

A FDID 01005 * State MO * Incident Date 12 14 2022 * Station 2 Incident Number 22-2214737 * Exposure 000 * Delete Change No Activity **NFIRS -1 Basic**

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

Street address 1010 CLAUDELL LN _____
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection In front of Rear of Adjacent to Directions

103 COLUMBIA MO 65203 - _____
 Apt./Suite/Room City State Zip Code

 Cross street or directions, as applicable

C Incident Type *
111 Building fire
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm Date. ALARM always required
 Alarm * 12 14 2022 01:27:42
 ARRIVAL required, unless canceled or did not arrive
 Arrival * 12 14 2022 01:32:08
 CONTROLLED Optional, Except for wildland fires
 Controlled _____
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit 12 14 2022 05:16:33
 Cleared

E2 Shift & Alarms Local Option
2 01
 Shift or Alarms District Platoon

D Aid Given or Received*

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

Their FDID _____ Their State _____
 Their Incident Number _____

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

F Actions Taken *

11 Extinguishment by fire
 Primary Action Taken (1)

Additional Action Taken (2) _____

Additional Action Taken (3) _____

G1 Resources * Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus 0012 Personnel 0024

Suppression _____ EMS _____ Other _____

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. None

Property \$ _____, 080, 000
 Contents \$ _____, 008, 000
 PRE-INCIDENT VALUE: Optional
 Property \$ _____, 105, 851
 Contents \$ _____, 008, 000

Completed Modules

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

H1 * Casualties None
 Deaths Injuries
 Fire _____
 Service _____
 Civilian 002 _____

H2 Detector Required for Confined Fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release

N None

1 Natural Gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21 lb. tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling < 55 gallons
 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

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

J Property Use* Structures

341 Clinic, clinic type infirmary 539 Household goods, sales, repairs
 342 Doctor/dentist office 579 Motor vehicle/boat sales/repair
 361 Prison or jail, not juvenile 571 Gas or service station
 419 1-or 2-family dwelling 599 Business office
 429 Multi-family dwelling 615 Electric generating plant
 439 Rooming/boardng house 629 Laboratory/science lab
 449 Commercial hotel or motel 700 Manufacturing plant
 459 Residential, board and care 819 Livestock/poultry storage (barn)
 464 Dormitory/barracks 882 Non-residential parking garage
 519 Food and beverage sales 891 Warehouse

Outside

124 Playground or park 936 Vacant lot 981 Construction site
 655 Crops or orchard 938 Graded/care for plot of land 984 Industrial plant yard
 669 Forest (timberland) 946 Lake, river, stream
 807 Outdoor storage area 951 Railroad right of way
 919 Dump or sanitary landfill 960 Other street
 931 Open land or field 961 Highway/divided highway
 962 Residential street/driveway

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 Property Use 429
Multifamily dwelling
 NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved Local Option Business name (if applicable) Area Code Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name Tamitra MI Williams Suffix

Number 1010 Prefix CLAUDELL Street Type LN Suffix

Post Office Box Apt./Suite/Room 103 City COLUMBIA

State MO Zip Code 65203

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner Same as person involved? Then check this box and skip the rest of this section. Local Option Business name (if Applicable) Area Code Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name Bob MI Schock Suffix

Number 1010 Prefix CLAUDELL Street Type LN Suffix

Post Office Box Apt./Suite/Room 103 City COLUMBIA

State MO Zip Code 65203

L Remarks Local Option

See Investigation Report

L Authorization

1782 Caszatt, Eric C DC CF7 12 22 2022

Officer in charge ID Signature Position or rank Assignment Month Day Year

2314 Bauer, Michael B AFM 12 22 2022

Check Box if same as Officer in charge. Member making report ID Signature Position or rank Assignment Month Day Year

01005
FDID *

MO
State *

MM DD YYYY
12 14 2022
Incident Date *

2
Station

22-2214737
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

See Investigation Report

B Property Details

B1 0004 Not Residential
 Estimated Number of residential living units in building of origin whether or not all units became involved

B2 001 Buildings not involved
 Number of buildings involved

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

C On-Site Materials None or Products
 Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved

Enter up to three codes. Check one or more boxes for each code entered.

On-site material (1)
 1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

On-site material (2)
 1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

On-site material (3)
 1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

D Ignition

D1 22 Bedroom - 5+ persons;
 Area of fire origin *

D2 UU Undetermined
 Heat source *

D3 UU Undetermined
 Item first ignited * Check Box if fire spread was confined to object of origin

D4
 Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition
 Check box if this is an exposure report. Skip to section G

1 Intentional
 2 Unintentional
 3 Failure of equipment or heat source
 4 Act of nature
 5 Cause under investigation
 U Cause undetermined after investigation

E3 Human Factors Contributing To Ignition
 Check all applicable boxes

1 Asleep None
 2 Possibly impaired by alcohol or drugs
 3 Unattended person
 4 Possibly mental disabled
 5 Physically Disabled
 6 Multiple persons involved

E2 Factors Contributing To Ignition None

00 Factors
 Factor Contributing To Ignition (1)

 Factor Contributing To Ignition (2)

7 Age was a factor
 Estimated age of person involved

1 Male 2 Female

E1 Equipment Involved In Ignition
 None If Equipment was not involved, Skip to Section G

 Equipment Involved

Brand
 Model
 Serial #
 Year

E2 Equipment Power

 Equipment Power Source

E3 Equipment Portability
 1 Portable
 2 Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors
 Enter up to three codes. None

 Fire suppression factor (1)

 Fire suppression factor (2)

 Fire suppression factor (3)

H1 Mobile Property Involved
 None

1 Not involved in ignition, but burned
 2 Involved in ignition, but did not burn
 3 Involved in ignition and burned

 Mobile property model Year

 License Plate Number State VIN Number

H2 Mobile Property Type & Make

 Mobile property type

 Mobile property make

Local Use
 Pre-Fire Plan Available
 Some of the information presented in this report may be based upon reports from other Agencies

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

I1 Structure Type * If fire was in enclosed building or a portable/mobile structure complete the rest of this form	I2 Building Status *	I3 Building * Height Count the ROOF as part of the highest story	I4 Main Floor Size* NFIRS-3 Structure Fire
1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 9 <input type="checkbox"/> Other type of structure	1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Undetermined	[002] Total number of stories at or above grade [] Total number of stories below grade	[] , [002] , [090] Total square feet OR [] , [] BY [] , [] Length in feet Width in feet

J1 Fire Origin * [002] <input type="checkbox"/> Below Grade Story of fire origin	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	[001] Number of stories w/ minor damage (1 to 24% flame damage) [001] Number of stories w/ significant damage (25 to 49% flame damage) [] Number of stories w/ heavy damage (50 to 74% flame damage) [] Number of stories w/ extreme damage (75 to 100% flame damage)	K1 [31] [Mattress, pillow] Item contributing most to flame spread K2 [99] [Multiple types of] Type of material contributing most of flame spread Required only if item contributing code is 00 or <70

L1 Presence of Detectors * (In area of the fire) N <input checked="" type="checkbox"/> None Present Skip to section M 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 8 <input type="checkbox"/> Other _____ 9 <input type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants 5 <input type="checkbox"/> Undetermined
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) 4 <input type="checkbox"/> Undetermined	L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 7 <input type="checkbox"/> Other _____ 8 <input type="checkbox"/> Undetermined

