KENNEDALE
Building Board of Appeals
www.cityofkennedale.com

BUILDING BOARD OF APPEALS

AGENDA
REGULAR MEETING
March 1, 2016
CITY HALL COUNCIL CHAMBERS, 405 MUNICIPAL DRIVE

REGULAR SESSION - 7:00 PM

I. CALL TO ORDER

II. ROLL CALL

III. MINUTES APPROVAL

A. Consider approval of minutes from September 1, 2015 Building Board of Appeals meeting.

IV. REGULAR ITEMS

A. **CASE BBA # 16-01** Public hearing and consideration of approval regarding a city-initiated request for demolition of an "I" Industrial building located on approximately 8.357 acres at 800 W Kennedale Parkway legal description of H D Cowan Subdivision Block 3.

1. Staff Presentation
2. Property Owner Presentation
3. Public Hearing
4. Property Owner Response
5. Staff Response and Summary
6. Action by the Building Board of Appeals

B. **CASE BBA # 16-02** Public hearing and consideration of demolition approval regarding a city-initiated request for demolition of an "OT" Old Town Residential building located on approximately .1388 at 108 S. New Hope Rd, legal description of City of Kennedale Addition Block 66 Lot 5A, 4A, 6A, 7A, 8A & PT of closed alley N 55' Lots 4-8 & E 10' Lot 4.

1. Staff Presentation
2. Property Owner Presentation
3. Public Hearing
4. Property Owner Response
5. Staff Response and Summary
6. Action by the Building Board of Appeals

V. ADJOURNMENT

VI. REPORTS/ANNOUNCEMENTS

In compliance with the Americans with Disabilities Act, the City of Kennedale will provide for reasonable accommodations for persons attending City Council meetings. This building is wheelchair accessible, and parking spaces for disabled citizens are available. Requests for sign interpreter services must be made forty-eight (48) hours prior to the meetings. Please contact the City Secretary at 817.985.2104 or (TDD) 1.800.735.2989

CERTIFICATION

I certify that a copy of the March 1, 2016, Board of Adjustment & Building Board of Appeals agenda was posted on the City Hall bulletin board next to the main entrance of the City Hall building, 405 Municipal Drive, of the City of Kennedale, Texas, in a place convenient and readily accessible to the general public at all times and said agenda was posted at least 72 hours preceding the schedule time of said meeting, in accordance with Chapter 551 of the Texas Government Code.

_____

Board Secretary

KENNEDALE
Kennedale Economic
Development Corporation
www.cityofkennedale.com

STAFF REPORT TO THE BOARD OF DIRECTORS

Date: March 1, 2016

Agenda Item No: MINUTES APPROVAL - A.

I. Subject:
Consider approval of minutes from September 1, 2015 Building Board of Appeals meeting.

II. Originated by:

Katherine Rountree, Permits Clerk

III. Summary:
Consider approval of minutes from September 1, 2015 Building Board of Appeals meeting

IV. Recommendation:
Approve

V. Alternative Actions:

VI. Attachments:

1.	09.01.2015 BBA Minutes	09.01.2015 BBA Minutes.docx

BUILDING BOARD OF APPEALS
MINUTES
REGULAR MEETING
September 1, 2015
CITY HALL COUNCIL CHAMBERS, 405 MUNICIPAL DRIVE

REGULAR SESSION - 7:00 PM

I. CALL TO ORDER

Mr. Vader called the meeting to order at 7:00 PM

II. ROLL CALL

Present?	Commissioner
X	Brian Cassady
X	Jeff Madrid
X	Patrick Vader
	Martin Young
	Alternates
X	Jeff Nevarez
X	Lana Sather
	Vacant

Mr. Nevarez & Ms. Sather were asked to serve as regular members.

A quorum was present.

Staff present: Sandra Johnson (building official); Charles Comeaux (code enforcement officer); Katherine Rountree (board secretary).

III. MINUTES APPROVAL

A. Consider approval of minutes from August 4, 2015 Building Board of Appeals meeting

Mr. Madrid motioned to approve. The motion was seconded by Mr. Nevarez and passed with all in favor

IV. REGULAR ITEMS

A. **CASE BBA # 15-01** Public hearing and consideration of demolition approval regarding a city-initiated request for demolition of an "R-3" Single family residential home located on approximately .2647 acres at 1012 Harrison St, legal description of Hilldale Addn Lot 4, Blk 5.

1. Staff Presentation

Sandra Johnson, Building Official for the City of Kennedale, said this specific case had been postponed for two months and that the house is in the same condition as before.

2. Property Owner Presentation

The property owners did not attend the meeting

3. Public Hearing

Larry Whittington, 3120 N. Buckner St. Dallas, TX 75228, said that when he was purchasing the house, CitiMortgage closed the account and that it has been released back to the owners. He gave pictures to the board to show he had done some work on the house. He said that he fixed some of the outside and inside of the home.

Kelly Rogala, 1120 W. Avenue A. Garland, TX 75050, said that Freddy Mac and CitiMortgage released a lien that was against the house and had been released to the property owners. She said that once the house is filed with the county, the property owners are able to sale the house to Mr. Whittington.

Deborah Carlile, 3201 S Adams St. Fort Worth, TX, said that she wanted the house for the location. She said that she had helped clean the house up with Mr. Whittington.

Darleta McElvany, 1004 Harrison Dr, said she is a friend of Mr. Whittington and Ms. Carlile. She stated that there have been previous vagrants in the house but not since Mr. Whittington had cleaned up the house. She said she would welcome Mr. Whittington and his family to the neighborhood.

4. Property Owner Response

The property owner did not attend the meeting.

5. Staff Response and Summary

Sandra Johnson said that the house is not secured. She said that staff would like to move forward with the demolition. She said that a garage is going to need to be added to the house per code. She said that the city would require permits and plans prior to any remodeling of the house.

6. Action by the Building Board of Appeals

Mr. Madrid motioned for the property owner, lienholder, or mortgagee to repair the home within 30 days and if not repaired within 30 days, then the city may demolish the home and charge the property. The motion was seconded by Mr. Nevarez and passed with all in favor.

V. REPORTS/ANNOUNCEMENTS

There were no announcements made.

VI. ADJOURNMENT

Mr. Madrid motioned to adjourn the meeting. The motion was seconded by Ms. Sather and passed with all in favor.

The meeting adjourned at 7:39 PM

KENNEDALE
Board of Adjustment
www.cityofkennedale.com

Staff Report to the Board of Directors

Date: March 1, 2016

Agenda Item No: REGULAR ITEMS - A.

I. Subject:
CASE BBA # 16-01 Public hearing and consideration of approval regarding a city-initiated request for demolition of an "I" Industrial building located on approximately 8.357 acres at 800 W Kennedale Parkway legal description of H D Cowan Subdivision Block 3.

II. Originated by:

Sandra Johnson, Building Official

III. Summary:
Request: Request demolition of the building
Location: 800 W Kennedale Parkway

Background.

The commercial property located at 800 W Kennedale Pkwy has not been occupied since 2012. It continues to be a constant problem for both the police and fire departments with regards to squatters and transients. The problems include numerous incident reports from both departments involving things like fights and theft. The property is not boarded-up which increases the problem and allows for unsafe conditions. Staff recommends all the buildings be demolished.

STANDARDS FOR SUBSTANDARD BUILDINGS.

The standards for Substandard Buildings have been attached as a separate document.

STAFF REVIEW.

The Housing Standards Code Checklist has been attached as a separate document as well as photos regarding the code issues.

STAFF RECOMMENDATION.

Staff recommends demolition.

IV. Recommendation:

Staff recommends that the Building Board of Appeals find that the building is substandard in violation of the standards in section 15-49 of the City of Kennedale ordinances and either:

1) order the property owner to repair it within 30 days and if not repaired within 30 days then the city may demolish and charge the property owner; or

2) order the property owner to demolish the building within 30 days if it is infeasible to repair and if not demolished within 30 days then the city may demolish and charge the property owner.

Action by the Building Board of Appeals.

- The Board must determine whether the building meets the minimum standards outlined in Section 15-49 of City ordinances and thus determine whether the building is substandard.

- If the Board determines that the building meets the City's minimum building standards then the Board will make that determination and no further action should be taken.

- If the Board determines that the building does not meet the City's minimum standards and the owner, lienholder, or mortgagee has no established that the work cannot reasonably be performed within thirty (30) days, then the Board may either"

    - Order the property owner, lienholder, or mortgagee to repair it within 30 days and if not repaired within 30 days then the city may demolish and charge the property; or
    - Order the property owner, lienholder, or mortgagee to demolish the building within 30 days if it is infeasible to repair and if no demolished within 30 days then the city may demolish and charge the property.

- If the Board determines that the building does not meet the City's minimum standards and the owner, lienholder, or mortgagee has established that the work cannot reasonably be performed within thirty (30) days, then the Board may:

    - Order the property owner to repair it within 90 days and establish specific time schedules for the commencement and performance of the work and if not repaired within 90 days then the city may demolish and charge he property; or
    - Order the property owner to demolish the building within 90 days if it is infeasible to repair and establish specific time schedules for the commencement and performance of the work and if not demolished within 90 days then the city may demolish and charge the property.

- The Board may not allow the owner, lienholder, or mortgagee more than ninety (90) days to repair, remove or demolish the building or fully perform all work required to comply with the order unless the owner, lienholder, or mortgagee:

    - Submits a detailed plan and time schedule for the work at the hearing; and
    - Establishes at the hearing that the work cannot be reasonably completed within ninety (90) days because of the scope and complexity of the work.

Sample motions are provided below for your reference, please note that you are not required to use one of the sample motions.

Approve
I find that the building does not meet the City's minimum building standards and make a motion to order the owner to repair the property within 30 days to avoid demolition by the city and be charged; or

I find that the building does not meet the City's minimum building standards and make a motion to order the owner to demolish within 30 days to avoid demolition by the city and be charged.

Deny
I find that the building does meet the City's minimum building standards and make a motion to deny the request for demolition or repair.

VI. Attachments:

1. Tarrant Appraisal Owner Information
2. Article II Sec. 15-48; Sec. 15-49; Sec. 15-50
3. Housing Standards Code Checklist
4. Fire/EMS Reports
5. Police Records
6. Water Account Information with notes
7. List of code violations
8. MyGov information of code violations
9. Copies of letters mailed to all owners of the property & copy of letter mailed out within 200 ft.
10. Pictures of the property taken by the Building Official.

Included will be a PowerPoint presentation with photographs of the property.

