>Know your exits. Find your alarms &amp; extinguishers. Understand your Air Conditioner.</p>	<p>Take your key. Test doors for heat before opening. If hall is smoke-free, exit. If stairwell is safe, exit to street. Don't use elevators. <b>Keep calm.</b></p>	<p>Turn off the Air Conditioner. Stuff door cracks and vents with wet cloth. Remove drapes from the windows. Have water ready to re-moisten cloth. Phone your location. <b>Keep calm.</b></p>

**Appendix 0**

**Victim Autopsy Report**

**(Included in master copy at U.S. Fire Administration only.)**

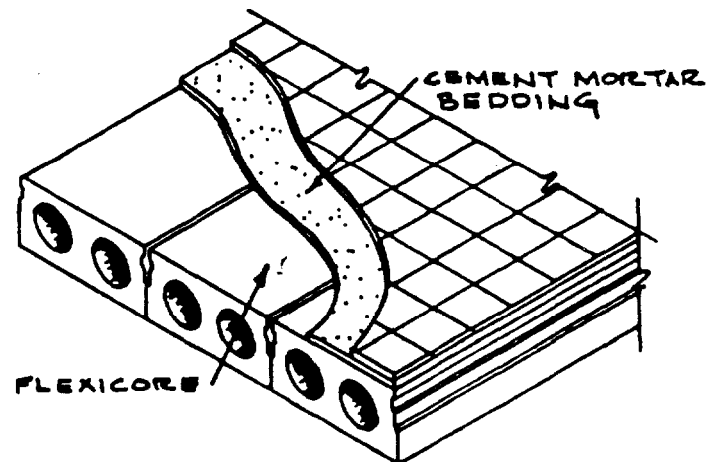
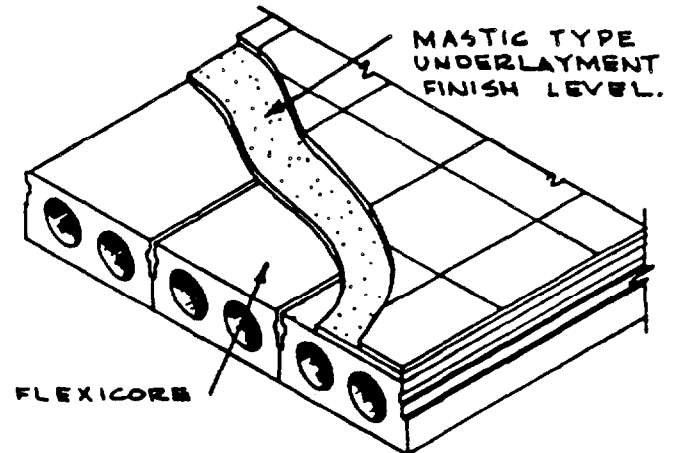
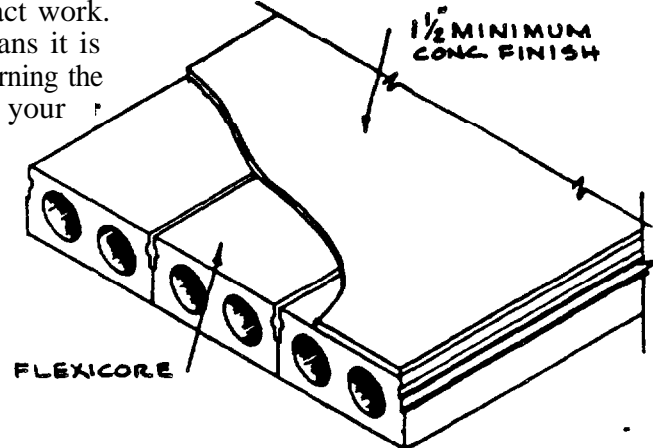
Stescon Industries  
Specifications Regarding  
Flexicore Floor Panels

SECTION 5 -CHAPTER 1  
FLOOR FINISHES

A variety of floor finishes may be obtained over Flexicore slabs. The surface is usually first prepared to receive the floor material by placing an underlayment of mastic or concrete, or by setting metal or wood sleepers. Underlayment, floor finishes, and/or all material and work above Flexicore slabs are by others in the general contract work. Since camber varies with individual loads and spans it is important to consult your manufacturer concerning the amount of camber to be expected. This may affect your choice of floor finish.