M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 5 <input type="checkbox"/> Other 6 <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 9 <input type="checkbox"/> Other _____ 0 <input type="checkbox"/> Undetermined
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 8 <input type="checkbox"/> Other special hazard system 9 <input type="checkbox"/> Undetermined	M4 Number of Sprinkler Heads Operating Required if system operated [] Number of sprinkler heads operating	NFIRS-3 Revision 01/19/99

B Injured Person **C Casualty * Number**

First Name [REDACTED] MI [REDACTED] Last Name [REDACTED] Suffix [REDACTED] Casualty Number 1

D Age or date of birth * [REDACTED] Months (for Infants) [REDACTED] **OR** [REDACTED] Month [REDACTED] Day [REDACTED] Year [REDACTED]

E1 Race
 1 White
 2 Am. Indian, Eskimo
 3 Asian
 4 Other, multi-racial
 U Undetermined

E2 Ethnicity
 Hispanic

F Affiliation
 1 Civilian
 2 EMS, not fire department
 3 Police
 0 Other

G Date & Time of Injury Midnight is 0000.
12 14 2022 [REDACTED] [REDACTED]
 Month Day Year Hour Minutes

H Severity *
 1 Minor
 2 Moderate
 3 Severe
 4 Life threatening
 5 Death

I Cause of Injury
 1 Exposed to fire products including flame heat, smoke, & gas
 2 Exposed to toxic fumes other than smoke
 3 Jumped in escape attempt
 4 Fall, slipped or tripped
 5 Caught or trapped
 6 Structural collapse
 7 Struck by/or contact with object
 8 Overexertion
 9 Multiple causes
 0 Other
 U Undetermined

J Human Factors Contributing to Injury
 None
 Check all applicable boxes
 1 Asleep
 2 Unconscious
 3 Possibly impaired by alcohol
 4 Possibly impaired by other drug
 5 Possibly mentally disabled
 6 Physically disabled
 7 Physically restrained
 8 Unattended person

K Factors Contributing to Injury
 None
 Enter up to three contributing factors
 Contributing factor (1) [REDACTED]
 Contributing factor (2) [REDACTED]
 Contributing factor (3) [REDACTED]

L Activity When Injured
 1 Escaping
 2 Rescue attempt
 3 Fire control
 4 Return to fire before control
 5 Return to fire after control
 6 Sleeping
 7 Unable to act
 8 Irrational act
 0 Other
 U Undetermined

M1 Location at Time of Incident
 1 In area of origin and not involved
 2 Not in area of origin & not involved
 3 Not in area of origin, but involved
 4 In area or origin and involved
 U Undetermined

M2 General Location at Time of Injury
 Check ONE Box. If undetermined, leave blank and skip to Section N.
 1 In area of fire origin Skip To Section N
 2 In building, but not in area
 3 Outside, but not in area Skip to Section M5

M3 Story at Time of Incident
 Complete ONLY if injury occurred INSIDE
 Story at START of incident [REDACTED] Below Grade

M4 Story Where Injury Occurred
 Story where injury occurred, if different from M3 [REDACTED] Below Grade

M5 Specific Location at Time of Injury
 Complete ONLY if casualty NOT in area of origin
 Specific location at time of injury [REDACTED]

N Primary Apparent Symptom
 01 Smoke only, asphyxiation
 11 Burns & smoke inhalation
 12 Burns only
 21 Cut, laceration
 33 Strain or sprain
 96 Shock
 98 Pain only
 Look up code only if the symptom is NOT found above
 Primary apparent symptom [REDACTED]

O Primary Area of Body Injured
 1 Head
 2 Neck & shoulder
 3 Thorax
 4 Abdomen
 5 Spine
 6 Upper extremities
 7 Lower extremities
 8 Internal
 9 Multiple body parts

P Disposition
 Transported to emergency care facility
 Remarks [REDACTED] Local option [REDACTED]

B Injured Person **C** Casualty * Number
 [Redacted] [Redacted]
 First Name MI Last Name Suffix Casualty Number 2

D Age or date of birth * **E1** Race **F** Affiliation **H** Severity *
 Age [Redacted] Months (For Infants) [Redacted] White Am. Indian, Eskimo Asian Other, multi-racial Undetermined
 OR
 Month Day Year **E2** Ethnicity Hispanic
F 1 Civilian 2 EMS, not fire department 3 Police 4 Other
G Date & Time of Injury Midnight is 0000.
 12 14 2022 [Redacted] [Redacted]
 Month Day Year Hour Minutes

I Cause of Injury **J** Human Factors Contributing to Injury **K** Factors Contributing to Injury
 1 Exposed to fire products including flame heat, smoke, & gas
 2 Exposed to toxic fumes other than smoke
 3 Jumped in escape attempt
 4 Fell, slipped or tripped
 5 Caught or trapped
 6 Structural collapse
 7 Struck by/or contact with object
 8 Overexertion
 9 Multiple causes
 0 Other
 U Undetermined
J None Check all applicable boxes
 1 Asleep 2 Unconscious 3 Possibly impaired by alcohol 4 Possibly impaired by other drug
 5 Possibly mentally disabled 6 Physically disabled 7 Physically restrained 8 Unattended person
K None Enter up to three contributing factors
 [Redacted] [Redacted] Contributing factor (1)
 [Redacted] [Redacted] Contributing factor (2)
 [Redacted] [Redacted] Contributing factor (3)

L Activity When Injured **M1** Location at Time of Incident **M3** Story at Time of Incident
 1 Escaping 2 Rescue attempt 3 Fire control 4 Return to fire before control 5 Return to fire after control 6 Sleeping 7 Unable to act 8 Irrational act 0 Other U Undetermined
 1 In area of origin and not involved 2 Not in area of origin & not involved 3 Not in area of origin, but involved 4 In area or origin and involved U Undetermined
M2 General Location at Time of Injury Check ONE Box. If undetermined, leave blank and skip to Section N.
 1 In area of fire origin Skip To Section N
 2 In building, but not in area 3 Outside, but not in area Skip to Section M5
M3 Complete ONLY if injury occurred INSIDE
 Story at START of incident [Redacted] Below Grade
M4 Story Where Injury Occurred
 Story where injury occurred, if different from M3 [Redacted] Below Grade
M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin
 [Redacted] [Redacted] Specific location at time of injury

N Primary Apparent Symptom **O** Primary Area of Body Injured **P** Disposition
 01 Smoke only, asphyxiation 11 Burns & smoke inhalation 12 Burns only 21 Cut, laceration 33 Strain or sprain 96 Shock 98 Pain only
 Look up code only if the symptom is NOT found above
 [Redacted] Primary apparent symptom
 1 Head 2 Neck & shoulder 3 Thorax 4 Abdomen 5 Spine 6 Upper extremities 7 Lower extremities 8 Internal 9 Multiple body parts
 Transported to emergency care facility
 Remarks Local option
 [Redacted]
 [Redacted]
 [Redacted]
 [Redacted]
 [Redacted]

