

Incident Property

Incident: 2016-0021902-000 Version 6 of 6 Saved On: 12/16/2016 5:07:40 PM by Burcicki, Patrice

Area Of Origin: 62 - Heating room or area, water heater area

Heat Source: 13 - Arcing

Item First Ignited: 18 - Insulation within structural area

Material First Ignited: 22 - JP-4 jet fuel & methyl ethyl ketone type flammable

Cause of Ignition: 3 - Failure of equipment or heat source

Buildings:

Residential Units:

Acres Burned:

On Site Materials:

Human Factors	Factors Contributing to Ignition	Fire Suppression Factors
N - None	30 - Electrical failure, malfunction, other	
Age:		
Gender:		

Incident Structure

Incident: 2016-0021902-000 Version 6 of 6 Saved On: 12/16/2016 5:07:40 PM by Burcicki, Patrice

Structure Type: 1 - Enclosed building

Status: 2 - In normal use

Item Contributing to Flame Spread:

Material Contributing to Flame Spread:

Fire Spread: 1 - Confined to object of origin

Main Floor -

Length: 4000

Width: 500

Area: 2000000

Story of Origin: 5

Floors Below Grade: 0

Floors Above Grade: 5

Floors Damaged -

Minor:

Significant:

Heavy:

Extreme:

Total:

Incident Structure Mobile Property & Equipment Involved

Incident: 2016-0021902-000 Version 6 of 6 Saved On: 12/16/2016 5:07:40 PM by Burcicki, Patrice

Type: 513 - Elevator or conveyor: farm	Brand:	Model:
Serial Number:	Year:	Portability: 2 - Stationary
Power: 10 - Electrical, other		

Incident Apparatus and Resources

Incident: 2016-0021902-000 Version 6 of 6 Saved On: 12/16/2016 5:07:40 PM by Burcicki, Patrice

Unit ID	Dispatched	En-route	Arrival	Cleared Scene	Arrive Facility	Cleared Facility	In Service	In Qtrs
C05	07/25 07:56	07/25 07:57	07/25 08:02			07/25 08:54		
E17FR	07/25 07:56	07/25 07:57	07/25 08:02			07/25 09:10		
E35FR	07/25 07:56	07/25 07:57	07/25 08:03			07/25 09:08		
Hame1	07/25 07:56	07/25 07:57	07/25 08:01			07/25 09:07		
L07	07/25 07:56	07/25 07:58	07/25 08:03			07/25 09:07		
s03fr	07/25 07:56	07/25	07/25			07/25 09:09		

		07:57	08:01					
--	--	-------	-------	--	--	--	--	--

Apparatus Actions Taken

Incident: 2016-0021902-000 Version 6 of 6 Saved On: 12/16/2016 5:07:40 PM by Burcicki, Patrice

Action
11 - Extinguish
12 - Salvage & overhaul

Incident Narrative

Incident: 2016-0021902-000 Version 6 of 6 Saved On: 12/16/2016 5:07:40 PM by Burcicki, Patrice

Title: COMMERCIAL	Type: 1 - Incident	Author: engine17 engine17
Narrative Text:		
On Monday, 25 July 2016 at 07:54:07, units C05, E17FR, E35FR, Hame1, L07 and s03fr responded to at 1600 CLAY ST, Detroit, MI 48202. Upon arrival a 111 - Building fire incident was found.		
This property is commonly known as '1600 CLAY ST,DET.' The primary property use is 700 - Manufacturing, processing.		
Unit Hame1, the first arriving unit, arrived at 08:01:38. The last unit on scene, E17FR, cleared the scene at 09:10:14.		
Actions taken by the primary responding units were: 11 - Extinguish.		
A total of 6 apparatus and 21 personnel responded to this call.		
Chief 5 requested that two individuals move their vehicles but only one person did. The second vehicle remained parked. The hose roller and rope was used from squad 3. The hose roller broke causing the hose to fall onto the truck breaking the windshield. The plate number of the truck is CF08883. VIN NUMBER 1B7HC13Z4WJ1339		