#### CONCRETE FINISHES

When a plain concrete finish is desired, it is best applied as a lean dry mix on a clean surface primed with cement slurry. The surface should first be thoroughly cleaned and wet down to insure adequate bond. After the excess water is removed broom on wet cement and water slurry just ahead of concrete placing. Do not allow slurry to dry or it will not produce the desired bond. Thickness should be at least one and one-half inches. Applications of this type of finish include a concrete floor with integral coloring, cast in place term razzo, floors with hardner or wearing aids integrally added, or just a plain finished cement floor.



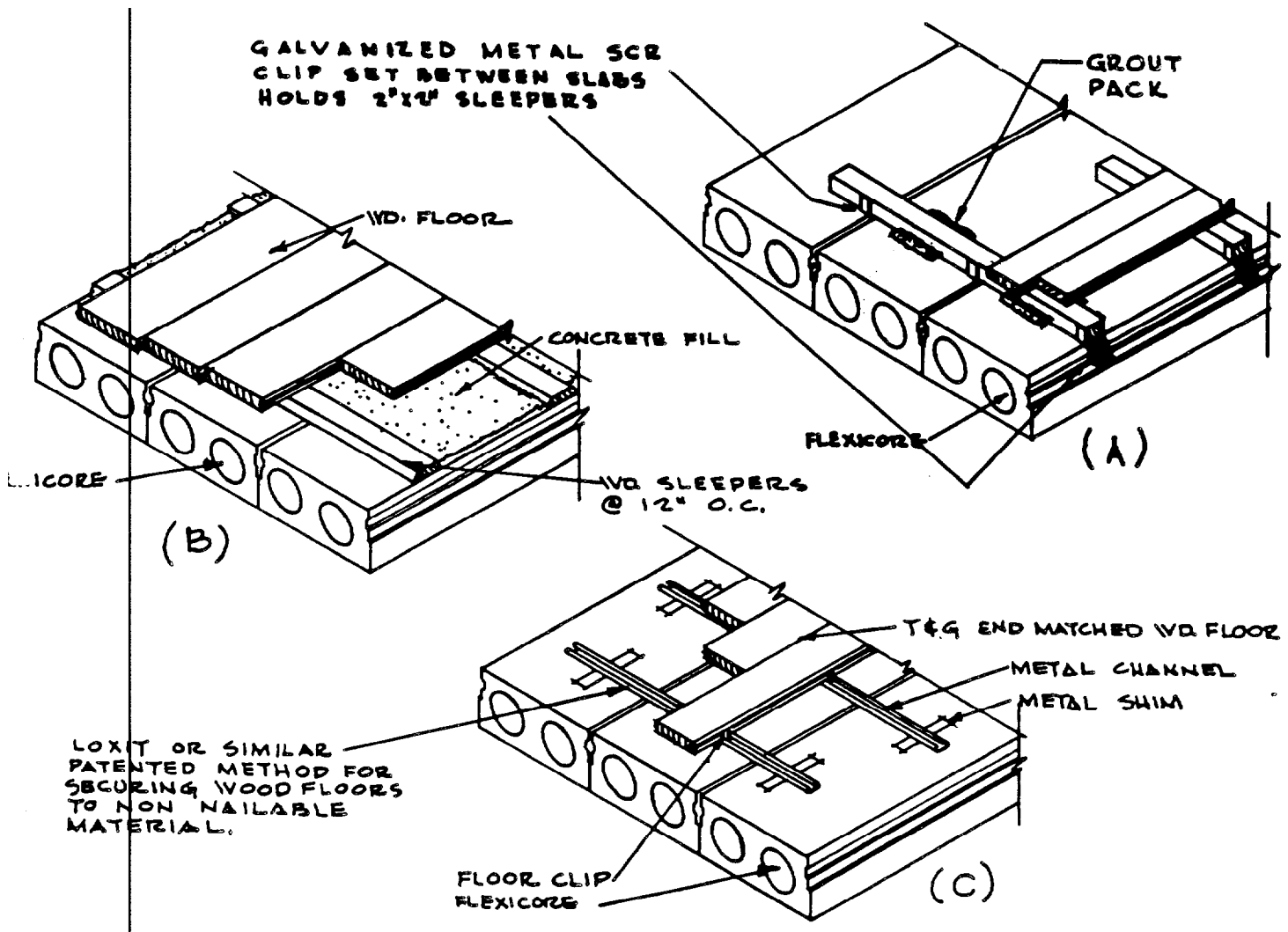
#### FLOOR COVERINGS ON MASTIC UNDERLAYMENT