A	FDID *	State *	Incident Date *	Station	Incident Number *	Exposure *	Delete	Change	NFIRS - 9 Apparatus or Resources
	01005	MO	12 14 2022	2	22-2214737	000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B	Apparatus or * Resource	Date and Times	Sent	Number of * People	Use	Actions Taken			
		Check if same as alarm date Month Day Year Hour Min	<input checked="" type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other				
1	ID BC2 Type 92	Dispatch <input checked="" type="checkbox"/> 12 14 2022 01:27 Arrival <input checked="" type="checkbox"/> 12 14 2022 01:38 Clear <input checked="" type="checkbox"/> 12 14 2022 04:47	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other				
2	ID BC4 Type 92	Dispatch <input checked="" type="checkbox"/> 12 14 2022 02:39 Arrival <input checked="" type="checkbox"/> 12 14 2022 02:39 Clear <input checked="" type="checkbox"/> 12 14 2022 04:47	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other				
3	ID CF1 Type 99	Dispatch <input checked="" type="checkbox"/> 12 14 2022 02:33 Arrival <input checked="" type="checkbox"/> 12 14 2022 02:33 Clear <input checked="" type="checkbox"/> 12 14 2022 05:16	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other				
4	ID CF7 Type 92	Dispatch <input checked="" type="checkbox"/> 12 14 2022 01:27 Arrival <input checked="" type="checkbox"/> 12 14 2022 01:34 Clear <input checked="" type="checkbox"/> 12 14 2022 04:03	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other				
5	ID E1 Type 11	Dispatch <input checked="" type="checkbox"/> 12 14 2022 01:27 Arrival <input checked="" type="checkbox"/> 12 14 2022 01:34 Clear <input checked="" type="checkbox"/> 12 14 2022 03:59	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other				
6	ID E2 Type 11	Dispatch <input checked="" type="checkbox"/> 12 14 2022 01:27 Arrival <input checked="" type="checkbox"/> 12 14 2022 01:32 Clear <input checked="" type="checkbox"/> 12 14 2022 04:47	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other				
7	ID L1 Type 12	Dispatch <input checked="" type="checkbox"/> 12 14 2022 01:27 Arrival <input checked="" type="checkbox"/> 12 14 2022 01:33 Clear <input checked="" type="checkbox"/> 12 14 2022 04:47	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other				
8	ID L2 Type 12	Dispatch <input checked="" type="checkbox"/> 12 14 2022 01:27 Arrival <input checked="" type="checkbox"/> 12 14 2022 01:32 Clear <input checked="" type="checkbox"/> 12 14 2022 03:43	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other				
9	ID MR2 Type 60	Dispatch <input checked="" type="checkbox"/> 12 14 2022 02:01 Arrival <input checked="" type="checkbox"/> 12 14 2022 02:01 Clear <input checked="" type="checkbox"/> 12 14 2022 04:47	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other				

A FDID 01005 * State MO * Incident Date 12 14 2022 * Station 2 Incident Number 22-2214737 * Exposure 000 * Delete Change NFIRS - 9 Apparatus or Resources

B Apparatus or * Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken		
	Check if same as alarm date Month Day Year Hour Min										
1 ID <u>Q6</u> Type <u>13</u>	Dispatch <input checked="" type="checkbox"/>	<u>12</u>	<u>14</u>	<u>2022</u>	<u>01:27</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input checked="" type="checkbox"/>	<u>12</u>	<u>14</u>	<u>2022</u>	<u>01:36</u>					<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>12</u>	<u>14</u>	<u>2022</u>	<u>03:40</u>					<input type="checkbox"/>	<input type="checkbox"/>
2 ID <u>S3</u> Type <u>71</u>	Dispatch <input checked="" type="checkbox"/>	<u>12</u>	<u>14</u>	<u>2022</u>	<u>01:27</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input checked="" type="checkbox"/>	<u>12</u>	<u>14</u>	<u>2022</u>	<u>01:36</u>					<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>12</u>	<u>14</u>	<u>2022</u>	<u>03:04</u>					<input type="checkbox"/>	<input type="checkbox"/>
3 ID <u>SF1</u> Type <u>00</u>	Dispatch <input checked="" type="checkbox"/>	<u>12</u>	<u>14</u>	<u>2022</u>	<u>01:27</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input checked="" type="checkbox"/>	<u>12</u>	<u>14</u>	<u>2022</u>	<u>01:35</u>					<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>12</u>	<u>14</u>	<u>2022</u>	<u>04:47</u>					<input type="checkbox"/>	<input type="checkbox"/>
4 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					<input type="checkbox"/>	<input type="checkbox"/>
5 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					<input type="checkbox"/>	<input type="checkbox"/>
6 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					<input type="checkbox"/>	<input type="checkbox"/>
7 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					<input type="checkbox"/>	<input type="checkbox"/>
8 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					<input type="checkbox"/>	<input type="checkbox"/>
9 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					<input type="checkbox"/>	<input type="checkbox"/>

Type of Apparatus or Resources

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

A PDID * 01005 State * MO Incident Date * 12 14 2022 Station 2 Incident Number * 22-2214737 Exposure * 000 Delete Change NFIRS - 10 Personnel

B Apparatus or Resource * Date and Times Sent Number of * Use Actions Taken
Check if same as alarm date
 Month Day Year Hours/mins of * People EMS Other
Check ONE box for each apparatus to indicate its main use at the incident.
List up to 4 actions for each apparatus and each personnel.

1 ID BC2 Dispatch 12 14 2022 01:27 Sent 1 Suppression
 Type 92 Arrival 12 14 2022 01:38 EMS
 Clear 12 14 2022 04:47 Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
5739	Martin, Peter	BC	X				

2 ID BC4 Dispatch 12 14 2022 02:39 Sent 1 Suppression
 Type 92 Arrival 12 14 2022 02:39 EMS
 Clear 12 14 2022 04:47 Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
9758	Pasley, James	FM	X				

3 ID CF1 Dispatch 12 14 2022 02:33 Sent 1 Suppression
 Type 99 Arrival 12 14 2022 02:33 EMS
 Clear 12 14 2022 05:16 Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
6094	Farr, Clayton	AC	X				

A FDID * 01005 State * MO Incident Date * 12 14 2022 Station 2 Incident Number * 22-2214737 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Check If same as alarm date
 Month Day Year Hours/mins
 Check ONE box for each apparatus to indicate its main use at the incident.
 List up to 4 actions for each apparatus and each personnel.

1 ID CF7 Dispatch 12 14 2022 01:27 Sent 1 Suppression
 Type 92 Arrival 12 14 2022 01:34 EMS
 Clear 12 14 2022 04:03 Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1782	Caszatt, Eric	DC	X				

2 ID E1 Dispatch 12 14 2022 01:27 Sent 3 Suppression
 Type 11 Arrival 12 14 2022 01:34 EMS
 Clear 12 14 2022 03:59 Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
12609	DeRaps, David	CP	X				
16083	Noordsy, Shawn	EN	X				
17166	Resch, Joseph	PR	X				

3 ID E2 Dispatch 12 14 2022 01:27 Sent 3 Suppression
 Type 11 Arrival 12 14 2022 01:32 EMS
 Clear 12 14 2022 04:47 Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
15492	Howell, Tyler	FF	X				
18368	Thurman, Cody	PR	X				
8116	Kome, Gregory	CP	X				

A FDID * 01005 State * MO Incident Date * 12 14 2022 Station 2 Incident Number * 22-2214737 Exposure * 000 Delete Change NFIRS - 10 Personnel

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

1 ID L1 Dispatch 12 14 2022 01:27 Sent 4 Suppression EMS Other
 Type 12 Arrival 12 14 2022 01:33 Clear 12 14 2022 04:47

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
13034	Plassmeyer, Craig	CP	X				
1304	Hemmelgarn, Robert	PR	X				
14269	Privette, Zachary	FF	X				
17347	Tungesvik, Michael	FF	X				