Tarrant Appraisal District
Real Estate
02/18/2016

Account Number: 04479130
Georeference: 47685-1-23A1
Property Location: 800 W KENNEDALE PKWY, KENNEDALE, 76060

Owner Information: KIDWILL KEITH
KIDWILL OLIN GIBBINS
PO BOX 4491
FORT WORTH TX 76164-0491

5 Prior Owners

Legal Description: WOODLEA ACRES ADDITION
Block: 1 Lot: 23A1

Taxing Jurisdictions: 014 CITY OF KENNEDALE
220 TARRANT COUNTY
914 KENNEDALE ISD
224 TARRANT COUNTY HOSPITAL
225 TARRANT COUNTY COLLEGE

This information is intended for reference only and is subject to change. It may not accurately reflect the complete status of the account as actually carried in TAD's database

Certified Values for Tax Year 2015

	Land	Impr	2015 Total ††
Market Value	$24,502	$67,388	$91,890
Appraised Value †	$24,502	$67,388	$91,890
Gross Building Area †††			24,321
Net Leasable Area †††			24,321
Land SqFt ♦			217,800
Land Acres ♦			5

† Appraised value may be less than market value due to state-mandated limitations on value increases
†† A zero value indicates that the property record has not yet been completed for the indicated tax year
††† Rounded
♦ This represents one of a hierarchy of possible values ranked in the following order: Recorded, Computed, System, Calculated

5-Year Value History

Tax Year	2014
Appraised Land	$24,502
Appraised Impr	$85,498
Appraised Total	$110,000
Market Land	$24,502
Market Impr	$85,498
Market Total	$110,000
Tax Year	2013

Sec. 15-48. - Enforcement.

(a) *General.*

(1) *Administration.* The building official is hereby authorized to enforce the provisions of this article. The building official shall have the power to render interpretations of this article and to adopt and enforce rules and supplemental regulations in order to clarify the application of its provisions. Such interpretations, rules and regulations shall be in conformity with the intent and purpose of this article.

(2) *Inspections.* The building official and the fire marshal or their designees are hereby authorized to make such inspections and take such actions as may be required to enforce the provisions of this article.

(3) *Right of entry.* When it is necessary to make an inspection to enforce the provisions of this article, or when the building official or his designee has a reasonable cause to believe that there exists in a building or upon a premises a condition which is contrary to or in violation of this article which makes the building or premises unsafe, dangerous, or hazardous, the building official or his designee may enter the building or premises at reasonable times to inspect or perform the duties imposed by this article, provided that if such building or premises be occupied that credentials be presented to the occupant and entry requested. If such building or premises be unoccupied, the building official or his designee shall first make a reasonable effort to locate the owner or other person having charge or control of the building or premises and request entry. If entry is refused, the building official shall have recourse to the remedies provided by law to secure entry.

(b) *Abatement of dangerous or substandard buildings.* All buildings or portions thereof which are determined after inspection by the building official to be dangerous or substandard as defined by this article are hereby declared to be public nuisances and shall be abated by repair, vacation, demolition, removal or securing in accordance with the procedures specified in this article.

(c) *Unlawful to violate article.* It shall be unlawful for any person, firm or corporation to erect, construct, or use, occupy or maintain any building or cause or permit the same to be done in violation of this article.

(d) *Inspection authorized.* All buildings within the scope of this article and all construction or work for which a permit is required shall be subject to inspection by the building official.

(Ord. No. 85, § I, 10-12-95)

Sec. 15-49. - Substandard buildings declared.

For the purposes of this article, any building, regardless of the date of its construction, which has any or all of the conditions or defects hereinafter described shall be deemed to be a substandard building:

(1) Any building that is dilapidated, substandard, or unfit for human habitation and a hazard to the public health, safety and welfare.

(2)

Any building that, regardless of its structural condition, is unoccupied by its owners, lessees or other invitees and is unsecured from unauthorized entry to the extent that it could be entered or used by vagrants or other uninvited persons as a place of harborage or could be entered or used by children.

(3) Any building that is boarded up, fenced or otherwise secured in any manner if:

a. The building constitutes a danger to the public even though secured from entry; or

b. The means used to secure the building are inadequate to prevent unauthorized entry or use of the building in the manner described by subsection (2) above.

(4) Whenever any door, aisle, passageway, stairway or other means of exit is not of sufficient width or size or is not so arranged as to provide safe and adequate means of exit in case of fire or panic.

(5) Whenever the walking surface of any aisle, passageway, stairway or other means of exit is so warped, worn, loose, torn or otherwise unsafe as to not provide safe and adequate means of exit in case of fire or panic.

(6) Whenever the stress in any materials, or members or portion thereof, due to all dead and live loads, is more than one and one-half (1½) times the working stress or stresses allowed in the building code for new buildings of similar structure, purpose or location.

(7) Whenever any portion thereof has been damaged by fire, earthquake, wind flood or by any other cause, to such an extent that the structural strength or stability thereof is materially less than it was before such catastrophe and is less than the minimum requirements of the building code for new buildings of similar structure, purpose or location.

(8) Whenever any portion or member or appurtenance thereof is likely to fail, or to become detached or dislodged, or to collapse and thereby injure persons or damage property.

(9) Whenever any portion of a building, or any member, appurtenance or ornamentation on the exterior thereof is not of sufficient strength or stability, or is not so anchored, attached or fastened in place so as to be capable of resisting a wind pressure of one-half of that specified in the building code for new buildings of similar structure, purpose or location without exceeding the working stresses permitted in the building code for such buildings.

(10) Whenever any portion thereof has wracked, warped, buckled or settled to such an extent that walls or other structural portions have materially less resistance to winds or earthquakes than is required in the case of similar new construction.

(11) Whenever the building, or any portion thereof, because of (a) dilapidation, deterioration or decay; (b) faulty construction; (c) the removal, movement or instability of any portion of the ground necessary for the purpose of supporting such building; (d) the deterioration, decay or inadequacy of its foundation; or (e) any other cause, is likely to partially or completely collapse.

(12) Whenever, for any reason, the building, or any portion thereof, is manifestly unsafe for the purpose for which it is being used.

(13) Whenever the exterior walls or other vertical structural members list, lean or buckle to such an extent that a plumb line passing through the center of gravity does not fall inside the middle one-third of the base.

(14)

Whenever the building, exclusive of the foundation, shows thirty-three (33) percent or more damage or deterioration of its supporting member or members, or fifty (50) percent or more damage or deterioration of its non-supporting members, enclosing or outside walls or coverings.

(15) Whenever the building has been so damaged by fire, wind, earthquake, flood or other causes, or has become so dilapidated or deteriorated as to become (a) an attractive nuisance to children; or (b) a harbor for vagrants, criminals or immoral persons.

(16) Whenever any building has been constructed, exists or is maintained in violation of any specific requirement or prohibition applicable to such building provided by the building regulations of this jurisdiction, as specified in the building code, or of any law or ordinance of this state or jurisdiction relating to the condition, location or structure of buildings.

(17) Whenever any building which, whether or not erected in accordance with all applicable laws and ordinances, has in any non-supporting part, member or portion less than fifty (50) percent, or in any supporting part, member or portion less than sixty-six (66) percent of the (a) strength, (b) fire-resisting qualities or characteristics, or (c) weather-resisting qualities or characteristics required by law in the case of a newly constructed building of like area, height and occupancy in the same location.

(18) Whenever a building, used or intended to be used for dwelling purposes, because of inadequate maintenance, dilapidation, decay, damage, faulty construction or arrangement, inadequate light, air or sanitation facilities, or otherwise, is determined by the building official to be unsanitary, unfit for human habitation or in such a condition that is likely to cause sickness or disease for reasons including, but not limited to, the following:

a. Lack of, or improper water closet, lavatory, bathtub or shower in a dwelling unit or lodging house.
b. Lack of, or improper water closets, lavatories and bathtubs or showers per number of guests in a hotel.
c. Lack of, or improper kitchen sink in a dwelling unit.
d. Lack of hot and cold running water to plumbing fixtures in a hotel.
e. Lack of hot and cold running water to plumbing fixtures in a dwelling unit or lodging house.
f. Lack of adequate heating facilities.
g. Lack of, or improper operation of, required ventilating equipment.
h. Lack of minimum amounts of natural light and ventilation required by this Code.
i. Room and space dimensions less than required by this article or the building code.
j. Lack of required electrical lighting.
k. Dampness of habitable rooms.
l. Infestation of insects, vermin or rodents.
m. General dilapidation or improper maintenance.
n. Lack of connection to required sewage disposal system.
o. Damaged connections to a sewage disposal system that results in flow of sewage on the ground.
p. Lack of adequate garbage and rubbish storage and removal facilities.

(19) Whenever any building, because of obsolescence, dilapidated condition, deterioration, damage, inadequate exits, lack of sufficient fire-resistive construction, faulty electric wiring, gas connections or heating apparatus, or other cause, is determined by the fire marshal to be a fire hazard.

(20) Whenever any building is in such a condition as to make a public nuisance known to the common law or in equity jurisprudence.

(21) Whenever any portion of a building remains on a site after the demolition or destruction of the building.

(22) Whenever any building is abandoned so as to constitute such building or portion thereof an attractive nuisance or hazard to the public.

(23) Any building constructed and still existing in violation of any provision of the building code or Uniform Fire Code to the extent that the life, health or safety of the public or any occupant is endangered.

(24) Whenever the building is in violation of chapter 4, article IV of this Code.

(Ord. No. 85, § I, 10-12-95)

Sec. 15-50. - Determination by building official.

When the building official has inspected or caused to be inspected any building and has found and determined that the building is substandard, the building official may take any or all of the following actions, as he or she deems appropriate:

(1) Issue notice to the record owner that the building is substandard and must be repaired or demolished; or

(2) Issue citation(s) for violation(s) of this article; or

(3) Secure the building if permitted by subsection 15-57(a) below; or

(4) Recommend to the board that abatement proceedings be commenced pursuant to section 15-51 below.

(Ord. No. 85, § I, 10-12-95)

CITY OF KENNEDALE

HOUSING STANDARDS CODE CHECKLIST

Date: 2-17-16

Time:

Address: 800 W Kennedale Pkwy

[The following information is as shown on the Tarrant Appraisal District Property Record.]

Property Owner:

Owner's Address:

Property Description (Legal):

Does the premises pass inspection? [ ] Yes [✓] No

Sandra Johnson
Signature of Inspector

2-17-16
Date of Inspection

General Information About Property

		Y	N	NA
1.	Is this inspection a routine inspection?	[✓]	[ ]	[ ]
	a. If not, is this inspection the result of a complaint?	[ ]	[✓]	[ ]
	b. Was this inspection requested by the occupant?	[ ]	[✓]	[ ]
2.	Was entry made onto the property?	[✓]	[ ]	[ ]
3.	Was entry made into the structure?	[✓]	[ ]	[ ]
	a. Was the property occupied at the time of the inspection?	[ ]	[✓]	[ ]
	i. If no, 3a is **Yes**. Was entry authorized by a <u>search warrant?</u>	[ ]	[✓]	[ ]
	ii. If no, 3a is **Yes**. Was the <u>occupant present and gave voluntary consent for this inspection?</u>	[ ]	[✓]	[ ]
	iii. If no, 3a is **Yes.** If the occupant was not present; did <u>anyone give voluntary consent</u> for this inspection? (Include the person's name and capacity to give consent in this report)	[ ]	[✓]	[ ]
	iv. If no, 3a is **Yes.** If no person has given voluntary consent for this inspection; was this structure <u>open and obviously abandoned</u> by the occupant?	[✓]	[ ]	[ ]
	v. If no, 3a is **Yes.** If no person has given voluntary consent and the structure is not open and obviously abandoned by the occupant; were there <u>exigent circumstances that required a warrantless search</u> of the structure? [Attached a written statement expressing what the exigent circumstances are.]	[ ]	[✓]	[ ]

