

A FDID 33065 * State CA * Incident Date 09 24 2022 * Station 443 Incident Number 22-0905046 * 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 5702 - 01

Street address 1725 VIA MIRALESTE CA 92262 -
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection In front of Rear of Adjacent to Directions

2122 PALM SPRINGS CA 92262 -
 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 * 09 24 2022 15:53:31
 ARRIVAL required, unless canceled or did not arrive
 Arrival * 09 24 2022 15:56:58
 CONTROLLED Optional, Except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared 09 24 2022 19:06:57

E2 Shift & Alarms Local Option
 443
 Shift or Alarms District Platoon

D Aid Given or Received*

1 Mutual aid received
 2 Automatic aid recv.
 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)

10 Fire control or
 Additional Action Taken (2)

12 Salvage & overhaul
 Additional Action Taken (3)

G1 Resources *

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

Apparatus 0007 Personnel 0001
 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 \$, 050 , 000
 Contents \$, 010 , 000
 PRE-INCIDENT VALUE: Optional
 Property \$, 000 , 000
 Contents \$, 000 , 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

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 evanation 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

131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school or kindergarten
 215 High school or junior high
 241 College, adult education
 311 Care facility for the aged
 331 Hospital

Outside

124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field

341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1-or 2-family dwelling
 429 Multi-family dwelling
 439 Rooming/boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales

936 Vacant lot
 938 Graded/care for plot of land
 946 Lake, river, stream
 951 Railroad right of way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway

539 Household goods, sales, repairs
 579 Motor vehicle/boat sales/repair
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 629 Laboratory/science lab
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

981 Construction site
 984 Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 Property Use 429
Multifamily dwelling

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: John MI: Moore Suffix:

Number: Prefix: Street or Highway: Street Type: Suffix:

Post Office Box: Apt./Suite/Room: City: Palm Springs

State: CA Zip Code: 92262

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. 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: Theresa MI: Voss Suffix:

Number: 1725 Prefix: Street or Highway: VIA MIRALESTE Street Type: Suffix:

Post Office Box: Apt./Suite/Room: 2125 City: PALM SPRINGS

State: CA Zip Code: 92262

L Remarks Local Option

//15:53:12 09/24/22/MATTW/RP was soddering and poss a fire in teh walls //15:53:18
 09/24/22/MATTW/Whole house is full of smoke //15:54:02 09/24/22/MATTW/All occ out of the house //15:54:20 09/24/22/MATTW/Call location changed from Address: 1725 N Via Miraleste to Address: 1725 N Via Miraleste 2112 by MATTW //15:54:49 09/24/22/CRYSTALP/Rivera gardens 215-8 //15:54:57 09/24/22/T442P/Mobile Update: Unit T442P set status to En Route. //15:57:10 09/24/22/CRYSTALP/E3-os gate nothing visible //15:57:30 09/24/22/CRYSTALP/E3 to e1 hold on vista chino access from there also //15:57:58 09/24/22/MS441P/Mobile Update: Unit MS441P set status to Arrived. //15:58:02 09/24/22/CRYSTALP/E3 large 2 story condo nothing visible investigating //15:59:00 09/24/22/CRYSTALP/Bc os at gate //15:59:48 09/24/22/CRYSTALP/E3-lighth smoke division 2 on alpha side e3 initiating //16:00:34 09/24/22/CRYSTALP/Initiating fire tach e3 assuming interior //16:00:57 09/24/22/T442P/Mobile Update: Unit T442P set status to Arrived. //16:01:33 09/24/22/CRYSTALP/Bc-working structure fire in the walls, attach amr to stage louise at miraleste, 2 addtl unit for ctly coverage //16:03:05 09/24/22/MATTW/413 to handle station 2 //16:03:14 09/24/22/MATTW/CalFire will call back w unit for st1 //16:03:57 09/24/22/CRYSTALP/Bc hard closure miraleste NO EVC //16:04:07 09/24/22/MATTW/AMR advised //16:04:28 09/24/22/LOISC/501 2122 IS THE INCD AREA //16:04:30 09/24/22/CRYSTALP/Call location changed from Address: 1725 N Via Miraleste 2112 to Address: 1725 N Via Miraleste 2122 by CRYSTALP //16:04:58 09/24/22/MATTW/E50 to handle st1 //16:05:46 09/24/22/CRYSTALP/Bc no need for pd to assist w hard closure e5 handling //16:08:39 09/24/22/CRYSTALP/Amr 305 enrt //16:43:51 09/24/22/CRYSTALP/IC-resp for prop //16:56:40 09/24/22/CRYSTALP/IC -fire out //16:57:11 09/24/22/CRYSTALP/IC-aprox 30 min commitment for all units //17:48:01 09/24/22/CRYSTALP/IC-E3, E5, BC COMMITTED //17:52:04 09/24/22/CRYSTALP/BC-SCE AND GAS CO TO RESP //17:52:42 09/24/22/CRYSTALP/BC-PROP OWNER WILL NEED TO WORK W THEM TO RECOVER SVCS //17:56:31 09/24/22/CRYSTALP/GAS CO ADV, ETA 45 OR LESS //17:59:05 09/24/22/CRYSTALP/SCE ADV WILL CB W ETA INCIDENT # 3252553 //17:59:27