2 ID L2 Dispatch 12 14 2022 01:27 Sent 2 Suppression EMS Other
 Type 12 Arrival 12 14 2022 01:32 Clear 12 14 2022 03:43

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
13771	Baxter, John	FF	X				
4513	Kandlik, James	CP	X				

3 ID MR2 Dispatch 12 14 2022 02:01 Sent 1 Suppression EMS Other
 Type 60 Arrival 12 14 2022 02:01 Clear 12 14 2022 04:47

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
9162	Pauley, Joel	FF	X				

A FDID * 01005 State * MO Incident Date * 12 14 2022 Station 2 Incident Number * 22-2214737 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

Month Day Year Hours/mins

1 ID Q6 Dispatch 12 14 2022 01:27 Sent 3 Suppression EMS Other

Type 13 Arrival 12 14 2022 01:36 Clear 12 14 2022 03:40

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
11392	Conrow, Kyle	CP	X				
16084	Glover, Jakob	FF	X				
3770	Oliver, Gary	EN	X				

2 ID S3 Dispatch 12 14 2022 01:27 Sent 3 Suppression EMS Other

Type 71 Arrival 12 14 2022 01:36 Clear 12 14 2022 03:04

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
11394	O'Brien, Timothy	EN	X				
18434	Whitehouse, Callan	PR	X				
9000	Card, Joshua	CP	X				

3 ID SF1 Dispatch 12 14 2022 01:27 Sent 1 Suppression EMS Other

Type 00 Arrival 12 14 2022 01:35 Clear 12 14 2022 04:47

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
12470	Simmons, Joseph	CP	X				

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
BC2 Battalion Chief Two	01:27:43	01:31:06	01:38:37	04:47:58

Staff ID\Staff Name	Activity	Rank	Position	Role
5739 Martin, Peter N	Emergency Incide	Battalion C		

Unit Narrative

I, Pete Martin responded to a box alarm assignment on 12/14/22 at 1010 Claudell Lane, Apartment 103.

Upon my arrival on scene, I checked in with Command. He advised for me to assist him on the incident.

I assisted him as his aide until the scene was under control. During the investigation part of the incident, command was transferred to me. I assigned companies to assist the fire marshalls with their investigation [REDACTED]

After the investigation [REDACTED] was completed, equipment was reloaded back on to the trucks and those units returned to service.

I advised BCJC to terminate command and placed all units back to service.

BC2

BC4 Battalion Chief 4	02:39:18	02:39:18	02:39:18	04:47:58
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Staff ID\Staff Name	Activity	Rank	Position	Role
9758 Pasley, James C	Emergency Incide	Fire Marsha	Fire Marshal	Fire Investi

Unit Narrative

On 12/14/22 at 0200 hours Battalion Chief Peter Martin contacted me to advise there was a working structure fire at 1010 Claudell Lane, unit 103.

I responded to assist the primary investigator with the investigation.

For additional information see the investigative report.

James C Pasley
Battalion 4

CF1 Fire Chief	02:33:18	02:33:18	02:33:18	05:16:33
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Staff ID\Staff Name	Activity	Rank	Position	Role
6094 Farr, Clayton	Emergency Incide	Assistant F	Fire Chief	

Unit Narrative

This report written by Fire Chief Clayton Farr, Jr.

At 01:27 hours on December 14, 2022, companies and personnel of the Columbia, Missouri Fire Department were called to respond to a reported residential structure fire at 1010 Claudell Lane. Companies were advised of multiple reports of a fire in an apartment within the building with trapped occupants.

Engine Company 2 (E2) and Ladder Company 2 (L2) arrived on the scene reporting extensive fire visible from upper windows of a two-story townhome apartment and Captain Jim KANDLIK established Claudell Command.

Division Chief Eric CASZATT arrived on the scene and assumed command.

During the incident, I was notified that 2 deceased individuals had been located during the search and rescue operation. I responded to the scene to be of assistance.

After ensuring the safety and well-being of our staff and being briefed that no further victims had been located, I cleared the scene and returned to service.

End of Report.

CF7 Division Chief Seven 01:27:42 01:29:32 01:34:24 04:03:40

Staff ID\Staff Name	Activity	Rank	Position	Role
1782 Caszatt, Eric C	Emergency Incide	Division Ch		

Unit Narrative

On 12/14/2022 at 01:29 hours, I responded to the listed incident as the on duty Division Chief. BCJC advised of a working residential structure fire with possible victim entrapment. Further information provided indicated possible three children trapped. I requested an additional Medic unit be added to the incident, bringing the total to four EMS units responding.

Upon my arrival on the scene, I assumed command and moved all companies to the Brown tactical radio channel. I noted fire venting from the Alpha side second story window.

The following initial assignments were made:

- E2 Fire attack and Primary Search
- L2 Primary Search
- Q6 Ventilation and Primary Search of adjacent apartments.
- E1 Water Supply and pull a secondary line
- S3 RIC and Air Supply
- L1 VES Primary Search bedroom on the second floor.

I assigned Q6 and other companies to continue with a secondary search of the apartment.

I met face to face with the on duty EMS supervisor and requested EMS check the other known occupants of the effected fire apartment.

Multiple Fire Marshals and the Fire Chief were notified of the incident. W&L also responded.

I met with all Company Officers on the scene. I assigned L1 Captain to coordinate with FMO for overhaul during their investigation.

After completion of the assignments I transferred command to BC2 and cleared the scene out of service.

CF7 Eric Caszatt

01005

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14

Incident Date

2022

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Station

22-2214737

Incident Number

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Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E1 Engine One	01:27:43	01:31:58	01:34:15	03:59:47

Staff ID\Staff Name	Activity	Rank	Position	Role
12609 DeRaps, David	Emergency Incide	Captain		
16083 Noordsy, Shawn	Emergency Incide	Engineer		
17166 Resch, Joseph D	Emergency Incide	Probationar		

Unit Narrative

Engine 1 arrived on scene and saw heavy fire coming for the second story of the apartment. Captain DeRaps and I, Engineer Noordsy established water supply to Engine 2 from the hydrant to the north of the incident.

I, Engineer Noordsy, told command that water supply had been established to Engine 2 and that we were ready for our next assignment. Command assigned us to pull a second line and help with fire attack and search. Firefighter Resch pulled the secondary line and we entered the structure on the Charlie side. Engine 2 personnel advised us that they had found one victim [REDACTED] in the fire room. We searched the other two bedrooms and bathroom with nothing found.

Engine 1 personnel exited the structure to change bottles and rehab.

Engine 1 was then assigned to stand by for our next assignment.

Command released Engine 1 from the scene and we returned to service.

Report written by Shawn Noordsy.

E2 Engine Two	01:27:42	01:32:38	01:32:45	04:47:58
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Staff ID\Staff Name	Activity	Rank	Position	Role
15492 Howell, Tyler J	Emergency Incide	Firefighter		
18368 Thurman, Cody	Emergency Incide	Probationar		
8116 Kome, Gregory A	Emergency Incide	Captain		

Unit Narrative

On 12/14/2022 at 0127 hours, Engine 2 responded as part of a full box assignment for a reported structure fire with possible victims trapped. While en route, BCJC advised that there were reports of victims and a responding medic unit advised smoke was visible.

Engine 2 arrived on the scene, and I (Capt. Greg Kome) established Claudell Command. I saw fire had vented from the second story window on the Alpha side and heavy fire had vented from the second floor windows on the Charlie side. We pulled to the Charlie side to leave room for other responding units and to have access to the heaviest fire. I also observed that I could see through the window on the Charlie side on the first floor and the inside was clear on the first floor. I gave a size-up of a two-story apartment with the second floor fully involved. There was a crowd of people on the Alpha side but no one approached us on the Charlie side.

