

LAW OFFICES

STORINO, RAMELLO & DURKIN

9501 WEST DEVON AVENUE
ROSEMONT, ILLINOIS 60018

(847) 318-9500

FACSIMILE (847) 318-9509

DONALD J. STORINO
MICHAEL K. DURKIN
RICHARD J. RAMELLO
NICHOLAS S. PEPPERS
THOMAS M. BASTIAN
ANGELO F. DEL MARTO
JAMES E. MACHOLL
BRIAN W. BAUGH
ANTHONY J. CASALE
ANDREW Y. ACKER
PETER A. PACIONE
MELISSA M. WOLF
MATTHEW G. HOLMES
MICHAEL R. DURKIN

March 3, 2016

THOMAS J. HALLERAN
ERIN C. TINAGLIA
ADAM R. DURKIN

JOSEPH G. KUSPER
MARK R. STEPHENS
BRYAN J. BERRY
ANN M. WILLIAMS
LEONARD P. DIORIO
RICHARD F. PELLEGRINO
DONALD J. STORINO II

OF COUNSEL

IN REPLY REFER TO FILE NO.

Mr. Anthony Shapiro
3930 N. Paris Avenue
Chicago, Illinois 60634

EP-1

Re: Freedom of Information Act Request

Dear Mr. Shapiro:

The Village of Elmwood Park is in receipt of your February 18, 2016, Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for the following records:

"ANY TYPE OF DOCUMENTATION POLICE, FIRE OR BUILDING INSPECTION WHICH MAY SHOW ORIGIN AND OR NEGLIGENCE AS TO CAUSE OF FIRE AT 2807 N. 77TH AVE ELMWOOD PARK ILLINOIS ON 25 OCT. 2015. DAMAGE WAS CAUSED TO NEIGHBORING STRUCTURE DUE TO INCIDENT AND AN ATTEMPT TO DETERMINE IF NEGLIGENCE WAS CAUSE."

Enclosed please find the records responsive to your FOIA request. However, please be advised that certain information in the records responsive to your FOIA request has been determined to be exempt from disclosure under FOIA. Accordingly, such information has been redacted from the records being provided.

Section 7(1)(b) of FOIA provides that "private information" is exempt from disclosure. "Private information" is defined in FOIA as, "unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person." 5 ILCS 140/2(c-5). Consequently, certain unique identifiers, including employee identification numbers, home or personal telephone numbers, a personal email address, a home address, and names attributable to home addresses, have been redacted from the records being provided.

Section 7(1)(c) of FOIA provides that, "[p]ersonal information contained within public records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy" is exempt from disclosure. Consequently, birthdates, and other personal information, the disclosure of which would

STORINO, RAMELLO & DURKIN

Mr. Anthony Shapiro
March 3, 2016
Page 2

constitute a clearly unwarranted invasion of personal privacy, including the races of individuals, have been redacted from the records being provided.

Section 7(1)(d)(iv) of FOIA provides that, “[r]ecords in the possession of any public body created in the course of administrative enforcement proceedings, and any law enforcement or correctional agency for law enforcement purposes” are exempt from disclosure, “but only to the extent that disclosure would: ... unavoidably disclose the identity of a confidential source, confidential information furnished only by the confidential source, or persons who file complaints with or provide information to administrative, investigative, law enforcement, or penal agencies.” Consequently, information that would reveal the identity of persons who filed complaints with or provided information to the Village of Elmwood Park Fire Department has been redacted from the records being provided.

The person responsible for the decision to deny a portion of your FOIA request is the Village of Elmwood Park Freedom of Information Officer, Gina Pesko. In accordance with Section 9(a) of FOIA, you are hereby notified that you have the right to file a Request for Review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer with the Public Access Counselor at the Illinois Attorney General’s Office. You can file your Request for Review with the Public Access Counselor by writing to:

Sarah Pratt
Public Access Counselor
Office of the Attorney General
500 South 2nd Street
Springfield, Illinois 62706
Fax: 217-782-1396
E-mail: publicaccess@atg.state.il.us

If you choose to file a Request for Review with the Public Access Counselor, you must do so within 60 calendar days of the date of this letter. Please note that you must include a copy of your original FOIA request and this letter when filing a Request for Review with the Public Access Counselor.

