

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract []-[]

Street address
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions

13917 E Rt 71
 Number/Milepost Prefix Street or Highway
 Yorkville IL 60560
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

C Incident Type * [631] Authorized controlled burning
 Incident Type

D Aid Given or Received*

1 Mutual aid received
 2 Automatic aid recv.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None

E1 Date & Times Midnight is 0000

Check boxes if dates are the same as Alarm Date. ALARM always required

Alarm * [07] [21] [2009] [21:05:00]
 Arrival * [07] [21] [2009] [21:13:00]
 Controlled [] [] [] []
 Last Unit Cleared [07] [21] [2009] [21:41:00]

E2 Shift & Alarms Local Option [1] [01] [E]
 Shift or Alarms District Platoon

E3 Special Studies Local Option [] []
 Special Study ID# [] Special Study Value []

F Actions Taken *

[86] Investigate
 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 [0004] Personnel [0019]
 EMS [] []
 Other [] []

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires. None

Property \$ [] [] [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 None
 Deaths Injuries
 Fire Service [] []
 Civilian [] []

H2 Detector Required for Confined Fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release

N None
 1 Natural Gas: slow leak, no 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

J Property Use* Structures

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/boardng house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales

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

Outside

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

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

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 [931]
 Open land or field

K1 Person/Entity Involved

Local Option Business name (if applicable) _____ Area Code _____ Phone Number _____

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

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

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

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

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 _____

L Remarks

Local Option

On 7/21/09 at 21:05 hrs NFD was dispatched to 13917 Rt 71 for a field fire (wheat field). Earlier in the day of 7/21/09 we received a called from the land owner at 16:00 hrs that he was going to have a controlled burn at this location, burning a combined wheat field. We responded to this location to verify that it was still a controlled burn. Upon our arrival we found that the field was disked up around the burned area. Command stated that there was going to be no problem leaving it burn off. All NFD units cleared the scene and returned to quarters at 21:41 hrs.

L Authorization

<input type="checkbox"/>	001	Mathre, Lowell	FC		07	21	2009
	Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
<input type="checkbox"/>	004	Kellogg, Dave	SO		07	25	2009
Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year