		Y	N	NA
4.	Is this property vacant at this time? *[That is, is the property open and/or obviously abandoned by the owners and/or occupants.]*	[✓]	[ ]	[ ]
	a. If vacant, are all doors, windows, and other openings secured against unauthorized entry?	[ ]	[✓]	[ ]
	b. If vacant, has all combustibles been removed from the premises?	[✓]	[ ]	[ ]
5.	Are there abandoned refrigerators, freezers, etc. *(with doors still attached)* that would constitute a life hazard?	[✓]	[ ]	[ ]
6.	Are there any open wells or pits that would constitute a life hazard?	[ ]	[✓]	[ ]
7.	Are there abandoned vehicle(s) {*vehicle without both a current inspection sticker and current license plates*} or parts of an abandoned vehicle in the yard?	[ ]	[✓]	[ ]
	a. If so, get the license number and vehicle identification number if possible.			
8.	In addition to the main structure, are there any outbuildings located on this property?	[✓]	[ ]	[ ]
	a. If so, are they included in this report?	[✓]	[ ]	[ ]
9.	Were photographs taken at the time of this inspection?	[✓]	[ ]	[ ]

		Y	N	NA
	GENERAL			
1.	Is this building dilapidated, substandard, or unfit for human habitation and a hazard to the public health, safety and welfare? 15-49 (1)	[✓]	[ ]	[ ]
2.	Is this building, regardless of its structural condition, unoccupied by its owners, lessees or other invitees and unsecured from unauthorized entry to the extent that it could be entered or used by vagrants or other uninvited persons as a place of harborage or could be entered or used by children? 15-49 (2)	[✓]	[ ]	[ ]
3.	If this building is boarded up, fenced or otherwise secured in any manner. If Yes, then:	[ ]	[✓]	[ ]
a.	Does the building constitute a danger to the public even though secured from entry;	[ ]	[ ]	[✓]
b.	Are the means used to secure the building inadequate to prevent unauthorized entry or use of the building in the manner described by Subsection (2) above? 15-49 (3)	[ ]	[ ]	[✓]
4.	Does this building have a door, aisle, passageway, or stairway or other means of exit that is not of sufficient width or size or is not so arranged as to provide safe and a adequate means of exit in case of fire or panic? 15-49 (4)	[✓]	[ ]	[ ]
5.	Is the walking surface of any aisle, passageway, stairway or other means of exit warped, worn, loose, torn or otherwise unsafe and does not provide a safe and adequate means of exit in case of fire or panic? 15- 49 (5)	[✓]	[ ]	[ ]
6.	Is the stress in any materials, or members or portion thereof, due to all dead and live loads, more than one and one-half (1 ½) times the working stress or stresses allowed in the building code for new buildings of similar structure, purpose or location? 15-49 (6)	[✓]	[ ]	[ ]

7.	Has any portion thereof been damaged by fire, earthquake, wind flood or by any other cause, to such an extent that the structural strength or stability thereof is materially less than it was before such catastrophe and is less than the minimum requirements of the building code for new buildings of similar structure, purpose or location? 15-49 (7)	[ ]	[✓]	[ ]
8.	Is any portion or member or appurtenance thereof likely to fail, or to become detached or dislodged, or to collapse and thereby injure persons or damage property? 15-49 (8)	[✓]	[ ]	[ ]
9.	Is any portion of the building, or any member, appurtenance or ornamentation on the exterior thereof not of sufficient strength or stability, or not so anchored, attached or fastened in place so as to be capable of resisting a wind pressure of one-half of that specified in the building code for new buildings of similar structure, purpose or location without exceeding the working stresses permitted in the building code for such buildings? 15-49 (9)	[✓]	[ ]	[ ]
10.	Has any portion thereof been wracked, warped, buckled or settled to such an extent that walls or other structural portions have materially less resistance to winds or earthquakes than is required in the case of similar new construction? 15-49 (10)	[ ]	[✓]	[ ]
11.	Is the building, or any portion thereof, because of (a) dilapidation, deterioration or decay; (b) faulty construction; (c) the removal, movement or instability of any portion of the ground necessary for the purpose of supporting such building; (d) the deterioration, decay or inadequacy of its foundation; or (e) any other cause, likely to partially or completely collapse? 15-49 (11)	[ ]	[✓]	[ ]
12.	Is the building, for any reason, or any portion thereof, manifestly unsafe for the purpose for which it is being used? 15-49 (12)	[ ]	[ ]	[✓]
13.	Do the exterior walls or other vertical structural members list, lean or buckle to such an extent that a plumb line passing through the center of gravity does not fall inside the middle one-third of the base? 15-49 (13)	[ ]	[✓]	[ ]

14.	Does the building, exclusive of the foundation, show thirty-three (33) percent or more damage or deterioration of its supporting member or members, or fifty (50) percent or more damage or deterioration of its non-supporting members, enclosing or outside walls or coverings? 15-49 (14)	[ ]	[✓]	[ ]
15.	Has the building been damaged by fire, wind, earthquake, flood or other causes, or become so dilapidated or deteriorated as to become (a) an attractive nuisance to children; or (b) a harbor for vagrants, criminals or immoral persons? 15-49 (15)	[✓]	[ ]	[ ]
16.	Has this building been constructed, exists or maintained in violation of any specific requirement or prohibition applicable to such building provided by the building regulations of this jurisdiction, as specified in the building code, or of any law or ordinance of this state or jurisdiction relating to the condition, location or structure of buildings? 15-49 (16)	[✓]	[ ]	[ ]
17.	Does this building, whether or not erected in accordance with all applicable laws and ordinances, have in any non-supporting part, member or portion less than fifty (50) percent, or have in any supporting part, member or portion less than sixty-six (66) percent of the (a) strength, (b) fire-resisting qualities or characteristics, or (c) weather-resisting qualities or characteristics required by law in the case of a newly constructed building of like area, height and occupancy in the same location? 15-49 (17)	[✓]	[ ]	[ ]

18.	Has this building, used or intended to be used for dwelling purposes, because of inadequate maintenance, dilapidation, decay, damage, faulty construction or arrangement, inadequate light, air or sanitation facilities, or otherwise, been determined by the building official to be unsanitary, unfit for human habitation or in such a condition that is likely to cause sickness or disease for reasons including, but not limited to, the following: 15-49 (18)	[✓]	[ ]	[ ]
	a) Lack of, or improper water closed, lavatory, bathtub or shower in a dwelling unit or lodging house.	[✓]	[ ]	[ ]
	b) Lack of, or improper water closets, lavatories and bathtubs or showers per number of guests in a hotel.	[ ]	[ ]	[✓]
	c) Lack of, or improper kitchen sink in a dwelling unit.	[✓]	[ ]	[ ]
	d) Lack of hot and cold running water to plumbing fixtures in a hotel.	[ ]	[ ]	[✓]
	e) Lack of hot and cold running water to plumbing fixtures in a dwelling unit or lodging house.	[✓]	[ ]	[ ]
	f) Lack of adequate heating facilities.	[✓]	[ ]	[ ]
	g) Lack of, or improper operation of, required ventilating equipment.	[✓]	[ ]	[ ]
	h) Lack of minimum amounts of natural light and ventilation required by this Code.	[✓]	[ ]	[ ]
	i) Room and space dimensions less than required by this article or the building code.	[ ]	[ ]	[✓]
	j) Lack of required electrical lighting.	[✓]	[ ]	[ ]
	k) Dampness of habitable rooms.	[✓]	[ ]	[ ]
	l) Infestation of insects, vermin or rodents.	[✓]	[ ]	[ ]
	m) General dilapidation or improper maintenance.	[✓]	[ ]	[ ]
	n) Lack of connection to required sewage disposal system.	[ ]	[ ]	[✓]
	o) Damaged connections to a sewage disposal system that results in flow of sewage on the ground.	[ ]	[ ]	[✓]
	p) Lack of adequate garbage and rubbish storage and removal facilities.	[✓]	[ ]	[ ]

19.	Has the building, because of obsolescence, dilapidated condition, deterioration, damage, inadequate exits, lack of sufficient fire-resistive construction, faulty electric wiring, gas connections or heating apparatus, or other cause, been determined by the fire marshal to be a fire hazard? 15-49 (19)	[✓]	[ ]	[ ]
20.	Is this building in such a condition as to make a public nuisance known to the common law or in equity jurisprudence? 15-49 (20)	[✓]	[ ]	[ ]
21.	Does any portion of the building remain on the site after the demolition or destruction of the building? 15-49 (21)	[ ]	[✓]	[ ]
22.	If this building is abandoned or any portion thereof, does it constitute an attractive nuisance or hazard to the public? 15-49 (22)	[✓]	[ ]	[ ]
23.	Does any of the building constructed and still existing in violation of any provision of the building code or Uniform Fire Code to the extent that the life, health or safety of the public or any occupant is endangered? 15-49 (23)	[✓]	[ ]	[ ]

A

FDID * WB421 | State * TX | Incident Date * MM 01 DD 22 YYYY 2009 | Station 1 | Incident Number * 09-0000072 | Exposure * 000

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

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 1114 - 04

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost: 800 | Prefix: W | Street or Highway: Kennedale | Street Type: PKY | Suffix:

Apt./Suite/Room: | City: Kennedale | State: TX | Zip Code: 76060 -

Cross street or directions, as applicable

Mapsco

C Incident Type *

730 System malfunction, Other

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

Their FDID | Their State

Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	01	22	2009	03:46:00
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	01	22	2009	03:46:00
CONTROLLED Optional, Except for wildland fires				
☒ Controlled	01	22	2009	04:04:00
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	01	22	2009	04:04:00

E2 Shift & Alarms

Local Option

Shift or Platoon: A | Alarms: | District: 101

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	Personnel
Suppression		
EMS		
Other	0002	0005

☐ 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 evauation 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

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 129

Amusement center: indoor/outdoor

NFIRS-1 Revision 03/11/99

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

01/22/2009 06:52:54 AM clidster

On 01/22/2009 at 03:46:00 dispatched To 800 W Kennedale PKY /Kennedale, TX 76060. The location is a Amusement center: indoor/outdoor. The incident was determined to be a(n) System malfunction, Other.

03:46:00 arrived on scene.

The following actions were performed on scene:

Investigate

Units responding were:

Unit M59 responded.

Unit Q59 responded.

