

Fill In This Report
In Your Own Words

OHHO BASIC INCIDENT REPORT

1	FD ID 135015	County of Incident HENRY	NAPOLEON				Fire Department	FOR SFM OFFICE <input type="checkbox"/> Use Only <input type="checkbox"/> Revised Report	
A	Incident No. 7191079	Exp. No.	Month OCTOBER	Day 10	Year 1979	Day of the Week MONDAY	Alarm Time 2 15 00	Time "In Service" 1 03 10	
B	CORRECT ADDRESS Street 116 YEAGER ST. NAPOLEON			Post Office		Zip Code 43545	Census Tract 000000		
C	Occupant Name EARL RODRIGUEZ				Telephone NONE		Room or Apt. NA		
D	Owner Name EARL RODRIGUEZ		Address 116 YEAGER ST. NAPOLEON			Telephone NONE			
E	Method of Alarm from Public 592-0055				Type of Situation Found STRUCTURE FIRE				
F	Type of Action Taken EXTINGUISHMENT			Co. Insp. District NA	Shift 2	No. Alarms 1	Mutual Aid <input type="checkbox"/> Given		
G	No. Fire Service Personnel Used at Scene 113		No. Engines Used at Scene 111		No. Trucks Used at Scene 110		No. Other Vehicles Used at Scene 110		

COMPLETE ON ALL INCIDENTS

2	No. Incident-related Injuries*		No. Incident-related Fatalities*		Property Type				
	Fire Service	Others	Fire Service	Others	ONE USE				
I	Fixed Property Use Classification Dwelling - ^{YEAR 3} GROUND ^{NA}			Complex NA		Mobile Property Type (Complete Line 8) NA			
J	Area of Origin BED ROOM 121		Level of Origin 10 ²		Construction Type WOOD FRAME 8		Construction Method SITE BUILT 11		

CASUALTY OR FIRE

K	Equipment Involved in Ignition (if any) (Complete Line 1) NA			Form of Heat of Ignition CIGARETTE				
L	Type of Material Ignited SYNTHETIC FABRIC 11		Form of Material Ignited MATTRESS		Ignition Factor CIGARETTE			

IGNITION

M	Extent of Flame Spread Room 121		If Flame Spread Beyond Space of Origin		Type of Material Generating Most Fire SYNTHETIC FABRIC 11		Avenue of Flame Travel WALL 112	
N	Extent of Smoke Spread Room 121		If Smoke Spread Beyond Space of Origin		Type of Material Generating Most Smoke SYNTHETIC FABRIC 11		Avenue of Smoke Travel WALLS 0	
O	Extent of Fire Control Damage Room 121		Extent of Fire Control Damage ROOM OF ORIGIN B		Formation of Stairs FLAME STAGE 13			

FIRE GROWTH

P	Time from Alarm to Report Application MINUTES		Method of Extinguishment HYDRANT-HOSELINES			Detector Performance NA		
Q	Estimated Year of Installation 11/79		Class B		Sprinkler Performance NA			

COMBAT

S	3	If Mobile Property	Year	Make	Model	Serial No.	License No.
T	4	If Equipment Involved in Ignition	Year	Make	Model	Serial No.	Voltage (if any)

COMPLETE ON ALL

This element is reported by the National Fire Data System

Check box if remarks are made on reverse side.

THIS IS TO CERTIFY THAT IN ACCORDANCE WITH MY DUTIES AND RESPONSIBILITIES AS SET FORTH IN SECTION 3737.03, REVISED CODE, STATE OF OHIO, I HAVE CAUSED TO BE INVESTIGATED THIS FIRE, AND NOW, TO THE BEST OF MY KNOWLEDGE AND ABILITY, SUBMIT REPORT ON SAME.

John P. Buckley Captain 10-23-79
TITLE DATE