

☐ Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section 5 "Alternative Location Specification". Use only for Wildland fires.

Location\*

☒ Street address

81

BENNETT AV

Street Type

Suffix

☐ Intersection

In front of

Rear of

Adjacent to

Directions

CRANSTON

City

RI

02920

State

Zip Code

Cross street or directions, as applicable

Census Tract

0147

-

0

Incident Type \*

11 Building fire

Incident Type

Aid Given or Received\*

☐ Mutual aid received

☐ Automatic aid recv.

☐ Mutual aid given

☐ Automatic aid given

☐ Other aid given

☒ None

Their FDID

Their State

Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm

ALARM always required

Alarm \*

05

07

2023

01:13:14

Month

Day

Year

Hr

Min

Sec

ARRIVAL required, unless canceled or did not arrive

Arrival \*

05

07

2023

01:18:37

CONTROLLED Optional, Except for wildland fires

Controlled

LAST UNIT CLEARED, required except for wildland fires

Last Unit

05

07

2023

04:43:46

Cleared

E2 Shift & Alarms

Local Option

3

Shift or Alarms

Platoon

E3 Special Studies

Local Option

9244

3

Special Study ID#

Special Study Value

Actions Taken \*

11 Extinguishment by fire

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources \*

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

Apparatus

Personnel

Suppression

EMS

Other

0016

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

Property \$

000

000

Contents \$

000

000

PRE-INCIDENT VALUE: Optional

Property \$

000

000

Contents \$

000

000

Completed Modules

Fire-2

Structure-3

Civil Fire Cas.-4

Fire Serv. Cas.-5

EMS-6

HazMat-7

Wildland Fire-8

Apparatus-9

Personnel-10

Arson-11

H1\*Casualties

Deaths

Injuries

Fire Service

Civilian

H2 Detector

Required for Confined Fires.

1 Detector alerted occupants

2 Detector did not alert them

U Unknown

H3 Hazardous Materials Release

N None

1 Natural Gas: slow leak, no evacuation or HazMat actions

2 Propane gas: <21 lb. tank (as in home BBQ grill)

3 Gasoline: vehicle fuel tank or portable container

4 Kerosene: fuel burning equipment or portable storage

5 Diesel fuel/fuel oil: vehicle fuel tank or portable

6 Household solvents: home/office spill, cleanup only

7 Motor oil: from engine or portable container

8 Paint: from paint cans totaling < 55 gallons

0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN Not Mixed

10 Assembly use

20 Education use

33 Medical use

40 Residential use

51 Row of stores

53 Enclosed mall

58 Bus. & Residential

59 Office use

60 Industrial use

63 Military use

65 Farm use

00 Other mixed use

Property Use\* Structures

31 Church, place of worship

61 Restaurant or cafeteria

62 Bar/Tavern or nightclub

13 Elementary school or kindergarten

15 High school or junior high

41 College, adult education

11 Care facility for the aged

31 Hospital

Outside

24 Playground or park

55 Crops or orchard

69 Forest (timberland)

07 Outdoor storage area

19 Dump or sanitary landfill

31 Open land or field

341 Clinic, clinic type infirmary

342 Doctor/dentist office

361 Prison or jail, not juvenile

419 1-or 2-family dwelling

429 Multi-family dwelling

439 Rooming/boarding house

449 Commercial hotel or motel

459 Residential, board and care

464 Dormitory/barracks

519 Food and beverage sales

936 Vacant lot

938 Graded/care for plot of land

946 Lake, river, stream

951 Railroad right of way

960 Other street

961 Highway/divided highway

962 Residential street/driveway

539 Household goods, sales, repairs

579 Motor vehicle/boat sales/repair

571 Gas or service station

599 Business office

615 Electric generating plant

629 Laboratory/science lab

700 Manufacturing plant

819 Livestock/poultry storage (barn)

882 Non-residential parking garage

891 Warehouse

981 Construction site

984 Industrial plant yard

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

Property Use

419

1 or 2 family dwelling

NFIRS-1 Revision 03/11/99

# 1 PERSON/ENTITY INVOLVED

Local Option

Business name (if applicable)

