

MFIRS INCIDENT REPORT



Fire Department: **Baginaw Fire Department**
 Weather: **Sunny** Temp: **70°** Wind Direction & Velocity: **SW 4**

AMENDED
 Change
 Delete

ALL INCIDENTS	1 FD Ident.	2 Incident No.	3 Exp.	4 Mo.	5 Day	6 Year	7 Day of Week	8 Alarm Time	9 Time Arriv.	10 Time Cird.	11 Sta.	
	73	12	2195	-	05	20	31	4	Wednesday	1:50	1:22	3
	1 Occupant (Incident Location)			2 Address (Incident Location)			3 Phone			4 Zip Code		5 Census Tract
	[REDACTED]			[REDACTED] Ave.			[REDACTED]			1702		
	1 Owner			2 Address			3 Phone			4 Fire Dept. Use		
	Hal Headman Realty			5090 State St.			781-0230			Parlans		
	1 Method of Alarm From Public						2 Type of Situation Found					
	7 Central Dispatch (911)						11 Kitchen Fire					
1 Type of Action Taken				2 Fire Dept. Use		3 1st Co. in		4 Shift	5 Alarms	6 Mutual Aid		
1 Extinguishment				1		PPP		2	1	1 Rec. 2 Given		
1 No. Fire Service Personnel Used At Scene			Injured	Killed	2 No. Fire Service Casual. (All Incid.)		Injured	Killed	3 No. Civilian Casualties (Fires Only)		4 Persons Rescued	
6			-	-	-		-	-	-		-	
APPARATUS RESPONSE		1 Engines Pumps	2 Mini Pumps	3 Aerials Ladders	4 Squads Rescues	5 Tankers Inc. Trailers	6 Grass Fire Rigs	7 Other F.D. Veh.	8 Other Veh.			
2		-	-	1	2	-	-	1	-			
1 Fixed Property Use			2 Property Type			3 Complex						
411 Dwelling			1 Building			00			N/A			

Complete form FM-18B if casualties are involved in this report.

ALL FIRES	1 Area of Origin		2 Level of Fire Origin	3 Termination Stage		4 Mobile Property Class		
	24 Kitchen		1	3 Flame		00 N/A		
	1 Equipment Involved in Ignition			2 Form of Heat Causing Ignition		3 Type of Material First Ignited		
	22 Stove (Gas)			12 Pilot light from stove		11 Natural Gas		
	1 Use of Material First Ignited			2 Probable Act or Omission		3 Method of Extinguishment		
65 Fuel			51 Flexible Hose Broke		3 Hand Pump			
1 Building, Vehicle or Other—(Insurance Co. (If Known))			2 Amount of Insurance		3 Est. Property Value		4 Est. Property Loss	
							\$200.	
1 Contents—(Insurance Co. (If Known))			2 Amount of Insurance		3 Est. Contents Value		4 Est. Contents Loss	
							\$50.	

STRUCTURE FIRES	1 Bldg. Size (Sq. Ft. Above Base)		2 No. Stories Above Ground	3 Property Class. Rating At Structure		4 Construction Method		
	800		1	-		1 Site Built		
	1 Construction Type			2 Extent of Flame Damage		3 Extent of Other Damage		
	7 Protected Wood-frame			1 Confined to cupboard & Stv		9 None		
	1 Occupant in Area of Origin			2 Detector Performance		3 Sprinkler Performance		
3 Renter			8 None		8 None			
IF FLAME SPREAD BEYOND ROOM OF ORIGIN			1 Type Material Generating Most Flame		2 Avenue of Flame Travel			
11			Natural Gas		19 Cupboards			
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN			1 Type Material Generating Most Smoke		2 Avenue of Smoke Travel			
61			Cupboards		8 Open Area			

IF MOBILE PROPERTY INVOLVED	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
IF EQUIPMENT INVOLVED	1 Year	2 Brand Name	3 Model	4 Serial Number	5 Voltage (if any)

FIRE DEPT. USE	1 No. of Gal. of Water Used		2 No. and Feet of Hose									
	5		No. Feet		1 1/2" Feet		2 1/2" Feet		3 1/2" Feet		Other Feet	
	2	1	29	1	34	1						

This form prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

Lt. Reinig/A/C usuled
 Name & Rank of Officer in Charge
 Member Making Report—if different than left line

(Use reverse side for remarks)

434

Mo. 05
 Day 20
 Year 71
 Incident No. 2195
 Address 108
 City Baginaw, Mich.

RS
ENT REPORT



Fire Department Saginaw Fire Department											AMENDED 2 <input type="checkbox"/> Change 3 <input type="checkbox"/> Delete		
Weather Sunny			Temp. 68		Wind Direction & Velocity 108 12								
1 FD Ident. 7312	2 Incident No. 2350	3 Exp. -	4 Mo. 05	5 Day 28	6 Year 81	7 Day of Week Thursday	8 Alarm Time 1246	9 Time Arriv. 1250	10 Time Cird. 1300	11 Sta.			
1 Occupant (Incident Location) Same As Above			2 Address (Incident Location)			3 Phone		4 Zip Code		5 Census Tract			
1 Owner Same As Above			2 Address			3 Phone		4 Fire Dept. Use					
1 Method of Alarm From Public 7 Central Dispatch (P.A.)						2 Type of Situation Found 1 1 Structure Fire							
1 Type of Action Taken 3 Investigate			2 Fire Dept. Use FPP		3 1st Co. In 1		4 Shift 1		5 Alarms 1		8 Mutual Aid 1 <input type="checkbox"/> Rec. 2 <input type="checkbox"/> Given		
6 No. Fire Service Personnel Used At Scene			Injured Killed		2 No. Fire Service Casual. (All Incd.)		Injured Killed		3 No Civilian Casualties (Fires Only)		4 Persons Rescued		
APPARATUS RESPONSE		1 Engines Pumps		2 Minut. Pumps		3 Aerials Ladders		4 Squads Rescues		5 Tankers Inc. Trailers		8 Other Veh.	
1 Fixed Property Use 4 1 1 Building			2 Property Type 1 Building			3 Complex 0 0 N/A							

ALL INCIDENTS

Complete form FM-18B if casualties are involved in this report.

1 Area of Origin 2 4 Kitchen		2 Level of Fire Origin 1		3 Termination Stage 3 After Flame		4 Mobile Property Class 0 0 N/A			
1 Equipment Involved in Ignition 2 1 Stove - Range		2 Form of Heat Causing Ignition 1 2 Pilot Light		3 Type of Material First Ignited 1 1 Natural Gas					
1 Use of Material First Ignited 6 5 Fuel		2 Probable Act or Omission 5 1 Part Failure		3 Method of Extinguishment 9 Other - Gas Shut-Off					
1 Building, Vehicle or Other - Insurance Co. (If Known) State Farm				2 Amount of Insurance		3 Est. Property Value		4 Est. Property Loss 1 0 0	
1 Contents - Insurance Co. (If Known)				2 Amount of Insurance		3 Est. Contents Value		4 Est. Contents Loss	

1 Bldg. Size (Sq. Ft. on Base) 780		2 No. Stories Above Ground 1 1/2		3 Property Class. Rating At Structure		4 Construction Method 1 Site Built	
1 Construction Type 7 Protected Wood Frame		2 Extent of Flame Damage 1 Confined to object of Origin				3 Extent of Other Damage 1 Confined to object	
1 Occupant in Area of Origin 1 Owner		2 Detector Performance 2 Did Operate		3 Sprinkler Performance 8 None			
IF FLAME SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Flame 1 1 Natural Gas		2 Avenue of Flame Travel 9 9 Not a Factor			
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Smoke 1 1 Natural Gas		2 Avenue of Smoke Travel 8 None			

IF MOBILE PROPERTY		1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
IF EQUIPMENT INVOLVED		1 Year	2 Brand Name Roper	3 Model Gas Range	4 Serial Number	5 Voltage (if any)

1 No. of Gal. of Water Used		2 No. and Feet of Hose Booster		1 1/2" Feet		2 1/2" Feet		3 1/2" Feet		Other Feet	
1 Kind		No. Used		2 Kind		No. Used		3 Kind		No. Used	
1 Kind		No. Used		2 Kind		No. Used		3 Kind		No. Used	

form prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

Cap't. Wlema A/C Bell J. Bond

Name & Rank of Officer in Charge Member Making Report - If different than left line

(Use reverse side for remarks)

No. **05** Day **28** Year **81** Incident No. **2350**
 Address **1306 Allegan**

435

MFIRS
INCIDENT REPORT



Fire Department Eginaw Fire Department			AMENDED
Weather Clear	Temp 70°	Wind Direction & Velocity BW - 5	2 <input type="checkbox"/> Change 3 <input type="checkbox"/> Delete

ALL INCIDENTS	1 FD Ident. 73 72	2 Incident No. 3360	3 Exp. 97	4 Mo. 25	5 Day 81	6 Year 7	7 Day of Week Saturday	8 Alarm Time 0008	9 Time Arriv. 0011	10 Time Clsd. 0017	11 Sta. 02	
	1 Occupant (Incident Location) [REDACTED]		2 Address (Incident Location) [REDACTED] street		3 Phone		4 Zip Code 49101		5 Census Tract			
	1 Owner [REDACTED]		2 Address		3 Phone		4 Fire Dept. Use Kathy Robelin					
	1 Method of Alarm From Public 7 Central Dispatch				2 Type of Situation Found -91a		22 Gas pipe rupture (Dryer)					
	1 Type of Action Taken 4 Shut off gas				2 Fire Dept. Use		3 1st Co. In 112		4 Shift 2		5 Alarms 1	
	1 No. Fire Service Personnel Used At Scene 3		Injured Killed		2 No. Fire Service Casual. (All Incid.)		Injured Killed		3 No. Civilian Casualties (Fires Only)		4 Persons Rescued	
	APPARATUS RESPONSE		1 Engines Pumpers 1		2 Mini Pumpers		3 Aerials Ladders		4 Squad Rescues		5 Tankers inc. Trailers	
	1 Fixed Property Use 411 Dwelling		2 Property Type 1 Building		3 Complex 00		7 Other F.D. Veh. N/A					

Complete form FM-18B if casualties are involved in this report.

ALL FIRES	1 Area of Origin	2 Level of Fire Origin	3 Termination Stage	4 Mobile Property Class *	
	1 Equipment Involved in Ignition **	2 Form of Heat Causing Ignition		3 Type of Material First Ignited	
	1 Use of Material First Ignited	2 Probable Act or Omission		3 Method of Extinguishment	
	1 Building, Vehicle or Other—Insurance Co. (if Known)		2 Amount of Insurance	3 Est. Property Value	4 Est. Property Loss
	1 Contents—Insurance Co. (if Known)		2 Amount of Insurance	3 Est. Contents Value	4 Est. Contents Loss

STRUCTURE FIRES	1 Bldg. Size (Sq. Ft. At Base)	2 No. Stories Above Ground	3 Property Class, Rating At Structure	4 Construction Method
	1 Construction Type	2 Extent of Flame Damage		3 Extent of Other Damage
	1 Occupant in Area of Origin	2 Detector Performance		3 Sprinkler Performance
	IF FLAME SPREAD BEYOND ROOM OF ORIGIN	1 Type Material Generating Most Flame		2 Avenue of Flame Travel
	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	1 Type Material Generating Most Smoke		2 Avenue of Smoke Travel

IF MOBILE PROPERTY INVOLVED	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
	1 Year	2 Brand Name	3 Model	4 Serial Number	5 Voltage (if any)

FIRE DEPT. USE	1 No. of Gal. of Water Used		2 No. and Feet of Hose		3 1 1/2" Hose		4 2 1/2" Hose		5 3 1/2" Hose		6 Other Hose	
	1 Kind		No. Used		2 Kind		No. Used		3 Kind		No. Used	
	1 Kind		No. Used		2 Kind		No. Used		3 Kind		No. Used	
	1 Kind		No. Used		2 Kind		No. Used		3 Kind		No. Used	

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Lt. Schlicka / J. Kusulski Name & Rank of Officer in Charge
J. Howard Member Making Report—If different than left line

(Use reverse side for remarks)

436

No. **07**
 Day **25**
 Year **31**
 Incident No. **3360**
 Address **927 Elm Street**

MFIRS INCIDENT REPORT



Fire Department Saginaw Fire Dept.											AMENDED 2 <input type="checkbox"/> Change 1 <input type="checkbox"/> Delete		
Weather Rain			Temp. 54		Wind Direction & Velocity N - 6								
1 FD Ident. 73	2 Incident No. 12 7435		3 Exp. -	4 Mo. 07	5 Day 29	6 Year 81	7 Day of Week 4 Wednesday		8 Alarm Time 0026	9 Time Arriv 0031	10 Time Cirt 0037	11 Sta 01	
1 Occupant (Incident Location)			2 Address (Incident Location)				3 Phone		4 Zip Code 48601		5 Census Tract 7		
1 Owner			2 Address				3 Phone		4 Fire Dept. Use Holmes Hr. 752-4537				
1 Method of Alarm From Public 7 Central Dispatch (911)						2 Type of Situation Found 22 Gas Rupture (RANGE)							
1 Type of Action Taken 4 Shut off Gas						2 Fire Dept. Use		3 1st Co. In FF	4 Shift 01	5 Alarms 01	6 Mutual Aid 1 <input type="checkbox"/> Rec. 2 <input type="checkbox"/> Given		
1 No. Fire Service Personnel Used At Scene 6			Injured		Killed		2 No. Fire Service Casual. (All Incid.)		Injured	Killed	3 No. Civilian Casualties (Fires Only)		4 Persons Rescued
APPARATUS RESPONSE	1 Engines Pumps	2 Mini Pumps	3 Aerials Ladders	4 Squads Rescues	5 Tankers inc. Trailers	6 Grass Fire Rigs	7 Other F.D. Veh.	8 Other Veh.					
1 Fixed Property Use 421 Apts.			2 Property Type 1 Building				3 Complex CO N/A						

Complete form FM-18B if casualties are involved in this report.