You are also notified that you have the right to judicial review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer pursuant to Section 11 of FOIA.

Sincerely,

STORINO, RAMELLO & DURKIN
Attorneys for the Village of Elmwood Park


Erin C. Tinaglia

Enclosures

INCIDENT/INVESTIGATION REPORT

Case# **15-09803**
 Date / Time Reported **10/25/2015 11:35 Sun**
 Last Known Secure **10/25/2015 11:35 Sun**
 At Found **10/25/2015 11:35 Sun**
 Activity

Agency Name
Elmwood Park Police Department
 ORI
IL0163100

Location of Incident
2807 77th Av, Elmwood Park IL 60707-

Premise Type
Residence / Home
 Zone/Tract
E1

I
N
C
I
D
E
N
T
D
A
T
A

#1	Crime Incident(s) Five 9929	(Com)	Weapon / Tools NONE	Entry	Exit	Security	Activity
#2	Crime Incident	()	Weapon / Tools	Entry	Exit	Security	Activity
#3	Crime Incident	()	Weapon / Tools	Entry	Exit	Security	Activity

MO

V
I
C
T
I
M

of Victims **0** Type: Injury: Crime Agst Child=**Y**

V1 Victim/Business Name (Last, First, Middle) Victim of Crime # DOB Race Sex Relationship To Offender Resident Status Military Branch/Status
 Age

Home Address Home Phone

Employer Name/Address Business Phone Mobile Phone

VYR Make Model Style Color Lic/Iss VIN

O
T
H
E
R
S

I
N
V
O
L
V
E
D

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

Type: **INDIVIDUAL** Injury:

Code Name (Last, First, Middle) Victim of Crime # DOB Race Sex Relationship To Offender Resident Status Military Branch/Status
RP Age **46** **F**

Home Address Home Phone

Employer Name/Address Business Phone Mobile Phone

Type: Injury:

Code Name (Last, First, Middle) Victim of Crime # DOB Race Sex Relationship To Offender Resident Status Military Branch/Status
 Age

Home Address Home Phone

Employer Name/Address Business Phone Mobile Phone

P
R
O
P
E
R
T
Y

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown
 ("OJ" = Recovered for Other Jurisdiction)

VI #	Code	Status Fmt/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number

Officer/ID# **RODRIGUEZ, C. (PATL, PAT) (EP6361)**

Invest ID# **KLISZ, R. (INV, INV) (EP7134)** Supervisor **OGGERINO, A. (PATL, PAT) (EP9273)**

Status Complainant Signature Case Status Reviewed By Investigators **12/01/2015** Case Disposition: **V** **12/01/2015** Page 1

INCIDENT/INVESTIGATION REPORT

By: EP6177, ifallon 02/18/2016 11:06

Elmwood Park Police Department

Page 2

Case# 15-09803

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

IBR	Status	Quantity	Type Measure	Suspected Type	
D R U G S					

Assisting Officers
OGGERINO, A. (EP9273), FRASCO, S. (EP0857)

Suspect Hate / Bias Motivated:

Page 2

NARRATIVE

REPORTING OFFICER NARRATIVE

Elmwood Park Police Department

Victim	Offense <i>FIRE</i>	OCA <i>15-09803</i> Date / Time Reported <i>Sun 10/25/2015 11:35</i>
--------	------------------------	---

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

ON OCTOBER 25, 2015, AT 1135 HOURS, I RESPONDED TO A REPORTED HOUSE FIRE AT 2807 N. 77TH AVENUE. UPON MY ARRIVAL, I SAW SMOKE COMING FROM THE REAR WINDOWS OF THE HOME. NO ONE ANSWERED THE FRONT DOORBELL. EPFD ARRIVAL AND FORCED ENTRY TO THE HOME. NO ONE WAS INSIDE. THE HOMEOWNERS WERE AT CHURCH. THEY WERE CONTACTED BY NEIGHBORS. HOMEOWNER [REDACTED] F/ [REDACTED] ARRIVED ON SCENE. R/O STOOD BY FOR TRAFFIC/CROWD CONTROL. NOTHING FURTHER.