L Authorization

10911 Barrier, Ryan Douglas BC 09 29 2022
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. 15653 Myers, Damien Nathan CPM 09 29 2022
 Member making report ID Signature Position or rank Assignment Month Day Year

Narrative:

//15:53:12 09/24/22/MATTW/RP was soddering and poss a fire in teh walls //15:53:18
 09/24/22/MATTW/Whole house is full of smoke //15:54:02 09/24/22/MATTW/All occ out of the
 house //15:54:20 09/24/22/MATTW/Call location changed from Address: 1725 N Via Miraleste to
 Address: 1725 N Via Miraleste 2112 by MATTW //15:54:49 09/24/22/CRYSTALP/Rivera gardens 215-8
 //15:54:57 09/24/22/T442P/Mobile Update: Unit T442P set status to En Route. //15:57:10
 09/24/22/CRYSTALP/E3-os gate nothing visible //15:57:30 09/24/22/CRYSTALP/E3 to e1 hold on
 vista chino access from there also //15:57:58 09/24/22/MS441P/Mobile Update: Unit MS441P set
 status to Arrived. //15:58:02 09/24/22/CRYSTALP/E3 large 2 story condo nothing visible
 investigating //15:59:00 09/24/22/CRYSTALP/Bc os at gate //15:59:48
 09/24/22/CRYSTALP/E3-lighth smoke division 2 on alpha side e3 intiating //16:00:34
 09/24/22/CRYSTALP/Initiating fire tach e3 assuming interior //16:00:57 09/24/22/T442P/Mobile
 Update: Unit T442P set status to Arrived. //16:01:33 09/24/22/CRYSTALP/Bc-working structure
 fire in the walls, attach amr to stage louise at miraleste, 2 addtl unit for cty coverage
 //16:03:05 09/24/22/MATTW/413 to handle station 2 //16:03:14 09/24/22/MATTW/CalFire will call
 back w unit for st1 //16:03:57 09/24/22/CRYSTALP/Bc hard closure miraleste NO EVC //16:04:07
 09/24/22/MATTW/AMR advised //16:04:28 09/24/22/LOISC/501 2122 IS THE INCD AREA //16:04:30
 09/24/22/CRYSTALP/Call location changed from Address: 1725 N Via Miraleste 2112 to Address:
 1725 N Via Miraleste 2122 by CRYSTALP //16:04:58 09/24/22/MATTW/E50 to handle st1 //16:05:46
 09/24/22/CRYSTALP/Bc no need for pd to assist w hard closure e5 handling //16:08:39
 09/24/22/CRYSTALP/Amr 305 enrt //16:43:51 09/24/22/CRYSTALP/IC-resp for prop //16:56:40
 09/24/22/CRYSTALP/IC -fire out //16:57:11 09/24/22/CRYSTALP/IC-aprox 30 min commitment for
 all units //17:48:01 09/24/22/CRYSTALP/IC-E3, E5, BC COMMITTED //17:52:04
 09/24/22/CRYSTALP/BC-SCE AND GAS CO TO RESP //17:52:42 09/24/22/CRYSTALP/BC-PROP OWNER WILL
 NEED TO WORK W THEM TO RECOVER SVCS //17:56:31 09/24/22/CRYSTALP/GAS CO ADV, ETA 45 OR LESS
 //17:59:05 09/24/22/CRYSTALP/SCE ADV WILL CB W ETA INCIDENT # 3252553 //17:59:27
 09/24/22/CRYSTALP/E5-AMR RELEASED FROM THE SCENE //18:12:56 09/24/22/MATTW/ETA approx 1900
 hrs //18:13:01 09/24/22/MATTW/^for SCE //18:26:22 09/24/22/CRYSTALP/BC-BREAKING DOWN INCIDENT
 # FOR PROP MANAGEMENT 763-516-3156 FOR SCE //19:06:55 09/24/22/CRYSTALP/** Call Disposition
 set to FC by CRYSTALP ** //19:06:59 09/24/22/CRYSTALP/** Event closed by dispatcher
 "CRYSTALP" at 09/24/2022 19:06:58 **

