

**A**          Delete **NFIRS -1**  
FDID \* State \* Incident Date \* Station Incident Number \* Exposure \*  Change **Basic**  
 No Activity

**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 Number/Milepost Prefix Street or Highway Street Type Suffix  
 In front of  
 Rear of     -   
 Adjacent to Apt./Suite/Room City State Zip Code  
 Directions   
Cross street or directions, as applicable

**C Incident Type \***   **E1 Date & Times** Midnight is 0000  
Incident Type Check boxes if dates are the same as Alarm ALARM always required Month Day Year Hr Min Sec  
**E2 Shift & Alarms** Local Option  
    
Shift or Alarms District Platoon

**D 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  
**E3 Special Studies** Local Option  
   
Special Study ID# Special Study Value

**F Actions Taken \***    
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    
 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 \$  ,  ,    
Contents \$  ,  ,    
**PRE-INCIDENT VALUE:** Optional  
Property \$  ,  ,    
Contents \$  ,  ,

**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  
131  Church, place of worship  
161  Restaurant or cafeteria  
162  Bar/Tavern or nightclub  
213  Elementary school or kindergarten  
215  High school or junior high  
241  College, adult education  
311  Care facility for the aged  
331  Hospital  
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  
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  
919  Construction site  
984  Industrial plant yard  
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  
Lookup and enter a Property Use code only if you have NOT checked a Property Use box:  
Property Use   
  
NFIRS-1 Revision 03/11/99

**Narrative:**

E2 was called to an outside fire at a metal recycling yard. E2 arrived to find a pile of metal waste with a deep seated fire. E2 upgraded to a 1st alarm. BC4 assumed command upon arrival. L10 was put in place on Alpha side, L4 was on Bravo and L9 was on Delta side of the pile for master stream operations. E4 relayed to E2 which supplied L10. E14 supplied L4 and E15 supplied L9. Frontend Loaders with cranes were used to break up the pile while crews sprayed water to extinguish.

INVESTIGATION REPORT (MPD GO# MP 2021-83179) - ACCIDENTAL FIRE

This was an accidental, large, approximately 50 foot tall, pile of plastic and insulation recycling waste fire. All witness statements and physical evidence on scene indicated this was caused by spontaneous heating in the center of the pile. For a full investigation report, please see GO# MP 2021-83179.

04/27/2021 08:58:52 zopelme0

**B Property Details**

**B1**  Residential  **Not Residential**  
 Estimated Number of residential living units in building of origin whether or not all units became involved

**B2**  Buildings involved  **Buildings not involved**  
 Number of buildings involved

**B3**  Acres burned (outside fires)  **None**  **Less than one acre**

**C On-Site Materials or Products**  None *Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved*

Enter up to three codes. Check one or more boxes for each code entered.

On-site material (1)  1  Bulk storage or warehousing  
 2  Processing or manufacturing  
 3  Packaged goods for sale  
 4  Repair or service

On-site material (2)  1  Bulk storage or warehousing  
 2  Processing or manufacturing  
 3  Packaged goods for sale  
 4  Repair or service

On-site material (3)  1  Bulk storage or warehousing  
 2  Processing or manufacturing  
 3  Packaged goods for sale  
 4  Repair or service

**D Ignition**

**D1**  00  Other  
 Area of fire origin \*

**D2**  72  Spontaneous combustion,  
 Heat source \*

**D3**  96  Rubbish, trash, waste  
 Item first ignited \*  1  Check Box if fire spread was confined to object of origin

**D4**  UU  Undetermined  
 Type of material first ignited Required only if item first ignited code is 00 or <70

**E1 Cause of Ignition**

Check box if this is an exposure report. Skip to section G

1  Intentional  
 2  Unintentional  
 3  Failure of equipment or heat source  
 4  Act of nature  
 5  Cause under investigation  
 U  Cause undetermined after investigation

**E3 Human Factors Contributing To Ignition**

Check all applicable boxes

1  Asleep  **None**  
 2  Possibly impaired by alcohol or drugs  
 3  Unattended person  
 4  Possibly mental disabled  
 5  Physically Disabled  
 6  Multiple persons involved

**E2 Factors Contributing To Ignition**  None

00  Factors  
 Factor Contributing To Ignition (1)

Factor Contributing To Ignition (2)

7  Age was a factor  
 Estimated age of person involved

1  Male 2  Female

**F1 Equipment Involved In Ignition**

None If Equipment was not involved, skip to Section G

Equipment Involved

Brand   
 Model   
 Serial #   
 Year

**F2 Equipment Power**

Equipment Power Source

**F3 Equipment Portability**

1  Portable  
 2  Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

**G Fire Suppression Factors**

Enter up to three codes.  None

412  Delayed reporting  
 Fire suppression factor (1)

000  Fire supression  
 Fire suppression factor (2)

Fire suppression factor (3)