Elmwood Park Police Department

INCIDENT REPORT

Official Law Enforcement Report - Unauthorized Dissemination is Prohibited

Incident Type: Fire / Undetermined

Result Type:

Agency Incident ID: 15-0002578-000

BATS ID: I- 395189

Incident Date/Time/Location

Status

Investigation Open

Jurisdiction

Primary

Start Date/Time

10/25/2015 11:36 Sunday

Address - Street Address

2807 N 77th Avenue

City/State/Zip

ELMWOOD PARK, IL 60707

County

COOK

Investigator Information

Name

Allan J Budnik

Phone

708-453-2600

Email

abudnik@elmwoodpark.org

Title

Captain

Property Use or Target Information

Type

Residential

Subtype

1 (Single Family) or 2 Family Dwelling



Elmwood Park Police Department

INCIDENT REPORT

Official Law Enforcement Report - Unauthorized Dissemination is Prohibited

Incident Type: Fire / Undetermined

Result Type:

Agency Incident ID: 15-0002578-000

BATS ID: I- 395189

Scene Details

Area of Origin/Device Placement

Area of Origin

Function Areas

Area of Origin Subtype

Cooking area, kitchen

Fire Descriptors

Careless use or disposal of smoking materials

Electrical Device

Ordinary Combustibles

Damage and Casualties

Est. Damage

\$75000.00

Pre Incident Value

\$275000.00

Primary Gov't Association

No Government Association

Miscellaneous Information

Sky Conditions

Scattered Clouds

Precipitation

None

Wind Speed/Direction

8 MPH / NW

Temperature

60F

Precipitation Amount

0.00 Inches

Humidity

45%

Latitude

41.930806

Longitude

-87.818614



Elmwood Park Police Department

INCIDENT REPORT

Official Law Enforcement Report - Unauthorized Dissemination is Prohibited

Incident Type: Fire / Undetermined

Result Type:

Agency Incident ID: 15-0002578-000

BATS ID: I- 395189

Narrative(s)

Title

Narrative 1

Author

Allan Budnik

7084532600

abudnik@elmwoodpark.org

Description

Statement to follow is per Lt. Blaskey:

At 11:35 AM, a fire alarm originally was called to 2807 75th Ave. while en route call was corrected to 2807 77th Ave. Upon 949s arrival light smoke could see seen from the Alfa, Bravo and Delta Divisions Completing the 360 survey Charlie also light smoke. Shortly after 947s arrival and a second 360 serve fire could be seen coming out from the kitchen window.

947 had dropped their 1 3/4 skid, 949 ordered an entry from the front door, forcible entry was needed. heavy smoke was banking down throughout the first floor. Three members advanced with a charged handline for fire extinguishment. Observing conditions from the Alfa - Bravo Division fire conversion was made a few minutes after attack crew made entry.

Exposure Bravo had some melted siding about a 10 x 10 area at the addition area of the Delta side of 2809 77th Ave.

Fire was contained to the kitchen area. Multiple searches for extension were made but unfounded. After fire was out and ventilation has been in progress unable to determine cause. Called for Fire Investigators Box. See Investigators report.

Owners: [REDACTED] Phone # [REDACTED] Cell [REDACTED]
2807 77th Ave.