ALL FIRES	1 Area of Origin	2 Level of Fire Origin	3 Termination Stage	4 Mobile Property Class *		
	1 Equipment Involved in Ignition **	2 Form of Heat Causing Ignition		3 Type of Material First Ignited		
	1 Use of Material First Ignited	2 Probable Act or Omission		3 Method of Extinguishment		
	1 Building, Vehicle or Other—Insurance Co. (If Known)		2 Amount of Insurance	3 Est. Property Value	4 Est. Property Loss	
	1 Contents—Insurance Co. (If Known)		2 Amount of Insurance	3 Est. Contents Value	4 Est. Contents Loss	

STRUCTURE FIRES	1 Bldg. Size (Sq. Ft. At Base)	2 No. Stories Above Ground	3 Property Class. Rating At Structure	4 Construction Method		
	1 Construction Type	2 Extent of Flame Damage		3 Extent of Other Damage		
	1 Occupant In Area of Origin	2 Detector Performance		3 Sprinkler Performance		
	IF FLAME SPREAD BEYOND ROOM OF ORIGIN	1 Type Material Generating Most Flame		2 Avenue of Flame Travel		
	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	1 Type Material Generating Most Smoke		2 Avenue of Smoke Travel		

IF MOBILE PROPERTY	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.	
	IF EQUIPMENT INVOLVED	1 Year	2 Brand Name	3 Model	4 Serial Number	5 Voltage (if any)

FIRE DEPT. USE	1 No. of Gal. of Water Used	2 No. and Feet of Hose Booster						
	1 Kind	No. Used	2 Kind	No. Used	3 Kind	No. Used	4 Kind	No. Used
	1 Kind	No. Used	2 Kind	No. Used	3 Kind	No. Used	4 Kind	No. Used

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Capt. Hudson / C Bell 3. Ontario
Name & Rank of Officer in Charge Member Making Report—If different than left line

(Use reverse side for remarks)

437

144 St. 5th
Address
174 St. 5th
1981 Day
Year Incident No.
07 29 81 7435

1 FD Ident. 73 12		2 Incident No. 5194		3 Exp. 01		4 No. 1		5 Day 06		6 Year 81		7 Day of Week 6 Friday		8 Alarm Time 0821		9 Time Arriv. 0824		10 Time Cld. 0837		11 Sta. 01	
1 Occupant (theft, Location)				2 Address (Incident Location)				3 Phone				4 Code 3601				5 Census Tract					
1 Owner				2 Address				3 Phone				4 Fire Dept. Use									
1 Method of Alarm From Public 7 Central Dispatch (911)										2 Type of Situation Found 22 Gas Rupture											
1 Type of Action Taken 4 Shut off Gas at Meter										2 Fire Dept. Use FP		3 1st Co. In 01		4 Shift 01		5 Alarms 01		5 Mutual Aid 1 Rec. 2 Given			
1 No. Fire Service Personnel 17										Injured Killed		2 No. Fire Service Casualties (All Incid.)		Injured Killed		3 No Civilian Casualties (Fires Only)		4 Persons Rescued			
APPARATUS RESPONSE 422		1 Engines Pumps 2		2 Mini Pumps		3 Aerials Leaders 1		4 Squads Rescues 2		5 Tankers Inc. Trailers		6 Grass Fire Rigs 1		7 Other F.D. Veh.		8 Other Veh.					
1 Fixed Property Use 422 Auto				2 Property Type 1 Building				3 Complex 00 N/A													

Complete form FM-18B if casualties are involved in this report.

1 Area of Origin 24 Kitchen		2 Level of Fire Origin 1		3 Termination Stage 3 Flame		4 Mobile Property Class 00 N/A	
1 Equipment Involved in Ignition 21 Stove		2 Form of Heat Causing Ignition 12 Pilot Light		3 Type of Material First Ignited 11 Natural Gas			
1 Use of Material First Ignited 86 Gas		2 Probable Act or Omission 51 Leak		3 Method of Extinguishment 9 Shut off Supply			
1 Building, Vehicle or Other - Insurance Co. (If Known)		2 Amount of Insurance		3 Est. Property Value		4 Est. Property Loss	
1 Contents - Insurance Co. (If Known)		2 Amount of Insurance		3 Est. Contents Value		4 Est. Contents Loss	
						25.00	

1 Construction Type 7 Unprotected wood frame		2 No. Stories Above Ground 2		3 Property Class Rating At Structure -		4 Construction Method 1 Site Built	
1 Occupant in Area of Origin 3 Renter		2 Extent of Flame Damage 1 To Object		3 Extent of Other Damage 9 None		3 Extent of Other Damage 9 None	
1 Occupant in Area of Origin 3 Renter		2 Detector Performance 8 None		3 Sprinkler Performance 8 None		3 Sprinkler Performance 8 None	
IF FLAME SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Flame		2 Avenue of Flame Travel			
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Smoke		2 Avenue of Smoke Travel			

IF MOBILE PROPERTY		1 Year		2 Make		3 Model		4 Vehicle Number		5 License No.	
IF EQUIPMENT INVOLVED		1 Year		2 Brand Name		3 Model		4 Serial Number		5 Voltage (if any)	

1 No. of Gal. of Water Used		2 No. and Feet of Hose Hooper		1 1 1/2"		2 2"		3 3"		Other Feet	
No. Used		No. Feet		No. Feet		No. Feet		No. Feet		No. Feet	
No. Used		No. Feet		No. Feet		No. Feet		No. Feet		No. Feet	

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A/AC Capt. Hudson
 Name & Rank of Officer in Charge

B. Plonta-
 Member Making Report - If different than left line

(Use reverse side for remarks)

Address 628 N. Warren		Mo. 11		Day 06		Year 81		Incident No. 5194	
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438

MFIRS INCIDENT REPORT



Fire Department Brooklyn Fire Department							AMENDED				
Weather P/Cloudy		Temp. 50		Wind Direction & Velocity			2 <input type="checkbox"/> Change 3 <input type="checkbox"/> Delete				
1 FD Ident. 73	2 Incident No. 12	3 Exp. 4372	4 Mo. 09	5 Day 20	6 Year 81	7 Day of Week 1 Sunday	8 Alarm Time 2335	9 Time Arriv. 2339	10 Time Cird. 2352	11 Sta. 01	
1 Occupant (Incident Location)			2 Address (Incident Location) (Apt. 101)			3 Phone		4 Zip Code		5 Census Tract	
1 Owner			2 Address			3 Phone		4 Fire Dept. Use Que. Ins. York 952-2647			
1 Method of Alarm (Public)					2 Type of Situation Found 41 Gas leak (Range)						
1 Type of Action Taken Gas shut off					2 Fire Dept. Use FP		3 1st Co. In 1	4 Shift 01	5 Alarms	6 Mutual Aid 1 <input type="checkbox"/> Rec. 2 <input type="checkbox"/> Given	
1 No. Fire Service Personnel Injured Killed			2 No. Fire Service Casual. (All Includ.) Injured Killed			3 No. Civilian Casualties (Fires Only)			4 Persons Rescued		
1 Apparatus Response 01		2 Engines Pumped	3 Aerials Support	4 Aerials Laddered	5 Squads Rescued	6 Tankers Ino. Trailers	7 Grays Fire Rigs	8 Other F.D. Veh.	9 Other Veh.		
1 Fixed Property Use 433			2 Property Type 1 Building			3 Complex					

Complete form FM-18B if casualties are involved in this report.

1 Area of Origin		2 Level of Fire Origin		3 Termination Stage		4 Mobile Property Class			
5 Equipment Involved in Ignition		2 Form of Heat Causing Ignition				3 Type of Material First Ignited			
1 List of Material First Ignited		2 Probable Act or Omission				3 Method of Extinguishment			
1 Building, Vehicle or Other - Insurance Co. (if known)				2 Amount of Insurance		3 Est. Property Value		4 Est. Property Loss	
2 Contents - Insurance Co. (if known)				2 Amount of Insurance		3 Est. Contents Value		4 Est. Contents Loss	

1 Construction Type		2 No. Stories Above Ground		3 Property Class Rating At Structure		4 Construction Method	
1 Occupant in Area of Origin		2 Extent of Flame Damage				3 Extent of Other Damage	
1 Detector Performance		2 Detector Performance				3 Sprinkler Performance	
IF FLAME SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Flame				2 Avenue of Flame Travel	
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Smoke				2 Avenue of Smoke Travel	

1 Mobile Property	1 Year	3 Model	4 Vehicle Number		5 License No.	
2 Equipment Involved	1 Year	2 Brand Name	3 Model	4 Serial Number		5 Voltage (if any)

1 No. of Gal. of Water Used		2 No. and Feet of Hose Booster									
		No. Feet		1 1/2" Feet		2 1/2" Feet		3 3/4" Feet		Other Feet	
1 Kind		No. Used		2 Kind		No. Used		3 Kind		No. Used	
3 Kind		No. Used		2 Kind		No. Used		3 Kind		No. Used	

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A/Lt. R. Haltman **A/C D. Bell**

J. Jurens

Name & Rank of Officer in Charge

Member Making Report - If different than left line

(Use reverse side for remarks)

Mo. **09** Day **20** Year **81** Incident No. **4372**
 Address **632 E. Jefferson (Apt. 101)**

439

MFIRS INCIDENT REPORT



Fire Department Saginaw Fire Department			AMENDED 2 <input type="checkbox"/> Change 3 <input type="checkbox"/> Delete
Weather F/Cloudy	Temp. 75°	Wind Direction & Velocity NW - 6	

1 FD Ident. 73	2 Incident No. 12	3 Exp. 4248	4 Mo. 09	5 Day 14	6 Year 81	7 Day of Week Monday	8 Alarm Time 1510	9 Time Arriv. 1512	10 Time Cird. 1513	11 Sta. 01	
1 Occupant (Incident Location)		2 Address (Incident Location)			3 Phone		4 Zip Code 48601		5 Census Tract		
1 Owner		2 Address			3 Phone		4 Fire Dept. Use				
1 Method of Alarm From Public 7 Central Dispatch						2 Type of Situation Found 11 Structure Fire					
1 Type of Action Taken 1 Extinguishment						2 Fire Dept. Use		3 1st Co. In FL	4 Shift 2	5 Alarms 1	6 Mutual Aid 1 <input type="checkbox"/> Rec. 2 <input type="checkbox"/> Given
1 No. Fire Service Personnel Used At Scene 16			Injured	Killed	2 No. Fire Service Casual. (All Incid.)		Injured	Killed	3 No. Civilian Casualties (Fires Only)		4 Persons Rescued
APPARATUS RESPONSE		1 Engines Pumps 2	2 Mini Pumps	3 Aerials Ladders 1	4 Squads Rescues 2		5 Tankers inc. Trailers	6 Grass Fire Rigs	7 Other F.D. Veh. 1	8 Other Veh.	
1 Fixed Property Use 423 Apartment		2 Property Type 1 Building				3 Complex 00		N/A			

Complete form FM-18B if casualties are involved in this report.

1 Area of Origin 24 Kitchen	2 Level of Fire Origin 1	3 Termination Stage 3 Flame	4 Mobile Property Class 00 N/A
1 Equipment Involved in Ignition 21 Gas range food burner	2 Form of Heat Causing Ignition 12 Pilot light	3 Type of Material First Ignited 13 Manufactured gas	
1 Use of Material First Ignited 65 Fuel	2 Probable Act or Omission 51 Part failure	3 Method of Extinguishment 6 Lines and hydrant	
1 Building, Vehicle or Other - Insurance Co. (if known) Unknown		2 Amount of Insurance	3 Est. Property Value 6,500.00
1 Contents - Insurance Co. (if known)		2 Amount of Insurance	3 Est. Contents Value 2,000.00
			4 Est. Property Loss 6,250.00
			4 Est. Contents Loss 700.00

1 Bldg. Size (Sq. Ft.) 1600	2 No. Stories Above Ground 2	3 Property Class. Rating At Structure	4 Construction Method 1 Site built
1 Construction Type 8 Unprojected wood frame	2 Extent of Flame Damage 4 Apartment of origin	3 Extent of Other Damage 6 To building	
1 Occupant in Area of Origin 7 Not occupied	2 Detector Performance 8 None	3 Sprinkler Performance 8 None	
IF FLAME SPREAD BEYOND ROOM OF ORIGIN	1 Type Material Generating Most Flame 65 Plywood	2 Avenue of Flame Travel 14 Ceiling and wall finish	
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	1 Type Material Generating Most Smoke 40 Wall finish	2 Avenue of Smoke Travel 4 Doorways and stairwell	

IF MOBILE PROPERTY	1 Year	3 Make	3 Model	4 Vehicle Number	5 License No.
IF EQUIPMENT INVOLVED	1 Year	2 Brand Name	3 Model	4 Serial Number	5 Voltage (if any)

Supply											
1 No. of Gal. of Water Used 75		2 No. and Feet of Hose No. Feet		1 1/2" Feet 1 150		2 1/2" Feet		3 3/4" Feet		Other 9' Feet 1 250	
01	1 Kind	No. Used 8	02	2 Kind	No. Used 13 17	01	3 Kind	No. Used 28	02	4 Kind	No. Used 02
29	1 Kind	No. Used 02	31	2 Kind	No. Used 25		3 Kind	No. Used		4 Kind	No. Used

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V/C Jusaid
Name & Rank of Officer in Charge

J. Howard
Member Making Report - If different than left line

(Use reverse side for remarks)

440

Mo. **09**
Day **14**
Year **1981**
Incident No. **4248**
Address **423 Apartment**

FIRS INCIDENT REPORT



Fire Department SARASOTA FIRE DEPARTMENT			AMENDED
Weather Clear	Temp. 80	Wind Direction & Velocity 12	2 <input type="checkbox"/> Change 3 <input type="checkbox"/> Delete

1 FD Ident. 73 12	2 Incident No. 4188	3 Exp. 9	4 Mo. 11	5 Day BT	6 Year 6	7 Day of Week Friday	8 Alarm Time 1236	9 Time Arriv. 1259	10 Time Circl. 1255	11 S.A. 01		
1 Occupant (Incident Location) 111		2 Address (Incident Location) Co. 2 123			3 Phone		4 Zip Code 48601		5 Census Tract			
1 Owner		2 Address			3 Phone		4 Fire Dept. Use					
1 Method of Alarm From Public 7					2 Type of Situation Found 11							
1 Type of Action Taken 1					2 Fire Dept. Use FP		3 1st Co. In 1		4 Shift 1		5 Alarms 1	6 Mutual Aid <input type="checkbox"/> Rec. <input type="checkbox"/> Given
1 No. Fire Service Personnel Used At Scene 11			Injured	Killed	2 No. Fire Service Casual. (All Incid.)		Injured	Killed	3 No. Civilian Casualties (Fires Only)		4 Persons Rescued	
APPARATUS RESPONSE		1 Engines (Pumpers)	2 Mini Pumpers	3 Aerials Ladders	4 Squads Rescues	5 Tankers inc. Trailers	6 Grass Fire Rigs	7 Other F.D. Veh.	8 Other Veh.			
1 Fixed Property Use 411				2 Property Type Building			3 Complex 00					

Complete form FM-18B if casualties are involved in this report.