04:04:00 all units back in service.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1332	Lidster, Christopher S	PR	Q59	01	22	2009

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	1332	Lidster, Christopher S	PR	Q59	01	22	2009

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
WB421	TX	1	22	2009	1	09-0000072	000	☐ Delete ☐ Change	

B

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent X	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID M259 Type 76	Dispatch	1	22	2009	03:46	Sent X	2	☐ Suppression ☐ EMS ☒ Other	
	Arrival	1	22	2009	03:46				
	Clear	1	22	2009	04:04				

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
1354	McGuire, Brian	FP	X				
1406	McGarity, Todd		X				

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent X	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
2 ID Q59 Type 13	Dispatch	1	22	2009	03:46	Sent X	3	☐ Suppression ☐ EMS ☒ Other	
	Arrival	1	22	2009	03:46				
	Clear	1	22	2009	04:04				

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
1163	Cleveland, Andrew	LT	X				
1332	Lidster, Christopher	ENG	X				
1404	Lenoir, James	LT	X				

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent X	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
3 ID Type	Dispatch					Sent ☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival								
	Clear								

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

A

FDID: WB421 * | State: TX * | Incident Date (MM DD YYYY): 01 22 2009 * | Station: 1 | Incident Number: 09-0000073 * | Exposure: 000 *

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

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: 1114 - 04

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost: 800 | Prefix: W | Street or Highway: Kennedale | Street Type: PKY | Suffix:

Apt./Suite/Room: | City: Kennedale | State: TX | Zip Code: 76060 -

Cross street or directions, as applicable: 93 Y Mapsco

C Incident Type *

740 Unintentional transmission of alarm, other

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

Their FDID: | Their State:

Their Incident Number:

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	01	22	2009	10:41:25
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	01	22	2009	10:46:28
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	01	22	2009	10:47:23

E2 Shift & Alarms

Local Option

Shift or Platoon: B | Alarms: | District: 101

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	Personnel
Suppression		
EMS		
Other	0002	0005

☐ 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 evauation 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

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: 700

Manufacturing, processing

NFIRS-1 Revision 03/11/99

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

01/23/2009 07:44:38 AM Travis

On 01/22/2009 at 10:41:25 dispatched To 800 W Kennedale PKY /Kennedale, TX 76060. The location is a Manufacturing, processing. The incident was determined to be a(n) Unintentional transmission of alarm, Other.

10:46:28 arrived on scene.

The following actions were performed on scene:

Investigate

Units responding were:

Unit E59 responded.

Unit M59 responded.

10:47:23 all units back in service.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1401	Travis, J C	LT	E59	01	23	2009

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	1401	Travis, J C	LT	E59	01	23	2009

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
WB421	TX	1	22	2009	1	09-0000073	000	☐ Delete ☐ Change	

B

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent X	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID E259 Type 11	Dispatch	X 1	22	2009	10:41	Sent X	3	☐ Suppression ☐ EMS ☒ Other	
	Arrival	X 1	22	2009	10:46				
	Clear	X 1	22	2009	10:47				

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
1387	Creech, Dennis	FFE	X				
1401	Travis, J	FM	X				
1406	McGarity, Todd		X				

2 ID M259 Type 76	Dispatch	X 1	22	2009	10:41	Sent X	2	☐ Suppression ☐ EMS ☒ Other	
	Arrival	X 1	22	2009	10:46				
	Clear	X 1	22	2009	10:47				

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
1355	Wright, Tedvin	PM	X				
1396	Toberny, Trevor	PM	X				

3 ID Type	Dispatch	☐					Sent ☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

A

FDID * WB421 | State * TX | Incident Date * MM 03 DD 27 YYYY 2011 | Station 1 | Incident Number * 11-0000295 | Exposure * 000 | ☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

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 1114 - 04

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost: 800 | Prefix: W | Street or Highway: Kennedale | Street Type: PKY | Suffix:

Apt./Suite/Room: | City: Kennedale | State: TX | Zip Code: 76060 -

Cross street or directions, as applicable: 93 Y Mapsco

C Incident Type *

321 | EMS call, excluding vehicle accident with injury

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

Their FDID: WB414 | Their State: TX

Their Incident Number:

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	03	27	2011	12:38:00
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	03	27	2011	12:40:00
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	03	27	2011	13:05:00

E2 Shift & Alarms

Local Option

Shift or Platoon: A | Alarms: | District: 101

E3 Special Studies

Local Option

Special Study ID#: | Special Study Value:

F Actions Taken *

31 | Provide first aid & check for injuries

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	0001	0002
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 evauation 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

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: 700

Manufacturing, processing

NFIRS-1 Revision 03/11/99

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

03/28/2011 05:45:12 AM Cleveland

On 03/27/2011 at 12:38:00 dispatched To 800 W Kennedale PKY /Kennedale, TX 76060. The location is a Manufacturing, processing. The incident was determined to be a(n) EMS call, excluding vehicle accident with injury.

12:40:00 arrived on scene.
The following actions were performed on scene:
Provide first aid & check for injuries

Units responding were:
Unit M59 responded.

Mutual aid received:
Forest Hill Fire Department

13:05:00 all units back in service.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1163	Cleveland, Andrew D	LT	E59	03	28	2011

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	1163	Cleveland, Andrew D	LT	E59	03	28	2011

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
WB421	TX	3	27	2011	1	11-0000295	000	☐ Delete ☐ Change	

B

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date) — Month Day Year Hours/mins	Sent ☒	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID M259 Type 76	Dispatch ☒ 3 27 2011 12:38 Arrival ☒ 3 27 2011 12:40 Clear ☒ 3 27 2011 13:05	Sent ☒	2	☐ Suppression ☒ EMS ☐ Other	

Personnel ID	Name	Rank or Grade	Attend ☒	Action Taken	Action Taken	Action Taken	Action Taken
1406	McGarity, Todd		X				
1418	King, Brian	LT	X				

Apparatus or * Resource	Date and Times	Sent ☒	Number of * People	Use	Actions Taken
2 ID Type	Dispatch ☐ Arrival ☐ Clear ☐	Sent ☐		☐ Suppression ☐ EMS ☐ Other	

Personnel ID	Name	Rank or Grade	Attend ☒	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

Apparatus or * Resource	Date and Times	Sent ☒	Number of * People	Use	Actions Taken
☐ ID Type	Dispatch ☐ Arrival ☐ Clear ☐	Sent ☐		☐ Suppression ☐ EMS ☐ Other	

Personnel ID	Name	Rank or Grade	Attend ☒	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

A

FDID: WB421 * | State: TX * | Incident Date (MM DD YYYY): 03 29 2015 * | Station: 1 | Incident Number: 15-0000265 * | Exposure: 000 *

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

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: 1114 - 04

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost: 800 | Prefix: W | Street or Highway: Kennedale | Street Type: PKY | Suffix:

Apt./Suite/Room: | City: Kennedale | State: TX | Zip Code: 76060 -

Cross street or directions, as applicable: 93 Y Mapsco

C Incident Type *

321 EMS call, excluding vehicle accident with injury

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

Their FDID: | Their State:

Their Incident Number:

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
Alarm * (ALARM always required)	03	29	2015	03:58:00
☒ Arrival * (ARRIVAL required, unless canceled or did not arrive)	03	29	2015	04:02:00
☐ Controlled (CONTROLLED Optional, Except for wildland fires)				
☒ Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	03	29	2015	05:01:00

E2 Shift & Alarms

Local Option

Shift or Platoon: B | Alarms: | District: 101

E3 Special Studies

Local Option

Special Study ID#: | Special Study Value:

F Actions Taken *

33 Provide advanced life support (ALS)

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	0002	0005
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.

Property $, 000 , 000 ☐ None

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 evauation 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

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: 700

Manufacturing, processing

NFIRS-1 Revision 03/11/99

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

03/29/2015 06:44:11 AM Lenoir

On 03/29/2015 at 03:58:00 dispatched To 800 W Kennedale PKY /Kennedale, TX 76060. The location is a Manufacturing, processing. The incident was determined to be a(n) EMS call, excluding vehicle accident with injury.

04:02:00 arrived on scene.

The following actions were performed on scene:
Provide advanced life support (ALS)

Units responding were:
Unit E59 responded.
Unit M59 responded.

05:01:00 all units back in service.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1404	Lenoir, James M	LT	E59	03	29	2015

Check Box if same as Officer in charge. ☒

Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
1404	Lenoir, James M	LT	E59	03	29	2015

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
WB421	TX	3	29	2015	1	15-0000265	000	☐ Delete ☐ Change	

B

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent X	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID E59 Type 11	Dispatch	☒ 3	29	2015	03:58	☒	3	☐ Suppression ☒ EMS ☐ Other	
	Arrival	☒ 3	29	2015	04:02				
	Clear	☒ 3	29	2015	05:01				

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
1404	Lenoir, James	LT	X				
1407	Bledsoe, Michael	ENG	X				
1486	Sonefeld, Patrick	FP	X				

Apparatus or * Resource	Date and Times	Month	Day	Year	Hours/mins	Sent X	Number of * People	Use	Actions Taken
2 ID M59 Type 76	Dispatch	☒ 3	29	2015	03:58	☒	2	☐ Suppression ☒ EMS ☐ Other	
	Arrival	☒ 3	29	2015	04:02				
	Clear	☒ 3	29	2015	05:01				

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
1488	Freeman, Richard	FP	X				
1498	Dulin, Jeff		X				

Apparatus or * Resource	Date and Times	Month	Day	Year	Hours/mins	Sent X	Number of * People	Use	Actions Taken
3 ID Type	Dispatch	☐				☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐							
	Clear	☐							

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

A

FDID *	State *	Incident Date * (MM DD YYYY)	Station	Incident Number *	Exposure *
WB421	TX	05 25 2009	1	09-0000458	000

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

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 1114 - 04

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
800	W	Kennedale	PKY	

Apt./Suite/Room	City	State	Zip Code
	Kennedale	TX	76060 -

Cross street or directions, as applicable: 93 Y Mapsco

C Incident Type *

531 Smoke or odor removal

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

Their FDID | Their State

Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	05	25	2009	20:36:47
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	05	25	2009	20:37:55
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	05	25	2009	20:47:22

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
B		101

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	Personnel
Suppression		
EMS		
Other	0002	0005

☐ 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 evauation 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

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 700

Manufacturing, processing

NFIRS-1 Revision 03/11/99

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

05/26/2009 07:59:41 AM Travis

On 05/25/2009 at 20:36:47 dispatched To 800 W Kennedale PKY /Kennedale, TX 76060. The location is a Manufacturing, processing. The incident was determined to be a(n) Smoke or odor removal.

20:37:55 arrived on scene.
The following actions were performed on scene:
Investigate

Units responding were:
Unit E59 responded.
Unit M59 responded.