 On 09/24/2022 at 15:53:31 443 dispatched To 1725 VIA MIRALESTE /2122/PALM SPRINGS, CA 92262.
 The location is a Multifamily dwelling. The incident was determined to be a(n) Building
 fire.

15:56:58 443 arrived on scene.

The following involvements were noted:

Name/Business Name	Involvement Type

Voss, Theresa	
Daniels, Randal	
Huston, Shawn	
Moore, John	
Lesky, Nancy	
Brooks, Chad	Employee

33065
FDID *

CA
State *

MM DD YYYY
9 24 2022
Incident Date *

443
Station

22-0905046
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

The following actions were performed on scene:

- Extinguishment by fire service personnel
- Fire control or extinguishment, other
- Salvage & overhaul

Incident Number 22-0905046 Unit: BC4440

Narrative:

Upon arrival assumed Command. Coordinated response, suppression actions, ordered and assigned resources. Investigation conducted by Rowles/Diaz. rdb10911.

Incident Number 22-0905046 Unit: E-441

Narrative:

E1 AOS and was assigned to assist E3 (interior) with fire attack. E1 crew exited and went to rehab. E1 was then assigned Division 1, and assisted with primary search - both units directly below the fire units were charged with smoke - primary searches were negative; horizontal/natural ventilation used to assist with clearing residual smoke in lower units. E1 was released from the incident by B4 (JRK).

Incident Number 22-0905046 Unit: E-443

Narrative:

E3 was first to arrive on scene was met out front by plumbing contractor. Contractor stated he was sweating pipe when a fire began in the wall. E3 noticed moderate amount of white smoke from the open door on division 2. E3 assumed interior with Medic squad as 2 out. E3 advanced interior with 1 3/4" hose line and found fire in the attic space in the bathroom extending to adjacent rooms. Ceiling was pulled to provide access for water stream application. Vertical ventilation was requested to clear smoke and check for fire extension. Fire appeared to be knocked down. Adjacent door to apartment was forced by medic squad. Light smoke found inside adjacent unit. Captain 3 entered adjacent unit to check for fire extension. Heat was found in shared common wall of involved unit that was being overhauled from the other side. E3 and company 1 personnel were relieved by Companies 4 and 5 with full par levels.

Incident Number 22-0905046 Unit: E-444

Narrative:

Initially assigned to back up crew for interior and handle utilities. Electrical and gas were shutdown to the property. All condo units gas and electric had to be shutoff because of none of them being labeled. Assigned interior to check for extension in walls and ceiling, also salvage in lower units.

Chad B

33065 FDID *	CA State *	MM DD YYYY 9 24 2022 Incident Date *	443 Station	22-0905046 Incident Number *	000 Exposure *	Complete Narrative
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Narrative:

Incident Number 22-0905046 Unit: E-445

Narrative:

E5 AOS and assigned secondary back up. E5 was changed to 2 out. 2 members assigned to assist E4 with opening up wall of involvement to look for extension. E5 later assigned to salvage and overhaul on division 1 with E4.

Incident Number 22-0905046 Unit: MS-441

Narrative:

MS assigned 2-out and assisted with interior crews from the entry point. MS was re-assigned to assist with interior operations. (JRK).

Incident Number 22-0905046 Unit: T-442

Narrative:

Truck-2 arrived on scene and was assigned as Roof Group. We cut the chain on gate number 3, to help provide better access to all fire department personnel. Truck-2 ascended onto the roof where we cut two smoke indicator holes, one inspection hole, and one heat hole. Our objective was to provide ventilation and check for extension. Truck-2 later assisted with the overhaul operation before being released from the incident.