1 Area of Origin 24		2 Level of Fire Origin 1	3 Termination Stage 3		4 Mobile Property Class H/A	
1 Equipment Involved in Ignition 98		2 Form of Mgmt Causing Ignition 12			3 Type of Material First Ignited 11	
1 Use of Material First Ignited 86		2 Probable Act or Omission 31			3 Method of Extinguishment 2	
1 Building/Vehicle or Other - Insurance Co. (If Known) Home			2 Amount of Insurance		3 Est. Property Value	4 Est. Property Loss \$2,920.00
1 Contents - Insurance Co. (If Known) Home			2 Amount of Insurance		3 Est. Contents Value	4 Est. Contents Loss \$400.00

1 Bldg. Size (Sq. Ft. At Base) 600		2 No. Stories Above Ground 2	3 Property Class. Rating At Structure	4 Construction Method Site built	
1 Construction Type Wood frame		2 Extent of Flame Damage room of origin		3 Extent of Other Damage Smoke	
1 Occupant in Area of Origin Owner's wife		2 Detector Performance None		3 Sprinkler Performance None	
IF FLAME SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Flame		2 Avenue of Flame Travel	
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Smoke 98		2 Avenue of Smoke Travel None	

IF MOBILE PROPERTY	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
IF EQUIPMENT INVOLVED	1 Year	2 Brand Name	3 Model	4 Serial Number	5 Voltage (if any)

FIRE DEPT. USE	1 No. of Gal. of Water Used		2 No. and Feet of Hose		1 1/2"		2 1/2"		3 1/2"		Other	
	No.	Feet	No.	Feet	No.	Feet	No.	Feet	No.	Feet	No.	Feet
	1 Kind	No. Used	2 Kind	No. Used	3 Kind	No. Used	4 Kind	No. Used				
	1 Kind	No. Used	2 Kind	No. Used	3 Kind	No. Used	4 Kind	No. Used				

No. **9**
 Day **11**
 Year **81**
 Incident No. **4188**
 Address **819 S. 14th**

This form prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

Name & Rank of Officer in Charge

Member Making Report - If different than left line

(Use reverse side for remarks)

441

FIRS
IDENT REPORT



Fire Department Seagram Fire Department		AMENDED 2 <input type="checkbox"/> Change 3 <input type="checkbox"/> Delete	
Weather P/Cloudy	Temp. 70°	Wind Direction & Velocity SE - 4	
1 FD Ident. 73	2 Incident No. 4132	3 Exp. 09	4 Mo. 07
5 Day 81	6 Year 2	7 Day of Week Monday	8 Alarm Time 1131
9 Time Arriv. 1133	10 Time Circl. 1207	11 Sta. 01	
1 Occupant (Incident Location) Factory		2 Address (Incident Location) 215 S. 11th Street	
3 Phone 755-0077		4 Zip Code 48601	
5 Census Tract		1 Owner Robert Alexander	
2 Address 515 N. 8th Street		3 Phone 755-0077	
4 Fire Dept. Use San Pittman		1 Method of Alarm From Public 7 Central Dispatch	
2 Type of Situation Found 11 Structure Fire		1 Type of Action Taken 1 Investigation	
2 Fire Dept. Use FL		3 1st Co. In 2	
4 Shift 1		5 Alarms 1	
6 Mutual Aid <input type="checkbox"/> Rec. <input type="checkbox"/> Given		1 No. Fire Services Personnel Used At Scene 15	
Injured Killed - -		2 No. Fire Service Casual. (All Incid.) - -	
Injured Killed - -		3 No. Civilian Casualties (Fires Only) - -	
4 Persons Rescued - -		1 Apparatus Response 2	
2 Engineer Pumps -		3 Mini Pumps -	
4 Aerials Ladders 1		5 Squads Rescues 2	
6 Tankers Inc. Trailers -		7 Gross Fire Rigs 1	
8 Other F.D. Veh. -		8 Other Veh. -	
1 Fixed Property Use 44 Drilling		2 Property Type 1 Building	
3 Complex 00		4 H/A H/A	

Complete form FM-18B if casualties are involved in this report.

1 Area of Origin 2 Kitchen	2 Level of Fire Origin 1	3 Termination Stage 3 Flame	4 Mobile Property Class 00 H/A
1 Equipment Involved in Ignition 21 Gas Stove	2 Form of Heat Causing Ignition 12 Pilot light	3 Type of Material First Ignited 11 Natural Gas	
1 Use of Material First Ignited 86 Gas	2 Probable Act or Omission 51 Broken flex line	3 Method of Extinguishment 5 Proconnett/water carried	
1 Building, Vehicle or Other - Insurance Co. (if known) Little's Insurance	2 Amount of Insurance 20,000	3 Est. Property Value 3,197	4 Est. Property Loss
1 Contents - Insurance Co. (if known)	2 Amount of Insurance	3 Est. Contents Value	4 Est. Contents Loss

1 Blkd. Size (Sq. Ft. At Base) 750	2 No. Stories Above Ground 2	3 Property Class, Rating At Structure	4 Construction Method 1 Site built
1 Construction Type 6 Unprotected ordinary	2 Extent of Flame Damage 2 Confined to part of room	3 Extent of Other Damage 6 Confined to building	
1 Occupant in Area of Origin 7 Not occupied	2 Detector Performance 8 None	3 Sprinkler Performance 8 None	
IF FLAME SPREAD BEYOND ROOM OF ORIGIN	1 Type Material Generating Most Flame	2 Avenue of Flame Travel	
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	1 Type Material Generating Most Smoke	2 Avenue of Smoke Travel 5 Openings in construction	

IF MOBILE PROPERTY	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
IF EQUIPMENT INVOLVED	1 Year	2 Brand Name	3 Model	4 Serial Number	5 Voltage (if any)

1 No. of Gal. of Water Used 25	2 No. and Feet of Hose No. Feet 1 150	1 1/2" Feet	2 1/2" Feet	3 3/4" Feet	Other Feet
1 Kind 01	No. Used 04	2 Kind 02	No. Used 04	3 Kind 28	No. Used 01
4 Kind 29	No. Used 02	1 Kind 31	No. Used 15	2 Kind 41	No. Used 02
3 Kind 01	No. Used 29	4 Kind 02	No. Used 02	3 Kind 02	No. Used 02

Form prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

AA/C Knapp Name & Rank of Officer in Charge
J. Howard Member Making Report - If different than left line

(Use reverse side for remarks)

No. **09**
 Day **07**
 Year **81**
 Incident No. **4132**
 Address **215 S. 11th Street**

442

FIRE INCIDENT REPORT



Fire Department
SAGINAW FIRE DEPARTMENT

AMENDED

Weather
Cloudy

Temp.
76°

Wind Direction & Velocity
North-east-10

2 Change

3 Delete

1 FD Ident. 73	2 Incident No. 12	3 Exp. 01	4 Mo. 9	5 Day 6	6 Year 81	7 Day of Week 1 Sunday	8 Alarm Time 1235	9 Time Arriv. 12:47	10 Time Cird. 1300	11 Sta. 03	
1 Occupant (Incident Location)		2 Address (Incident Location)			3 Phone		4 Zip Code 48602		5 Census Tract		
1 Owner		2 Address			3 Phone		4 Fire Dept. Use				
1 Method of Arrival from Public						2 Type of Situation Found Structure fire					
1 Fire Dept. Use				2 Fire Dept. Use		3 1st Co. In		4 Shift		5 Alarms	
6 Mutual Aid		1 <input type="checkbox"/> Rec. 2 <input type="checkbox"/> Given		1 No. Fire Service Personnel Injured - Killed -		2 No. Fire Service Casual. (All Incl.)		3 No. Civilian Casualties (Fires Only)		4 Persons Rescued	
APPARATUS RESPONSE		1 Engines 3		2 Pumps -		3 Aerials 1		4 Ladders 2		5 Squads Rescues	
6 Tankers Inc. Trailers		7 Grass Fire Rigs 1		8 Other F.D. Veh.		9 Other Veh.		10 Other Veh.			
1 Filed Property Use 411				2 Property Type Building				3 Complex CO H/A			

Complete form FM-18B if casualties are involved in this report.

1 Area of Origin 24	2 Level of Fire Origin	3 Termination Stage Open flame	4 Mobile Property Class
1 Equipment Involved in Ignition 21	2 Form of Heat Causing Ignition Range pilot	3 Type of Material First Ignited Gas	
1 Loss of Material First Ignited 86	2 Probable Act or Omission Part failure	3 Method of Extinguishment Extinguisher	
1 Building, Vehicle or Other Insurance Co. (If Known)		2 Amount of Insurance	3 Est. Property Value
4 Est. Property Loss		10	
1 Contents Insurance Co. (If Known)		2 Amount of Insurance	3 Est. Contents Value
4 Est. Contents Loss		12	

1 Bldg. Size (Sq. Ft. or Base) 1000	2 No. Stories Above Ground	3 Property Class, Rating At Structure	4 Construction Method Site built
1 Construction Type Wood frame	2 Extent of Flame Damage 0-3 feet	3 Extent of Other Damage 0-3 feet	
1 Occupant in Area of Origin	2 Detector Performance Operated	3 Sprinkler Performance None	
IF FLAME SPREAD BEYOND ROOM OF ORIGIN	1 Type Material Generating Most Flame	2 Avenue of Flame Travel	
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	1 Type Material Generating Most Smoke H/A	2 Avenue of Smoke Travel None	

IF MOBILE PROPERTY	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
IF EQUIPMENT INVOLVED	1 Year	2 Brand Name GENCO	3 Model	4 Serial Number	5 Voltage (if any)

1 No. of Gal. of Water Used 2	2 No. and Feet of Hose Booster		1 1/2" Feet		2 1/2" Feet		3 1/2" Feet		Other Feet	
2 1 Kind 2	No. Used		4 2 Kind 42		No. Used		3 3 Kind 38		No. Used	
1 Kind 2	No. Used		2 Kind 24		No. Used		4 Kind 24		No. Used	

This form prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

A/C Ball

C. Trems

Name & Rank of Officer in Charge

Member Making Report - If different than left line

(Use reverse side for remarks)

No. **6**
 Day **6**
 Month **8**
 Year **81**
 Station No. **03**
 Address **314**
 Search

443

W.F.I.R.S. INCIDENT REPORT

90



Fire Department Saginaw Fire Department											AMENDED	
Weather Cloudy				Temp. 25°		Wind Direction & Velocity NW 5					2 <input type="checkbox"/> Change 3 <input type="checkbox"/> Delete	
1 FD Ident. 73	2 Incident No. 12	3 Exp. 5480	4 Mo. 11	5 Day 26	6 Year 81	7 Day of Week Thursday		8 Alarm Time 0154	9 Time Arriv. 0157	10 Time Cld. 0210	11 Sta. 04	
1 Occupant (Incident Location)			2 Address (Incident Location)			3 Phone		4 Zip Code 48602		5 Census Tract		
1 Owner			2 Address			3 Phone		4 Fire Dept. Use				
1 Method of Alarm From Public 7 Central Dispatch (911)						2 Type of Situation Found 41 Gas Line Leak						
1 Type of Action Taken 4 Shut Off gas				2 Fire Dept. Use		3 1st Co. In SP	4 Shift 2	5 Alarms 1	6 Mutual Aid 1 <input type="checkbox"/> Rec. 2 <input type="checkbox"/> Given			
1 No. Fire Service Personnel Used At Scene 3			Injured	Killed	2 No. Fire Service Casual. (All Incid.)		Injured	Killed	3 No. Civilian Casualties (Fires Only)		4 Persons Rescued	
APPARATUS RESPONSE:	1 Engines Pumps	2 Mini Pumps	3 Aerials Ladders	4 Squads Rescues	5 Tankers inc. Trailers	6 Grass Fire Rigs	7 Other F.D. Veh.	8 Other Veh.				
1 Fixed Property Use 414			2 Property Type 2 Family Dwelling			3 Complex 1 Building	4 Other 00	5 Other N/A				

ALL INCIDENTS

Complete form FM-18B if casualties are involved in this report.

1 Area of Origin	2 Level of Fire Origin	3 Termination Stage		4 Mobile Property Class *	
1 Equipment Involved in Ignition **		2 Form of Heat Causing Ignition		3 Type of Material First Ignited	
1 Use of Material First Ignited		2 Probable Act or Omission		3 Method of Extinguishment	
1 Building, Vehicle or Other—Insurance Co. (If Known)			2 Amount of Insurance	3 Est. Property Value	4 Est. Property Loss
1 Contents—Insurance Co. (If Known)			2 Amount of Insurance	3 Est. Contents Value	4 Est. Contents Loss

ALL FIRES

1 Bldg. Size (Sq. Ft. At Base)	2 No. Stories Above Ground	3 Property Class. Rating At Structure	4 Construction Method	
1 Construction Type		2 Extent of Flame Damage		3 Extent of Other Damage
1 Occupant in Area of Origin		2 Detector Performance		3 Sprinkler Performance
IF FLAME SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Flame		2 Avenue of Flame Travel
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Smoke		2 Avenue of Smoke Travel

STRUCTURE FIRES

IF MOBILE PROPERTY	1 Year	2 Make	3 Model	4 Vehicle Number		5 License No.
IF EQUIPMENT INVOLVED	1 Year	2 Brand Name	3 Model	4 Serial Number		5 Voltage (if any)

1 No. of Gal. of Water Used	2 No. and Feet of Hose		1 1/2"	2 1/2"	3 1/2"	Other	
1 Kind	No. Used	2 Kind	No. Used	3 Kind	No. Used	4 Kind	No. Used
1 Kind	No. Used	2 Kind	No. Used	3 Kind	No. Used	4 Kind	No. Used

FIRE DEPT. USE

This form prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

Capt. Bhirdo A/C Susalski

D. Fortier

Name & Rank of Officer in Charge

Member Making Report—If different than left line

(Use reverse side for remarks)

Mo. 11
Day 26
Year 81
Incident No. 5480
Address 1108 N. Genesee Ave.

444

FIRS INCIDENT REPORT



Fire Department Baginaw Fire Department			AMENDED
Weather Clear	Temp. 42°	Wind Direction & Velocity NW - 8	2 <input type="checkbox"/> Change 3 <input type="checkbox"/> Delete

ALL INCIDENTS	1 FD Ident. 73	2 Incident No. 12	3 Exp. 5263	4 Mo. 11	5 Day 11	6 Year 81	7 Day of Week Wednesday	8 Alarm Time 1108	9 Time Arriv. 1112	10 Time Cird. 1135	11 Sta. 02		
	1 Occupant (Incident Location)		2 Address (Incident Location) Street			3 Phone		4 Zip Code 48702		5 Census Tract			
	1 Owner		2 Address			3 Phone		4 Fire Dept. Use					
	1 Method of Alarm From Public 7 Central Dispatch (911)						2 Type of Situation Found 22 Gas line rupture						
	1 Type of Action Taken 4 Remove hazard				2 Fire Dept. Use		3 1st Co. In SP		4 Shift 2		5 Alarms 1		6 Mutual Aid <input type="checkbox"/> Rec. <input type="checkbox"/> Given
	1 No. Fire Service Personnel Used At Scene 6		Injured	Killed	2 No. Fire Service Casual. (All Incid.)		Injured	Killed	3 No. Civilian Casualties (Fires Only)		4 Persons Rescued		
	APPARATUS RESPONSE	1 Engines Pumps	2 Misc. Pumps	3 Aerials Ladders	4 Squads Rescues	5 Tankers inc. Trailers	6 Grass Fire Rigs	7 Other F.D. Veh.	8 Other Veh.				
	1 Fixed Property Use 411 Dwelling		2 Property Type 1 Building			3 Complex 00		4 Other N/A					

Complete form FM-18B if casualties are involved in this report.