**H1 Mobile Property Involved**

None

1  Not involved in ignition, but burned  
 2  Involved in ignition, but did not burn  
 3  Involved in ignition and burned

**H2 Mobile Property Type & Make**

Mobile property type

Mobile property make

**Local Use**

Pre-Fire Plan Available  
 Some of the information presented in this report may be based upon reports from other Agencies

Arson report attached  
 Police report attached  
 Coroner report attached  
 Other reports attached

Mobile property model Year

License Plate Number State VIN Number

B Apparatus or * Resource	Date and Times					Sent <input type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken	
	Check if same as alarm date Month Day Year Hour Min									
<u>1</u> ID <u>10-2</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>13:28</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>13:33</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>15:19</u>				<input type="checkbox"/>	<input type="checkbox"/>
<u>2</u> ID <u>10-50</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>13:31</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>13:39</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>14:15</u>				<input type="checkbox"/>	<input type="checkbox"/>
<u>3</u> ID <u>BC4</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>13:27</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>13:32</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>15:54</u>				<input type="checkbox"/>	<input type="checkbox"/>
<u>4</u> ID <u>BC5</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>13:27</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>13:32</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>15:43</u>				<input type="checkbox"/>	<input type="checkbox"/>
<u>5</u> ID <u>DEP</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>13:27</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>13:33</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>15:09</u>				<input type="checkbox"/>	<input type="checkbox"/>
<u>6</u> ID <u>E11</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>13:56</u>	<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>14:06</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>14:58</u>				<input type="checkbox"/>	<input type="checkbox"/>
<u>7</u> ID <u>E14</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>13:29</u>	<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>13:32</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>15:53</u>				<input type="checkbox"/>	<input type="checkbox"/>
<u>8</u> ID <u>E15</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>13:43</u>	<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>13:48</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>15:55</u>				<input type="checkbox"/>	<input type="checkbox"/>
<u>9</u> ID <u>E2</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>13:19</u>	<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>13:24</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2021</u>	<u>17:51</u>				<input type="checkbox"/>	<input type="checkbox"/>

B Apparatus or * Resource	Date and Times					Sent <input type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken	
	Check if same as alarm date Month Day Year Hour Min								<input type="checkbox"/>	<input type="checkbox"/>
1 ID E4 Type 11	Dispatch <input checked="" type="checkbox"/>	4	21	2021	13:27	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	4	21	2021	13:32	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	4	21	2021	16:11			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
2 ID ISO Type 92	Dispatch <input checked="" type="checkbox"/>	4	21	2021	13:27	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	4	21	2021	13:35	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	4	21	2021	15:40			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
3 ID L10 Type 12	Dispatch <input checked="" type="checkbox"/>	4	21	2021	13:27	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	4	21	2021	13:30	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	4	21	2021	16:16			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
4 ID L4 Type 12	Dispatch <input checked="" type="checkbox"/>	4	21	2021	13:27	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	4	21	2021	13:32	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	4	21	2021	16:01			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
5 ID L9 Type 12	Dispatch <input checked="" type="checkbox"/>	4	21	2021	13:27	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	4	21	2021	13:38	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	4	21	2021	15:53			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
6 ID MFC Type 91	Dispatch <input checked="" type="checkbox"/>	4	21	2021	13:27	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	4	21	2021	15:38	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	4	21	2021	15:39			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
7 ID SAL Type 61	Dispatch <input checked="" type="checkbox"/>	4	21	2021	13:27	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	4	21	2021	13:42	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	4	21	2021	15:22			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
8 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
9 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

**Type of Apparatus or Resources**

Ground Fire Suppression	Marine Equipment	More Apparatus? Use Additional Sheets
11 Engine	51 Fire boat with pump	
12 Truck or aerial	52 Boat, no pump	
13 Quint	50 Marine apparatus, other	
14 Tanker & pumper combination	Support Equipment	
16 Brush truck	61 Breathing apparatus support	Other
17 ARF (Aircraft Rescue and Firefighting)	62 Light and air unit	91 Mobile command post
10 Ground fire suppression, other	60 Support apparatus, other	92 Chief officer car
Heavy Ground Equipment	Medical & Rescue	93 HazMat unit
21 Dozer or plow	71 Rescue unit	94 Type 1 hand crew
22 Tractor	72 Urban Search & rescue unit	95 Type 2 hand crew
24 Tanker or tender	73 High angle rescue unit	99 Privately owned vehicle
20 Heavy equipment, other	75 BLS unit	00 Other apparatus/resource
Aircraft	76 ALS unit	NN None
41 Aircraft: fixed wing tanker	70 Medical and rescue unit, other	UU Undetermined
42 Helitanker		
43 Helicopter		
40 Aircraft, other		