Area Code

Phone Number

Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

## 2 Owner

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

Local Option

Business name (if Applicable)

Area Code

Phone Number

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

Mr.,Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

## Remarks

Local Option

Smoke showing from the bravo side of the building and found a Kitchen fire with extension to the dining room caused by cooking oil on the stove top left unattended. Occupants out of the structure on our arrival and an 1 3/4 handline brought in the breezeway to the fire area for extinguishments second handline was brought to the Charlie side for assistance. Attention to the attack area was found and some ceiling was opened up for access. Ladder 3 put a vent hole over the fire for ventilation. No smoke detectors were working in the home. One occupant was taken by rescue for evaluation. Fire prevention called to the scene for inspection.

## Authorization

001719

Officer in charge ID

Ryan, Robert V

Signature

D/C

Position or rank

Batt 1

Assignment

05

Month

07

Day

2023

Year

check x if me

003629

Officer Member making report ID charge.

Jutras, Christian B

Signature

LT

Position or rank

Engine 3

Assignment

05

Month

07

Day

2023

Year

00700	RI	5	7	2023	3	23-0006015	000	Complete Narrative
FDID *	State *	Incident Date *			Station	Incident Number *	Exposure *	

**Narrative:**

Smoke showing from the bravo side of the building and found a Kitchen fire with extension to the dining room caused by cooking oil on the stove top left unattended. Occupants out of the structure on our arrival and an 1 3/4 handline brought in the breezeway to the fire area for extinguishments second handline was brought to the Charlie side for assistance. Extension to the attack area was found and some ceiling was opened up for access. Ladder 3 cut a vent hole over the fire for ventilation. No smoke detectors were working in the home. One occupant was taken by rescue for evaluation. Fire prevention called to the scene for inspection.

<b>Property Details</b>	<b>C On-Site Materials or Products</b>
<b>31</b> <input type="checkbox"/> 0001 <input type="checkbox"/> Not Residential Estimated Number of residential living units in building of origin whether or not all units became involved	Enter up to three codes. Check one or more boxes for each code entered. <div>On-site material (1) <div><input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repair or service</div></div> <div>On-site material (2) <div><input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repair or service</div></div> <div>On-site material (3) <div><input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repair or service</div></div>
<b>32</b> <input type="checkbox"/> 001 <input type="checkbox"/> Buildings not involved Number of buildings involved	
<b>33</b> <input type="checkbox"/> <input checked="" type="checkbox"/> None Acres burned (outside fires) <input type="checkbox"/> Less than one acre	

<b>Ignition</b>	<b>E1 Cause of Ignition</b>	<b>E3 Human Factors Contributing To Ignition</b>	
<b>1</b> <input type="checkbox"/> 24 <input type="checkbox"/> Cooking area, kitchen Area of fire origin *	<input type="checkbox"/> Check box if this is an exposure report. Skip to section G <div>1 <input type="checkbox"/> Intentional 2 <input checked="" type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation</div>	Check all applicable boxes <div>1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved</div>	
<b>2</b> <input type="checkbox"/> 80 <input type="checkbox"/> Heat spread from Heat source *		<b>E2 Factors Contributing To Ignition</b>	7 <input type="checkbox"/> Age was a factor Estimated age of person involved <input type="checkbox"/>
<b>3</b> <input type="checkbox"/> UU <input type="checkbox"/> Undetermined Item first ignited * 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin		<div>NN <input type="checkbox"/> None <input checked="" type="checkbox"/></div> Factor Contributing To Ignition (1) <div><input type="checkbox"/></div> Factor Contributing To Ignition (2)	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
<b>4</b> <input type="checkbox"/> <input type="checkbox"/> Type of material first ignited Required only if item first ignited code is 00 or <70			