I assigned FF Thurman to pull an 1.75" crosslay and apply water through the second floor window to the ceiling to extinguish and cool the fire room and second floor. This occurred in a short amount of time and FF Thurman and I entered the Charlie side and advanced the hose line to the second floor. He then continued to extinguish hot spots while other crews were searching the second floor bedrooms. I searched the Alpha side second floor bedroom that had been fully involved on our arrival with nothing found. I requested ventilation be established. Search crews exited the Charlie side bedroom and FF Thurman and I then

entered to perform a secondary search. During this search, FF Thurman extinguished hot spots [REDACTED]

FF Thurman's vibra-Alert system was activated and we exited the structure. I made face-to-face contact with command [REDACTED] and that we needed to change SCBA bottles.

After our bottles were changed, Engine 2's crew stood by until it was determined that no further extinguishment was needed. During this standby period, I assisted the resident of the adjoining apartment on the Delta side by retrieving a diaper bag and bottle from her apartment. We reloaded hose and prepared to leave. Prior to leaving, and after the marshal had completed his investigation, Engine 2's crew went in with Ladder 1's crew and performed a final evaluation for hot spots. None were located but we gave the Charlie side room a wet down one final time. We loaded the hose and Engine 2's crew took no further actions.

I returned Engine 2 to service.

Written by Capt. Greg Kome

L1 Ladder One 01:27:43 01:30:38 01:33:59 04:47:58

Staff ID\Staff Name	Activity	Rank	Position	Role
13034 Plassmeyer, Craig M	Emergency Incide	Captain		
1304 Hemmelgarn, Robert D	Emergency Incide	Probationar		
14269 Privette, Zachary R	Emergency Incide	Firefighter		
17347 Tungesvik, Michael	Emergency Incide	Firefighter		

Unit Narrative

L1 arrived on scene and observed heavy fire coming from a second story window of the target apartment. L1 personnel threw ladders to second story windows on the Charlie side of the structure, while also forcing entry to adjacent apartments.

I, Craig Plassmeyer, and FF Tunesvik conducted VES operations on a second story window to the fire apartment. We encountered high heat conditions and conducted a primary search in the bedroom we entered; the search to this room was negative.

Engine Privette and FF Hemmelgarn entered the fire apartment through the ground floor and made their way to the second floor to assist in the primary search. E2 personnel were simultaneously conducting Fire Attack operations on the second floor, and confirmed a victim [REDACTED]

L1 personnel exited the structure to rehab and change bottles.

After rehab, L1 was reassigned by command to overhaul operations. L1 personnel assisted L2 in overhauling second floor of the structure.

L1 remained on scene to stand-by by the Fire Marshals in their investigation.

Command released L1 from the scene and we returned to service.

Captain C. Plassmeyer

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
L2 Ladder Two	01:27:42	01:30:02	01:32:08	03:43:23

Staff ID\Staff Name	Activity	Rank	Position	Role
13771 Baxter, John C	Emergency Incide	Firefighter		
4513 Kandlik, James E	Emergency Incide	Captain		

Unit Narrative

On December 14, 2022 at 01:27 hours L2 responded to the reported CSF at 1010 Claudell Ln Apt. #103, en route BCJC advised of a working fire in a two story structure with flames showing and possible victims trapped. En route we observed a large column of smoke from the complex visible from several blocks away.

L2 arrived on the scene with E2, L2 was placed closest to the B/C corner for possible aerial operations if needed. FF Hulen and I began a 360 of the structure and observed flames from the second floor windows on both the A/C sides, I observed heavy fire conditions on the second floor, the main floor was clear and unoccupied.

Bystanders reported possibly 3 victims inside of the structure, When FF Hulen and I arrived on the A side we initiated a primary search utilizing the stairs that were near the main entry on the A side. While ascending the stairs we met a CPD officer coming down the stairs, we was coughing when he passed us. Upon arrival on the second floor we experienced high heat when we made it to the top of the stairs. We utilized a TIC to begin searching the bedrooms. We initiated our search to the "right", we noted no furniture in the first bedroom to the right but lots of bags of clothing and piled clothing, there had appeared to be heavy fire involvement that had been knocked down prior to arrival. We made it to the second bedroom on the right which had a door closed to it, fire did not appear to have breached the closed door, the walls where still smoke stained and there was a litter of some furniture and more clothing. SU Engineer Baxter initiated placing egress ladders on the C side of the structure and assisting with hose movement for the interior crew.

We made our way to the third bedroom, we initiated search, and encountered high heat and active fire with low visibility. A second company was behind us and we let them pass us in the hall to perform fire attack. (Believed to be E2 crew). At this time my vibra-alert had began sounding and FF Hulen and I exited the structure to get new air bottles.

Upon rehabbing the bottles Command stated he wanted us to remain in rehab as they rotated crews. We assisted in some exterior overhaul near the dormer above the main entrance to confirm extinguishments; we removed some guttering and facias wrap along the edge of the roofline on the A side.

After a few minutes we were assigned to take a CGM in and monitor the air prior to the Marshals entering. We obtained no readings downstairs and a reading of 9 PPM on the second floor. Shortly there after we were requested to return to the second floor to standby with the Marshals and take care of any overhauling in the rooms adjoining the main fire room. Command then requested that we make face to face contact and stated he would like to return our apparatus to service. We performed a gross Decon of our gear and tools and placed the tools and ladders utilized back onto the truck.

I contacted BCJC and advised them that L2 would be clear the scene in service.

Capt. J. Kandlik

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
MR2 Marshal 2	02:01:20	02:01:20	02:01:20	04:47:58

Staff ID\Staff Name	Activity	Rank	Position	Role
9162 Pauley, Joel David	Emergency Incide	Firefighter		

Unit Narrative

On the morning of December 14, 2022, units from the Columbia Fire Department were dispatched to the report of a structure fire located at 1010 Claudell Ln, Unit 103. I was notified, via ring down at Station 8, that the IC on scene requested a fire marshal to respond. I was the on-call fire marshal designated as Marshal 2 and on shift at Station 8. I responded non-emergency to the scene. Once on scene I notified BCJC that Marshal 2 was on scene.

During the course of the investigation I assisted Fire Marshal Bauer. See fire investigation report for more detail.

Joel Pauley

Q6 Quint 6	01:27:43	01:31:27	01:36:14	03:40:47
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Staff ID\Staff Name	Activity	Rank	Position	Role
11392 Conrow, Kyle	Emergency Incide	Captain		
16084 Glover, Jakob	Emergency Incide	Firefighter		
3770 Oliver, Gary L	Emergency Incide	Engineer		

Unit Narrative

Q6 arrived on scene approaching from the Charlie side; we observed that fire attack had stopped forward progress of the fire on the second story of the fire apartment (103).

Q6's crew placed a ground ladder to the second floor of apartment 104. Q6's crew performed primary search of apartment 104, 102, and 101; all were clear and there did not appear to be any extension in any of these apartments. Q6's crew set up positive pressure ventilation on the Charlie side and coordinated with fire attack. Q6's crew performed a secondary search in apartment 103. Q6's crew located the second victim [REDACTED]. Q6's crew exited the structure and I did a face-to-face with Command. Q6's crew set up a decon station off of Q6 on the Charlie side. Q6's crew assisted E2's crew with draining and loading the LDH and one crosslay.