ALL FIRES	1 Area of Origin	2 Level of Fire Origin	3 Termination Stage	4 Mobile Property Class	
	1 Equipment Involved in Ignition	2 Form of Heat Causing Ignition		3 Type of Material First Ignited	
	1 Use of Material First Ignited	2 Probable Act or Omission		3 Method of Extinguishment	
	1 Building, Vehicle or Other - Insurance Co. (If Known)		2 Amount of Insurance	3 Est. Property Value	4 Est. Property Loss
	1 Contents - Insurance Co. (If Known)		2 Amount of Insurance	3 Est. Contents Value	4 Est. Contents Loss

STRUCTURE FIRES	1 Bldg. Size (Sq. Ft. At Base)	2 No. Stories Above Ground	3 Property Class. Rating At Structure	4 Construction Method
	1 Construction Type	2 Extent of Flame Damage		3 Extent of Other Damage
	1 Occupant in Area of Origin	2 Detector Performance		3 Sprinkler Performance
	IF FLAME SPREAD BEYOND ROOM OF ORIGIN:	1 Type Material Generating Most Flame		2 Avenue of Flame Travel
	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN:	1 Type Material Generating Most Smoke		2 Avenue of Smoke Travel

IF MOBILE PROPERTY INVOLVED:	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
	1 Year	2 Brand Name	3 Model	4 Serial Number	5 Voltage (if any)

FIRE DEPT. USE	1 No. of Gal. of Water Used	2 No. and Feet of Hose	1 1 1/2" Feet	2 2" Feet	3 3" Feet	Other Feet
	17	01	29	01		
	1 Kind	2 Kind	3 Kind	4 Kind		
	No. Used	No. Used	No. Used	No. Used		

This form prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

Lt. B. L. Warte **A/C Gussalaki** **J. Howard**
 Name & Rank of Officer in Charge Member Making Report - If different than left line

(Use reverse side for remarks)

445

No.	11
Day	11
Year	81
Incident No.	5263
Address	905 Congress St. Detroit

1 FIRS
INCIDENT REPORT



Fire Department SAGINAW FIRE DEPARTMENT											AMENDED	
Weather Rain			Temp. 42°		Wind Direction & Velocity East-10						2 <input type="checkbox"/> Change 3 <input type="checkbox"/> Delete	
1 FD Ident. 73 12	2 Incident No. 5483	3 Exp. 01	4 Mo. 11	5 Day 26	6 Year 81	7 Day of Week Thursday		8 Alarm Time 1457	9 Time Arriv 1500	10 Time Cird 1548	11 Sta. 03	
1 Occupant (Incident Location)			2 Address (Incident Location)			3 Phone			4 Zip Code 48602		5 Census Tract	
1 Owner Esse			2 Address			3 Phone			4 Fire Dept. Use			
1 Method of Alarm From Public 7 Central dispatch						2 Type of Situation Found 31 Structure fire						
1 Type of Action Taken 1 Extinguishment						2 Fire Dept. Use FYP		3 1st Co. In 1	4 Shift 1	5 Alarms 1	6 Mutual Aid 1 <input type="checkbox"/> Rec. 2 <input type="checkbox"/> Given	
1 No. Fire Service Personnel Used At Scene 12			Injured	Killed	2 No. Fire Service Casual. (All Incid.)			Injured	Killed	3 No. Civilian Casualties (Fires Only)		
APPARATUS RESPONSE 2		1 Engines Pumps	2 Mini Pumps	3 Aerials Ladders 1	4 Squads Rescues 2	5 Tankers inc. Trailers	6 Grass Fire Rigs	7 Other F.D. Veh. 1	8 Other Veh.			
1 Fixed Property Use 411 Single family			2 Property Type 1 building			3 Complex 00 N/A						

Complete form FM-18B if casualties are involved in this report.

1 Area of Origin 24 Kitchen	2 Level of Fire Origin 1	3 Termination Stage 3 Open flame	4 Mobile Property Class 00 N/A
1 Equipment Involved in Ignition 21 Stove	2 Form of Heat Causing Ignition 12 Pilot light		3 Type of Material First Ignited 11 Natural gas
1 Use of Material First Ignited 65 Fuel	2 Probable Act or Omission 51 Part failure		3 Method of Extinguishment 3 Portable extinguisher
1 Building, Vehicle or Other—Insurance Co. (If Known) State Farm		2 Amount of Insurance \$36,000.00	3 Est. Property Value
1 Contents—Insurance Co. (If Known)		2 Amount of Insurance	4 Est. Contents Loss \$1,782.92
		3 Est. Contents Value	4 Est. Contents Loss \$500.00

1 Bldg. Size (Sq. Ft. At Base) 960	2 No. Stories Above Ground 1	3 Property Class. Rating At Structure 0	4 Construction Method 1 Site built
1 Construction Type 7 Protected wood frame	2 Extent of Flame Damage 2 Confined to room of origin		3 Extent of Other Damage 6 Confined to building of origin
1 Occupant in Area of Origin 1 Owner	2 Detector Performance 8 None	3 Sprinkler Performance 8 None	
IF FLAME SPREAD BEYOND ROOM OF ORIGIN	11	1 Type Material Generating Most Flame Natural gas	12
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	69	1 Type Material Generating Most Smoke Wood & Paint	8
		2 Avenue of Flame Travel Combustible wall	
		2 Avenue of Smoke Travel Open area	

IF MOBILE PROPERTY	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
IF EQUIPMENT INVOLVED	1 Year	2 Brand Name Roper	3 Model Gas range	4 Serial Number	5 Voltage (if any)

1 No. of Gal. of Water Used 5	2 No. and Feet of Hose Booster		1 1/2" Feet	2 1/2" Feet	3 3/4" Feet	Other Feet
1 Kind 24	No. Used 1	19	2 Kind 1	No. Used 1	17	3 Kind 1
1 Kind 34	No. Used 1	39	2 Kind 1	No. Used 1	42	3 Kind 1
					29	4 Kind 1

Form prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

A/C Hall Capt. Kleen C. Pramo
Name & Rank of Officer in Charge Member Making Report—If different than left line

(Use reverse side for remarks)

446

Mo 11
Day 26
Year 81
Incident No. 5483
Address 1448
Avenue

1 FIRS
CIDENT REPORT

90



Fire Department Saginaw Fire Department			AMENDED
Weather Cloudy	Temp. 39°	Wind Direction & Velocity Southwest 0-5	

1 FD Ident. 73	2 Incident No. 12	3 Exp. 01	4 Mo. 12	5 Day 02	6 Year 81	7 Day of Week Wednesday	8 Alarm Time 1134	9 Time Arriv. 1137	10 Time Cld. 1155	11 Sta. 01			
1 Occupant (Incident Location)		2 Address (Incident Location)			3 Phone		4 Zip Code 48601		5 Census Tract				
1 Owner Same		2 Address			3 Phone		4 Fire Dept. Use						
1 Method of Alarm From Public 7 Central Dispatch (911)						2 Type of Situation Found 11 Kitchen Fire							
1 Type of Action Taken 1 Extinguishment				2 Fire Dept. Use		3 1st Co. In F7		4 Shift 03		5 Alarms 01		6 Mutual Aid 1 <input type="checkbox"/> Rec. 2 <input type="checkbox"/> Given	
1 No. Fire Service Personnel Used At Scene 07		Injured		Killed		2 No. Fire Service Casual. (All Incid.)		Injured		Killed		3 No. Civilian Casualties (Fires Only)	4 Persons Rescued
APPARATUS RESPONSE	1 Engines Pumps 02	2 Mini Pumps	3 Aerials Ladders 01	4 Squads Rescues 01	5 Tankers inc. Trailers	6 Grass Fire Rigs	7 Other F.D. Veh. 01	8 Other Veh.					
1 Fixed Property Use 411 Dwelling			2 Property Type 1 Building			3 Complex 00 N/A							

Complete form FM-18B if casualties are involved in this report.

1 Area of Origin 24 Kitchen		2 Level of Fire Origin 1	3 Termination Stage 3 Open Flame		4 Mobile Property Class 00 N/A	
1 Equipment Involved in Ignition 21 Stove		2 Form of Heat Causing Ignition 12 Pilot Light			3 Type of Material First Ignited 11 Natural Gas	
1 Use of Material First Ignited 76 Cooking Material		2 Probable Act or Omission 51 Part failure		3 Method of Extinguishment 3 Hand Pump		
1 Building, Vehicle or Other—Insurance Co. (If Known) Mayer & Sons 1419 E. Michigan			2 Amount of Insurance 25 000		3 Est. Property Value 20 000	4 Est. Property Loss 1 600
1 Contents—Insurance Co. (If Known)			2 Amount of Insurance		3 Est. Contents Value 600	4 Est. Contents Loss 600

1 Bldg. Size (Sq. Ft. At Base) 1 200		2 No. Stories Above Ground 01	3 Property Class. Rating At Structure	4 Construction Method 1 Lite built	
1 Construction Type 7 Protected wood frame		2 Extent of Flame Damage 2 Area of origin		3 Extent of Other Damage 6 Building of origin	
1 Occupant in Area of Origin		2 Detector Performance 8 None		3 Sprinkler Performance 8 None	
IF FLAME SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Flame		2 Avenue of Flame Travel	
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Smoke 35 Applied Paint		2 Avenue of Smoke Travel 5 Construction openings	

S IF MOBILE PROPERTY	1 Year	2 Make	3 Model	4 Vehicle Number		5 License No.	Address 332 E. 17th	Mo. 12	Day 02	Year 81	Incident No. 5562
T IF EQUIPMENT INVOLVED	1 Year 80	2 Brand Name hoper	3 Model Gas Range	4 Serial Number		5 Voltage (if any)					

U 1 No. of Gal. of Water Used	2 No. and Feet of Hose	3 1 1/2" Feet	4 2 1/2" Feet	5 3 1/2" Feet	6 Other Feet		
V 1 Kind 24	No. Used 01	2 Kind 02	No. Used 01	3 Kind 17	No. Used 01	4 Kind 42	No. Used 01
W 1 Kind 28	No. Used 01	2 Kind 29	No. Used 02	3 Kind 41	No. Used 01	4 Kind	No. Used

This form prescribed by Section 4 of Act 207, P.A. 19-11, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

Lt. Mike J. Vroman
Name & Rank of Officer in Charge

Craig Faets
Member Making Report—If different than left line

(Use reverse side for remarks)

447

REPORT



Fire Department
Saginaw Fire Department
 AMENDED
 Weather: **Raining** Temp: **40°** Wind Direction & Velocity: **NE 10**
 2 Change
 3 Delete

1 FD Ident.	2 Incident No.	3 Exp.	4 Mo.	5 Day	6 Year	7 Day of Week	8 Alarm Time	9 Time Arriv.	10 Time Cird.	11 Sta.						
73	12	5390	01	11	19	81	5	Thursday	1834	1836	1924	03				
1 Occupant (Incident Location)		2 Address (Incident Location)		3 Phone		4 Zip Code		5 Census Tract								
						48602										
1 Owner		2 Address		3 Phone		4 Fire Dept. Use										
						Vicky 6197 S. Michigan										
1 Method of Alarm From Public						2 Type of Situation Found										
7 Central Dispatch 911						11 Structure fire										
1 Type of Action Taken				2 Fire Dept. Use		3 1st Co. In		4 Shift		5 Alarms		6 Mutual Aid				
1 Entanglement				FPP		3		1		1 <input type="checkbox"/> Rec. 2 <input type="checkbox"/> Given						
1 No. Fire Service Personnel			Injured		Killed		2 No. Fire Service Casual. (All Incid.)		Injured		Killed		3 No. Civilian Casualties (Fires Only)		4 Persons Rescued	
16																
1 Apparatus Response		2 Engine Pumps		3 Aerial Pumps		4 Aerial Ladders		5 Squads/Rescues		6 Tankers/Inc. Trailers		7 Other P.D. Veh.		8 Other Veh.		
2		1		1		2						1				
1 Fixed Property Use				2 Property Type				3 Complex								
422				1 Building				00 N/A								

Complete form FM-18B if casualties are involved in this report.

1 Area of Origin		2 Level of Fire Origin		3 Termination Stage		4 Mobile Property Class			
24 Kitchen		2		3		00 N/A			
1 Equipment Involved in Ignition		2 Form of Heat Causing Ignition		3 Type of Material First Ignited					
21 Gas range		12 Heat from Gas-Fueled		31 Grease					
1 Use of Material First Ignited		2 Probable Act or Omission		3 Method of Extinguishment					
76 Cooking material		73 Unattended		5 Pre-connected hose line					
1 Building, Vehicle or Other - Insurance Co. (If Known)				2 Amount of Insurance		3 Est. Property Value		4 Est. Property Loss	
								5,000	
1 Contents - Insurance Co. (If Known)				2 Amount of Insurance		3 Est. Contents Value		4 Est. Contents Loss	
								2,000	

1 Construction Type		2 Extent of Flame Damage		3 Construction Method	
8 Unprotected wood frame		2 Confined to room		1 Site built	
1 Occupant in Area of Origin		2 Detector Performance		3 Extent of Other Damage	
3 Heater		8 None		6 Confined to building	
IF FLAME SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Flame		2 Avenue of Flame Travel	
		98 N/A		98 N/A	
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Smoke		2 Avenue of Smoke Travel	
		63 Saw wood		6 Utility openings	

IF MOBILE PROPERTY	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
IF EQUIPMENT INVOLVED	1 Year	2 Brand Name	3 Model	4 Serial Number	5 Voltage (if any)

1 No. of Gal. of Water Used		2 No. and Feet of Hose Booster		3 Kind		4 Kind	
5.00		1 3.00		1 1.50			
1 Kind		2 Kind		3 Kind		4 Kind	
01		02		01		01	
1 Kind		2 Kind		3 Kind		4 Kind	
29		33		42		31	

This form prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

H. Vroman A/C
 Name & Rank of Officer in Charge

Sopczak
 Member Making Report - If different than left line

(Use reverse side for remarks)

448

No. 11
 Day 19
 Year 81
 Incident No. 5390
 Address 621 S. Michigan

MFIRS
INCIDENT REPORT



Fire Department
Saginaw Fire Department
Weather _____ Temp. _____ Wind Direction & Velocity _____
AMENDED
2 Change
3 Delete

ALL INCIDENTS	1 FD Ident.	2 Incident No.	3 Exp.	4 Mo.	5 Day	6 Year	7 Day of Week	8 Alarm Time	9 Time Arriv.	10 Time Cird	11 Sta.						
	73	12	5390	11	19	81	5	1834	1836	1924	03						
	1 Occupant (Incident Location)		2 Address (Incident Location)				3 Phone		4 Zip Code		5 Census Tract						
	1 Owner		2 Address				3 Phone		4 Fire Dept. Use								
	1 Method of Alarm From Public				2 Type of Situation Found												
	1 Type of Action Taken				2 Fire Dept. Use		3 1st Co. In		4 Shift		5 Alarms		6 Mutual Aid 1 <input type="checkbox"/> Rec. 2 <input type="checkbox"/> Given				
	1 No. Fire Service Personnel Used At Scene				Injured Killed		2 No. Fire Service Casual. (All Incd.)		Injured Killed		3 No. Civilian Casualties (Fires Only)		4 Persons Rescued				
	APPARATUS RESPONSE		1 Engine Pumps		2 Mini Pumps		3 Aerials Ladders		4 Squads Rescues		5 Tankers Inc. Trailers		6 Grass Fire Blgs		7 Other F.O. Veh.		8 Other Veh.
1 Fixed Property Use				2 Property Type				3 Complex									

Complete form FM-18B if casualties are involved in this report.