Incident Report

Incident Number: 0023728	Number of Alarms:	Date: 12/23/2014	Time: 07:01
Shift:	District: 05351	Exposure: 000	Station:
Alarm Time: 12/23/2014 07:01	Arrival Time: 12/23/2014 07:09	Controlled Time:	Cleared Time: 12/23/2014 07:10

Incident Address		
Dispatch Address: 1600 CLAY ST	Actual Address: 1600 CLAY ST	Address Type: 1 - Street address
Property Use: 891 - Warehouse	Insurance Carrier:	Common Name: 1600 CLAY ST,DET
Latitude:	Longitude:	Phone:

Incident Classification

Incident: 2014-0023728-000 Version 1 of 1 Saved On: 12/23/2014 7:18:59 AM by Engine35, Engine35

Incident Type as Dispatched:	745 - unintentional
Actual Incident Type:	745 - unintentional
Mutual Aid:	N - None
	FDID:
	State:
	Incident Number:

Hazardous Materials Release:

Actions Taken:

86 - Investigate

Value - Property: Contents:

Loss - Property: Contents:

Authorities

Incident: 2014-0023728-000 Version 1 of 1 Saved On: 12/23/2014 7:18:59 AM by Engine35, Engine35

Member Making Report: 236487

Officer In Charge: 231875

Other Authorities:

Report Completed: Yes

Member Name:	Role:
---------------------	--------------

Incident Apparatus and Resources

Incident: 2014-0023728-000 Version 1 of 1 Saved On: 12/23/2014 7:18:59 AM by Engine35, Engine35

Unit ID	Dispatched	En-route	Arrival	Cleared Scene	Arrive Facility	Cleared Facility	In Service	In Qtrs
E35	12/23 07:03	12/23 07:07	12/23 07:09			12/23 07:10		

Incident Narrative

Incident: 2014-0023728-000 Version 1 of 1 Saved On: 12/23/2014 7:18:59 AM by Engine35, Engine35

Title:

Type: 1 - Incident

Author: Engine35 Engine35

Narrative Text:

On Tuesday, 23 December 2014 at 07:01:36, units E35 responded to at 1600 CLAY ST, Detroit, MI 48202. Upon arrival a 745 - unintentional incident was found.

This property is commonly known as '1600 CLAY ST,DET.' The primary property use is 891 - Warehouse.

Unit E35, the first arriving unit, arrived at 07:09:55. The last unit on scene, E35, cleared the scene at 07:10:17.

Actions taken by the primary responding units were: 86 - Investigate.

A total of 1 apparatus and 0 personnel responded to this call.

Incident Report

Incident Number: 0023642 **Number of Alarms:** 1 **Date:** 12/21/2014 **Time:** 08:19
Shift: U **District:** 05351 **Exposure:** 000 **Station:** E35
Alarm Time: 12/21/2014 08:19 **Arrival Time:** 12/21/2014 08:29 **Controlled Time:** **Cleared Time:** 12/21/2014 08:54

Incident Address
Dispatch Address: 1600 CLAY ST **Actual Address:** 1600 CLAY ST **Address Type:** 1 - Street address
Property Use: 500 - Mercantile, business, other **Insurance Carrier:** **Common Name:** 1600 CLAY ST,DET
Latitude: **Longitude:** **Phone:**

Incident Classification

Incident: 2014-0023642-000 Version 1 of 1 Saved On: 12/21/2014 9:33:14 AM by Engine35, Engine35

Incident Type as Dispatched: 745 - unintentional
Actual Incident Type: 700 - False alarm or false call, other
Mutual Aid: N - None
FDID:
State:
Incident Number:

Hazardous Materials Release:

Actions Taken:

86 - Investigate

Value - Property: Contents:

Loss - Property: Contents:

Authorities

Incident: 2014-0023642-000 Version 1 of 1 Saved On: 12/21/2014 9:33:14 AM by Engine35, Engine35

Member Making Report: 236519

Officer In Charge: 232512

Other Authorities:

Report Completed: Yes

Member Name: **Role:**

Incident Apparatus and Resources

Incident: 2014-0023642-000 Version 1 of 1 Saved On: 12/21/2014 9:33:14 AM by Engine35, Engine35