Command released Q6 from the incident.

I returned Q6 to service.

Report written by: Kyle Conrow

S3 Squad 3	01:27:43	01:29:49	01:36:47	03:04:32
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Staff ID\Staff Name	Activity	Rank	Position	Role
11394 O'Brien, Timothy J	Emergency Incide	Engineer		
18434 Whitehouse, Callan P	Emergency Incide	Probationar		
9000 Card, Joshua J	Emergency Incide	Captain		

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FDID

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State

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Incident Date

2022

2
Station

22-2214737
Incident Number

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Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
S3 Squad 3	01:27:43	01:29:49	01:36:47	03:04:32

Staff ID\Staff Name	Activity	Rank	Position	Role
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Unit Narrative

S3 responded as part of a full box assignment for report of a residential structure fire at 1010 Claudell Ln.

Upon our arrival we checked in with Command on the Brown channel. Command assigned us to establish RIC.

S3 crew established RIC and staged at the Alpha/Delta corner of the structure. I did a 360 of the building and reported to Command the placement of ground ladders and location of RIC.

After initial operations moved to investigation S3 crew began filling air bottles. Once all bottles had been filled Command returned S3 to service.

S3 cleared the scene in-service.

Capt. J. Card

SF1 Safety 1	01:27:43	01:31:31	01:35:03	04:47:58
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Staff ID\Staff Name	Activity	Rank	Position	Role
12470 Simmons, Joseph W	Emergency Incide	Captain		

Unit Narrative

On 12/14/2022 at 01:31 hours, I responded as Safety 1 to 1010 Claudell Ln. with a full box assignment for the report of a Commercial residential structure fire.

Upon arrival, command was already established and crews were working to extinguish a working fire in the addressed apartment unit of a 4 plex, 2 story, commercial apartment building.

I assumed the role of the Incident Safety Officer and performed a 360 of the structure. I then began observing the crews on the scene and the actions that were being performed. I coordinated with the I.C. and continued I.S.O operations until I was released from the scene.

I placed Safety 1 back in service and returned to quarters.

Joey Simmons

01005 FDID *	MO State *	MM 12	DD 14	YYYY 2022	2 Station	22-2214737 Incident Number *	000 Exposure *	Responding Personnel	
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
5739 Martin, Peter N	BC2	EI Emergency		BC		3.34	0.00	0.00
9758 Pasley, James C	BC4	EI Emergency	FM	FM		2.14	0.00	0.00
6094 Farr, Clayton	CF1	EI Emergency	FC	AC		2.72	0.00	0.00
1782 Caszatt, Eric C	CF7	EI Emergency		DC		2.60	0.00	0.00
12609 DeRaps, David	E1	EI Emergency		CP		2.53	0.00	0.00
16083 Noordsy, Shawn	E1	EI Emergency		EN		2.53	0.00	0.00
17166 Resch, Joseph D	E1	EI Emergency		PR		2.53	0.00	0.00
15492 Howell, Tyler J	E2	EI Emergency		FF		3.34	0.00	0.00
18368 Thuzman, Cody	E2	EI Emergency		PR		3.34	0.00	0.00
8116 Kome, Gregory A	E2	EI Emergency		CP		3.34	0.00	0.00
13034 Plassmeyer, Craig M	L1	EI Emergency		CP		3.34	0.00	0.00
1304 Hemmelgarn, Robert D	L1	EI Emergency		PR		3.34	0.00	0.00
14269 Privette, Zachary R	L1	EI Emergency		FF		3.34	0.00	0.00
17347 Tungesvik, Michael	L1	EI Emergency		FF		3.34	0.00	0.00
13771 Baxter, John C	L2	EI Emergency		FF		2.26	0.00	0.00
4513 Kandlik, James E	L2	EI Emergency		CP		2.26	0.00	0.00
9162 Pauley, Joel David	MR2	EI Emergency		FF		2.78	0.00	0.00
11392 Conrow, Kyle	Q6	EI Emergency		CP		2.22	0.00	0.00
16084 Glover, Jakob	Q6	EI Emergency		FF		2.22	0.00	0.00
3770 Oliver, Gary L	Q6	EI Emergency		EN		2.22	0.00	0.00
11394 O'Brien, Timothy J	S3	EI Emergency		EN		1.61	0.00	0.00
18434 Whitehouse, Callan	S3	EI Emergency		PR		1.61	0.00	0.00
9000 Card, Joshua J	S3	EI Emergency		CP		1.61	0.00	0.00
12470 Simmons, Joseph W	SF1	EI Emergency		CP		3.34	0.00	0.00

Total Participants: 24

Total Personnel Hours: 63.90

An 'X' next to the unit denotes driver.

A FDID * 01005 State * MO Incident Date * 12/14/2022 Station 2 Incident Number * 22-2214737 Exposure * 000 Delete Change NFIRS - 11 Arson

B Agency Referred To None
 Street Address _____ Their Case Number _____
 Agency Name _____ City _____ Their ORI _____
 Agency Phone Number _____ State _____ Zip Code _____ Their Federal Identifier (FID) _____ Their FDID _____

C Case Status
 1 Investigation open
 2 Investigation closed
 3 Investigation inactive
 4 Closed with arrest
 5 Closed with exceptional clearance

D Availability of Material First Ignited
 1 Transport to scene
 2 Available at scene
 U Unknown

E Suspected Motivation Factors Check up to three factors

11 <input type="checkbox"/> Extortion	22 <input type="checkbox"/> Hate crime	42 <input type="checkbox"/> Vanity/recognition	54 <input type="checkbox"/> Burglary
12 <input type="checkbox"/> Labor unrest	23 <input type="checkbox"/> Institutional	43 <input type="checkbox"/> Thrills	61 <input type="checkbox"/> Homicide concealment
13 <input type="checkbox"/> Insurance fraud	24 <input type="checkbox"/> Societal	44 <input type="checkbox"/> Attention/sympathy	62 <input type="checkbox"/> Burglary concealment
14 <input type="checkbox"/> Intimidation	31 <input type="checkbox"/> Protest	45 <input type="checkbox"/> Sexual excitement	63 <input type="checkbox"/> Auto theft concealment
15 <input type="checkbox"/> Void contract/lease	32 <input type="checkbox"/> Civil unrest	51 <input type="checkbox"/> Homicide	64 <input type="checkbox"/> Destroy records/evidence
21 <input type="checkbox"/> Personal	41 <input type="checkbox"/> Fireplay/curiosity	52 <input type="checkbox"/> Suicide	00 <input type="checkbox"/> Other motivation
		53 <input type="checkbox"/> Domestic violence	UU <input type="checkbox"/> Unknown motivation

F Apparent Group Involvement Check up to three factors

1 Terrorist group
 2 Gang
 3 Anti-government group
 4 Outlaw motorcycle organization
 5 Organized crime
 6 Racial/ethnic hate group
 7 Religious hate group
 8 Sexual preference hate group
 0 Other group
 N No Group involvement, acted alone
 U Unknown

H Incendiary Devices Select one from each category

CONTAINER NN None

11 Bottle (Glass) 14 Pressurized Container 17 Box
 12 Bottle (Plastic) 15 Can 00 Other Container
 13 Jug 16 Gasoline or fuel can UU Unknown