ALL FIRES	1 Area of Origin		2 Level of Fire Origin		3 Termination Stage		4 Mobile Property Class *			
	1 Equipment Involved in Ignition		2 Form of Heat Causing Ignition				3 Type of Material First Ignited 11 Natural Gas			
	1 Use of Material First Ignited 65 Fuel		2 Probable Act or Omission 51 Flex tubing break		3 Method of Extinguishment					
	1 Building, Vehicle or Other - Insurance Co. (If Known)				2 Amount of Insurance		3 Est. Property Value		4 Est. Property Loss	
	1 Contents - Insurance Co. (If Known)				2 Amount of Insurance		3 Est. Contents Value		4 Est. Contents Loss	

STRUCTURE FIRES	1 Bldg. Size (Sq. Ft. At Base)		2 No. Stories Above Ground		3 Property Class, Rating At Structure		4 Construction Method	
	1 Construction Type		2 Extent of Flame Damage				3 Extent of Other Damage	
	1 Occupant in Area of Origin		2 Detector Performance				3 Sprinkler Performance	
	IF FLAME SPREAD BEYOND BOOM OF ORIGIN				1 Type Material Generating Most Flame		2 Avenue of Flame Travel	
	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN				1 Type Material Generating Most Smoke		2 Avenue of Smoke Travel	

IF MOBILE PROPERTY INVOLVED	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
	1 Year	2 Brand Name	3 Model	4 Serial Number	5 Voltage (if any)

FIRE DEPT. USE	1 No. of Gal. of Water Used		2 No. and Feet of Hose Booster									
			No. Feet		1 1/2" Feet		2 1/2" Feet		3 1/2" Feet		Other Feet	
	1 Kind No. Used		2 Kind No. Used		3 Kind No. Used		4 Kind No. Used		5 Kind No. Used		6 Kind No. Used	
1 Kind No. Used		2 Kind No. Used		3 Kind No. Used		4 Kind No. Used		5 Kind No. Used		6 Kind No. Used		

Address
621 S. Michigan
No. 11
Day 19
Year 31
Incident No. 5390

This form prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

W Forbes

J. Howard

Name & Rank of Officer in Charge

Member Making Report - If different than left line

(Use reverse side for remarks)

449



Fire Department
Saginaw Fire Dept. AMENDED
 Weather **PC** Temp. **62** Wind Direction & Velocity **NW 7**

A	1 FD Ident. 73	2 Incident No. 12	3 Exp. 04	4 Mo. 06	5 Day 11	6 Year 80	7 Day of Week Wednesday	8 Alarm Time 1242	9 Time Arriv. 1245	10 Time Cld. 1257	11 Sta. 01	
B	1 Occupant (Incident Location) [Redacted]		2 Address (Incident Location) [Redacted]		3 Phone [Redacted]		4 Zip Code 48601		5 Census Tract			
C	1 Owner Same		2 Address Same		3 Phone Same		4 Fire Dept. Use					
D	1 Method of Alarm From Public 1 Telephone					2 Type of Situation Found 2, 2 Gas Rupture						
E	1 Type of Action Taken 4 Shut off gas					2 Fire Dept. Use FP		3 1st Co. In 1	4 Shift 1	5 Alarms 1	6 Mutual Aid <input type="checkbox"/> Rec. <input type="checkbox"/> Given	
F	1 No. Fire Service Personnel Used At Scene 3		Injured	Killed	2 No. Fire Service Casual. (All Incid.)		Injured	Killed	3 No. Civilian Casualties (Fires Only)		4 Persons Rescued	
G	APPARATUS RESPONSE	1 Engines Pumps 1	2 Mini. Pumps	3 Aerials Ladders	4 Squads Rescues	5 Tankers Inc. Trailers	6 Grass Fire Rigs	7 Other F.D. Veh.	8 Other Veh.			
H	1 Fixed Property Use 4 1 1 Dwelling			2 Property Type 1 Building			3 Complex 0 0 N/A					

Complete form FM-18B if casualties are involved in this report.

I	1 Area of Origin	2 Level of Fire Origin	3 Termination Stage	4 Mobile Property Class *			
J	1 Equipment Involved in Ignition **		2 Form of Heat Causing Ignition		3 Type of Material First Ignited		
K	1 Use of Material First Ignited		2 Probable Act or Omission		3 Method of Extinguishment		
L	1 Building, Vehicle or Other— Insurance Co. (If Known)		2 Amount of Insurance	3 Est. Property Value	4 Est. Property Loss		
M	1 Contents— Insurance Co. (If Known)		2 Amount of Insurance	3 Est. Contents Value	4 Est. Contents Loss		

N	1 Bldg. Size (Sq. Ft. At Base)	2 No. Stories Above Ground	3 Property Class. Rating At Structure	4 Construction Method			
O	1 Construction Type		2 Extent of Flame Damage		3 Extent of Other Damage		
P	1 Occupant in Area of Origin		2 Detector Performance		3 Sprinkler Performance		
Q	IF FLAME SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Flame		2 Avenue of Flame Travel		
R	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Smoke		2 Avenue of Smoke Travel		

IF MOBILE PROPERTY INVOLVED	1 Year	2 Make	3 Model	4 Vehicle Number		5 License No.	
	1 Year	2 Brand Name	3 Model	4 Serial Number		5 Voltage (if any)	
1 No. of Gal. of Water Used	2 No. and Feet of Hose		1 1/2"	2 1/2"	3 3/4"	Other	
1 Kind	No. Used	2 Kind	No. Used	3 Kind	No. Used	4 Kind	
1 Kind	No. Used	2 Kind	No. Used	3 Kind	No. Used	4 Kind	

Mo. **06**
 Day **11**
 Year **80**
 Incident No. **1997**
 Address **452 S 21st**

Form prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

Lt. Niska **W/C Hudson**

Janrog

Name & Rank of Officer in Charge

Member Making Report— If different than left line

(Use reverse side for remarks)

450

MFIRS
INCIDENT REPORT



Fire Department Saginaw Fire Department											AMENDED	
Weather Rain			Temp. 50°		Wind Direction & Velocity NE - 11						2 <input type="checkbox"/> Change	3 <input type="checkbox"/> Delete
1 FD Ident. 73	2 Incident No. 12	3 Exp. 1230	4 Mo. 04	5 Day 14	6 Year 80	7 Day of Week Monday	8 Alarm Time 1231	9 Time Arriv. 1235	10 Time Circl. 1249	11 Sta. 03		
1 Occupant (Incident Location)			2 Address (Incident Location)			3 Phone		4 Zip Code 48602		5 Census Tract		
1 Owner			2 Address			3 Phone		4 Fire Dept. Use				
1 Method of Alarm From Public 1 Telephone						2 Type of Situation Found 11 Fire in a gas range						
1 Type of Action Taken 4 Shut off gas				2 Fire Dept. Use FPP		3 1st Co. In 2	4 Shift 1	5 Alarms 1	6 Mutual Aid 1 <input type="checkbox"/> Rec. 2 <input type="checkbox"/> Given			
1 No. Fire Service Personnel Used At Scene 6			Injured	Killed	2 No. Fire Service Casual. (All Incid.)		Injured	Killed	3 No Civilian Casualties (Fires Only)		4 Persons Rescued	
APPARATUS RESPONSE	1 Engines Pumps 1	2 Mini Pumps	3 Aerials Ladders	4 Squads Rescues 1	5 Tankers Inc. Trailers	6 Grass Fire Rigs	7 Other F.D. Veh.	8 Other Veh.				
1 Fixed Property Use 422 Apartment			2 Property Type 1 Building			3 Complex 00		N/A				

Complete form FM-18B if casualties are involved in this report.

1 Area of Origin 24 Kitchen	2 Level of Fire Origin 2	3 Termination Stage 3 Flame	4 Mobile Property Class 00 N/A	
1 Equipment Involved in Ignition 21 Gas range		2 Form of Heat Causing Ignition 12 Pilot light		3 Type of Material First Ignited 11 Natural gas
1 Use of Material First Ignited 65 Fuel	2 Probable Act or Omission 51 Gas line break		3 Method of Extinguishment 9 Shut off gas	
1 Building, Vehicle or Other—Insurance Co. (If Known) Unknown		2 Amount of Insurance	3 Est. Property Value 40,000	4 Est. Property Loss 00
1 Contents—Insurance Co. (If Known)		2 Amount of Insurance	3 Est. Contents Value 20,000	4 Est. Contents Loss 1,000

1 Bldg. Size (Sq. Ft. At Base) 1,200	2 No. Stories Above Ground 3	3 Property Class. Rating At Structure	4 Construction Method 1 Site built	
1 Construction Type 7 Protected wood frame	2 Extent of Flame Damage 1 Confined to object		3 Extent of Other Damage 9 none	
1 Occupant in Area of Origin 3 Renter	2 Detector Performance 8 None		3 Sprinkler Performance 8 none	
IF FLAME SPREAD BEYOND ROOM OF ORIGIN 98	1 Type Material Generating Most Flame N/A		2 Avenue of Flame Travel 98 N/A	
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN 11	1 Type Material Generating Most Smoke Natural gas		2 Avenue of Smoke Travel 4 Stairwell	

IF MOBILE PROPERTY	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
IF EQUIPMENT INVOLVED	1 Year	2 Brand Name	3 Model	4 Serial Number	5 Voltage (if any)

1 No. of Gal. of Water Used	2 No. and Feet of Hose Booster		1x" Feet	2x" Feet	3x" Feet	Other Feet
1 Kind No. Used	2 Kind No. Used	3 Kind No. Used	4 Kind No. Used			
1 Kind No. Used	2 Kind No. Used	3 Kind No. Used	4 Kind No. Used			

This form prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

Lt. F. Reing A/C Sus Laid
Name & Rank of Officer in Charge

J. Howard
Member Making Report—If different than left line

(Use reverse side for remarks)

451

Address
727 N. Hamilton St.
Mo. 04
Day 14
Year 80
Incident No. 1230

MFIRS INCIDENT REPORT



SAGINAW FIRE DEPARTMENT

AMENDED

Weather: **Rain** Temp: **34°** Wind Direction & Velocity: **East-8**

2 Change
3 Delete

ALL INCIDENTS	1 FD Ident.	2 Incident No.	3 Exp.	4 Mo.	5 Day	6 Year	7 Day of Week	8 Alarm Time	9 Time Arriv.	10 Time Cird	11 Sta		
	73	12	0965	-	03	21	80	6	Friday	0324	0328	0337	07
	1 Occupant (Incident Location)			2 Address (Incident Location)				3 Phone		4 Zip Code		5 Census Tract	
	2014			Glenwood						48601			
	1 Owner			2 Address				3 Phone		4 Fire Dept. Use			
	1 Method of Alarm From Public						2 Type of Situation Found						
	1 Telephone						11 Structure fire						
	1 Type of Action Taken				2 Fire Dept. Use		3 1st Co. In	4 Shift	5 Alarms	6 Mutual Aid			
	4 Shut off gas to stove				RP		1	1	1 <input type="checkbox"/> Rec. 2 <input type="checkbox"/> Given				
	1 No. Fire Service Personnel Used At Scene			Injured		Killed	2 No. Fire Service Casual. (All Incid.)		Injured	Killed	3 No Civilian Casualties (Fires Only)		4 Persons Rescued
3													
APPARATUS RESPONSE		1 Engine Pumpers	2 Mini Pumpers	3 Aerials Ladders	4 Squads Rescues	5 Tankers Inc. Trailers	6 Gross Fire Rigs	7 Other F.D. Veh.	8 Other Veh.				
1													
1 Fixed Property Use			2 Property Type			3 Complex							
411			Single family			1 Building			00 N/A				

Complete form FM-18B if casualties are involved in this report.

ALL FIRES	1 Area of Origin		2 Level of Fire Origin		3 Termination Stage		4 Mobile Property Class		
	24 Kitchen		1		3 After flame				
	1 Equipment Involved in Ignition		2 Form of Heat Causing Ignition		3 Type of Material First Ignited				
	21 Stove		49 Pilot light		11 Natural gas				
	1 Use of Material First Ignited		2 Probable Act or Omission		3 Method of Extinguishment				
65 Fuel		51 Broken gas line		3 Portable extinguisher					
1 Building, Vehicle or Other—Insurance Co. (If Known)				2 Amount of Insurance		3 Est. Property Value		4 Est. Property Loss	
Rougarntner									
1 Contents—Insurance Co. (If Known)				2 Amount of Insurance		3 Est. Contents Value		4 Est. Contents Loss	
								\$10.00	

STRUCTURE FIRES	1 Bldg. Size (Sq. Ft. At Base)		2 No. Stories Above Ground		3 Property Class. Rating At Structure		4 Construction Method	
	1000		1				1 Site built	
	1 Construction Type		2 Extent of Flame Damage		3 Extent of Other Damage			
	8 Unprotected wood frame		2 Confined to area of origin		2 Confined to area of origin			
	1 Occupant in Area of Origin		2 Detector Performance		3 Sprinkler Performance			
7 Not occupied		1 Operating		8 None				
IF FLAME SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Flame		2 Avenue of Flame Travel				
-		-		-				
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Smoke		2 Avenue of Smoke Travel				
-		-		+				

S	IF MOBILE PROPERTY	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
	IF EQUIPMENT INVOLVED	1 Year	2 Brand Name	3 Model	4 Serial Number	5 Voltage (if any)

FIRE DEPT. USE	1 No. of Gal. of Water Used		2 No. and Feet of Hose		1 1/2"		2 1/2"		3 1/2"		Other	
			No. Feet		No. Feet		No. Feet		No. Feet		Feet	
	1 Kind No. Used		2 Kind No. Used		3 Kind No. Used		4 Kind No. Used		5 Kind No. Used		6 Kind No. Used	
1 Kind No. Used		2 Kind No. Used		3 Kind No. Used		4 Kind No. Used		5 Kind No. Used		6 Kind No. Used		

This form prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

A/C Gray Lt. Manial C. Premo

Name & Rank of Officer in Charge

Member Making Report—If different than left line

(Use reverse side for remarks)

No. 0321
Day 21
Year 80
Address 2014 Glenwood P.
Incident No. 0965

452

ACCIDENT REPORT



Weather Cloudy		Temp. 29°	Wind Direction & Velocity West 6		2 <input type="checkbox"/> Change 3 <input type="checkbox"/> Delete
1 FD Ident. 73 12	2 Incident No. 0251	3 Exp. No.	4 Loc. No.	5 Day 20 80	6 Year
1 Occupant (Incident Location)			2 Address (Incident Location)	3 Phone	4 Zip Code
1 Owner		2 Address	3 Phone	4 Fire Dept. Use	
1 Method of Alarm From Public			2 Type of Situation Found		
Telephone			11 Range Fire (Out on arrival)		
1 Type of Action Taken		2 Fire Dept. Use	3 1st Co. In	4 Shift	5 Alarms
Shut off gas to range			FPP	2	1
1 No. Fire Service Personnel Used At Scene		Injured	Killed	3 No. Civilian Casualties (Fires Only)	
3					
1 Engines		2 Mini Pumps	3 Aerials	4 Squads	5 Tankers
1					
1 Fixed Property Use		2 Property Type		3 Complex	
411 Dwelling		1 Building		00 N/A	

Complete form FM-18B if casualties are involved in this report.