Insurance: State Farm
Agent: Don Storino
Address: 7428 W. Belmont Ave. Chicago Il.
Phone # 773-622-6640

The person making the fire alarm call was [REDACTED] Phone # [REDACTED]

Owner at 2809 77th Ave [REDACTED] Phone# [REDACTED]
Insurance: ALL STATE
Agent: Frank Catanzaro
Address: 2720 S. River #219 Des Plaines Il.
Phone #847-376-8300



Elmwood Park Police Department

INCIDENT REPORT

Official Law Enforcement Report - Unauthorized Dissemination is Prohibited

Incident Type: Fire / Undetermined

Result Type:

Agency Incident ID: 15-0002578-000

BATS ID: I- 395189

Title

Author

Origin and cause

Frank Casella

7084532600



Description

After investigation, Division 20 investigators Frank Casella, Allan Budnik, Paula O'Driscoll, Daniel Johnson, Mark Spoo, Dan Medina, Mike Terzo, Ed Karas, Alex Petkofski and Nick Steker concurred that the fire originated on the north wall, first floor kitchen at counter height. Both smoking materials and an energized make-up mirror were in the area of origin so neither could be ruled out. Fire cause is undetermined until more information can be obtained.

A		MM DD YYYY 10 25 2015	FDID * CN212	State * IL	Incident Date *	Station 003	Incident Number * 15-0002578	Exposure * 000	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
B Location*		<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract 108 - Module in Section B "Alternative Location Specification". Use only for Wildland fires.								
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions		Number/Milepost Prefix Street or Highway 2807 77TH AVE City State Zip Code ELMWOOD PARK IL 60707 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. Month Day Year Hr Min Sec 10 25 2015 11:36:26 ALARM always required			Local Option R 01 1 Shift or Alarms District Platoon					
D Aid Given or Received *		E3 Special Studies								
1 <input type="checkbox"/> Mutual aid received 2 <input checked="" type="checkbox"/> Automatic aid recov. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input type="checkbox"/> None		Their FDID Their State CN443 Their Incident Number			Local Option Special Study ID# Special Study Value					
F Actions Taken *		G1 Resources *			G2 Estimated Dollar Losses & Values					
11 Extinguishment by fire Primary Action Taken (1) 21 Search Additional Action Taken (2) 12 Salvage & overhaul 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 0004 0007 EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.			LOSSES: Required for all fires if known. Optional for non fires. Property \$ 035,000 Contents \$ 040,000 PRE-INCIDENT VALUE: Optional Property \$ 200,000 Contents \$ 075,000					
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		None Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input checked="" 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 evacuation 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			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 checked="" type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding 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 type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard		
124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field					Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 419 1 or 2 family 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 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-1S) as necessary

K2 Owner Same as person involved? Then check this box and skip The rest of this section.

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

Local Option Business name (if Applicable) - - Area Code Phone Number

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

kitchen area fire vented from window. 1 3/4 line entry from front door extinguish w/same exposure bravo had melted siding. 10 x 10 area. [10/25/15 13:59:47 Unit:C949] NICOR NOTIFIED AND WILL RESPOND WITHIN THE HOUR [10/25/15 12:54:37 WS9950] COM ED TICKET#02417232 AND THEY WILL BE RESPONDED [10/25/15 12:53:24 WS9950] UDTS: UTILITY CO NOTIFIED [10/25/15 12:52:48 WS9950] NEED UTILITIES AT THE SCENE FOR SHUT OFF [10/25/15 12:50:48 WS9950] INVESTIGATORS BOX TONED OUT AT 1238 HRS [10/25/15 12:38:15 WS9950] 949 REQUESTED A MAN POWER CALL BACK DUE TO BE ING ON SCENE FOR AWHILE [10/25/15 12:13:20 WS9950] FIRE KNOCKED DOWN PER 949 [10/25/15 11:55:22 WS9950] RED CROSS ON PHONE ASKING IF THEY ARE NEEDED [10/25/15 11:49:44 WS9907] [LAW] MESSAGE LEFT FOR REAL ESTATE FIRM 708-502-2127 REF PROPERTY AT 2809 77TH AV [10/25/15 11:44:33 WS9940] FD MAKING ENTRY FROM THE BRAVO SIDE [10/25/15 11:42:29 WS9950] PRE CONSTRUCTION IN THE KITCHEN FROM THE BRAVO SIDE [10/25/15 11:41:11 WS9950] [LAW] PER 3210 THERE IS SMOKE [10/25/15 11:37:59 WS9940] CALLER FIRST SAID 75TH AVE NOW SAYS 77TH AVE [10/25/15 11:37:46 WS9912] 2ND CALLER SAID 77 AV [10/25/15 11:37:31 WS9907] caller sees fire inside house and says kitchen window blew out [10/25/15 11:36:29 WS9912]