20:47:22 all units back in service.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1401	Travis, J C	LT	E59	05	26	2009

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	1401	Travis, J C	LT	E59	05	26	2009

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
WB421	TX	5	25	2009	1	09-0000458	000	☐ Delete ☐ Change	

B

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID E259 Type 11	Dispatch [X]	5	25	2009	20:36	Sent [X]	3	☐ Suppression ☐ EMS ☒ Other	
	Arrival [X]	5	25	2009	20:37				
	Clear [X]	5	25	2009	20:47				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
1354	McGuire, Brian	FP	X				
1396	Toberny, Trevor	PM	X				
1401	Travis, J	FM	X				

Apparatus or * Resource	Date and Times	Month	Day	Year	Hours/mins	Sent [X]	Number of * People	Use	Actions Taken
2 ID M259 Type 76	Dispatch [X]	5	25	2009	20:36	Sent [X]	2	☐ Suppression ☐ EMS ☒ Other	
	Arrival [X]	5	25	2009	20:37				
	Clear [X]	5	25	2009	20:47				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
1357	Morgan, Samuel	ENG	X				
1360	Foresman, Jacob	ENG	X				

Apparatus or * Resource	Date and Times	Month	Day	Year	Hours/mins	Sent [X]	Number of * People	Use	Actions Taken
3 ID Type	Dispatch ☐					Sent ☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival ☐								
	Clear ☐								

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

A

FDID * WB421 | State * TX | Incident Date * MM 07 DD 07 YYYY 2012 | Station 1 | Incident Number * 12-0000566 | Exposure * 000

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

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 1114 - 04

☒ Street address ☐ Intersection ☐ In front of ☐ Rear of ☐ Adjacent to ☐ Directions

Number/Milepost: 800 | Prefix: W | Street or Highway: Kennedale | Street Type: PKY | Suffix:

Apt./Suite/Room: | City: Kennedale | State: TX | Zip Code: 76060 -

Cross street or directions, as applicable

Mapsco

C Incident Type *

142 Brush or brush-and-grass mixture fire

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

Their FDID | Their State

Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	07	07	2012	17:57:00
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	07	07	2012	17:59:00
CONTROLLED Optional, Except for wildland fires				
☒ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	07	07	2012	18:19:00

E2 Shift & Alarms

Local Option

Shift or Platoon: A | Alarms: | District: 100

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken *

11 Extinguishment by fire service personnel

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	0002	0005
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 evauation 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

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 800

Storage, Other

NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved

Local Option

DMO Storage (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. | Sam (First Name) | MI | Gibbins (Last Name) | Suffix

800 (Number) | W (Prefix) | Kennedale (Street or Highway) | PKY (Street Type) | Suffix

Storage Only (Post Office Box) | Apt./Suite/Room | Kennedale (City)

TX (State) | 76060 (Zip Code)

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

K2 Owner

Local Option

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

DMO Storage (Business name (if Applicable)) | 972 (Area Code) | 816 | 3333 (Phone Number)

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

Mr.,Ms., Mrs. | David (First Name) | MI | Ousley (Last Name) | Suffix

800 (Number) | W (Prefix) | Kennedale (Street or Highway) | PKY (Street Type) | Suffix

Storage Only (Post Office Box) | Apt./Suite/Room | Kennedale (City)

TX (State) | 76060 (Zip Code)

L Remarks

Local Option

07/07/2012 06:47:17 PM clidster

On 07/07/2012 at 17:57:00 dispatched To 800 W Kennedale PKY /Kennedale, TX 76060. The location is a Storage, Other. The incident was determined to be a(n) Brush or brush-and-grass mixture fire.

Dispatched to the area of 800 W. Kennedale Pkwy for a possible grass fire. Arrived to find a 10X10 area in the creek bank in the woods. The area was not accessable to vehicles for FD extinguished the fire with hand tools and water cans. The are was mopped up and all units cleared w/o incident.

17:59:00 arrived on scene.

The following involvements were noted:
Name/Business Name
Involvement Type

Ousley, David
Gibbins, Sam
Blakney, Shawna

The following actions were performed on scene:

Extinguishment by fire service personnel

Units responding were:
Unit E59 responded.
Unit M59 responded.

18:19:00 all units back in service.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1332	Lidster, Christopher S	ENG	E59	07	07	2012

☒ Check Box if same as Officer in charge.

Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
1332	Lidster, Christopher S	ENG	E59	07	07	2012

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
WB421	TX	7	7	2012	1	12-0000566	000	☐ Delete ☐ Change	

B

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent X	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID E59 Type 11	Dispatch ☒	7	7	2012	17:57	Sent ☒	3	☒ Suppression ☐ EMS ☐ Other	
	Arrival ☒	7	7	2012	17:59				
	Clear ☒	7	7	2012	18:19				

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
1332	Lidster, Christopher	ENG	X				
1406	McGarity, Todd		X				
1461	Wilt, Kane	FP	X				

Apparatus or * Resource	Date and Times	Month	Day	Year	Hours/mins	Sent X	Number of * People	Use	Actions Taken
2 ID M59 Type 76	Dispatch ☒	7	7	2012	17:57	Sent ☒	2	☒ Suppression ☐ EMS ☐ Other	
	Arrival ☒	7	7	2012	17:59				
	Clear ☒	7	7	2012	18:19				

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
1360	Foresman, Jacob	ENG	X				
1468	Stanton, Joshua	FF	X				

Apparatus or * Resource	Date and Times	Month	Day	Year	Hours/mins	Sent X	Number of * People	Use	Actions Taken
3 ID Type	Dispatch ☐					Sent ☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival ☐								
	Clear ☐								

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

A

FDID: WB421 * | State: TX * | Incident Date (MM DD YYYY): 08 08 2011 * | Station: 1 | Incident Number: 11-0000689 * | Exposure: 000 *

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

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: 1114 - 04

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost: 800 | Prefix: W | Street or Highway: Kennedale | Street Type: PKY | Suffix:

Apt./Suite/Room: | City: Kennedale | State: TX | Zip Code: 76060 -

Cross street or directions, as applicable

Mapsco

C Incident Type *

551 Assist police or other governmental agency

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

Their FDID | Their State

Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	08	08	2011	14:24:22
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	08	08	2011	14:24:22
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	08	08	2011	14:38:13

E2 Shift & Alarms

Local Option

Shift or Platoon: C | Alarms: | District: 100

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken *

55 Establish safe area

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	0001	0003

☐ 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 evauation 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

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: 800

Storage, Other

NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved
Local Option

DMO Storage (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. | Sam (First Name) | MI | Gibbins (Last Name) | Suffix

800 (Number) | W (Prefix) | Kennedale (Street or Highway) | PKY (Street Type) | Suffix

Storage Only (Post Office Box) | Apt./Suite/Room | Kennedale (City)

TX (State) | 76060 (Zip Code) -

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

K2 Owner
Local Option

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

DMO Storage (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. | David (First Name) | MI | Ousley (Last Name) | Suffix

800 (Number) | W (Prefix) | Kennedale (Street or Highway) | PKY (Street Type) | Suffix

Storage Only (Post Office Box) | Apt./Suite/Room | Kennedale (City)

TX (State) | 76060 (Zip Code) -

L Remarks
Local Option

08/09/2011 07:45:28 AM Travis

On 08/08/2011 at 14:24:22 dispatched To 800 W Kennedale PKY /Storage Only/Kennedale, TX 76060. The location is a Storage, Other. The incident was determined to be a(n) Assist police or other governmental agency.

14:24:22 arrived on scene.

The following involvements were noted:

Name/Business Name	Involvement Type
Ousley, David	
Gibbins, Sam	
Blakney, Shawna	

The following actions were performed on scene:
Establish safe area

Units responding were:
Unit E59 responded.

14:38:13 all units back in service

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1401	Travis, J C	LT	E59	08	09	2011

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	1401	Travis, J C	LT	E59	08	09	2011

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
WB421	TX	8	8	2011	1	11-0000689	000	☐ Delete ☐ Change	

B

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent X	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID E59 Type 11	Dispatch	X 8	8	2011	14:24	Sent X	3	☐ Suppression ☐ EMS ☒ Other	
	Arrival	X 8	8	2011	14:24				
	Clear	X 8	8	2011	14:38				

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
1332	Lidster, Christopher	ENG	X				
1401	Travis, J	FM	X				
1446	Throne, Darryl	FFI	X				

2 ID		Month	Day	Year	Hours/mins	Sent			
Type	Dispatch	☐				☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐							
	Clear	☐							

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

☐ ID		Month	Day	Year	Hours/mins	Sent			
Type	Dispatch	☐				☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐							
	Clear	☐							

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

A

FDID * WB421 | State * TX | Incident Date * MM 08 DD 18 YYYY 2007 | Station 1 | Incident Number * 07-0000785 | Exposure * 000 | ☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

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 1114 - 04

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost 800 | Prefix W | Street or Highway Kennedale | Street Type PKY | Suffix

Apt./Suite/Room | City Kennedale | State TX | Zip Code 76060 -

Cross street or directions, as applicable

Mapsco

C Incident Type *

321 EMS call, excluding vehicle accident with injury

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

Their FDID | Their State

Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	08	18	2007	14:14:00
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	08	18	2007	14:16:00
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	08	18	2007	14:29:00

E2 Shift & Alarms

Local Option

Shift or Platoon A | Alarms | District 101

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken *

33 Provide advanced life support (ALS)
Primary Action Taken (1)

34 Transport person
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	0002	0005
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 evauation 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

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 129

Amusement center: indoor/outdoor

NFIRS-1 Revision 03/11/99

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

Dispatched - 800 W. Kennedale Pkwy on an injured person

Responded - code 3 with Q59 and
M59 from 100 Cloverlane Dr. without incident

Scene - Q59 arrived to find a male patient
who was injured in a fall

Intervention - Patient evaluated by the Medic
Crew

Termination - Q59 cleared, M59 transported priority 3 to JPS

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1163	Cleveland, Andrew D	LT	Q59	08	18	2007

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	1163	Cleveland, Andrew D	LT	Q59	08	18	2007

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
WB421	TX	8	18	2007	1	07-0000785	000	☐ Delete ☐ Change	

B

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID M259 Type 76	Dispatch [X]	8	18	2007	14:14	Sent [X]	2	☐ Suppression ☒ EMS ☐ Other	
	Arrival [X]	8	18	2007	14:16				
	Clear [X]	8	18	2007	15:04				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
1331	Land, Brent	IEN	X				
1346	Butsch, Ronnie	PR	X				

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
2 ID Q59 Type 13	Dispatch [X]	8	18	2007	14:14	Sent [X]	3	☐ Suppression ☒ EMS ☐ Other	
	Arrival [X]	8	18	2007	14:16				
	Clear [X]	8	18	2007	14:29				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
1163	Cleveland, Andrew	LT	X				
1310	Webb, Jonathan	ENG	X				
1337	Occhipinti, Carl	FP	X				

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
3 ID Type	Dispatch [ ]					Sent [ ]		☐ Suppression ☐ EMS ☐ Other	
	Arrival [ ]								
	Clear [ ]								

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

A

FDID: WB421 * | State: TX * | Incident Date (MM DD YYYY): 09 18 2010 * | Station: 1 | Incident Number: 10-0000846 * | Exposure: 000 *

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

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: 1114 - 04

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost: 800 | Prefix: W | Street or Highway: Kennedale | Street Type: PKY | Suffix:

Apt./Suite/Room: | City: Kennedale | State: TX | Zip Code: 76060 -

Cross street or directions, as applicable: 93 Y Mapsco

C Incident Type *

321 EMS call, excluding vehicle accident with injury

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

Their FDID: | Their State:

Their Incident Number:

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
Alarm * (ALARM always required)	09	18	2010	02:06:33
☒ Arrival * (ARRIVAL required, unless canceled or did not arrive)	09	18	2010	02:07:41
☐ Controlled (CONTROLLED Optional, Except for wildland fires)				
☒ Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	09	18	2010	02:30:17

E2 Shift & Alarms

Local Option

Shift or Platoon: B | Alarms: | District: 101

E3 Special Studies

Local Option

Special Study ID#: | Special Study Value:

F Actions Taken *

33 Provide advanced life support (ALS)
Primary Action Taken (1)

34 Transport person
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	0002	0005
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 evauation 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

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: 700

Manufacturing, processing

NFIRS-1 Revision 03/11/99

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

09/18/2010 07:48:03 AM smorgan

On 09/18/2010 at 02:06:33 dispatched To 800 W Kennedale PKY /Kennedale, TX 76060. The location is a Manufacturing, processing. The incident was determined to be a(n) EMS call, excluding vehicle accident with injury.

02:07:41 arrived on scene.