FIRE INVESTIGATION

Witness Interviews:

Ignition Sequence:

The ignition source for this fire was Heat from other open flame or smoking materials

The first fuel ignited was Undetermined

The act that brought together the ignition source with the materials first ignited was Cause undetermined after investigation

Fire Cause Determination:

The fire cause is

Incident Photos:

A FDID 33065 * State CA * Incident Date 09 24 2022 Station 443 Incident Number 22-0905046 * Exposure 000 * Delete Change No Activity **NFIRS -2 Fire**

B Property Details

B1 0006 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 *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.

310 Wood, Other
On-site material (1)

627 Insulation
On-site material (2)

Bulk storage or warehousing
 Processing or manufacturing
 Packaged goods for sale
 Repair or service

D Ignition

D1 75 Wall assembly,
Area of fire origin *

D2 60 Heat from other open
Heat source *

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

D4 UU Undetermined
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

E2 Factors Contributing To Ignition

12 Heat source too None
Factor Contributing To Ignition (1)

Factor Contributing To Ignition (2)

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

7 Age was a factor
Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved In Ignition

None If Equipment was not involved, Skip to Section G

Equipment Involved

Brand
Model
Serial #
Year

F2 Equipment Power

Equipment Power Source

F3 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

132 Difficult to
Fire suppression factor (1)

166 Insulation
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

License Plate Number State VIN Number

H2 Mobile Property Type & Make

Mobile property type

Mobile property make

Year

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 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 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 checked="" type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story <u>002</u> <small>Total number of stories at or above grade</small> <u> </u> <small>Total number of stories below grade</small>	I4 Main Floor Size* <div style="text-align: right; border: 1px solid black; padding: 2px;">NFIRS-3 Structure Fire</div> <u> </u> , <u>001</u> , <u>000</u> <small>Total square feet</small> OR <u> </u> , <u>020</u> BY <u> </u> , <u>050</u> <small>Lenght in feet Width in feet</small>
J1 Fire Origin * <u>002</u> <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <u> </u> Number of stories w/ minor damage (1 to 24% flame damage) <u> </u> Number of stories w/ significant damage (25 to 49% flame damage) <u>001</u> Number of stories w/ heavy damage (50 to 74% flame damage) <u> </u> 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 <u> </u> <u> </u> <small>Item contributing most to flame spread</small> K2 <u> </u> <u> </u> <small>Type of material contributing most of flame spread Required only if item contributing code is 00 or <70</small>	
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input checked="" 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 * <small>(In area of the fire)</small> N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" 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 0 <input type="checkbox"/> Other <u> </u> U <input checked="" type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input checked="" 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> </u> U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" 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> </u> U <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) 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> </u> 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 <u> </u> <small>Number of sprinkler heads operating</small>	NFIRS-3 Revision 01/19/99	

A										NFIRS - 9 Apparatus or Resources	
<input type="text" value="33065"/> FDID *	<input type="text" value="CA"/> State *	<input type="text" value="9"/> MM	<input type="text" value="24"/> DD	<input type="text" value="2022"/> YYYY	<input type="text" value="443"/> Station	<input type="text" value="22-0905046"/> Incident Number *	<input type="text" value="000"/> Exposure *	<input type="checkbox"/> Delete <input type="checkbox"/> Change			
B Apparatus or * Resource		Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min				Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken		
1	ID <input type="text" value="EC4440"/> Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/> 9 24 2022 15:53 Arrival <input checked="" type="checkbox"/> 9 24 2022 15:59 Clear <input checked="" type="checkbox"/> 9 24 2022 19:06	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
2	ID <input type="text" value="E-441"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> 9 24 2022 15:53 Arrival <input checked="" type="checkbox"/> 9 24 2022 16:02 Clear <input checked="" type="checkbox"/> 9 24 2022 17:48	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
3	ID <input type="text" value="E-443"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> 9 24 2022 15:53 Arrival <input checked="" type="checkbox"/> 9 24 2022 15:56 Clear <input checked="" type="checkbox"/> 9 24 2022 19:06	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
4	ID <input type="text" value="E-444"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> 9 24 2022 15:53 Arrival <input checked="" type="checkbox"/> 9 24 2022 15:59 Clear <input checked="" type="checkbox"/> 9 24 2022 17:48	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
5	ID <input type="text" value="E-445"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> 9 24 2022 15:53 Arrival <input checked="" type="checkbox"/> 9 24 2022 16:05 Clear <input checked="" type="checkbox"/> 9 24 2022 17:59	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
6	ID <input type="text" value="MS-441"/> Type <input type="text" value="76"/>	Dispatch <input checked="" type="checkbox"/> 9 24 2022 15:53 Arrival <input checked="" type="checkbox"/> 9 24 2022 15:57 Clear <input checked="" type="checkbox"/> 9 24 2022 17:33	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
7	ID <input type="text" value="T-442"/> Type <input type="text" value="13"/>	Dispatch <input checked="" type="checkbox"/> 9 24 2022 15:53 Arrival <input checked="" type="checkbox"/> 9 24 2022 16:00 Clear <input checked="" type="checkbox"/> 9 24 2022 17:48	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
8	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
9	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Type of Apparatus or Resources											
Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other				Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other				More Apparatus? Use Additional Sheets			
Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other				Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other				Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource			
Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other				Medical & Rescue 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other				NN None UU Undetermined			
NFIRS-9 Revision 11/17/98											