At 11:35 AM, a fire alarm originally was called to 2807 75th Ave. while en route call was corrected to 2807 77th Ave. Upon 949s arrival light smoke could see seen from the Alfa, Bravo and Delta Divisions Completing the 360 survey Charlie also light smoke. Shortly after 947s arrival and a second 360 serve fire could be seen coming out from the kitchen window.

947 had dropped their 1 3/4 skid, 949 ordered an entry from the front door, forcible entry was needed. heavy smoke was banking down throughout the first floor. Three members advanced with a charged handline for fire extinguishment. Observing conditions from the Alfa - Bravo

L Authorization

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

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

CN212
FDID *

IL
State *

MM DD YYYY
10 25 2015
Incident Date *

003
Station

15-0002578
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

kitchen area fire vented from window. 1 3/4 line entry from front door extinguish w/same .exposure bravo had melted siding. 10 x 10 area. [10/25/15 13:59:47 Unit:C949] NICOR NOTIFIED AND WILL RESPOND WITHIN THE HOUR [10/25/15 12:54:37 WS9950] COM ED TICKET#02417232 AND THEY WILL BE RESPONDED [10/25/15 12:53:24 WS9950] UDTs: UTILITY CO NOTIFIED [10/25/15 12:52:48 WS9950] NEED UTILITIES AT THE SCENE FOR SHUT OFF [10/25/15 12:50:48 WS9950] INVESTIGATORS BOX TONED OUT AT 1238 HRS [10/25/15 12:38:15 WS9950] 949 REQUESTED A MAN POWER CALL BACK DUE TO BE ING ON SCENE FOR AWHILE [10/25/15 12:13:20 WS9950] FIRE KNOCKED DOWN PER 949 [10/25/15 11:55:22 WS9950] RED CROSS ON PHONE ASKING IF THEY ARE NEEDED [10/25/15 11:49:44 WS9907] [LAW] MESSAGE LEFT FOR REAL ESTATE FIRM 708-502-2127 REF PROPERTY AT 2809 77TH AV [10/25/15 11:44:33 WS9940] FD MAKING ENTRY FROM THE BRAVO SIDE [10/25/15 11:42:29 WS9950] PRE CONSTRUCTION IN THE KITCHEN FROM THE BRAVO SIDE [10/25/15 11:41:11 WS9950] [LAW] PER 3210 THERE IS SMOKE [10/25/15 11:37:59 WS9940] CALLER FIRST SAID 75TH AVE NOW SAYS 77TH AVE [10/25/15 11:37:46 WS9912] 2ND CALLER SAID 77 AV [10/25/15 11:37:31 WS9907] caller sees fire inside house and says kitchen window blew out [10/25/15 11:36:29 WS9912]

At 11:35 AM, a fire alarm originally was called to 2807 75th Ave. while en route call was corrected to 2807 77th Ave. Upon 949s arrival light smoke could see seen from the Alfa, Bravo and Delta Divisions Completing the 360 survey Charlie also light smoke . Shortly after 947s arrival and a second 360 serve fire could be seen coming out from the kitchen window.

947 had dropped their 1 3/4 skid, 949 ordered an entry from the front door, forcible entry was needed. heavy smoke was banking down throughout the first floor. Three members advanced with a charged handline for fire extinguishment. Observing conditions from the Alfa - Bravo Division fire conversion was made a few minutes after attack crew made entry.

Exposure Bravo had some melted siding about a 10 x 10 area at the addition area of the Delta side of 2809 77th Ave.

Fire was contained to the kitchen area. Multiple searches for extension were made but unfounded. After fire was out and ventilation has been in progress unable to determine cause. Called for Fire Investigators Box. See Investgators report.