Unit ID	Dispatched	En-route	Arrival	Cleared Scene	Arrive Facility	Cleared Facility	In Service	In Qtrs
E35	12/21 08:23	12/21 08:25	12/21 08:29			12/21 08:54		

Incident Narrative

Incident: 2014-0023642-000 Version 1 of 1 Saved On: 12/21/2014 9:33:14 AM by Engine35, Engine35

Title:**Type: 1 - Incident****Author: Engine35 Engine35****Narrative Text:**

On Sunday, 21 December 2014 at 08:19:32, units E35 responded to at 1600 CLAY ST, Detroit, MI 48211. Upon arrival a 700 - False alarm or false call, other incident was found.

This property is commonly known as '1600 CLAY ST,DET.' The primary property use is 500 - Mercantile, business, other.

Unit E35, the first arriving unit, arrived at 08:29:38. The last unit on scene, E35, cleared the scene at 08:54:06.

Actions taken by the primary responding units were: 86 - Investigate.

A total of 1 apparatus and 3 personnel responded to this call.

UNABLE TO GAIN ACCESS.

Incident Report

Incident Address		
Dispatch Address:	Actual Address:	Address Type: 1 - Street address
1600 CLAY ST	1600 CLAY ST	
Property Use: 891 - Warehouse	Insurance Carrier:	Common Name: 1600 CLAY ST,DET
Latitude:	Longitude:	Phone:

Incident: 2016-0021960-000 Version 4 of 4 Saved On: 8/30/2016 4:26:45 PM by Harris, Kelvin

Hazardous Materials Release:

11 - Extinguish

Value - Property: Contents: Loss - Property: Contents:

Incident: 2016-0021960-000 Version 4 of 4 Saved On: 8/30/2016 4:26:45 PM by Harris, Kelvin

Member Name:	Role:
--------------	-------

Incident: 2016-0021960-000 Version 4 of 4 Saved On: 8/30/2016 4:26:45 PM by Harris, Kelvin

Business:

Incident: 2016-0021960-000 Version 4 of 4 Saved On: 8/30/2016 4:26:45 PM by Harris, Kelvin

Incident Report

Page 2 of 2

Unit ID	Dispatched	En-route	Arrival	Cleared Scene	Arrive Facility	Cleared Facility	In Service	In Qtrs
C01	07/25 16:09	07/25 16:11				07/25 16:22		
C05	07/25 16:09	07/25 16:10	07/25 16:16			07/25 17:16		
E17FR	07/25 16:09	07/25 16:10	07/25 16:16			07/25 17:18		
E35FR	07/25 16:09	07/25 16:10	07/25 16:16			07/25 17:21		
E39FR	07/25 16:09	07/25 16:10	07/25 16:18			07/25 16:33		
Hame1	07/25 16:09	07/25 16:10	07/25 16:14			07/25 17:18		
L07	07/25 16:09	07/25 16:11	07/25 16:16			07/25 17:14		
L20	07/25 16:09	07/25 16:11	07/25 16:18			07/25 16:36		
s03fr	07/25 16:09	07/25 16:10	07/25 16:14			07/25 17:18		

Apparatus Actions Taken

Incident: 2016-0021960-000 Version 4 of 4 Saved On: 8/30/2016 4:26:45 PM by Harris, Kelvin

Action
10 - Fire, other
11 - Extinguish
12 - Salvage & overhaul
93 - Cancelled en route

Incident Narrative

Incident: 2016-0021960-000 Version 4 of 4 Saved On: 8/30/2016 4:26:45 PM by Harris, Kelvin

Title: **Type: 1 - Incident** **Author: engine17 engine17**

Narrative Text:

On Monday, 25 July 2016 at 15:57:11, units C01, C05, E17FR, E35FR, E39FR, Hame1, L07, L20 and s03fr responded to at 1600 CLAY ST, Detroit, MI 48202. Upon arrival a 441 - Heat from short circuit (wiring), defective/worn incident was found.

This property is commonly known as '1600 CLAY ST,DET.' The primary property use is 891 - Warehouse.

Unit Hame1, the first arriving unit, arrived at 16:14:35. The last unit on scene, E35FR, cleared the scene at 17:21:41.