A		MM	DD	YYYY						<input type="checkbox"/> Delete	NFIRS - 10 Personnel	
FDID *	State *	Incident Date *			Station	Incident Number *	Exposure *	<input type="checkbox"/> Change				
B Apparatus or Resource <small>Use codes listed below</small>		Date and Times <small>Check if same as alarm date</small> Month Day Year Hours/mins			Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="1"/>	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>				
1 ID <input type="text" value="EC4440"/> Type <input type="text" value="92"/>		Dispatch <input checked="" type="checkbox"/> 9 24 2022 15:53 Arrival <input checked="" type="checkbox"/> 9 24 2022 15:59 Clear <input checked="" type="checkbox"/> 9 24 2022 19:06				Sent <input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken					
10911	Barrier, Ryan	BC	X									
2 ID <input type="text" value="E-441"/> Type <input type="text" value="11"/>		Dispatch <input checked="" type="checkbox"/> 9 24 2022 15:53 Arrival <input checked="" type="checkbox"/> 9 24 2022 16:02 Clear <input checked="" type="checkbox"/> 9 24 2022 17:48				Sent <input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken					
15654 15946 16422	Kelsheimer, Jeff Dennehy, Thomas Adamson, Kyle	CP EPM PR	X X X									
3 ID <input type="text" value="E-443"/> Type <input type="text" value="11"/>		Dispatch <input checked="" type="checkbox"/> 9 24 2022 15:53 Arrival <input checked="" type="checkbox"/> 9 24 2022 15:56 Clear <input checked="" type="checkbox"/> 9 24 2022 19:06				Sent <input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken					
15653 15915 16423	Myers, Damien Chavez, Mark Robinson, Jake	CPM EPM PR	X X X									

A	FDID * <u>33065</u>	State * <u>CA</u>	Incident Date * MM <u>9</u> DD <u>24</u> YYYY <u>2022</u>	Station <u>443</u>	Incident Number * <u>22-0905046</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel
B	Apparatus or Resource * <small>Use codes listed below</small>	Date and Times <small>Check if same as alarm date</small> Month Day Year Hours/mins			Sent <input checked="" type="checkbox"/>	Number of * People <u>3</u>	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
<u>1</u>	ID <u>E-444</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/> <u>9</u> <u>24</u> <u>2022</u> <u>15:53</u>	Arrival <input checked="" type="checkbox"/> <u>9</u> <u>24</u> <u>2022</u> <u>15:59</u>	Clear <input checked="" type="checkbox"/> <u>9</u> <u>24</u> <u>2022</u> <u>17:48</u>	Sent <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"/> <input type="checkbox"/> <input type="checkbox"/>
	Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
	15313 15390 16300	Vaccarello, Jason Blaseck, Chad Mushrush, Brian	EPM CP PR	X X X				
<u>2</u>	ID <u>E-445</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/> <u>9</u> <u>24</u> <u>2022</u> <u>15:53</u>	Arrival <input checked="" type="checkbox"/> <u>9</u> <u>24</u> <u>2022</u> <u>16:05</u>	Clear <input checked="" type="checkbox"/> <u>9</u> <u>24</u> <u>2022</u> <u>17:59</u>	Sent <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"/> <input type="checkbox"/> <input type="checkbox"/>
	Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
	15501 16059 16237	Gorospe, Cory Rowles, Daniel Perry, Logan	CPM FFP PR	X X X				
<u>3</u>	ID <u>MS-441</u> Type <u>76</u>	Dispatch <input checked="" type="checkbox"/> <u>9</u> <u>24</u> <u>2022</u> <u>15:53</u>	Arrival <input checked="" type="checkbox"/> <u>9</u> <u>24</u> <u>2022</u> <u>15:57</u>	Clear <input checked="" type="checkbox"/> <u>9</u> <u>24</u> <u>2022</u> <u>17:33</u>	Sent <input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
	16163 16235	Shank, Austin Carrillo, Alberto	FFP FFP	X X				