1 Area of Origin	2 Level of Fire Origin	3 Termination Stage	4 Mobile Property Class
71 Basement	8	3 Flame	00 N/A
1 Equipment Involved in Ignition	2 Form of Heat Causing Ignition	3 Type of Material First Ignited	
29 Gas range	12 Pilot light	12 Natural gas	
1 Use of Material First Ignited	2 Probable Act or Omission	3 Method of Extinguishment	
65 Fuel	51 Flex Hose broken	1 By owner with water	
1 Building, Vehicle or Other—Insurance Co. (If Known)	2 Amount of Insurance	3 Est. Property Value	4 Est. Property Loss
All			\$10.
1 Contents—Insurance Co. (If Known)	2 Amount of Insurance	3 Est. Contents Value	4 Est. Contents Loss

1 Construction Type	2 Extent of Flame Damage	3 Extent of Other Damage
8 Unprotected wood frame	1 Confined to object	1 Confined to object
1 Occupant in Area of Origin	2 Detector Performance	3 Sprinkler Performance
1 Owner	8 None	8 None
IF FLAME SPREAD BEYOND ROOM OF ORIGIN	1 Type Material Generating Most Flame	2 Avenue of Flame Travel
98	N/A	98 N/A
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	1 Type Material Generating Most Smoke	2 Avenue of Smoke Travel
31	Grease	4 Stairwell

IF MOBILE PROPERTY	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
IF EQUIPMENT INVOLVED	1 Year	2 Brand Name	3 Model	4 Serial Number	5 Voltage (if any)
		ROPER			110
1 No. of Gal. of Water Used	2 No. and Feet of Hose				
	No.	Feet	No.	Feet	No. Feet
1 Kind	No. Used	2 Kind	No. Used	3 Kind	No. Used
34	1				
1 Kind	No. Used	2 Kind	No. Used	3 Kind	No. Used

Information prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

/s/ Lt. Wm. Howard A/C Jugaloid **D. Fortier**
 Name & Rank of Officer in Charge Member Making Report—If different than left line
 (Use reverse side for remarks)

Address
1774 Davidson St.
 Day
01
 Year
80
 Incident No.
0251

453

MFIRS
INCIDENT REPORT



Fire Department Saginaw Fire Department											AMENDED 2 <input type="checkbox"/> Change 3 <input type="checkbox"/> Delete	
Weather Rain			Temp. 40°		Wind Direction & Velocity East 7-9							
1 FD Ident. 73	2 Incident No. 12	3 Exp. 01	4 Mo. 01	5 Day 16	6 Year 80	7 Day of Week Wednesday	8 Alarm Time 2048	9 Time Arriv. 2051	10 Time Clr'd 2201	11 Sta. 04		
1 Occupant (Incident Location) [REDACTED]			2 Address (Incident Location) [REDACTED]			3 Phone [REDACTED]		4 Zip Code 48602		5 Census Tract		
1 Owner [REDACTED]			2 Address [REDACTED]			3 Phone [REDACTED]		4 Fire Dept. Use				
1 Method of Alarm From Public 1 Telephone						2 Type of Situation Found 11 Structure Fire						
1 Type of Action Taken 1 Extinguish				2 Fire Dept. Use SRS		3 1st Co. In 03	4 Shift 01	5 Alarms 01	6 Mutual Aid 1 <input type="checkbox"/> Rec. 2 <input type="checkbox"/> Given			
1 No. Fire Service Personnel Used At Scene 19			Injured 00	Killed 00	2 No. Fire Service Casual. (All Incid.) 000		Injured 000	Killed 000	3 No. Civilian Casualties (Fires Only) 000		4 Persons Rescued	
APPARATUS RESPONSE 02		1 Engines Pumps 00	2 Mini Pumps 01	3 Aerials Ladders 02	4 Squads Rescues 00	5 Tankers Inc. Trailers 00	6 Grass Fire Rigs 01	7 Other F.D. Veh. 00	8 Other Veh.			
1 Fixed Property Use 422 Apartments			2 Property Type 1 Building				3 Complex 00 N.A.					

Complete form FM-18B if casualties are involved in this report.

1 Area of Origin 24 Kitchen	2 Level of Fire Origin 2	3 Termination Stage 3 Flame	4 Mobile Property Class 00 N.A.	
1 Equipment Involved in Ignition 21 Gas Stove	2 Form of Heat Causing Ignition 12 Heat from Gas Fuel		3 Type of Material First Ignited 11 Natural Gas	
1 Use of Material First Ignited 86 Gas Fuel	2 Probable Act or Omission 51 Pipe Break		3 Method of Extinguishment 6 Preconnected	
1 Building, Vehicle or Other—Insurance Co. (if Known)		2 Amount of Insurance	3 Est. Property Value	4 Est. Property Loss 9000
1 Contents—Insurance Co. (if Known)		2 Amount of Insurance	3 Est. Contents Value	4 Est. Contents Loss 500

1 Bldg. Size (Sq. Ft. At Base) 1,080	2 No. Stories Above Ground 02	3 Property Class. Rating At Structure	4 Construction Method 1 Site Built	
1 Construction Type 8 Unprotected Wood	2 Extent of Flame Damage 4 Confined to Apartment		3 Extent of Other Damage 6 Confined to Building	
1 Occupant in Area of Origin 3 Renter	2 Detector Performance 8 None		3 Sprinkler Performance 8 None	
IF FLAME SPREAD BEYOND ROOM OF ORIGIN	67	1 Type Material Generating Most Flame Paper	2 Avenue of Flame Travel 14 Ceiling and Wall	
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	63	1 Type Material Generating Most Smoke Sawn Wood	2 Avenue of Smoke Travel 6 Utility Openings	

IF MOBILE PROPERTY	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
IF EQUIPMENT INVOLVED	1 Year	2 Brand Name	3 Model	4 Serial Number	5 Voltage (if any)

1 No. of Gal. of Water Used 1,200	2 No. and Feet of Hose No. Feet	1 1/2" Feet 02 350	2 1/2" Feet 01 200	3 3/4" Feet	Other Feet
1 Kind 02 Axe	No. Used 11	2 Kind 01 AirPac	No. Used 08	3 Kind 31 P. Tize	No. Used 60
1 Kind 29 Fan	No. Used 02	2 Kind 40 T. Paper	No. Used 01	3 Kind 3 Aero fog	No. Used 01
				4 Kind 33 Ladder	No. Used 02
				4 Kind 17 Gen.	No. Used 01

This form prescribed by Section 4 of Act 207, P.A. 19-41, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

A/C Woman

Craig Faetz

Name & Rank of Officer in Charge

Member Making Report—If different than left line

(Use reverse side for remarks)

No. 01
 Day 10
 Year 80
 Incident No. 0205
 916 Monroe

454

AFIRS INCIDENT REPORT



Fire Department: **Saginaw Fire Department** AMENDED
 Weather: **Cloudy** Temp: **29°** Wind Direction & Velocity: **NW - 5**
 12 Change: _____ 13 Delete: _____

ALL INCIDENTS	A	1 FD Ident. 73 12	2 Incident No. 0021	3 Exp. 01	4 Mo. 02	5 Day 80	6 Year 4	7 Day of Week Wednesday	8 Alarm Time 0630	9 Time Arriv 0635	10 Time Cld 0704	11 Time 03							
	B	1 Occupant (Incident Location)		2 Address (Incident Location)			3 Phone		4 Zip Code 48602		5 Census Tract								
	C	1 Owner same		2 Address			3 Phone		4 Fire Dept. Use										
	D	1 Method of Alarm From Public 1 Telephone						2 Type of Situation Found 11 Structure Fire											
	E	1 Type of Action Taken 1 Extinguishment						2 Fire Dept. Use FPP		3 1st Co. In 1		4 Shift 1		5 Alarms 1		6 Mutual Aid <input type="checkbox"/> Rec. <input type="checkbox"/> Given			
	F	1 No. Fire Service Personnel Used At Scene 17			Injured 0		Killed 0		2 No. Fire Service Casual. (All Incid.)		Injured 0		Killed 0		3 No Civilian Casualties (Fires Only)		4 Persons Rescued		
	G	APPARATUS RESPONSE		1 Engines Pumps 2		2 Min. Pumps		3 Aerials Ladders 1		4 Squads Rescues 2		5 Tankers Inc. Trailers		6 Grass Fire Rigs 1		7 Other F.D. Veh. 0		8 Other Veh. 0	
	H	1 Fixed Property Use 411 Dwelling			2 Property Type 1 Building			3 Complex 00 N/A											

Complete form FM-18B if casualties are involved in this report.

ALL FIRES	I	1 Area of Origin 24 Kitchen		2 Level of Fire Origin 1		3 Termination Stage 3 Flame		4 Mobile Property Class. 00 N/A			
	J	1 Equipment Involved in Ignition 98 None involved		2 Form of Heat Causing Ignition 12 Flame from cook stove		3 Type of Material First Ignited 11 Natural gas					
	K	1 Use of Material First Ignited 65 Fuel		2 Probable Act or Omission 51 Part failure		3 Method of Extinguishment 3 Portable extinguisher					
	L	1 Building, Vehicle or Other—Insurance Co. (If Known)				2 Amount of Insurance		3 Est. Property Value		4 Est. Property Loss 100	
M	1 Contents—Insurance Co. (If Known)				2 Amount of Insurance		3 Est. Contents Value		4 Est. Contents Loss 200		

STRUCTURE FIRES	N	1 Bldg. Size (Sq. Ft. At Base) 800		2 No. Stories Above Ground 1		3 Property Class. Rating At Structure		4 Construction Method 1 Site built			
	O	1 Construction Type 7 Protected wood frame		2 Extent of Flame Damage 2 Confined to part of room		3 Extent of Other Damage 2 Confined to part of room					
	P	1 Occupant In Area of Origin 7 Not occupied		2 Detector Performance 2 Operated		3 Sprinkler Performance 8 none					
	Q	IF FLAME SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Flame 11 Natural gas		2 Avenue of Flame Travel 98 No factor					
	R	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		1 Type Material Generating Most Smoke 35 Applied paint		2 Avenue of Smoke Travel 6 Utility openings					

S	IF MOBILE PROPERTY	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
	IF EQUIPMENT INVOLVED	1 Year	2 Brand Name	3 Model	4 Serial Number	5 Voltage (if any)

FIRE DEPT. USE	U	1 No. of Gal. of Water Used		2 No. and Feet of Hose		1 1/2" Feet		2 1/2" Feet		3 3/4" Feet		Other Feet	
	V	1 Kind 29		No. Used 1		2 Kind 24		No. Used 1		3 Kind 17		No. Used 1	
	W	1 Kind		No. Used		2 Kind		No. Used		3 Kind		No. Used	

This form prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

A/C R. Gray

Name & Rank of Officer in Charge

J. Howard

Member Making Report—If different than left line

(Use reverse side for remarks)

No. **01**
 Day **02**
 Year **80**
 Incident No. **0021**
 Address **1433 Locust Street**

455

M.F.I.R.S.
INCIDENT REPORT



Fire Department SAGINAW FIRE DEPARTMENT			AMENDED
Weather Cl. at.	Temp. 4°	Wind Direction & Velocity Northwest-8	2 Change 3 Delete

1 FD Ident. 73	2 Incident No. 12	3 Exp. 4816	4 Mo. 12	5 Day 24	6 Year 80	7 Day of Week Monday	8 Alarm Time 1938	9 Time Arriv. 1943	10 Time Cird. 1949	11 Sta. 07			
1 Occupant (Incident Location)		2 Address (Incident Location)			3 Phone		4 Zip Code 48601		5 Census Tract				
1 Owner		2 Address			3 Phone		4 Fire Dept. Use						
1 Method of Alarm From Public 7 Central dispatch FAX					2 Type of Situation Found 41 Broken gas line								
1 Type of Action Taken 1 Shut off gas at valve				2 Fire Dept. Use		3 1st Co. In BP		4 Shift 1		5 Alarms 1		6 Mutual Aid <input type="checkbox"/> Rec. <input type="checkbox"/> Given	
1 No. Fire Service Personnel Used At Scene 3		Injured		Killed		2 No. Fire Service Casual. (All Incd.)		Injured		Killed		3 No. Civilian Casualties (Fires Only)	4 Persons Rescued
APPARATUS RESPONSE	1 Engines Pumps	2 Mini Pumps	3 Aerials Ladders	4 Squads Rescues	5 Tankers Inc. Trailers	6 Grass Fire Rigs	7 Other F.D. Veh.	8 Other Veh.					
1 Fixed Property Use 421 1-2 Units			2 Property Type 1 Building			3 Complex 00 N/A							

Complete form FM-18B if casualties are involved in this report.

1 Area of Origin	2 Level of Fire Origin	3 Termination Stage	4 Mobile Property Class *	
1 Equipment Involved in Ignition **	2 Form of Heat Causing Ignition		3 Type of Material First Ignited	
1 Use of Material First Ignited	2 Probable Act or Omission		3 Method of Extinguishment	
1 Building, Vehicle or Other - Insurance Co. (If Known)		2 Amount of Insurance	3 Est. Property Value	4 Est. Property Loss
1 Contents - Insurance Co. (If Known)		2 Amount of Insurance	3 Est. Contents Value	4 Est. Contents Loss

1 Bldg. Size (Sq. Ft. At Base)	2 No. Stories Above Ground	3 Property Class, Rating At Structure	4 Construction Method
1 Construction Type	2 Extent of Flame Damage		3 Extent of Other Damage
1 Occupant in Area of Origin	2 Detector Performance		3 Sprinkler Performance
IF FLAME SPREAD BEYOND ROOM OF ORIGIN	1 Type Material Generating Most Flame		2 Avenue of Flame Travel
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	1 Type Material Generating Most Smoke		2 Avenue of Smoke Travel

IF MOBILE PROPERTY	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
IF EQUIPMENT INVOLVED	1 Year	2 Brand Name	3 Model	4 Serial Number	5 Voltage (if any)

1 No. of Gal. of Water Used	2 No. and Feet of Hose		1 1/2" Feet		2 1/2" Feet		3 1/2" Feet		Other Feet	
	No.	Feet	No.	Feet	No.	Feet	No.	Feet	No.	Feet
1 Kind	No. Used	2 Kind	No. Used	3 Kind	No. Used	4 Kind	No. Used			
1 Kind	No. Used	2 Kind	No. Used	3 Kind	No. Used	4 Kind	No. Used			

Mo. **12** Day **24** Year **80** Incident No. **496**
Address **1237**

This form prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

M/C Capt. Hudson **Capt. DeGuise** **C. Promo**

Name & Rank of Officer in Charge Member Making Report - If different than left line

(Use reverse side for remarks)

456

MFIRS
INCIDENT REPORT



Fire Department Saginaw Fire Department			AMENDED
Weather Cloudy	Temp. 32°	Wind Direction & Velocity EV - 3	2 <input type="checkbox"/> Change 3 <input type="checkbox"/> Date

1 FD Ident. 73	2 Incident No. 12	3 Exp. 4765	4 Mo. 12	5 Day 18	6 Year 80	7 Day of Week Thursday	8 Alarm Time 1350	9 Time Arriv 1353	10 Time Cld 1402	11 Sta. 07							
1 Occupant (Incident Location)		2 Address (Incident Location)			3 Phone		4 Zip Code 48601		5 Census Tract								
1 Owner Saga		2 Address Saga			3 Phone		4 Fire Dept. Use Res Laundry										
1 Method of Alarm From Public 7 Central Dispatch - 911						2 Type of Situation Found 11 Fire - Gas Range											
1 Type of Action Taken 1 Extinguishment						2 Fire Dept. Use BP		4 Shift 2		5 Alarms 1		6 Mutual Aid 1 <input type="checkbox"/> Rec. 2 <input type="checkbox"/> Given					
1 No. Fire Service Personnel Used At Scene 3			Injured -		Killed -		2 No. Fire Service Casual. (All Incd.) -		Injured -		Killed -		3 No Civilian Casualties (Fires Only) -		4 Persons Rescued -		
APPARATUS RESPONSE		1 Engines/Pumpers 1		3 Mop. Pumps -		3 Aerials/Ladders -		4 Squads/Rescues -		5 Tankers/Inc. Trailers -		8 Grass/Fire Rigs -		7 Other F.O. Veh. -		8 Other Veh. -	
1 Fixed Property Use 411 Drilling			2 Property Type 1 Building			3 Complex 00 N/A											

Complete form FM-18B if casualties are involved in this report.