<b>F1 Equipment Involved In Ignition</b>	<b>F2 Equipment Power</b>	<b>G Fire Suppression Factors</b>
<input type="checkbox"/> None If Equipment was not involved, Skip to Section G <div><input type="checkbox"/></div> Equipment Involved rand <input type="checkbox"/> odel <input type="checkbox"/> erial # <input type="checkbox"/> ear <input type="checkbox"/>	<div><input type="checkbox"/></div> Equipment Power Source <b>F3 Equipment Portability</b> <div>1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary</div> <div>Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.</div>	Enter up to three codes. <input checked="" type="checkbox"/> None <div>NNN <input type="checkbox"/> None</div> Fire suppression factor (1) <div><input type="checkbox"/></div> Fire suppression factor (2) <div><input type="checkbox"/></div> Fire suppression factor (3)

<b>H1 Mobile Property Involved</b>	<b>H2 Mobile Property Type &amp; Make</b>	<b>Local Use</b>
<input type="checkbox"/> None <div><input type="checkbox"/> Not involved in ignition, but burned <input type="checkbox"/> Involved in ignition, but did not burn <input type="checkbox"/> Involved in ignition and burned</div>	<div><input type="checkbox"/></div> Mobile property type <div><input type="checkbox"/></div> Mobile property make <div><input type="checkbox"/></div> Year <div><input type="checkbox"/></div> License Plate Number <div><input type="checkbox"/></div> State <div><input type="checkbox"/></div> VIN Number	<input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other Agencies <div><input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached</div>

If Fire was In enclosed building or a portable/mobile structure complete the rest of this form  <input checked="" type="checkbox"/> Enclosed Building <input type="checkbox"/> Portable/mobile structure <input type="checkbox"/> Open structure <input type="checkbox"/> Air supported structure <input type="checkbox"/> Tent <input type="checkbox"/> Open platform (e.g. piers) <input type="checkbox"/> Underground structure (work areas) <input type="checkbox"/> Connective structure (e.g. fences) <input type="checkbox"/> Other type of structure		1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined		<b>Height</b> Count the ROOF as part of the highest story  <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <small>Total number of stories at or above grade</small>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <small>Total number of stories below grade</small>		<b>Main Floor Size</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">600</div> <small>Total square feet</small>  OR <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">020</div> <small>Length in feet</small></div> <div>BY <div style="border: 1px solid black; padding: 2px; display: inline-block;">030</div> <small>Width in feet</small></div> </div>		<b>Structure Fire</b>	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------	--

  

<b>J1 Fire Origin *</b>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <input type="checkbox"/> Below Grade <small>Story of fire origin</small>		<b>J3 Number of Stories Damaged By Flame</b> Count the ROOF as part of the highest story  <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> Number of stories w/ minor damage (1 to 24% flame damage)  <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ significant damage (25 to 49% flame damage)  <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ heavy damage (50 to 74% flame damage)  <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ extreme damage (75 to 100% flame damage)		<b>K Material Contributing Most To Flame Spread</b>  <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine <span style="float: right;">Skip To Section L</span>  <b>K1</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Item contributing most to flame spread</small>  <b>K2</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Type of material contributing most of flame spread</small> <span style="float: right;"><small>Required only if item contributing code is 00 or &lt;70</small></span>	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

  

<b>J1 Presence of Detectors *</b> <small>(In area of the fire)</small> N <input checked="" type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px; display: inline-block;">Skip to section M</span>  1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined		<b>L3 Detector Power Supply</b>  1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined		<b>L5 Detector Effectiveness</b> Required if detector operated  1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined	
<b>J2 Detector Type</b>  1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined		<b>L4 Detector Operation</b>  1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined		<b>L6 Detector Failure Reason</b> Required if detector failed to operate  1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	

  

<b>J1 Presence of Automatic Extinguishment System *</b>  N <input checked="" type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px; display: inline-block;">Complete rest of Section M</span>  1 <input type="checkbox"/> Present		<b>M3 Automatic Extinguishment System Operation</b> Required if fire was within designed range  1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined		<b>M5 Automatic Extinguishment System Failure Reason</b> Required if system failed  1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	
<b>J2 Type of Automatic Extinguishment System *</b> Required if fire was within designed range of AES  1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO <sub>2</sub> ) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined		<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated  <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Number of sprinkler heads operating</small>		NFIRS-3 Revision 01/19/99	