A FDID 33065 * State CA * Incident Date 9 24 2022 * Station 443 Incident Number 22-0905046 * 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.

1 ID T-442 Dispatch 9 24 2022 15:53 Sent 3 Suppression EMS Other

Type 13 Arrival 9 24 2022 16:00 Clear 9 24 2022 17:48

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
15423	Pineda, Franco	CP	X				
16056	Rogers, Jared	FFP	X				
16158	Teague, Tyler	FFP	X				

2 ID Dispatch Sent Suppression EMS Other

Type Arrival Clear

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3 ID Dispatch Sent Suppression EMS Other

Type Arrival Clear

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
BC4440 C Shift Battalion Chief	15:53:44	15:54:55	15:59:02	19:06:57

Staff ID\Staff Name	Activity	Rank	Position	Role
10911 Barrier, Ryan Douglas		Battalion C		

Unit Narrative

Upon arrival assumed Command. Coordinated response, suppression actions, ordered and assigned resources. Investigation conducted by Rowles/Diaz. rdb10911.

E-441 Engine 441	15:53:33	15:54:54	16:02:38	17:48:24
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Staff ID\Staff Name	Activity	Rank	Position	Role
15654 Kelsheimer, Jeff R.		Captain		
15946 Dennehy, Thomas A		Engineer Pa		
16422 Adamson, Kyle		Probationar		

Unit Narrative

E1 AOS and was assigned to assist E3 (interior) with fire attack. E1 crew exited and went to rehab. E1 was then assigned Division 1, and assisted with primary search - both units directly below the fire units were charged with smoke - primary searches were negative; horizontal/natural ventilation used to assist with clearing residual smoke in lower units. E1 was released from the incident by B4 (JRK).

E-443 Engine 443	15:53:31	15:56:57	15:56:58	19:06:57
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Staff ID\Staff Name	Activity	Rank	Position	Role
15653 Myers, Damien Nathan		Captain Par		
15915 Chavez, Mark R.		Engineer Pa		
16423 Robinson, Jake		Probationar		

Unit Narrative

E3 was first to arrive on scene was met out front by plumbing contractor. Contractor stated he was sweating pipe when a fire began in the wall. E3 noticed moderate amount of white smoke from the open door on division 2. E3 assumed interior with Medic squad as 2 out. E3 advanced interior with 1 3/4" hose line and found fire in the attic space in the bathroom extending to adjacent rooms. Cieling was pulled to provide access for water stream application. Vertical ventilation was requested to clear smoke and check for fire extension. Fire appeared to be knocked down. Adjacent door to apartment was forced by medic squad. Light smoke found inside adjacent unit. Captain 3 entered adjacent unit to check for fire extension. Heat was found in shared common wall of involved unit that was being overhauled from the other side. E3 and company 1 personnel were relieved by Companies 4 and 5 with full par levels.

E-444 Engine 444	15:53:40	15:55:23	15:59:23	17:48:28
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Staff ID\Staff Name	Activity	Rank	Position	Role
15313 Vaccarello, Jason		Engineer Pa		
15390 Blaseck, Chad W.		Captain		
16300 Mushrush, Brian		Probationar		

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E-444 Engine 444	15:53:40	15:55:23	15:59:23	17:48:28

Staff ID\Staff Name	Activity	Rank	Position	Role
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Unit Narrative

Initially assigned to back up crew for interior and handle utilities. Electrical and gas were shutdown to the property. All condo units gas and electric had to be shutoff because of none of them being labeled. Assigned interior to check for extension in walls and ceiling, also salvage in lower units.