IGNITION/DELAY DEVICE NN None

11 Wick or Fuse 17 Road flare/fuse
 12 Candle 18 Chemical Component
 13 Cigarette & Matchbook 19 Trailer/Streamer
 14 Electronic Component 20 Open flame source
 15 Mechanical Device 00 Other delay device
 16 Remote Control UU Unknown

G1 Entry Method

 Entry Method

G2 Extent of Fire Involvement on Arrival

 Extent of Fire Involvement

FUEL NN None

11 Ordinary Combustibles 16 Pyrotechnic material
 12 Flammable gas 17 Explosive material
 14 Ignitable liquid 00 Other material
 15 Ignitable solid UU Unknown

I Other Investigative Information Check all that apply

1 Code violations
 2 Structure for sale
 3 Structure vacant
 4 Other crimes involved
 5 Illicit drug activity
 6 Change in insurance
 7 Financial problem
 8 Criminal/Civil actions pending

J Property Ownership

1 Private
 2 City, town, village, local
 3 County or parish
 4 State or province
 5 Federal
 6 Foreign
 7 Military
 0 Other

K Initial Observations Check all that apply

1 Windows ajar 5 Fire department forced entry
 2 Doors ajar 6 Forced entry prior to FD arrival
 3 Doors locked 7 Security system activated
 4 Doors unlocked 8 Security present, (didn't activate)

L Laboratory Used Check all that apply

1 Local 3 ATF 5 Other 6 Private
 2 State 4 FBI Federal N None

NFIRS-11 Revision 11/17/98

01005
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Arson Narrative:

JUVENILE

FH# 22-221437

CPD#

CAD# 2022293141

On December 14, 2022 at 0127 hours the Columbia Fire Department responded to a report of a residential structure fire located at 1010 Claudell Ln, Columbia Square Apartments.

Enroute, further information stated there may be multiple people trapped in the apartment. Upon the arrival of the first CPD Officers they searched the apartment to the best of their ability until the atmospheric conditions were too hazardous for them to endure. 1 CPD officer was seen at a local hospital and kept for observation for injuries sustained during his efforts.

Upon arrival, fire crews executed a primary search of the structure along with fire extinguishing methods to reveal the presence of 2 deceased children located in a second floor bedroom.

The incident commander requested the duty marshal to respond for the fire investigation. I responded and once on scene assumed the role of primary investigator.

Upon my arrival I made contact with the incident commander and was advised of the above information. I was advised that there was as many as [REDACTED] 2 adults living in the apartment. The incident commander thought that ^{all} [REDACTED] were accounted for but, [REDACTED] and some confusion early on in the incident, he was not 100 percent sure. Secondary searches had not revealed anymore victims.

[REDACTED]

Battalion 4, Chief Pasley, was contacted and responded. Chief Pasley's primary role was to gather information from the occupants of the structure and witnesses. See his report for details.

I began the investigation by photographing the structure from the exterior. Due to my initial approach I began on what was later known as side C and moved to side A. I observed fire damage from the windows of the second floor. I observed a spilled charcoal grill on the front grass near the side A door. This was excluded from the list of possible causes due to its proximity to the area of origin.

There were 2 fire extinguishers located on the exterior of the apartment. They had been discharged and were identified as belonging to the CPD officers that entered the structure prior to the Fire Departments arrival.

I entered the structure and looked around the first floor. I did not observe any burn patterns that would indicate the area of origin on the first floor. I did observe directly above the entrance there was a joist chase that contained HV/AC ductwork. The drywall was split and falling down. In this chase I observed charring of the structural members and subfloor and indications of pyrolysis occurring in this space. A third fire extinguisher was discovered standing upright on top of the refrigerator. It was empty however it is not clear if it was used on this fire. I observed a hardwired smoke detector located on the wall in the

living room near a bedroom. I pressed the test button and the alarm did not sound. The alarm contained a red and white/silver 9 volt battery that I recall as being the same make as the batteries that commonly come packaged with a smoke detector, i.e. it was not an Energizer or Duracell. The smoke detector was manufactured in 2019. When the detector was removed from the wall the cord did not pull out of the junction box with it. It is unknown if the plug was attached to the detector prior to removing the detector from the wall.

I approached the staircase to the second floor. In the staircase I observed significant smoke and heat damage from the ceiling down to the level of the staircase. As I topped the stairs I observed the damage in the hallway. The pattern on the drywall indicated the heat was pressurized from the north room and impinging on the drywall on the opposite side of the hall (USER0221.JPG). The smoke detector in the hallway was not in place. The floor under the smoke detector junction box was examined and no evidence of a detector was found. The conductors in the Junction box were intact and the connector was still in place although very brittle. The area was photographed.

The east room at the end of the hallway had moderate heat damage although the contents were mostly intact. It appeared this direction was not the primary flow path of the heat. In this room there was no evidence of a smoke detector. The plastic mounting ring was found on the floor directly under the detector junction box. It was melted to the floor but identifiable. The area was photographed.

The south room was examined. The damages sustained in this room are consistent with flashover. The room contained little contents, i.e. no bed, mattresses or dresser were found. The window was located on the south wall opposite of the door. The closet contained several bags of clothing that were removed and cooled with a fire stream during overhaul. The outlets in this room were damaged but intact. One under the window was pulled from the junction box during overhaul but remained intact. The ceiling fan was found on the floor under the junction box. The structural components behind each of these junction boxes did not sustain enough damage to believe the fire could have started in the outlets. There were no other accidental electrical sources of ignition in this room. The floor under the smoke detector junction box was examined and no evidence of a detector was found. The conductors in the Junction box were intact.

The north room was examined. The damages sustained in this room are consistent with flashover. The window in this room was located on the north wall opposite the door. Under the window a "V-Pattern" was found on the drywall. This pattern may be due to the plastic fuel load in the area and by the fire venting through the window. The room contained a bed against the east wall. Based on the burn patterns found in the room and on the bed rail, the area between the north wall and the bed, more towards the head of the bed, are identified as the area of origin (USER0228.JPG, USER0230.JPG, USER0231.JPG). The burn patterns including consumption of the members indicated the area of most burning happened towards the north side of the bed. The rail section of the bed towards the head sustained deeper char indicating longer burn time in this area. The area was photographed.