1 Area of Origin 24 Kitchen	2 Level of Fire Origin 1	3 Termination Stage 3 Flame	4 Mobile Property Class 00 N/A
1 Equipment Involved in Ignition 21 Gas Range	2 Form of Heat Causing Ignition 12 Pilot Light		3 Type of Material First Ignited 11 Natural Gas
1 Use of Material First Ignited 65 Fuel	2 Probable Act or Omission 51 Gas Line Break		3 Method of Extinguishment 9 Shut Off Gas
1 Building, Vehicle or Other - Insurance Co. (If Known) Independent Ins. Co.		2 Amount of Insurance	3 Est. Property Value
1 Contents - Insurance Co. (If Known)		2 Amount of Insurance	3 Est. Contents Value
			4 Est. Property Loss \$100.
			4 Est. Contents Loss \$100.

1 Bldg. Sika. (Sq. Ft. At Base) 364	2 No. Stories Above Ground 2	3 Property Class. Rating At Structure -	4 Construction Method 1 Site Built
1 Construction Type 8 Unprotected wood-frame	2 Extent of Flame Damage 1 Confined to object		3 Extent of Other Damage 1 Confined to object
1 Occupant in Area of Origin 1 Owner	2 Detector Performance 8 None		3 Sprinkler Performance 8 None
IF FLAME SPREAD BEYOND ROOM OF ORIGIN 00	1 Type Material Generating Most Flame N/A		2 Avenue of Flame Travel 98 N/A
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN 00	1 Type Material Generating Most Smoke N/A		2 Avenue of Smoke Travel 8 N/A

IF MOBILE PROPERTY	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
IF EQUIPMENT INVOLVED	1 Year	2 Brand Name H C H L F	3 Model R A N G E	4 Serial Number	5 Voltage (if any)

1 No. of Gal. of Water Used	2 No. and Feet of Hose		1 1 1/2"		2 2"		3 3/4"		Other	
	No.	Feet	No.	Feet	No.	Feet	No.	Feet	No.	Feet
	1 Kind	No. Used	2 Kind	No. Used	3 Kind	No. Used	4 Kind	No. Used		
	1 Kind	No. Used	2 Kind	No. Used	3 Kind	No. Used	4 Kind	No. Used		

This form prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

Lt. Diffell A/C Susalski

D. Fortier

Name & Rank of Officer in Charge

Member Making Report - if different than left line

(Use reverse side for remarks)

457

No. 12
 Day 18
 Year 80
 Incident No. 4765
 Address 705 E. Yemington St.

INCIDENT REPORT

1 FD Ident.	2 Incident No.	3 Exp.	4 Mo.	5 Day	6 Year	7 Day of Week	8 A
73	12	4752	12	17	80	Wednesday	1459
1 Occupant (Incident Location)		2 Address (Incident Location)		3 Phone		4 Fire Dept. Use	
[Redacted]		[Redacted]		[Redacted]		LB602	
1 Method of Alarm From Public		2 Type of Situation Found		3 Fire Dept. Use		4 Shift	
7 Telephone from Central Dispatch (911)		11 Structure Fire		PPPP		01	
1 Type of Action Taken		2 Fire Dept. Use		3 1st Co. In		4 Shift	
1 Arrived		PPPP		01		01	
1 No. Fire Service Personnel Used At Scene		2 No. Fire Service Casual (All Incid.)		3 No. Civilian Casualties (Fire ONLY)		4 Persons Rescued	
13		-1		-		-	
1 Apparatus Response		2 Property Type		3 Complex		4 Other	
2		1 Building		00		7/1	

Complete form FM-18B if casualties are involved in this report.

1 Area of Origin	2 Level of Fire Origin	3 Termination Stage	4 Mobile Property Class
24 Entrance	2	Open Flame	
1 Equipment Involved in Ignition	2 Form of Heat Causing Ignition	3 Type of Material First Ignited	
	12 Pilot Light	11 Gas	
1 Use of Material First Ignited	2 Probable Act or Omission	3 Method of Extinguishment	
65 Federal Gas	91 Break in Flexible Tube	6 Extinguished & Exposed	
1 Building, Vehicle or Other - Insurance Co. (If Known)	2 Amount of Insurance	3 Est. Property Value	4 Est. Property Loss
[Redacted]		4000	4000
1 Contents - Insurance Co. (If Known)	2 Amount of Insurance	3 Est. Contents Value	4 Est. Contents Loss
[Redacted]			

1 Bidg. Type	2 No. Stories Above Ground	3 Property Class, Rating As Structure	4 Construction Method
1200	02		1 Brick Built
1 Construction Type	2 Extent of Flame Damage	3 Extent of Other Damage	
6 [Redacted]	5 Floor of origin	5 Floor of origin	
1 Occupant in Area of Origin	2 Detector Performance	3 Sprinkler Performance	
3 [Redacted]	8 None	8 None	
IF FLAME SPREAD BEYOND ROOM OF ORIGIN	1 Type Material Generating Most Flame	2 Avenue of Flame Travel	
	67 Wall Paper	12 Wall Covering	
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	1 Type Material Generating Most Smoke	2 Avenue of Smoke Travel	
	67 Wall Paper	2 Corridor	

IF MOBILE PROPERTY	1 Year	2 Make	3 Model	4 Vehicle Number	5 License No.
IF EQUIPMENT INVOLVED	1 Year	2 Brand Name	3 Model	4 Serial Number	5 Voltage (if any)

1 No. of Gal. of Water Used	2 No. and Feet of Hose				3 Kind	4 Kind	5 Kind
	No.	Feet	1 1/2"	2 1/2"			
100	01	200	01	250	01	05	33
31	02	06	01	05	33	48	
39	02	01	29	02	17	01	

This form prescribed by Section 4 of Act 207, P.A. 1941, as amended. The above data is the opinion of the undersigned based on information available at the time of the report.

VC Bell B. Florida
 Name & Rank of Officer in Charge Member Making Report - If different than left line
 (Use reverse side for remarks)

Mo. 12
 Day 17
 Year 90
 Incident No. 4752
 Address 115 S. Oakley

458

G21 0094



MICHIGAN PRESS
READING SERVICE

126 S. Putman, Williamston, Mich. 48892

BAY CITY, MI

TIMES

E-42,000

DEC-30-81

Fire officials: Gas tubing can be a hazard

Bay City Fire Department officials are urging residents to check the flexible tubing used to connect their natural gas stoves and clothes dryers to the rigid gas pipe because of the potential fire hazards.

The department has responded to at least a half-dozen alarms in the past few months in which the tubing has either broken or separated at the soldered connectors at either end — for no apparent reason, according to officials. This may be caused by deterioration or frequent movement of the appliance.

The problem can't be traced to any particular

brand, although City Fire Marshal James D. Allen said defects thus far have occurred in tubing manufactured prior to 1968. Residents who know or suspect their connectors to be in this group are urged to have them replaced by a qualified person.

Fire officials also recommend a gas shut-off valve be installed ahead of the flexible tube. Many people have no way to shut the gas off when the tubing breaks, which officials say is very dangerous.

For more information, contact the fire department, 892-2701.

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SAGINAW FIRE DEPARTMENT

801 FEDERAL

SAGINAW, MICHIGAN 48607

EMERGENCY - 776 1370

BUSINESS - 776 1376

March 5, 1982

Mr. Rudy H. Frostman
Consumer Product Safety Commission
477 Michigan - Room M-24
Detroit, MI 48226

Dear Mr. Frostman

This is to inform you that we have had numerous other incidents where the flexible gas line connection ruptured which resulted in fire.

We have collected these gas lines which you can pick up the next time you are in the area.

Also, if you have any results in the testing of these connectors, would you send this information to this office.

Sincerely

Donald Couturier, Lieutenant
Fire Prevention Bureau
Saginaw Fire Department

DC/jw

"TIMELY ATTENTION MEANS FIRE PREVENTION"

461

DD

462

TD # _____
RP # _____
HEB # _____
CA # _____

PRODUCT SAFETY ASSESSMENT (PSA)
TECHNICAL EVALUATION
REQUEST

Dec 11-82

PSA USE ONLY

REQUEST # 455

TIME/DATE RECEIVED: 10:30 AM / 4/7/82

RECEIVED BY: NICK MARCHICA / PM
(Name/Title - Please Print)

DATE DUE: EP: 5/7/82
EC: 5/7/82
ES: 5/7/82
OPM: 5/7/82 comp. 5/6/82

REQUESTED BY:

DOUG NOBLE / PM for EH
(Requestor's Name/Title - Please Print)

OPM 4/7/82 PRIORITY: D
(Org. Code) (Date) (Corrective Action Use Only)

TYPE OF EVALUATION REQUESTED (Please Print):

PID: Summarize hazard data: by mfr.; hazard pattern/scenario; note LP or natural gas; by product.
CON: Identify mfrs; annual production; total production; when first produced; used with what products?; product life.
SJR: Summarize and evaluate existing regs and ordinances (thru AGA?); Summarize and evaluate existing voluntary standards; Summarize past CPSC engineering tasks; Summarize AGA special announcements on product; what are the effects of contaminants on the product?
(Use back of this form if more space is needed)

PRODUCT IDENTIFICATION:

GENERIC - FLEXIBLE GAS CONNECTORS
(Manufacturer/Importer) (Sample Number - If Applicable)

4/21/82 ⁽¹⁾ REVISION OF TASK:
Summarize & evaluate model building code regs.
(Other Descriptive Information - Brand Name/Model/Etc.)

THIS BLOCK FOR PSA USE ONLY

ASSIGNED TO: BOSS KOESER / EP
TERRY KARELS / EC
SID GREENFIELD / ES
(Name/Organization Code)
NICK MARCHICA / PM

DATE ASSIGNED: 4/7/82
4/7/82
4/7/82

ADDITIONAL INSTRUCTIONS:

OPM: Develop chronology of Commission involvement with flexible gas connectors (EH, SIS and FTB activities)
• Marchica has reference materials which may be useful.
• David Kaplan to get ES T.O. assigned.
• Can tasks be completed by 5/7/82?

EE

464

ID Number: _____

PRELIMINARY STAFF DETERMINATION

UNDER SECTION 15 OF THE CONSUMER PRODUCT SAFETY ACT

CA or ~~CP~~ Number: 81-2664

Date of Report: _____

Product and Brand Name: 

Firm and Address: 

Defect and Hazard:

Uncoated (PSA #192), and coated (PSA #193) flexible gas connectors failed due to stress corrosion cracking as a result of damaged areas of the brass having exposure to ammonia containing solutions or vapors commonly found in household cleaners. Failure of the flexible gas connectors can result in a fire hazard.

Staff Decision:

Preliminary determination that substantial hazard exists and remedial action should be undertaken.

Preliminary determination that risk of injury exists and remedial action offered by firm be monitored.

Preliminary determination not to proceed because:

Information does not indicate further Commission investigation to be undertaken at this time.

Information has been referred to: Emerging Hazards

Other:

RESTRICTED

ID Number: _____

SUMMARY SHEET

CA or RP Number: 81-2664

Product and Firm: [REDACTED]

Summary of File:

Two flexible gas connectors manufactured by [REDACTED] Co. were obtained following fires occurring in Edmond, Oklahoma and Milwaukee, Wisconsin, in December, 1980. Investigations were performed and incorporated in In-Depths No. 810107HIA2049 and 810120MIN5041.

In-Depth No. 810107HIA2049 addressed the fire occurring in Edmond, Oklahoma which took place in an apartment complex following the shut off and re-connection of a gas system as a result of the upgrading of the gas service line. There were three (3) fires reported in the building. The fire in which the flexible connector (uncoated) was obtained resulted when the kitchen range was moved for servicing. The age of the unit in question was unknown but other connectors in the building evidenced a 1973 production date. There were no injuries but property damage was estimated at \$13,000.00. The unit was sampled (No. F855-4463) and forwarded to CACA.

In-Depth No. 810120MIN5041 addressed the fire occurring in Milwaukee, Wisconsin, in a two family duplex dwelling. The fire began when a five (5) year old gas stove was moved for cleaning and the flexible connector (coated) ruptured. This condition allowed the leaking gas to become ignited by the pilot light in the stove. There were no injuries and property damage was assessed at \$20.00. The faulty connector was sampled (E 840-7300) and forwarded to CACA.

The failed units were submitted to the PSA Team to determine what factors contributed to or were directly responsible for the faulty connectors.

A failure analysis of the uncoated Unit, identified as Sample no. F855-4463/PSA 192 and the coated unit identified as E-840-7300/PSA #193 was performed under Contract No. CPSC-L-81-1199, further identified as the Artech Report 58140.05.

The Artech findings included:

"Failure of the uncoated (PSA #192), and the coated (PSA #193) flexible gas connectors occurred by the mechanism of stress corrosion cracking as a result of damaged areas of the brass coming into direct contact with ammonia containing solutions or vapors that are commonly found in commercial household cleaners or floor finish strippers. The coated flexible line failed at a location which had lost its coating."

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From the information developed both units, i.e., the coated and uncoated connectors appear to have been manufactured prior to the ANSI requirement of 10/8/73 for stress corrosion tests in ammonia vapors on flexible gas connectors. In addition, one unit was subject to the upgrading of the service gas line which may have further influenced the failure.

Based on this information, it is proposed that this file be closed. However, in view of the Artech Report which concludes that stress corrosion cracking of brasses on flexible gas connectors is a serious problem in atmospheres containing ammonia or in contact with liquid containing ammonia compounds with or without a protective coating, it is recommended that this matter be referred to Emerging Hazards to be addressed on a generic basis.

RESTRICTED

CA or RP No. _____

ID Number _____

Hazard Priority Classification _____

Date: _____

Compliance with Reporting Obligations:

Further Investigation and Review Recommended.

No Further Investigation Recommended.

Legal Strategy:

Approvals:

Compliance Officer *[Signature]*

PDP

Director CACA *David W. Stone 7/27/82*

Attorney _____

B

**FLEXIBLE GAS CONNECTORS
CHRONOLOGY OF COMMISSION INVOLVEMENT**

PART II

(344 pages)

**U.S. CONSUMER PRODUCT SAFETY COMMISSION
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20207**

Portions of this package designated as Restricted by the staff have been removed to expedite your request and to avoid lengthy processing requirements of the Consumer Product Safety Act and the Freedom of Information Act.

If you wish the deleted portions processed and a full explanation of the deletions, please submit a written request describing the material to:

Freedom of Information Officer
Office of the Secretary
CONSUMER PRODUCT SAFETY COMMISSION
WASHINGTON, D.C. 20207

Thank you for your interest in the U.S. Consumer Product Safety Commission.

Enclosure(s)

UNITED STATES GOVERNMENT

Memorandum

RESTRICTION REMOVED
Available for Public Release

By *[Signature]* Date *11/1/82*

U.S. CONSUMER PRODUCT
SAFETY COMMISSION
WASHINGTON, D.C. 20207

TO : Douglas L. Noble, Program Manager for Emerging Hazards, OPM

DATE: JUN 10 1982

FROM : Nick Marchica, Program Manager for Product Safety Assessment, Office of Program Management

Nick Marchica

SUBJECT: Supplemental Package - Flexible Gas Connectors

Attached please find the documents referenced in the chronology included at Tab A of the discussion paper on flexible gas connectors.