Owners: [REDACTED] Phone # [REDACTED] Cell [REDACTED]
2807 77th Ave.

Insurance: State Farm
Agent: Don Storino
Address: 7428 W. Belmont Ave. chicago IL.
Phone # 773-622-6640

The person making the fire alarm call was [REDACTED] Phone # [REDACTED]

Owner at 2809 77th Ave [REDACTED] Phone# [REDACTED] Kim cell# [REDACTED]
Insurance: ALL STATE
Agent: Frank Catanzaro
Address: 2720 S. River #219 Des Plaines IL.
Phone #847-376-8300

A		FDID * <u>CN212</u>	State * <u>IL</u>	Incident Date * MM <u>10</u> DD <u>25</u> YYYY <u>2015</u>	Station <u>003</u>	Incident Number * <u>15-0002578</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -2 Fire
B Property Details B1 <u>0002</u> <input type="checkbox"/> Not Residential <i>Estimated Number of residential living units in building of origin whether or not all units became involved</i> B2 <u>002</u> <input type="checkbox"/> Buildings not involved <i>Number of buildings involved</i> B3 <input type="checkbox"/> None <i>Acres burned (outside fires) <input type="checkbox"/> Less than one acre</i>				C On-Site Materials <input type="checkbox"/> None or Products <i>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</i> Enter up to three codes. Check one or more boxes for each code entered. On-site material (1) <u> </u> On-site material (2) <u> </u> On-site material (3) <u> </u> 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					
D Ignition D1 <u>24</u> <u>Cooking area, kitchen</u> <i>Area of fire origin *</i> D2 <u>UU</u> <u>Undetermined</u> <i>Heat source *</i> D3 <u>UU</u> <u>Undetermined</u> <i>Item first ignited * 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin</i> D4 <u>UU</u> <u>Undetermined</u> <i>Type of material first ignited Required only if item first ignited code is 00 or <70</i>				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 checked="" type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing To Ignition <u>UU</u> <u>Undetermined</u> <input checked="" type="checkbox"/> None <i>Factor Contributing To Ignition (1)</i> <u> </u> <i>Factor Contributing To Ignition (2)</i>			E3 Human Factors Contributing To Ignition Check all applicable boxes 1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved <u> </u> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		
F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G <u> </u> <i>Equipment Involved</i> Brand <u> </u> Model <u> </u> Serial # <u> </u> Year <u> </u>				F2 Equipment Power <u> </u> <i>Equipment Power Source</i> F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <i>Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.</i>		G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None <u> </u> <i>Fire suppression factor (1)</i> <u> </u> <i>Fire suppression factor (2)</i> <u> </u> <i>Fire suppression factor (3)</i>			
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				H2 Mobile Property Type & Make <u> </u> <i>Mobile property type</i> <u> </u> <i>Mobile property make</i> <u> </u> <u> </u> <i>Mobile property model Year</i> <u> </u> <u> </u> <u> </u> <i>License Plate Number State VIN Number</i>			Local Use <input type="checkbox"/> Pre-Fire Plan Available <i>Some of the information presented in this report may be based upon reports from other Agencies</i> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> 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 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 <u>002</u> <small>Total number of stories at or above grade</small> <u>001</u> <small>Total number of stories below grade</small>	I4 Main Floor Size* <div style="border: 1px solid black; padding: 2px; width: fit-content; float: right;">NFIRS-3 Structure Fire</div> <u> </u> , <u>001</u> , <u>875</u> <small>Total square feet</small> OR <u> </u> , <u>075</u> BY <u> </u> , <u>025</u> <small>Length in feet Width in feet</small>
J1 Fire Origin * <u>001</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>001</u> Number of stories w/ significant damage (25 to 49% flame damage) <u> </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>23</u> <u>Cabinetry (including</u> <small>Item contributing most to flame spread</small> K2 <u>64</u> <u>Plywood</u> <small>Type of material contributing most of flame spread</small> 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 checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined		
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input checked="" 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	L3 Detector Power Supply 1 <input checked="" 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 checked="" type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants 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 <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 Structure Fire Form 01/19/99