The following actions were performed on scene:

Provide advanced life support (ALS)

Transport person priority 3 to Methodist Mansfield.

Units responding were:

Unit M59 responded.

Unit Q59 responded.

02:30:17 all units back in service.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1357	Morgan, Samuel Wayne	ENG	Q59	09	18	2010

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	1357	Morgan, Samuel Wayne	ENG	Q59	09	18	2010

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
WB421	TX	9	18	2010	1	10-0000846	000	☐ Delete ☐ Change	

B

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent X	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID M259 Type 76	Dispatch	9	18	2010	02:06				
	Arrival	9	18	2010	02:07				
	Clear	9	18	2010	03:08				
						X	2	☐ Suppression ☒ EMS ☐ Other	

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
1360	Foresman, Jacob	ENG	X				
1404	Lenoir, James	LT	X				

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent X	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
2 ID Q59 Type 13	Dispatch	9	18	2010	02:06				
	Arrival	9	18	2010	02:07				
	Clear	9	18	2010	02:30				
						X	3	☐ Suppression ☒ EMS ☐ Other	

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
1357	Morgan, Samuel	ENG	X				
1394	Whistler, Tracy	FP	X				
1413	Hancock, Richard	FP	X				

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent X	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
3 ID Type	Dispatch								
	Arrival								
	Clear								
						☐		☐ Suppression ☐ EMS ☐ Other	

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

A

FDID: WB421 * | State: TX * | Incident Date (MM DD YYYY): 10 10 2008 * | Station: 1 | Incident Number: 08-0000991 * | Exposure: 000 *

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

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: 1114 - 04

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost: 800 | Prefix: W | Street or Highway: Kennedale | Street Type: PKY | Suffix:

Apt./Suite/Room: | City: Kennedale | State: TX | Zip Code: 76060 -

Cross street or directions, as applicable: 93 Y Mapsco

C Incident Type *

321 EMS call, excluding vehicle accident with injury

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

Their FDID | Their State

Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	10	10	2008	21:10:00
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	10	10	2008	21:10:00
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	10	10	2008	21:22:00

E2 Shift & Alarms

Local Option

Shift or Platoon: C | Alarms: | District: 101

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken *

30 Emergency medical services, Other

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	0002	0005
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 evauation 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

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: 129

Amusement center: indoor/outdoor

NFIRS-1 Revision 03/11/99

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

10/11/2008 07:04:49 AM 1233

On 10/10/2008 at 21:10:00 dispatched To 800 W Kennedale PKY /Kennedale, TX 76060. The location is a Amusement center: indoor/outdoor. The incident was determined to be a(n) EMS call, excluding vehicle accident with injury.

21:10:00
arrived on scene.
The following actions were performed on scene:
Emergency medical services, Other

Units responding were:
Unit M59 responded.
Unit Q59 responded.

21:22:00 all units back in service.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1233	Hinkle, Jay F	FM	Q59	10	11	2008

Check Box if same as Officer in charge. ☒

Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
1233	Hinkle, Jay F	FM	Q59	10	11	2008

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
WB421	TX	10	10	2008	1	08-0000991	000	☐ Delete ☐ Change	

B

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID M259 Type 76	Dispatch	[X] 10	10	2008	21:10	Sent [X]	2	☐ Suppression ☒ EMS ☐ Other	
	Arrival	[X] 10	10	2008	21:10				
	Clear	[X] 10	10	2008	21:22				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
1310	Webb, Jonathan	ENG	X				
1360	Foresman, Jacob	ENG	X				

	Apparatus or Resource	Date and Times	Month	Day	Year	Hours/mins	Sent [X]	Number of People	Use	Actions Taken
2	ID Q59 Type 13	Dispatch	[X] 10	10	2008	21:10	Sent [X]	3	☐ Suppression ☒ EMS ☐ Other	
		Arrival	[X] 10	10	2008	21:10				
		Clear	[X] 10	10	2008	21:22				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
1233	Hinkle, Jay	FM	X				
1357	Morgan, Samuel	ENG	X				
1393	Landers, Cory	FP	X				

	Apparatus or Resource	Date and Times	Month	Day	Year	Hours/mins	Sent [X]	Number of People	Use	Actions Taken
3	ID Type	Dispatch	☐				Sent ☐		☐ Suppression ☐ EMS ☐ Other	
		Arrival	☐							
		Clear	☐							

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

A

FDID: WB421 * | State: TX * | Incident Date (MM DD YYYY): 10 17 2010 * | Station: 1 | Incident Number: 10-0000942 * | Exposure: 000 *

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

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: 1114 - 04

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost: 800 | Prefix: W | Street or Highway: Kennedale | Street Type: PKY | Suffix:

Apt./Suite/Room: | City: Kennedale | State: TX | Zip Code: 76060 -

Cross street or directions, as applicable: 93 Y Mapsco

C Incident Type *

321 EMS call, excluding vehicle accident with injury

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

Their FDID: | Their State:

Their Incident Number:

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
Alarm * (ALARM always required)	10	17	2010	02:54:00
☒ Arrival * (ARRIVAL required, unless canceled or did not arrive)	10	17	2010	02:57:00
☐ Controlled (CONTROLLED Optional, Except for wildland fires)				
☒ Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	10	17	2010	03:18:00

E2 Shift & Alarms

Local Option

Shift or Platoon: A | Alarms: | District: 101

E3 Special Studies

Local Option

Special Study ID#: | Special Study Value:

F Actions Taken *

33 Provide advanced life support (ALS) — Primary Action Taken (1)

34 Transport person — 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	0002	0005
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 evauation 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

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: 700

Manufacturing, processing

NFIRS-1 Revision 03/11/99

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

10/17/2010 06:43:46 AM Cleveland

On 10/17/2010 at 02:54:00 dispatched To 800 W Kennedale PKY /Kennedale, TX 76060. The location is a Manufacturing, processing. The incident was determined to be a(n) EMS call, excluding vehicle accident with injury.

02:57:00 arrived on scene.

The following actions were performed on scene:

Provide advanced life support (ALS)

Transport person

Units responding were:

Unit M59 responded.

Unit Q59 responded.

Q59 responded non-emergency

03:18:00 all units back in service.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1163	Cleveland, Andrew D	LT	Q59	10	17	2010

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	1163	Cleveland, Andrew D	LT	Q59	10	17	2010

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
WB421	TX	10	17	2010	1	10-0000942	000	☐ Delete ☐ Change	

B

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent X	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID M259 Type 76	Dispatch	☒ 10	17	2010	02:54	☒	2	☐ Suppression ☒ EMS ☐ Other	
	Arrival	☒ 10	17	2010	02:57				
	Clear	☒ 10	17	2010	04:09				

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
1406	McGarity, Todd		X				
1418	King, Brian	LT	X				

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent X	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
2 ID Q59 Type 13	Dispatch	☒ 10	17	2010	02:54	☒	3	☐ Suppression ☒ EMS ☐ Other	
	Arrival	☒ 10	17	2010	02:57				
	Clear	☒ 10	17	2010	03:18				

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
1163	Cleveland, Andrew	LT	X				
1332	Lidster, Christopher	ENG	X				
1426	Chapa, Michael	FFI	X				

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent X	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
3 ID Type	Dispatch	☐				☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐							
	Clear	☐							

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

A

FDID: WB421 * | State: TX * | Incident Date (MM DD YYYY): 10 24 2009 * | Station: 1 | Incident Number: 09-0000902 * | Exposure: 000 *

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

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: 1114 - 04

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost: 800 | Prefix: W | Street or Highway: Kennedale | Street Type: PKY | Suffix:

Apt./Suite/Room: | City: Kennedale | State: TX | Zip Code: 76060 -

Cross street or directions, as applicable: 93 Y Mapsco

C Incident Type *

321 EMS call, excluding vehicle accident with injury

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

Their FDID: | Their State:

Their Incident Number:

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	10	24	2009	22:32:00
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	10	24	2009	22:36:00
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	10	24	2009	22:54:00

E2 Shift & Alarms

Local Option

Shift or Platoon: A | Alarms: | District: 101

E3 Special Studies

Local Option

Special Study ID#: | Special Study Value:

F Actions Taken *

33 Provide advanced life support (ALS)
Primary Action Taken (1)

34 Transport person
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	0001	0002
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 evauation 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

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: 700

Manufacturing, processing

NFIRS-1 Revision 03/11/99

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

10/25/2009 07:39:13 AM Cleveland

On 10/24/2009 at 22:32:00 dispatched To 800 W Kennedale PKY /Kennedale, TX 76060. The location is a Manufacturing, processing. The incident was determined to be a(n) EMS call, excluding vehicle accident with injury.

22:36:00 arrived on scene.

The following actions were performed on scene:

Provide advanced life support (ALS)

Transport person

Units responding were:

Unit M59 responded.

22:54:00 all units back in service.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1163	Cleveland, Andrew D	LT	Q59	10	25	2009

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	1163	Cleveland, Andrew D	LT	Q59	10	25	2009

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
WB421	TX	10	24	2009	1	09-0000902	000	☐ Delete ☐ Change	

B

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID M259 Type 76	Dispatch	[X] 10	24	2009	22:32	Sent [X]	2	☐ Suppression ☒ EMS ☐ Other	
	Arrival	[X] 10	24	2009	22:36				
	Clear	[X] 10	24	2009	23:20				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
1332	Lidster, Christopher	ENG	X				
1424	Gilliland, Sterling	FP	X				

	Apparatus or * Resource	Date and Times	Month	Day	Year	Hours/mins	Sent [X]	Number of * People	Use	Actions Taken
2	ID Type	Dispatch	☐				Sent ☐		☐ Suppression ☐ EMS ☐ Other	
		Arrival	☐							
		Clear	☐							

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

	Apparatus or * Resource	Date and Times	Month	Day	Year	Hours/mins	Sent [X]	Number of * People	Use	Actions Taken
☐	ID Type	Dispatch	☐				Sent ☐		☐ Suppression ☐ EMS ☐ Other	
		Arrival	☐							
		Clear	☐							

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

A

FDID: WB421 * | State: TX * | Incident Date (MM DD YYYY): 11 01 2009 * | Station: 1 | Incident Number: 09-0000930 * | Exposure: 000 *

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

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: 1114 - 04

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost: 800 | Prefix: W | Street or Highway: Kennedale | Street Type: PKY | Suffix:

Apt./Suite/Room: | City: Kennedale | State: TX | Zip Code: 76060 -

Cross street or directions, as applicable: 93 Y Mapsco

C Incident Type *

321 EMS call, excluding vehicle accident with injury

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

Their FDID | Their State

Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	11	01	2009	01:27:24
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	11	01	2009	01:30:32
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	11	01	2009	02:19:35

E2 Shift & Alarms

Local Option

Shift or Platoon: B | Alarms: | District: 101

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken *

32 Provide basic life support (BLS)
Primary Action Taken (1)

34 Transport person
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	0002	0005
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 evauation 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

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: 700

Manufacturing, processing

NFIRS-1 Revision 03/11/99

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

11/01/2009 05:24:55 AM Travis

On 11/01/2009 at 01:27:24 dispatched To 800 W Kennedale PKY /Kennedale, TX 76060. The location is a Manufacturing, processing. The incident was determined to be a(n) EMS call, excluding vehicle accident with injury.