Attachment

TEAM COMMENTS BY JULY 20, 1982

TO: The Commission
THROUGH: Sadye E. Dunn, Secretary
THROUGH: Martin Howard Katz, General Counsel
THROUGH: Bert G. Simson, Acting Executive Director
THROUGH: Harry I. Cohen, Acting Director,
Office of Program Management

FROM: James F. Hoebel, Program Manager, Fire and Thermal Burn
Hazards, Office of Program Management

SUBJECT: Semi-Annual Report: Gas Heating Systems

I. Introduction

This report is intended to be a mid-year status report on a new project started this fiscal year: Gas Heating Systems. The ultimate aim of the project is to reduce the fire and acute CO poisoning casualties caused by heating equipment fueled by gas. Heating appliances, such as furnaces, space heaters, and water heaters, are included in the scope of the project along with ancillary equipment such as venting systems and controls. Cooking and laundry equipment are not included. The report will review current progress and plans for further activities.

Up until this year, hazards associated with gas-fired heating equipment have surfaced as candidates for Commission attention from time to time but, with the exception of the Energy Conservation Devices project and fairly regular Section 15 activities, no separate project was established. Surprisingly, the National Commission on Product Safety, when listing unreasonable hazards to support the creation of a CPSC, did not identify fire hazards of any gas heating appliances, although they did target hot surfaces of floor furnaces and carbon monoxide poisoning from unvented gas space heaters. CPSC's first Consumer Product Hazard Index ranked "Space Heaters and Heating Stoves" 15th, "Furnaces and Floor Furnaces" 38th, and "Water Heaters" 39th in the list of products which might demand Commission attention in 1973, based upon NEISS, taking into account injury frequency, injury severity, and age of victim. Consumer complaints were received continually, but

DOUG -
FY I,
J. Hoebel
Star
FY I - -
Flex-Son
connector
file

it was not until reliable national fire data were available through the National Fire Incident Reporting System (NFIRS) that the scope of the problem was understood. NFIRS clearly showed that , before 1980 (when wood heating fires increased drastically), fires in gas-fueled equipment accounted for more deaths and injuries than fires in any other kind of heating equipment. Further, recent mortality data indicated that gas heating systems accounted for the majority of carbon monoxide deaths in the home.

Therefore a project was established in fiscal year 1982 to address the fire and acute carbon monoxide hazards of gas fired heating systems. The project was designed to put into perspective the casualties associated with such products and to develop and recommend appropriate Commission remedial actions. The effort including the monitoring of voluntary standards activities.

When the project was initiated, a preliminary analysis of hazard data identified two important problems: gas water heater fires and vented gas space heater carbon monoxide poisonings. Not only were there more fires from gas than from electric hot water heaters by a ratio of 9 to 1, but the risk of injury from a given fire was several times higher for gas than for electric heaters. Vented gas-fired space heaters accounted for over twice as many deaths every year from CO poisoning than from unvented gas heaters. As a result, the Team decided to concentrate initial efforts on these two areas. However, the Team recognized that other problems might become apparent during the project performance, and we wished to be sufficiently flexible to begin to address any of these, depending upon the availability of resources in the project. Several of these potential candidate activities

were identified in a July 29, 1981 memo to the Executive Director from the New Project Identification Program: portable LP fired cabinet heaters, flexible connectors, combination controls, carbon monoxide detectors, and fuel gas detectors.

As the project got underway, staff began accumulating in-depth investigations and usage data to help establish risk relative to electric devices, checking the feasibility of using the oxygen depletion sensing system on vented space heaters, and establishing contact with the appropriate voluntary standards community, including ANSI, AGAL, and GAMA. ✓

II. Vented Gas-Fired Space Heaters

Vented gas-fired space heaters present a major acute carbon monoxide poisoning problem, as was noted above. Current knowledge on this hazard is summarized in Epidemiology's report at Tab A. A total of 250 carbon monoxide poisoning deaths are estimated for each year associated with fuels in the home. About 85 percent of these deaths are associated with gas-fired equipment. The largest single contributor to these deaths is vented gas-fired space heaters: an estimated 140 deaths, fully 40 percent of the total.

Market data is summarized by Economics at Tab B. Before 1977, unvented heater production (as measured by shipments) was greater than vented heater production. In 1978, manufacturers temporarily ceased production of unvented gas heaters when CPSC proposed a ban, so the yearly shipments were off significantly. Since 1979, vented gas heaters have represented about 60 to 70 percent of production as measured by shipments. M

The estimated number of space heaters in use can be utilized to estimate the relative risk presented by various types of heaters. The number in use has been estimated by the CPSC Product Life Model: 4.2 million vented gas heaters, 7.3 million unvented gas heaters, and 33.4 million portable electric heaters. The calculated number of acute carbon monoxide poisoning deaths per 10,000 heaters in use, using these estimates and the data in Tab A, are as follows:

<u>CO Deaths per 10,000 products in use</u>	
Gas-Fired, total	0.15
Vented	0.31
Unvented	0.05
Electric	0

These calculations appear to reemphasize the severity of the vented heater problem.

Tab C contains a report from Engineering. Hazard and engineering analysis has indicated that the vented heater problem involves improper installation, unconnected vents, or obstructed vents. These conditions lead to the generation and inadequate dissipation of carbon monoxide, ultimately to a very toxic environment. The similar hazard with unvented heaters is being addressed by the recent CPSC mandatory regulation requiring use of an oxygen depletion sensor (ODS). The feasibility of applying the ODS principle to vented heaters was suggested to industry representatives.

There is an active American National Standards Institute subcommittee investigating this problem. They have reviewed the ODS

approach and other alternatives, and have concluded that, at this time, another approach--the "thermal spill switch"--is preferable. This is the approach recommended by a previous CPSC contractor, CALSPAN, in 1980 for gravity-vented, gas-fired central heating systems. An American Gas Association Laboratories representative believes that the "spill switch" can be implemented relatively quickly, avoiding delays such as those which occurred when the European ODS was being adapted for use in this country. He claims that the technology is already established and available, and that the switch will shut off the vented heater if the vent is blocked or not connected. The switch would be economical and equally applicable to natural gas fueled or LP fueled appliances. Thermal spill switches were successfully demonstrated to CPSC personnel in February, 1982.

The ANSI Z-21 subcommittee is expediting consideration of a requirement for the "thermal spill switch". If CPSC concurs with the opinion that this device will directly address the identified hazard, then the ANSI activity promises to be an effective, efficient solution to the problem.

III. Water Heaters

Hot water heaters are the largest single contributor to the substantial fire losses caused by gas heaters. Injuries per fire are generally high for gas systems, but especially high for water heaters, as shown in Tab A. A preliminary look at in-depth investigations in CPSC files suggests that fires often occur explosively while the victim is nearby, either trying to light the water heater pilot light or working with flammable materials whose vapors are ignited by the heater flame.

A special questionnaire and guidelines for investigating hot water heater fires has been developed and used to accumulate 21 cases since October 1981. Better information is necessary to guide our investigations and indicate appropriate remedial recommendations.

The production of water heaters is dominated by gas and electric types; there are also a few oil-fired units produced (see Tab B). The number of water heaters in use are estimated at 29.8 million gas-fired units, 0.3 million oil-fired units, and 20.6 million electric units. Using these estimates, the following calculations show the number of fires, injuries, and deaths per 100,000 water heaters in use in 1980.

	<u>Fires</u>	<u>Injuries</u>	<u>Deaths</u>
Gas-Fired	3.77	0.48	0.02
Oil-Fired	33.91	3.01	-
Electric	0.52	0.02	-

The Fire and Thermal Burn Hazards Team has discussed the possibility of labeling of water heaters to warn consumers of the hazards of ignition of nearly flammable vapors and improper ignition of pilot lights.

IV. Future Activities

Continued emphasis will be placed on working with the ANSI Z-21 committee to expediate a solution to the vented space heater CO poisoning problem. Engineering is considering a request for Commission approval of "participating" in this activity, according to the CPSC voluntary standard policy. Hazard analysis will continue to determine the age and size of heaters involved in accidents and the relative

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frequency of natural gas and LP fired units. Installation data and any regional variations will be sought. An independent and objective technical evaluation will be made of the potential success of the "thermal spill switch" in reducing CO poisonings.

More information is needed to support the water heater work, and more in-depth cases will be accumulated. Analysis of available data will be performed. Contact will be established with the industry, and the possibilities of labeling will be explored.

We plan to begin to accumulate some information that would be useful in performing a hazard evaluation of combination controls. There is a need to determine whether a general problem exists.

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TAB A

Memorandum

TO : Jim Hoebel, EX-P
Through: Dr. Robert D. Verhalen, AED, EP

FROM : Bea Harwood, EPHA BH

SUBJECT: Status Report, Gas Heating Systems

DATE: APR 27 1982

Safety problems associated with gas heating systems can be categorized into two major hazard areas:

- Fire (with or without an explosion)
- Carbon monoxide poisoning (without a fire)

Fire

Estimated 1980 fire losses from gas heating equipment are shown below:

<u>Kind of Equipment</u>	<u>Fires</u>	<u>Deaths</u>	<u>Injuries^{a/}</u>
Water Heaters	11,200	70	1,430
Central Furnaces	6,900	40	540
Fixed Room Heaters	6,600	30	480
Other, Unknown	2,400	10	140

While these losses are down somewhat from 1979 and lower than losses from wood and coal heaters, they are still substantial. Until the recent sharp increase in fires from wood and coal heaters, gas heaters were responsible for more fire deaths and injuries than any other kind of heating appliance. Further, injuries per fire are higher with gas fired heaters than with heaters using any other fuel, as can be seen from the table shown on the next page.

Since hot water heaters are the largest single contributor to gas heater losses and the number of injuries per fire is especially high, they have been selected for particular study. A preliminary look at in-depth investigations collected in the past suggests that fires often occur explosively while a victim is nearby, either trying to light the pilot on the heater or working with flammable liquids whose vapors are ignited by the heater.

In order to learn more about how and why these fires occur, Epidemiology has developed a special questionnaire and guidelines for investigating hot water heater fires. Since October 1982, when the guidelines were set in place, 21 cases have been completed. Assignment of cases is still in progress. Analysis of collected cases will begin in early summer.

a/ Civilian injuries are thought to be under-reported in fire department incident data. Thus, injury estimates shown should be considered as minimums.

Table 1.

National Projection* of Residential Heating Equipment Fire Losses, 1980

	Fires	Deaths	Injuries	Casualties per 100 Fires
Total Residential	757,500	5,500	53,000	7.7
<u>Total, Heating Equipment</u>	<u>210,400</u>	<u>850</u>	<u>8,720</u>	<u>4.5</u>
<u>Solid Fuel Heater</u>	<u>112,000</u>	<u>350</u>	<u>2,800</u>	<u>2.8</u>
Fixed Heater	22,200	120	720	3.8
Chimney	47,000	60	680	1.6
Connector	8,700	30	430	5.3
Fireplace	28,300	90	810	3.2
Central Furnace	2,000	30	100	6.5
Portable Heater	1,200	10	10	1.7
Other, Unknown	2,400	10	50	2.5
<u>Gas Fired Heater</u>	<u>27,000</u>	<u>150</u>	<u>2,590</u>	<u>10.1</u>
Fixed Room Heater	6,600	30	480	7.7
Water Heater	11,200	70	1,430	13.4
Central Furnace	6,900	40	540	8.4
Other, Unknown	2,400	10	140	6.2
<u>Electric Heater</u>	<u>15,400</u>	<u>70</u>	<u>1,030</u>	<u>7.1</u>
Fixed Room Heater	4,600	20	420	9.6
Water Heater	1,100	--	40	3.6
Central Furnace	5,200	--	90	1.7
Portable Heater	3,000	50	470	17.3
Other, Unknown	1,400	--	20	1.4
<u>Liquid-Fueled Heater</u>	<u>9,400</u>	<u>120</u>	<u>550</u>	<u>7.1</u>
Fixed Room Heater	1,700	70	70	8.2
Portable Heater	600	20	80	16.7
Water Heater	900	--	80	8.9
Central Furnace	4,800	30	260	6.0
Chimney Flue Connector	1,000	--	30	3.0
Other, Unknown	400	--	30	7.5
<u>All Other, Unknown</u>	<u>46,600</u>	<u>160</u>	<u>1,760</u>	<u>4.1</u>

Source: U.S. Consumer Product Safety Commission/EPHA

(Note: Because of rounding, detail may not always add to the total.)

*Projections were derived by ratio-adjusting National Fire Incident data from the U.S. Fire Administration (23 states reporting) to aggregate fire loss estimates derived by the National Fire Protection Association.

Carbon Monoxide Poisoning

About 350 persons die every year from carbon monoxide poisoning associated with the controlled burning of fuels in the home. This number is derived from national mortality data published by the National Center for Health Statistics (NCHS), which identifies the number of carbon monoxide poisoning deaths from the combustion of domestic fuels (i.e., gas, wood, oil, kerosene, coke, etc.), but does not identify the kind of appliance involved. The estimate is conservative in that it does not include fatalities for which cause of death is listed as "unknown carbon monoxide poisoning"; that is, it is unknown whether they occurred from the use of domestic fuels, from motor vehicle exhaust fumes, or from some other non-domestic exposure to carbon monoxide.

The Commission's files include copies of death certificates that specify what kind of appliance caused the carbon monoxide poisoning. By ratio-adjusting the Commission data to NCHS aggregate estimates, we are able to estimate the number of deaths associated with various appliances.

As the table shown on the next page indicates, we estimate that about 85 percent of carbon monoxide deaths involve gas fueled appliances. Wood or coal-burning appliances account for about 10 percent and oil or kerosene appliances for the remaining 5 percent of the cases.

Among gas-fueled appliances, vented gas space heaters are the largest single contributor, accounting for almost 40 percent of all CO deaths, or about 130 a year. Accidents involving these appliances have, therefore, been selected for further study.

Preliminary investigation indicates that the primary problem lies with how the heater is vented rather than with the operation of the appliance itself. In many instances the vent has either been installed improperly or has become clogged or obstructed in some way; often no vent at all has been installed. Continued analysis will be directed toward identifying the average age and size of these heaters, whether they were fueled by LP or natural gas, who installed the vent system, regional variations in risk, and exactly how the accident occurred.

Table 2.

Estimates of Residential Carbon Monoxide^{a/} Deaths (Except Motor Vehicle CO)

	Estimated Number ^{b/}	Percent
<u>Total</u>	<u>340</u>	<u>100%</u>
<u>Gas Appliances</u>	<u>290</u>	<u>85%</u>
Space Heater	170	50%
Vented	(130)	(38%)
Unvented	(40)	(12%)
Camper Heater	20	6%
Furnace	50	15%
Floor, Wall Furnace	10	3%
Range, Oven	30	9%
Other	10	3%
 <u>Wood Appliances</u>	 <u>30</u>	 <u>9%</u>
Charcoal Grill	20	6%
Wood, Coal Stove	10	3%
Fireplace	(3)	(1%)
 <u>Oil, Kerosene Appliances</u>	 <u>20</u>	 <u>6%</u>
Oil Heater, Furnace	20	6%
Kerosene Heater	(2)	(1%)

a/ Includes carbon monoxide deaths from the controlled burning of residential fuels. Does not include carbon monoxide poisoning from uncontrolled house fires.

b/ Estimates were derived by ratio-adjusting data extracted from CPSC Death Certificate files (1979) to mortality data published by the National Center for Health Statistics (1978).

Source: U.S. Consumer Product Safety Commission
Division of Hazard Analysis

TAB B