Actions taken by the primary responding units were: 11 - Extinguish.

A total of 9 apparatus and 30 personnel responded to this call.

Electrical Short. Power was assumed to pulled but it wasn't. Squad 3 pulled two breakers inside the eletrical room.

Incident Report

Incident Number: 1231023	Number of Alarms:	Date: 12/31/2015	Time: 01:30
Shift:	District: 2	Exposure: 000	Station:
Alarm Time: 12/31/2015 01:30	Arrival Time: 12/31/2015 01:42	Controlled Time:	Cleared Time: 12/31/2015 02:23

Incident Address

Dispatch Address: 1600 CLAY ST	Actual Address: 1600 CLAY ST	Address Type: 1 - Street address
Property Use:	Insurance Carrier:	Common Name: 1600 CLAY ST,DET
Latitude:	Longitude:	Phone:

Incident Classification

Incident: 2015-1231023-000 Version 0 of 1

Incident Type as Dispatched:	302 - EMS Call Priority Two
Actual Incident Type:	302 - EMS Call Priority Two
Mutual Aid:	
	FDID:
	State:
	Incident Number:

Hazardous Materials Release:

Actions Taken:

Value - Property: Contents:	Loss - Property: Contents:
------------------------------------	-----------------------------------

Authorities

Incident: 2015-1231023-000 Version 0 of 1

Member Making Report:	Officer In Charge:
Other Authorities:	Report Completed:

Member Name:	Role:
---------------------	--------------

Incident Apparatus and Resources

Incident: 2015-1231023-000 Version 0 of 1

Unit ID	Dispatched	En-route	Arrival	Cleared Scene	Arrive Facility	Cleared Facility	In Service	In Qtrs
M18B	12/31 01:33	12/31 01:34	12/31 01:42	12/31 01:54		12/31 02:23		

Incident Report

Incident Number: 1231015	Number of Alarms:	Date: 12/31/2015	Time: 01:00
Shift:	District: 2	Exposure: 000	Station:
Alarm Time: 12/31/2015 01:00	Arrival Time: 12/31/2015 01:08	Controlled Time:	Cleared Time: 12/31/2015 02:00

Incident Address		
Dispatch Address: 1600 CLAY ST	Actual Address: 1600 CLAY ST	Address Type: 1 - Street address
Property Use:	Insurance Carrier:	Common Name: 1600 CLAY ST,DET
Latitude:	Longitude:	Phone:

Incident Classification
Incident: 2015-1231015-000 Version 0 of 1

Incident Type as Dispatched:	302 - EMS Call Priority Two
Actual Incident Type:	302 - EMS Call Priority Two
Mutual Aid:	

FDID:
State:
Incident Number:

Hazardous Materials Release:

Actions Taken:

Value - Property: Contents:	Loss - Property: Contents:
------------------------------------	-----------------------------------

Authorities
Incident: 2015-1231015-000 Version 0 of 1

Member Making Report:	Officer In Charge:
Other Authorities:	Report Completed:
Member Name: <input type="text"/> Role: <input type="text"/>	

Incident Apparatus and Resources
Incident: 2015-1231015-000 Version 0 of 1

Unit ID	Dispatched	En-route	Arrival	Cleared Scene	Arrive Facility	Cleared Facility	In Service	In Qtrs
M01B	12/31 01:00	12/31 01:00	12/31 01:08	12/31 01:25		12/31 02:00		

Incident Report

Incident Number: 1230343	Number of Alarms:	Date: 12/30/2015	Time: 23:37
Shift:	District: 2	Exposure: 000	Station:
Alarm Time: 12/30/2015 23:37	Arrival Time: 12/30/2015 23:56	Controlled Time:	Cleared Time: 12/31/2015 01:01

Incident Address		
Dispatch Address: 1600 CLAY ST	Actual Address: 1600 CLAY ST	Address Type: 1 - Street address
Property Use:	Insurance Carrier:	Common Name: 1600 CLAY ST,DET
Latitude:	Longitude:	Phone:

Incident Classification
Incident: 2015-1230343-000 Version 0 of 1

Incident Type as Dispatched:	302 - EMS Call Priority Two
Actual Incident Type:	302 - EMS Call Priority Two
Mutual Aid:	

FDID:
State:
Incident Number:

Hazardous Materials Release:

Actions Taken:

Value - Property: Contents:	Loss - Property: Contents:
------------------------------------	-----------------------------------

Authorities
Incident: 2015-1230343-000 Version 0 of 1

Member Making Report:	Officer In Charge:
Other Authorities:	Report Completed:
Member Name: Role:	

Incident Apparatus and Resources
Incident: 2015-1230343-000 Version 0 of 1

Unit ID	Dispatched	En-route	Arrival	Cleared Scene	Arrive Facility	Cleared Facility	In Service	In Qtrs
M20B	12/30 23:40	12/30 23:41	12/30 23:56	12/31 00:12		12/31 01:01		

A		MM DD YYYY		Station		Incident Number		Exposure		Delete Change No Activity		NFIRS -1 Basic	
FDID 08207		State MI		Incident Date 10 07 2016		16-0031316		000					
B Location* <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.													
<input checked="" type="checkbox"/> Street address 1600 CLAY ST 48211 MI Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions DETROIT Apt./Suite/Room City State Zip Code Cross street or directions, as applicable													
C Incident Type *				E1 Date & Times				E2 Shift & Alarms					
111 Building fire				Midnight is 0000 Check boxes if dates are the same as Alarm Date. ALARM always required Alarm 10 07 2016 03:35:55 ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival 10 07 2016 03:45:47 CONTROLLED Optional, Except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit Cleared 10 07 2016 05:07:19				Local Option Shift or Alarms District 01 Special Studies Local Option Special Study ID# Special Study Value					
D Aid Given or Received*													
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recvd. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None													
F Actions Taken *				G1 Resources *				G2 Estimated Dollar Losses & Values					
11 Extinguishment by fire Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)				<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0010 EMS Other 0007 <input type="checkbox"/> Check box if resource counts include aid received resources.				LOSSES: Required for all fires if known. Optional for non fires. None Property \$ 010,000 Contents \$ 005,000 PRE-INCIDENT VALUE: Optional Property \$ 000,000 Contents \$ 000,000					
Completed Modules		H1* Casualties		H3 Hazardous Materials Release				I Mixed Use Property					
<input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form				NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use					
J Property Use* Structures				K Property Use* Outside									
131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital				341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boardings house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway				539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input checked="" type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 891 Warehouse					

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

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-18) as necessary

K2 Owner☐

Same as person involved?
Then check this box and skip
The rest of this section.

Business name (if applicable)

Area Code

Phone Number

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

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

L Remarks

Local Option:

1600 CLAY ST...PER M CALLER...SOMETHING ON FIRE AT LOC ON GROUND LEVEL...FIRE REQ [10/07/16
03:35:02 ARMSTRONGS527]UPD..PER M C ALLER...SEES SMOKE COMING OUT AT LOC..NFI [10/07/16
03:35:36 ARMSTRONGS527]

10/07/2016 05:37:40 police\berentm7796

Russel Industrial Center Building- Fire was in 4A-Storage

Manager-Eric Novack

Phone# 313-588-0377

Main Office Phone # 313-872-4000

L Authorization

230949

Officer in Charge ID

Johnson, James C.

Signature

CAPT

Position or rank

L07

Assignment

10

Month

07

Day

2016

Year

Check
box to
state
as Officer
in charge.

☐

237796

Officer Making report ID

Berent, Matthew J.