Chad B

E-445 Engine 445	15:53:42	15:55:00	16:05:00	17:59:10
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Staff ID\Staff Name	Activity	Rank	Position	Role
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15501	Gorospa, Cory		Captain Par	
16059	Rowles, Daniel J.	Fire Incident	Firefighter	Engineer Par
16237	Perry, Logan		Probationar	

Unit Narrative

E5 AOS and assigned secondary back up. E5 was changed to 2 out. 2 members assigned to assist E4 with opening up wall of involvement to look for extension. E5 later assigned to salvage and overhaul on division 1 with E4.

MS-441 Medic Squad	15:53:35	15:54:57	15:57:58	17:33:06
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Staff ID\Staff Name	Activity	Rank	Position	Role
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16163	Shank, Austin		Firefighter	
16235	Carrillo, Alberto		Firefighter	

Unit Narrative

MS assigned 2-out and assisted with interior crews from the entry point. MS was re-assigned to assist with interior operations. (JRK).

T-442 Truck 442	15:53:38	15:54:57	16:00:57	17:48:19
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Staff ID\Staff Name	Activity	Rank	Position	Role
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15423	Pineda, Franco		Captain	
16056	Rogers, Jared A.		Firefighter	
16158	Teague, Tyler		Firefighter	

Unit Narrative

Truck-2 arrived on scene and was assigned as Roof Group. We cut the chain on gate number 3, to help provide better access to all fire department personnel. Truck-2 ascended onto the roof where we cut two smoke indicator holes, one inspection hole, and one heat hole. Our objective was to provide ventilation and check for extension. Truck-2 later assisted with the overhaul operation before being released from the incident.

33065 FDID *	CA State *	MM 9	DD 24	YYYY 2022	443 Station	22-0905046 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
10911 Barrier, Ryan	BC4440			BC		0.00	0.00	0.00
15654 Kelsheimer, Jeff R.	E-441			CP		0.00	0.00	0.00
15946 Dennehy, Thomas A	E-441			EPM		0.00	0.00	0.00
16422 Adamson, Kyle	E-441			PR		0.00	0.00	0.00
15653 Myers, Damien	E-443			CPM		0.00	0.00	0.00
15915 Chavez, Mark R.	E-443			EPM		0.00	0.00	0.00
16423 Robinson, Jake	E-443			PR		0.00	0.00	0.00
15313 Vaccarello, Jason	E-444			EPM		0.00	0.00	0.00
15390 Blaseck, Chad W.	E-444			CP		0.00	0.00	0.00
16300 Mushrush, Brian	E-444			PR		0.00	0.00	0.00
15501 Gorospe, Cory	E-445			CPM		0.00	0.00	0.00
16059 Rowles, Daniel J.	E-445	FX Fire Incident		FFP		0.00	0.00	1.00
16237 Perry, Logan	E-445			PR		0.00	0.00	0.00
16163 Shank, Austin	MS-441			FFP		1.66	1.66	0.00
16235 Carrillo, Alberto	MS-441			FFP		1.66	1.66	0.00
15423 Pineda, Franco	T-442			CP		0.00	0.00	0.00
16056 Rogers, Jared A.	T-442			FFP		0.00	0.00	0.00
16158 Teague, Tyler	T-442			FFP		0.00	0.00	0.00

Total Participants: 18

Total Personnel Hours: 3.32

An 'X' next to the unit denotes driver.

A FDID 33065 * State CA * Incident Date 9/24/2022 * Station 443 Incident Number 22-0905046 * 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 checked="" 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

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

G2 Extent of Fire Involvement on Arrival

Extent of Fire Involvement

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

33065

FDID *

CA

State *

MM

DD

YYYY

9

24

2022

Incident Date *

443

Station

22-0905046

Incident Number *

0

Exposure *

Arson
Narrative**Arson Narrative:**

At approximately 1553 hours I, Daniel J. Rowles, was assigned to E5 as the Fire Engineer/Paramedic and responded to a structure fire. Once fire suppression was completed, I began my investigation.

The structure is a large multi family condominium complex with a mansard roof with Spanish tile and ordinary construction. The building involved has approximately 15 units ranging from 600sqft to 1200sqft.

The condominium complex sits behind an automatic vehicle gate that was forced prior to my arrival and on the north west corner of Via Miraleste and Vista Chino.