A FDID CN212 * State IL * Incident Date 10 25 2015 * Station 003 Incident Number 15-0002578 * 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 <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
	Check if same as alarm date Month Day Year Hour Min									
1 ID <u>944</u> Type <u>76</u>	Dispatch <input checked="" type="checkbox"/>	<u>10</u>	<u>25</u>	<u>2015</u>	<u>11:58</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>10</u>	<u>25</u>	<u>2015</u>	<u>12:03</u>			<input checked="" type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>10</u>	<u>25</u>	<u>2015</u>	<u>13:20</u>			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
2 ID <u>946</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>10</u>	<u>25</u>	<u>2015</u>	<u>11:37</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>10</u>	<u>25</u>	<u>2015</u>	<u>11:38</u>			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>10</u>	<u>25</u>	<u>2015</u>	<u>13:21</u>			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
3 ID <u>947</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>10</u>	<u>25</u>	<u>2015</u>	<u>11:36</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>10</u>	<u>25</u>	<u>2015</u>	<u>11:38</u>			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>10</u>	<u>25</u>	<u>2015</u>	<u>13:29</u>			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
4 ID <u>949</u> Type <u>91</u>	Dispatch <input checked="" type="checkbox"/>	<u>10</u>	<u>25</u>	<u>2015</u>	<u>11:36</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>10</u>	<u>25</u>	<u>2015</u>	<u>11:38</u>			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>10</u>	<u>25</u>	<u>2015</u>	<u>14:00</u>			<input type="checkbox"/> Other	<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"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> Other	<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"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> Other	<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"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> Other	<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"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> Other	<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"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

Type of Apparatus or Resources

- Ground Fire Suppression
- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumpax combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other
- Heavy Ground Equipment
- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other
- Aircraft
- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

- Marine Equipment
- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other
- Support Equipment
- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, 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

More Apparatus?
Use Additional
Sheets

- 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
- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

A		MM DD YYYY	FDID CN212 *		State IL *	Incident Date 10 25 2015 *	Station 003	Incident Number 15-0002578 *	Exposure 000 *	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change	NFIRS - 10 Personnel	
B Apparatus or Resource		Date and Times Check if same as alarm date				Sent <input checked="" type="checkbox"/>	Number of People	Use	Actions Taken				
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 944	Dispatch <input checked="" type="checkbox"/>	10	25	2015	11:58	Sent <input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Type 76	Arrival <input checked="" type="checkbox"/>	10	25	2015	12:03						<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	10	25	2015	13:20						<input type="checkbox"/>	<input type="checkbox"/>
Personnel ID	Name		Rank or Grade		Attend	Action Taken	Action Taken	Action Taken	Action Taken				
	BANKS, JOHN FLEMING, DANIEL		PM PM		X X								
2	ID 946	Dispatch <input checked="" type="checkbox"/>	10	25	2015	11:37	Sent <input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Type 11	Arrival <input checked="" type="checkbox"/>	10	25	2015	11:38						<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	10	25	2015	13:21						<input type="checkbox"/>	<input type="checkbox"/>
Personnel ID	Name		Rank or Grade		Attend	Action Taken	Action Taken	Action Taken	Action Taken				
	FANELLA, ROCCO WITZ, JOSEPH		FFE PR		X X								
3	ID 947	Dispatch <input checked="" type="checkbox"/>	10	25	2015	11:36	Sent <input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Type 11	Arrival <input checked="" type="checkbox"/>	10	25	2015	11:38						<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	10	25	2015	13:29						<input type="checkbox"/>	<input type="checkbox"/>
Personnel ID	Name		Rank or Grade		Attend	Action Taken	Action Taken	Action Taken	Action Taken				
	CASCELLA, JOSEPH MOURNING, NICHOLAS		FFE FFE		X X								

A FDID * CN212 State * IL Incident Date * 10 25 2015 Station 003 Incident Number * 15-0002578 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below