Signature

FF

Position or rank

E17

Assignment

10

Month

07

Day

2016

Year

A FDID <u>08207</u> * State <u>MI</u> * Incident Date <u>10/07/2016</u> * Station <u>16-0031316</u> * Incident Number <u>000</u> * Exposure <u>000</u> *	MM <u>10</u> DD <u>07</u> YYYY <u>2016</u> NFIRS -2 Fire	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	
B Property Details B1 <u> </u> <input checked="" type="checkbox"/> Not Residential Estimated Number of residential living units in building of origin whether or not all units became involved B2 <u>001</u> <input type="checkbox"/> Buildings not involved Number of buildings involved B3 <u> </u> <input type="checkbox"/> None Acres burned (outside fires) <input type="checkbox"/> Less than one acre		C On-Site Materials or Products <input type="checkbox"/> None 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. <div style="display: flex;"> <div style="flex: 1;"> <u>620</u> <u>Construction</u> On-site material (1) <u> </u> <u> </u> On-site material (2) <u> </u> <u> </u> On-site material (3) </div> <div style="flex: 1;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> </div>	
D Ignition D1 <u>40</u> <u>Storage area, Other</u> Area of fire origin * D2 <u>UU</u> <u>Undetermined</u> Heat source * D3 <u>UU</u> <u>Undetermined</u> Item first ignited * 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin D4 <u> </u> <u> </u> Type of material first ignited Required only if item first ignited code is 00 or <70		E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input checked="" type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing To Ignition <u>UU</u> <u>Undetermined</u> <input checked="" type="checkbox"/> None Factor Contributing To Ignition (1) <u> </u> <u> </u> Factor Contributing To Ignition (2)	
F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G <u> </u> <u> </u> Equipment Involved Brand <u> </u> Model <u> </u> Serial # <u> </u> Year <u> </u>		F2 Equipment Power <u> </u> <u> </u> Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> 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. <input type="checkbox"/> None <u> </u> <u> </u> Fire suppression factor (1) <u> </u> <u> </u> Fire suppression factor (2) <u> </u> <u> </u> Fire suppression factor (3)		H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned <u> </u> Mobile property model <u> </u> <u> </u> <u> </u> License Plate Number State VIN Number	
H2 Mobile Property Type & Make <u> </u> <u> </u> Mobile property type <u> </u> <u> </u> Mobile property make <u> </u> <u> </u> Year		Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other Agencies <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached	
NFIRS-2 Revision 01/19/99			

I1 Structure Type * If Fire was in enclosed building or a portable/mobile structure complete the rest of this form 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) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 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 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building Height Count the ROOF as part of the highest story 008 Total number of stories at or above grade Total number of stories below grade	I4 Main Floor Size* NFIRS-3 Structure Fire Total square feet 060 000 OR Length in feet 300 BY Width in feet 200
J1 Fire Origin * 001 <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 Number of stories w/ minor damage (1 to 24% flame damage) 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)		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 K1 Item contributing most to flame spread K2 Type of material contributing most of flame spread Required only if item contributing code is 00 or <70
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input checked="" type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * (In area of the fire) N <input type="checkbox"/> None Present Skip to section M 1 <input type="checkbox"/> Present U <input checked="" 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 0 <input type="checkbox"/> Other U <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 U <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 0 <input type="checkbox"/> Other U <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) U <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 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	
M1 Presence of Automatic Extinguishment System * N <input 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) 0 <input type="checkbox"/> Other U <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 0 <input type="checkbox"/> Other U <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 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined		M4 Number of Sprinkler Heads Operating Required if system operated Number of sprinkler heads operating	

Detroit

Incident List by Alarm Date/Time

Street Name = "clay"

Incident-Exp#	Alm Date	Alm Time	Location	Incident Type
16-0031316-000	10/07/2016	03:35:55	1600 CLAY ST /DETROIT, MI	111 Building fire
16-0033717-000	10/24/2016	20:56:18	1160 CLAY ST /detroit, MI	321 EMS call, excluding vehicle
16-0033979-000	10/27/2016	11:50:49	CLAY TO N I 75 RAMP & CHR	321 EMS call, excluding vehicle
16-0034036-000	10/27/2016	20:37:55	7443 CLAYBURN ST /DETROIT	111 Building fire
16-0036188-000	11/13/2016	20:42:45	CLAY TO N I 75 RAMP & CHR	131 Passenger vehicle fire
16-0036641-000	11/17/2016	21:29:09	7466 CLAYBURN ST /DETROIT	531 Smoke or odor removal
16-0039997-000	12/15/2016	11:15:52	939 CLAY ST /DETROIT, MI	321 EMS call, excluding vehicle

Total Incident Count 7