01:30:32 arrived on scene.

The following actions were performed on scene:

Provide basic life support (BLS)

Transport person

Units responding were:

Unit M59 responded.

Unit Q59 responded.

02:19:35 all units back in service.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1401	Travis, J C	LT	Q59	11	01	2009

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	1401	Travis, J C	LT	Q59	11	01	2009

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
WB421	TX	11	1	2009	1	09-0000930	000	☐ Delete ☐ Change	

B

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID M259 Type 76	Dispatch	[X] 11	1	2009	01:27	Sent [X]	2	☐ Suppression ☒ EMS ☐ Other	
	Arrival	[X] 11	1	2009	01:30				
	Clear	[X] 11	1	2009	02:19				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
1354	McGuire, Brian	FP	X				
1355	Wright, Tedvin	PM	X				

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
2 ID Q59 Type 13	Dispatch	[X] 11	1	2009	01:27	Sent [X]	3	☐ Suppression ☒ EMS ☐ Other	
	Arrival	[X] 11	1	2009	01:30				
	Clear	[X] 11	1	2009	02:19				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
1310	Webb, Jonathan	ENG	X				
1401	Travis, J	FM	X				
1417	Slater, Blake	FP	X				

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
3 ID Type	Dispatch	☐				Sent ☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐							
	Clear	☐							

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

A

FDID * WB421 | State * TX | Incident Date * MM 11 DD 11 YYYY 2009 | Station 1 | Incident Number * 09-0000971 | Exposure * 000 | ☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

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 1114 - 04

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost 800 | Prefix W | Street or Highway Kennedale | Street Type PKY | Suffix

Apt./Suite/Room | City Kennedale | State TX | Zip Code 76060 -

Cross street or directions, as applicable 93 Y Mapsco

C Incident Type *

321 EMS call, excluding vehicle accident with injury
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

Their FDID | Their State
Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	11	11	2009	18:02:00
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	11	11	2009	18:03:00
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	11	11	2009	18:25:00

E2 Shift & Alarms

Local Option

Shift or Platoon A | Alarms | District 101

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken *

33 Provide advanced life support (ALS)
Primary Action Taken (1)

34 Transport person
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	0002	0005
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 evauation 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

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 700

Manufacturing, processing

NFIRS-1 Revision 03/11/99

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

11/11/2009 08:53:11 PM Cleveland

On 11/11/2009 at 18:02:00 dispatched To 800 W Kennedale PKY /Kennedale, TX 76060. The location is a Manufacturing, processing. The incident was determined to be a(n) EMS call, excluding vehicle accident with injury.

18:03:00 arrived on scene.

The following actions were performed on scene:

Provide advanced life support (ALS)

Transport person

Units responding were:

Unit M59 responded.

Unit Q59 responded.

18:25:00 all units back in service.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1163	Cleveland, Andrew D	LT	Q59	11	11	2009

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	1163	Cleveland, Andrew D	LT	Q59	11	11	2009

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
WB421	TX	11	11	2009	1	09-0000971	000	☐ Delete ☐ Change	

B

Apparatus or * Resource (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID M259 Type 76	Dispatch [X]	11	11	2009	18:02	[X]	2	☐ Suppression ☒ EMS ☐ Other	
	Arrival [X]	11	11	2009	18:03				
	Clear [X]	11	11	2009	19:06				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
1404	Lenoir, James	LT	X				
1418	King, Brian	LT	X				

Apparatus or * Resource	Date and Times	Month	Day	Year	Hours/mins	Sent [X]	Number of * People	Use	Actions Taken
2 ID Q59 Type 13	Dispatch [X]	11	11	2009	18:02	[X]	3	☐ Suppression ☒ EMS ☐ Other	
	Arrival [X]	11	11	2009	18:03				
	Clear [X]	11	11	2009	18:25				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
1163	Cleveland, Andrew	LT	X				
1332	Lidster, Christopher	ENG	X				
1382	Jordan, Shaun	FP	X				

Apparatus or * Resource	Date and Times	Month	Day	Year	Hours/mins	Sent [X]	Number of * People	Use	Actions Taken
3 ID Type	Dispatch ☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival ☐								
	Clear ☐								

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

Kennedale FD

Incident List by Street Address

Street Name = "Kennedale " and Address Number = "800"

Incident-Exp#	Alm Date	Alm Time	Location	Incident Type
06-0000448-000	05/22/2006	15:55:00	8006 E Kennedale PKY	321 EMS call, excluding vehicle
06-0000591-000	07/11/2006	11:33:00	8006 E Kennedale PKY	321 EMS call, excluding vehicle
03-0000572-000	08/19/2003	10:43:00	800 W Kennedale PKY	411 Gasoline or other flammable
05-0000151-000	02/22/2005	13:00:00	800 W Kennedale PKY /PO B	322 Motor vehicle accident with
05-0000348-000	05/02/2005	12:50:00	800 W Kennedale PKY	324 Motor Vehicle Accident with
05-0000672-000	08/29/2005	12:36:00	800 W Kennedale PKY	3221 Vehicle accident with patie
05-0000929-000	12/07/2005	15:54:00	800 W Kennedale PKY	550 Public service assistance, O
06-0000417-000	05/12/2006	09:00:00	800 W Kennedale PKY /P.O.	551 Assist police or other gover
06-0000859-000	10/17/2006	19:13:00	800 W Kennedale PKY /P.O.	911 Citizen complaint
06-0000962-000	11/18/2006	23:55:00	800 W Kennedale PKY	322 Motor vehicle accident with
07-0000785-000	08/18/2007	14:14:00	800 W Kennedale PKY	321 EMS call, excluding vehicle
07-0000924-000	09/26/2007	16:00:00	800 W Kennedale PKY	553 Public service
07-0001083-000	11/16/2007	10:52:00	800 W Kennedale PKY	745 Alarm system activation, no
08-0000991-000	10/10/2008	21:10:00	800 W Kennedale PKY	321 EMS call, excluding vehicle
08-0001025-000	10/22/2008	15:46:57	800 W Kennedale PKY	463 Vehicle accident, general cl
08-0001062-000	11/01/2008	21:00:00	800 W Kennedale PKY	324 Motor Vehicle Accident with
09-0000012-000	01/05/2009	01:49:23	800 W Kennedale PKY	731 Sprinkler activation due to
09-0000018-000	01/06/2009	12:26:00	800 W Kennedale PKY	731 Sprinkler activation due to
09-0000072-000	01/22/2009	03:46:00	800 W Kennedale PKY	730 System malfunction, Other
09-0000073-000	01/22/2009	10:41:25	800 W Kennedale PKY	740 Unintentional transmission o
09-0000458-000	05/25/2009	20:36:47	800 W Kennedale PKY	531 Smoke or odor removal
09-0000535-000	06/23/2009	14:16:00	800 W Kennedale PKY /Chao	744 Detector activation, no fire
09-0000539-000	06/24/2009	07:55:42	800 W Kennedale PKY	745 Alarm system activation, no
09-0000902-000	10/24/2009	22:32:00	800 W Kennedale PKY	321 EMS call, excluding vehicle
09-0000930-000	11/01/2009	01:27:24	800 W Kennedale PKY	321 EMS call, excluding vehicle
09-0000971-000	11/11/2009	18:02:00	800 W Kennedale PKY	321 EMS call, excluding vehicle
10-0000183-000	03/01/2010	12:10:00	800 W Kennedale PKY	324 Motor Vehicle Accident with
10-0000377-000	04/28/2010	18:57:00	800 W Kennedale PKY	511 Lock-out
10-0000378-000	04/28/2010	21:30:00	800 W Kennedale PKY	511 Lock-out
10-0000389-000	05/01/2010	09:49:00	800 W Kennedale PKY	511 Lock-out
10-0000610-000	07/03/2010	10:12:00	800 W Kennedale PKY	671 HazMat release investigation
10-0000831-000	09/13/2010	12:11:00	800 W Kennedale PKY	734 Heat detector activation due
10-0000846-000	09/18/2010	02:06:33	800 W Kennedale PKY	321 EMS call, excluding vehicle
10-0000852-000	09/21/2010	07:00:39	800 W Kennedale PKY	321 EMS call, excluding vehicle
10-0000942-000	10/17/2010	02:54:00	800 W Kennedale PKY	321 EMS call, excluding vehicle
10-0001115-000	12/19/2010	14:46:18	800 W Kennedale PKY	131 Passenger vehicle fire
11-0000295-000	03/27/2011	12:38:00	800 W Kennedale PKY	321 EMS call, excluding vehicle
11-0000410-000	04/29/2011	02:26:00	800 W Kennedale PKY	322 Motor vehicle accident with
11-0000673-000	08/02/2011	12:35:17	800 W Kennedale PKY /Stor	463 Vehicle accident, general cl
11-0000689-000	08/08/2011	14:24:22	800 W Kennedale PKY /Stor	551 Assist police or other gover
12-0000463-000	06/02/2012	02:47:00	800 W Kennedale PKY	324 Motor Vehicle Accident with
12-0000566-000	07/07/2012	17:57:00	800 W Kennedale PKY	142 Brush or brush-and-grass mix
12-0000700-000	08/23/2012	17:15:00	800 W Kennedale PKY	141 Forest, woods or wildland fi
14-0000017-000	01/07/2014	16:37:00	800 W Kennedale PKY	522 Water or steam leak

Kennedale FD

Incident List by Street Address

Street Name = "Kennedale " and
Address Number = "800"

Incident-Exp#	Alm Date	Alm Time	Location	Incident Type
15-0000265-000	03/29/2015	03:58:00	800 W Kennedale PKY	321 EMS call, excluding vehicle
15-0000428-000	05/20/2015	20:11:44	800 W Kennedale PKY	151 Outside rubbish, trash or wa
15-0000990-000	11/11/2015	17:34:39	800 W Kennedale PKY	561 Unauthorized burning
16-0000111-000	02/09/2016	10:32:35	800 W Kennedale PKY	321 EMS call, excluding vehicle

Total Incident Count 48

Juvenile Record Restricted Access

Kennedale Police Department

INCIDENT Report

ORI: TX2201700 Incident No. 1100013503 08/23/2011

Incident

CAD No. 1100015884	Other No.	Type	Criminal	Date Occur	06/18/2011 21:58
Status Open	Clear. Date	Enter By:		Exc. Clear.	
Inv. Status Active	Report By: Goode, Bryan		06/18/2011	Approv. By: Goode, Bryan	06/18/2011
Fam. Viol. No	Narrative I1100013503.doc	Investigator	Carlson, Eric		

Description

Met with Juvenile complainant in reference to Assault at Texas Scaregrounds.