Date and Times Check if same as alarm date
 Month Day Year Hours/mins

Apparatus or Resource	Date and Times	Sent	Number of People	Use	Actions Taken
1 ID <u>949</u> Type <u>91</u>	Dispatch <input checked="" type="checkbox"/> <u>10</u> <u>25</u> <u>2015</u> <u>11:36</u> Arrival <input checked="" type="checkbox"/> <u>10</u> <u>25</u> <u>2015</u> <u>11:38</u> Clear <input checked="" type="checkbox"/> <u>10</u> <u>25</u> <u>2015</u> <u>14:00</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"/> <input type="checkbox"/> <input type="checkbox"/>

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

2 ID
Type

Dispatch
 Arrival
 Clear

Sent

Suppression
 EMS
 Other

Personnel ID	Name	Rank or Grade	Attend	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
Type

Dispatch
 Arrival
 Clear

Sent

Suppression
 EMS
 Other

Personnel ID	Name	Rank or Grade	Attend	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"/>				

CN212 FDID	IL State	10 Incident	25 Date	2015	003 Station	15-0002578 Incident Number	000 Exposure	Responding Units/Personnel
---------------	-------------	----------------	------------	------	----------------	-------------------------------	-----------------	-------------------------------

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
944 ALS Ambulance	11:58:55	11:58:55	12:03:25	13:20:51

Staff ID\Staff Name	Activity	Rank	Position	Role
[REDACTED] BANKS, JOHN	On Duty	Paramedic	Paramedic	Paramedic
[REDACTED] FLEMING, DANIEL	On Duty	Paramedic	Paramedic	Paramedic

946 Engine	11:37:11	11:37:11	11:38:59	13:21:30
------------	----------	----------	----------	----------

Staff ID\Staff Name	Activity	Rank	Position	Role
[REDACTED] FANELLA, ROCCO	On Duty	Firefighter	Firefighter	Acting Lieut
[REDACTED] WITZ, JOSEPH J	On Duty	Probationar	Firefighter	

947 Engine	11:36:26	11:37:43	11:38:46	13:29:37
------------	----------	----------	----------	----------

Staff ID\Staff Name	Activity	Rank	Position	Role
[REDACTED] CASCELLA, JOSEPH	On Duty	Firefighter	Firefighter	Firefighter
[REDACTED] MOURNING, NICHOLAS	On Duty	Firefighter	Firefighter	Firefighter

949 Command Vehicle	11:36:26	11:36:49	11:38:32	14:00:59
---------------------	----------	----------	----------	----------

Staff ID\Staff Name	Activity	Rank	Position	Role
[REDACTED] BLASKEY, FRED	On Duty	Lieutenant	Lieutenant	Acting Capta

CN212 FDID *	IL State *	MM 10	DD 25	YYYY 2015	003 Station	15-0002578 Incident Number *	000 Exposure *	Responding Personnel
-----------------	---------------	----------	----------	--------------	----------------	---------------------------------	-------------------	-------------------------

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
[REDACTED] BANKS, JOHN	944	OD On Duty	PM	PM		24.0	1.37	0.00
[REDACTED] FLEMING, DANIEL	944	OD On Duty	PM	PM		24.0	1.37	0.00
[REDACTED] FANELLA, ROCCO	946	OD On Duty	FF	FFE		24.0	1.74	0.00
[REDACTED] WITZ, JOSEPH J	946	OD On Duty	FF	PR		24.0	1.74	0.00
[REDACTED] CASCELLA, JOSEPH	947	OD On Duty	FF	FFE		24.0	1.89	0.00
[REDACTED] MOURNING, NICHOLAS	947	OD On Duty	FF	FFE		24.0	1.89	0.00
[REDACTED] BLASKEY, FRED	949	OD On Duty	LT	LT		24.0	2.41	0.00

Total Participants: 7

Total Personnel Hours: 168.00

An 'X' next to the unit denotes driver.
ELMWOODPARK

CN212 10/25/2015 15-0002578