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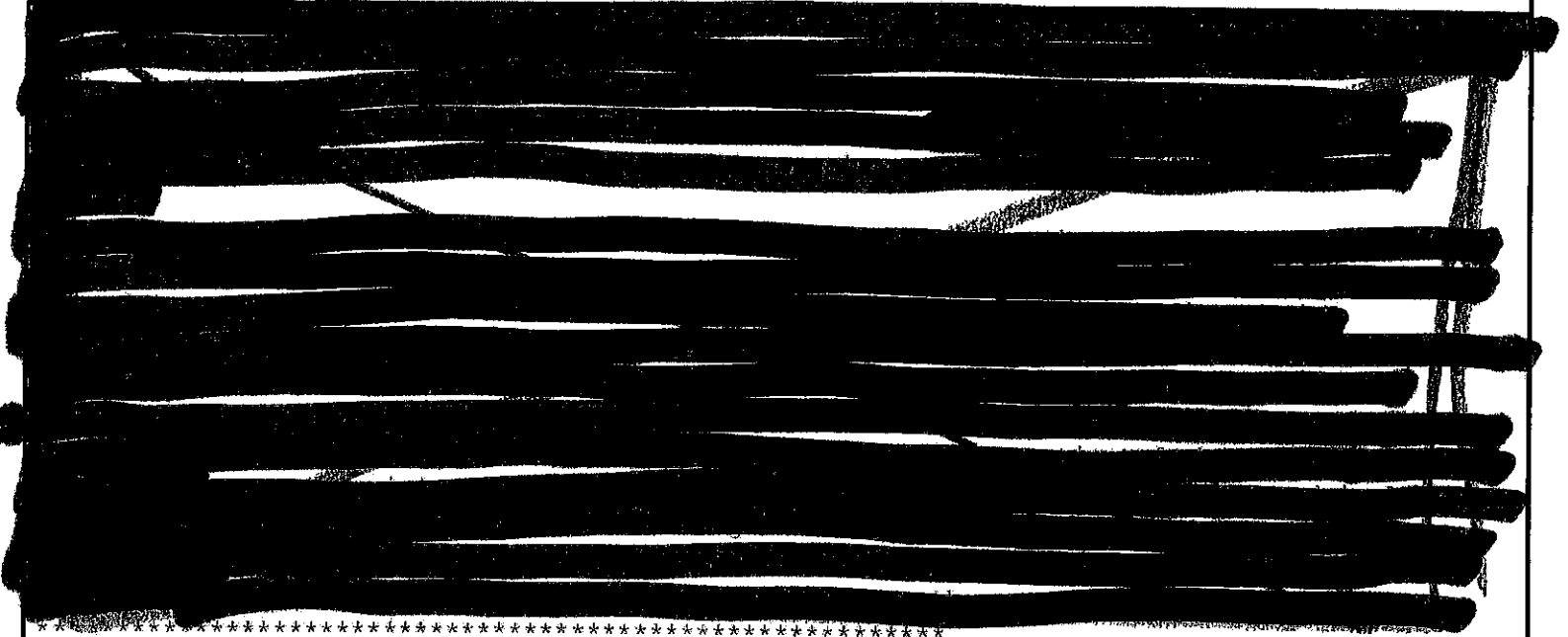
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A large flat screen TV on the floor turned sideways and backwards in the northeast corner. Behind the TV was an outlet. A cellphone charger was found under the outlet. It did not appear to have been plugged in to a device during the fire. The charger was plugged back into the outlet to determine if the cord was long enough to have been plugged into the outlet at the time of the fire and the affirmative was found (USER0427.JPG). The pattern on the outlet indicated the charger was most likely plugged in during the fire. The damage to the charger appeared to be from external heat and it was excluded as a source of ignition. A cord was found plugged into the outlet. The path of the cord was followed for about 6 feet. The cord went around the foot of the bed until it deteriorated and was untraceable. The area under the debris was searched and remnants of the cord could not be found for several feet. The cord was partially protected by the TV in this area the cord still has the insulation intact (USER0248.JPG). The cord was taken to preserve it for possible further examination.

In the direction of the cords trajectory there were 2 melted electrical objects. They were examined in place but because of their location outside of the area of origin and the fact that much of the plastic insulation on the wires were still intact, it was decided they were not possible sources of ignition these items were examined more closely during the 12/16/2022 search warrant execution.

Along the north wall near the west side of the window there was an outlet. The outlet did not have anything plugged into it. Near the outlet an electric space heater was found (USER0254.JPG). The cord to the space heater was traced until it was encapsulated in a thick layer of melted plastic which contained glass and carpet. The entire space heater, cord and encapsulation was removed and examined on scene but in order to preserve the delicate cord we did not pursue further examination on the scene. The dial on the space heater was turned fully to the right. After a google search of the model of the heater it was determined that indicated the heater dial was on the highest setting. The heater was taken for further nondestructive examination.

A power strip was located under the window, under debris. It was charred and melted in spots but mostly intact. It was not plugged in and was excluded as a source of ignition.

On the floor near the foot of the bed there was a pack-and-play style baby crib. In the crib we located a cell phone similar to an iPhone. The phone was burned and was examined. We determined the phone was more than likely not a source of ignition. It was not located in the area of origin. The battery appeared to be intact and the amount of damage to the case was not sufficient to indicate it was the cause of the fire. The damages appeared to be from an external heat source. The device was excluded as a possible source of ignition.

The rooms were surveyed again and all hotspots were confirmed to be extinguished. The neighboring apartments were evaluated for habitation and it was decided the occupants could reenter the apartments. Photographs were taken of the damaged door jams from forcing the door open. A plan was formed with law enforcement to assess the information from the fire and reconvene at the scene the later. The heater was removed and placed in my car in a tub. We cleared the scene.

 On 12/15/2022, with the assistance of CPD Officer Holtz, Columbia Bomb Squad, the space heater encapsulation was x-rayed using the Bomb Squads equipment at Fire Station 9. The x-ray image revealed the cord appeared to be intact and the blade connectors were seen intact in the encapsulation x-ray. The x-ray showed the encapsulation contained 1 pair of wires indicating that there was no extension cord or other means to plug in the space heater. After this examination I concluded the space heater was not plugged in during the fire and it was excluded as a source of ignition. The heater was packaged in a cardboard box and marked as evidence. The heater was stored by the Fire Marshal's Office until it could be transferred to the CPD evidence tech.

The floor near the south wall under the smoke detector junction box was examined. The conductors in the Junction box were intact. There were strings and globs of blue plastic found on the floor which dripped from the melted junction box. No evidence of a smoke detector was found.

On 12/15/2022 a Facebook video was discovered on a neighbor's Facebook page. The video showed the fire from the north side of the apartment. This video showed the flames pushed out of the window with significant pressure. The videographer, Anthony Webb Jr. stated that the kids lit the fire in another post.

 In execution of the 12/16/2022 search warrant with CPD, we reexamined the scene in search of possible sources of ignition. The examination of the first item in line with the deteriorated cord was an item located by the foot of the bed that was not identified but we could easily determine the item was not plugged in. The conductors were intact with the insulation melted off all the way down the length of the cord to the plug connectors. The second item was determined to be a vacuum located on the floor near the foot of the bed near the south wall. This determination was based on my experience from previous fires and identifying components that look similar to the components found in the melted plastic. During the (12/22/2022) police interview of the occupants, they confirmed there was a vacuum in the room. It is probable that the deteriorated cord that was plugged into the wall is the cord to the vacuum.

Near the area of origin there was a thick glass lid with a wire retainer and clasp to mount to a jar. This lid looks similar to a glass jar which would contain a candle. The jar was broken and the glass was not recovered. It was not clarified during the interviews if it was

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possible that a candle could have been in the area.

There were no other sources of ignition found in the room of origin. There were no sources of ignition found in the area of origin.

Prior to concluding the search the first floor smoke detector was tested again because a smoke detector chirp could be heard in the apartment. The detector did not function. After looking for another detector in the apartment it was discovered that the chirp was coming through the wall from the apartment to the east.

Until other evidence or witness statements are provided and interviews of the [REDACTED] occupants can be conducted, based on the physical evidence found at the scene and witness statements provided, this fire is classified as UNDETERMINED. A specific cause of the fire is the PROBABILITY of a [REDACTED]. Other possible ignition sources that could not be excluded are the POSSIBILITY of an electric short in the vacuum cord, a POSSIBILITY of a candle left burning during the night.

01005	MO	12	14	2022	2	22-2214737	000	NFIRS - Involvement User Fields
FDID	State	Incident Date		Station	Incident Number	Exposure		

Involvement
Name:
Schock, Bob

Involvement
Type:
Manager

Owner: Occupant:
 X

Involvement
Name:
Williams, Tamitra

Involvement
Type:

Owner: Occupant:

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