The ambient weather on this day is partly cloudy during the afternoon with 107°F and 30% humidity (https://world-weather.info/forecast/usa/palm_springs/24-september/).

Starting the investigation, I spoke to residents who were unable to give an accurate description of the fire that day due to either not being home or unaware. I spoke to the plumber on scene who was very compliant and admitted to starting the fire while he was performing work in the fire units master bathroom. He stated that he was installing a new faucet and was sweating pipe while he caught some of the insulation and timber on fire. He attempted to put the fire out with a bucket of water before he ran out of the unit. I then worked from the unburned to the burned area of the complex to get a comprehensive approach. There was little to no evidence of fire from the exterior. Upon thorough investigation of the interior, the area of origin was unit 2122. This was determined by my experience, training and education on fire cause and origin. After speaking with the plumber, whom remained on scene, I narrowed my search and subsequently the master bathroom became the area where an item was first ignited.

The continuity of mass loss and verbal communication with the plumber eliminated any doubt that the fire was caused by other means.

In my expert and professional opinion the fire was caused by the plumber and originated in the master bathroom of unit 2122 and traveled up and out to the adjoining unit through the wall.

K1 Person/Entity Involved _____ Phone Number _____

Business name if applicable _____

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

_____ **Randal** _____ **Daniels** _____
 Mr., Ms., Mrs. First Name MI Last Name Suffix
 _____ **1725** _____ **VIA MIRALESTE** _____
 Number Prefix Street or highway Street Type Suffix
 _____ **PALM SPRINGS** _____
 Post office box Apt./Suite/Room City
CA **92262** - _____
 State Zip Code

K2 Person/Entity Involved _____ Phone Number _____

Business name if applicable _____

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

_____ **Shawn** _____ **Huston** _____
 Mr., Ms., Mrs. First Name MI Last Name Suffix
 _____ **1725** _____ **VIA MIRALESTE** _____
 Number Prefix Street or highway Street Type Suffix
 _____ **2111** _____ **PALM SPRINGS** _____
 Post office box Apt./Suite/Room City
CA **92262** - _____
 State Zip Code

K3 Person/Entity Involved _____ Phone Number _____

Business name if applicable _____

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

_____ **Nancy** _____ **Lesky** _____
 Mr., Ms., Mrs. First Name MI Last Name Suffix
 _____ **1725** _____ **VIA MIRALESTE** _____
 Number Prefix Street or highway Street Type Suffix
 _____ **2121** _____ **PALM SPRINGS** _____
 Post office box Apt./Suite/Room City
CA **92262** - _____
 State Zip Code

K4 Person/Entity Involved **Palm Springs Plumbing Company, Inc.** Phone Number **760** - **325** - **6704**

Business name if applicable _____

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

_____ **Chad** _____ **Brooks** _____
 Mr., Ms., Mrs. First Name MI Last Name Suffix
 _____ **3800** _____ **E. Vista Chino** _____
 Number Prefix Street or highway Street Type Suffix
 _____ **1** _____ **Palm Springs** _____
 Post office box Apt./Suite/Room City
CA **92262** - _____
 State Zip Code

K5 Person/Entity Involved _____ Phone Number _____

Business name if applicable _____

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

33065	CA	MM	DD	YYYY	443	22-0905046	000	NFIRS - Involvement User Fields	
FDID	State	Incident Date			Station	Incident Number	Exposure		

Involvement

Name:
Voss, Theresa

Involvement

Type:

Owner: X
Occupant: X

Involvement

Name:
Daniels, Randal

Involvement

Type:

Owner: X
Occupant: X

33065	CA	MM	DD	YYYY	443	22-0905046	000	NFIRS - Involvement User Fields
FDID	State	9	24	2022	Station	Incident Number	Exposure	

Involvement

Name:
Huston, Shawn

Involvement

Type:

Owner:
X

Occupant:
X

Involvement

Name:
Moore, John

Involvement

Type:

Owner:

Occupant:

33065	CA	MM	DD	YYYY	443	22-0905046	000	NFIRS - Involvement User Fields
FDID	State	9	24	2022	Station	Incident Number	Exposure	

Involvement

Name:
Lesky, Nancy

Involvement

Type:

Owner: X
Occupant: X

Involvement

Name:
Brooks, Chad

Involvement

Type:
Employee

Owner: **Occupant:**