The underlayment may be any one of the following general mastic types - asphaltic concrete, Lay-kwik, Tremco, mastic underlayment, Camps or rubber base. The thickness of the underlayment should be only enough to level off any construction irregularities. Generally  $\frac{3}{8}$ " minimum thick mastic is sufficient if the contour of the cambered slabs can be followed. The adhesive used to secure the floor covering should be either made by or recommended by the manufacturer of the floor material used.

APPLICATIONS: Hardwood block flooring, resilient floor such as: Cork tile, linoleum, asphalt tile, rubber tile, plastic tile.

#### FLOOR COVERINGS ON CEMENT UNDERLAYMENT:

APPLICATIONS: Same as for mastic underlayment. Also cut stone, flagging, precast terrazzo, and other materials that normally require a mortar bed for placing.

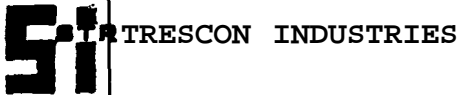


Regulation matched wood flooring may be applied to sleepers by any of the methods shown. If no sub-floor is to be used, the sleepers should be a maximum of 12" on center. If the sub-floor is used, the sleepers may be 16" apart and a layer of building paper should be placed between floors.

Beveled wood screeds (B) may be secured to the slab by concrete fill between screeds to within 1/4 inch of the bottom of the flooring. Otherwise the sleepers may be secured by cut nails in the slab joints.

Other systems for securing wood flooring to non-nailable materials are available such as the Loxit Floor System (C) and the mechanical clip shown in (A). These types of sleepers should be installed in strict accordance with the manufacturer's instructions. The Loxit System illustrated consists of channel shaped metal sleepers which are leveled with shims and floor clips are applied at every joint. The floor clip (A) consists of metal inserts in the keyway to receive and hold the wood sleepers.

With all floors laid on sleepers or screeds it is advisable to grout in or fill the void beneath the floor with a poured fill. This helps eliminate squeaks, eliminates drumming which may be annoying in some cases, prevents the formation of moisture in the trapped air space, and provides end match protection for the wood flooring.



Advantages of Floor & Roof Construction with FLEXICORE

1. TWO, HR. FIRE RATING -- Untopped Section  
THREE, HR. FIRE RATING With 2" topping.  
➔ Result: Low insurance rates.
2. Slabs can be cantilevered  
➔ Result: Useful for balconies & overhangs
3. Flexicore construction lowers building height  
➔ Result: Less brick work needed  
Shorter mechanical runs
4. Flexicore exposed for ceiling; only painting necessary  
➔ Result: No hung ceilings needed  
Only Animal maintenance required
5. Long spans & heavy loadings possible  
➔ Result: Less columns needed  
Simpler layout
6. Fast erection in all weather  
➔ Result: Overall job time reduced  
Work deck available for electrical & mechanical trades
7. Interior partitions built to flat under soffit  
➔ Result: Noise reduced between rooms
8. Hollow cores in plank useful  
➔ Result: Reduces dead weight  
Electrical & mechanical runs within plank
9. Various framing systems possible  
➔ Result: Wall bearing, steel frame, concrete frame or precast frame possible
10. Sound reduction factor -- 55 decibels  
➔ Result: Quieter building
11. Competitive cost -- STRESCON INDUSTRIES will quote "not to exceed" prices based on preliminary plans