Dispatch Location

Offense No. 1

Offense Recording Date 06/18/2011 23:14

Off. Begin Date 06/18/2011 21:35	Off. End Date 06/18/2011 21:58	Entry Method	Attempt/Complete
Drug Seized	Gang Related	Hi-Speed Pursuit	Weapons Used
Offense Code 22.01(a)(1)	Offense ASSAULT CAUSES BODILY INJ		No. of Premises 0
Bias Motivation		Agg Asslt/Homic. Circumst.	
Offense Addr. 800 Kennedale Parkway W/Business 2 Kennedale			Loc.Type

Remarks

Visible injury to right eye of victim

Offender(s)

Name	DOB	Race	Sex	DL	Address
Anguish, Kory Ray	03/26/1988	White	Male	[redacted]	704 SE 19th Street , Mineral Wells, TX 76067

Victim(s)

Name	DOB	Race	Sex	DL	Address	
Lee, Taylor	02/27/1995	White	Female		7510 Tormes , Grand Prairie, TX 75052	*Juv
				(972)977-3287 (H)	(972) 467-7411 (C)	

Victims (Organizations)

Name	Phone	Address

Other Involved Person(s)

Name	Role	DOB	Race	Sex	DL	Address
Walker, Clayton Ross	Witness	09/21/1989	White	Male	[redacted]	800 Kennedale Parkway W/Business 2 ,
				(817)933-5447 (C)		
Taylor, Joe Marshall	Parent	02/03/1964	White	Male	[redacted]	7510 Tormes , Grand Prairie, TX 75052
				(972)467-7411 (C)		[redacted]

Kennedale Police Department

INCIDENT Report

ORI: TX2201700 | Incident No. 1100013396 | 08/23/2011

Incident

CAD No. 1100015774 | Other No. | Type Criminal | Date Occur 06/18/2011 00:17

Status Open | Clear. Date | Enter By: | Exc. Clear.

Inv. Status Suspended | Report By: Valentich, Lyle | 06/18/2011 | Approv. By: Valentich, Lyle | 06/19/2011

Fam. Viol. No | Narrative I1100013396.doc | Investigator Carlson, Eric

Description

Unk suspect was trespassing on grounds and assaulted comp by hitting/shoving in back.

Dispatch Location

- Offense No. 1

Offense Recording Date 06/18/2011 23:37

Off. Begin Date 06/18/2011 00:17 | Off. End Date 06/18/2011 00:17 | Entry Method | Attempt/Complete

Drug Seized | Gang Related | Hi-Speed Pursuit | Weapons Used

Offense Code 3013 | Offense Assault-Simple | No. of Premises 0

Bias Motivation | Agg Asslt/Homic. Circumst.

Offense Addr. 800 Kennedale Parkway W/Business 2 Kennedale | Loc.Type

Remarks

Victim(s)

Name	DOB	Race	Sex	DL	Address
Florentin, Brandon Lee	10/20/1990	White	Male	[redacted]	926 se 5th street , Grand Prairie, TX 75051 (817)721-5433 (C)

Victims (Organizations)

Name	Phone	Address

Other Involved Person(s)

Name	Role	DOB	Race	Sex	DL	Address
Florentin, Brandon Lee	Complainant	10/20/1990	White	Male	[redacted]	926 se 5th street , Grand Prairie, TX 75051 (817)721-5433 (C)

Kennedale Police Department

INCIDENT Report

ORI: TX2201700 | Incident No. 1100008969 | 08/23/2011

Incident

CAD No. 1100010894 | Other No. | Type Criminal | Date Occur 04/30/2011 19:09

Status Open | Clear. Date | Enter By: | Exc. Clear.

Inv. Status Active | Report By: Goode, Bryan | 04/30/2011 | Approv. By: Goode, Bryan | 05/01/2011

Fam. Viol. No | Narrative I1100008969.doc | Investigator Charbonnet, Jason

Description

Met with parties involving missing/possible stolen property

Dispatch Location 800 Kennedale Parkway W/Business 287 Kennedale

Offense No. 1

Offense Recording Date 04/30/2011 22:33

Off. Begin Date 04/18/2011 00:00 | Off. End Date 04/30/2011 00:00 | Entry Method | Attempt/Complete

Drug Seized | Gang Related | Hi-Speed Pursuit | Weapons Used

Offense Code 28.03(b)(3) | Offense CRIMINAL MISCHIEF >=$500<$1,500 | No. of Premises 0

Bias Motivation | Agg Asslt/Homic. Circumst.

Offense Addr. 800 Kennedale Parkway W/Business 2 Kennedale | Loc.Type

Remarks

Victim(s)

Name	DOB	Race	Sex	DL	Address
White, Billy III Ray	11/26/1987	White	Male		933 Marlene Drive , Everman, TX 76140 (682)553-7599 (C) [redacted]

Victims (Organizations)

Name	Phone	Address

Other Involved Person(s)

Name	Role	DOB	Race	Sex	DL	Address
Hoover, Derek Andrew	Complainant	12/26/1987	White	Male	[redacted]	6971 Cox Lane , North Richland Hills, TX
White, Billy III Ray	Complainant	11/26/1987	White	Male	(682)553-7599 (C) [redacted]	933 Marlene Drive , Everman, TX 76140
Polone, Christopher M	Involved	07/04/1992	White	Male	[redacted]	800 Kennedale Parkway W/Business 2 ,
Avdeef, Toby Jonathan	Involved	02/28/1988	White	Male	[redacted]	1000 Kelley Drive , Everman, TX 76140

Incident Property

Status	Item Type	Item Name	Make	Model	Color	Qty	Value
Damaged/	Vehicle	Motorcycle	Kawasaki				650.00

Serial # [redacted] Description:

Involved Person White,Billy III Ray

Kennedale Police Department

INCIDENT Report

ORI: TX2201700 Incident No. 1000012331 08/23/2011

Incident

CAD No. 1000016968 Other No. Type Criminal Date Occur 10/31/2010 00:34

Status Open Clear. Date Enter By: Exc. Clear.

Inv. Status Suspended Report By: Heath, Ryan 10/31/2010 Approv. By: Valentich, Lyle 10/31/2010

Fam. Viol. No Narrative I1000012331.doc Investigator Charbonnet, Jason

Description

A vehicle was stolen from Texas Scaregrounds, 800 W. Kennedale Prkwy

Dispatch Location 800 Kennedale Parkway W/Business 287 Kennedale

- Offense No. 1

Offense Recording Date 10/31/2010 01:39

Off. Begin Date 10/30/2010 22:30 Off. End Date 10/31/2010 00:34 Entry Method Attempt/Complete

Drug Seized Gang Related HI-Speed Pursuit Weapons Used

Offense Code 31.03(e)(4)(A) Offense THEFT PROP>=$1,500<$20K No. of Premises 0

Bias Motivation Agg Asslt/Homic. Circumst.

Offense Addr. 800 Kennedale Parkway W/Business 2 Kennedale Loc.Type

Remarks

Victim(s)

Name	DOB	Race	Sex	DL	Address
Freeze, Corey Brandon	05/05/1984	White	Male	[redacted]	6516 Old Mill Road , Watauga, TX 76118 (817)333-4910 (H) (W)

Victims (Organizations)

Name	Phone	Address

Other Involved Person(s)

Name	Role	DOB	Race	Sex	DL	Address
Freeze, Corey Brandon	Complainant	05/05/1984	White	Male	[redacted] (817)333-4910 (H)	6516 Old Mill Road , Watauga, TX 76118 (W)
Freeze, Diana Nicole	Involved	04/13/1983	White	Fem	[redacted] (817)566-6387 (H)	6516 Old Mill , Watauga, TX 76118 (W)
Simpson, Wayne Ferris	Involved	04/25/1979	White	Male	[redacted] (817)305-1708 (H)	6516 Old Mill Clr , Watauga, TX 76148 (W)

Incident Property

Status	Item Type	Item Name	Make	Model	Color	Qty	Value
Stolen	Radios/TVs/VCRs	Speakers	Alpine	Type R			1000.00

Serial # Description: Subwolfer speaker as well as door speakers.

Involved Person Freeze,Corey Brandon

Kennedale Police Department

INCIDENT Report

ORI: TX2201700 | Incident No. 0900017360 | 08/23/2011

Incident

CAD No. 0900022914 | Other No. | Type Criminal | Date Occur 12/12/2009 19:29

Status Open | Clear. Date 02/23/2010 | Enter By: | Exc. Clear.

Inv. Status Suspended | Report By: Heath, Ryan | 12/12/2009 | Approv. By: Goode, Bryan | 12/13/2009

Fam. Viol. No | Narrative I0900017360.doc | Investigator Dagnell, Stephen

Description

A burglary of a building occurred at the Texas Scaregrounds, 800 West Kennedale Parkway

Dispatch Location 800 Kennedale Parkway W/Business 287 Kennedale

- Offense No. 1

Offense Recording Date 12/13/2009 00:05

Off. Begin Date 11/14/2009 05:00 | Off. End Date 12/13/2009 19:29 | Entry Method | Attempt/Complete

Drug Seized | Gang Related | Hi-Speed Pursuit | Weapons Used

Offense Code 30.02(c)(1) | Offense BURGLARY OF BUILDING | No. of Premises 0

Bias Motivation | Agg Asslt/Homic. Circumst.

Offense Addr. 800 Kennedale Parkway W/Business 2 Kennedale | Loc.Type

Remarks

Victim(s)

Name	DOB	Race	Sex	DL	Address
Blakney, Shawna Wilkening	12/16/1969	White	Female	[redacted]	1509 Ravenwood , Arlington, TX 76013
				(817)819-6773 (H)	(817)239-7299 (W)

Victims (Organizations)

Name	Phone	Address

Other Involved Person(s)

Name	Role	DOB	Race	Sex	DL	Address
Blakney, Shawna Wilkening	Complainant	12/16/1969	White	Fem	[redacted]	1509 Ravenwood , Arlington, TX 76013
				(817)819-6773 (H)		(817)239-7299 (W)

Incident Property

Status	Item Type	Item Name	Make	Model	Color	Qty	Value
Stolen	Consumable Goods	Case of beer	Coors Light	12 o.z. cans	Silver	5.0	70.00
Serial #		Description: Donated items					
Involved Person	Blakney,Shawna Wilkening						
Stolen	Consumable Goods	Energy drink	Monster		Black	2.0	30.00
Serial #		Description: Donated Items					
Involved Person	Blakney,Shawna Wilkening						
Stolen	Radios/TVs/VCRs	Handheld radios	Cobra	Unk	Black	4.0	30.00
Serial #	UNK	Description:					
Involved Person	Blakney,Shawna Wilkening						
Stolen	Vehicle	Truck rim and tire	Superswamper	TSL	Black	1.0	400.00
Serial #	UNK	Description: Rim and tire taken off of TX LP# [redacted]					
Involved Person	Blakney,Shawna Wilkening						

Kennedale Police Department

INCIDENT Report

ORI: TX2201700 Incident No. 0900017360 08/23/2011

Stolen	Vehicle	Benchseat	Chevrolet		Blue	1.0	0.00

Serial # Description: Off of TX LP# [redacted] they will get estimate from A&A they said

Involved Person Blakney,Shawna Wilkening

Stolen	Tools	Air compressor	Unk	Unk	Silver	1.0	250.00

Serial # UNK Description:

Involved Person Blakney,Shawna Wilkening

Stolen	Tools	Drill	Ridgid	R840011		1	149.00

Serial # G0711 93749 Description: PRO 1/2 drill

Involved Person

Stolen	Tools	Charger	Ridgid	Rapid Max		1	99.00

Serial # G0711 Description:

Involved Person

Evidence	Tools	Battery	Ridgid	Compact		2	

Serial # G0711 Description:

Involved Person

Stolen	Tools	Miter Saw	Ridgid	MS1250LZ		1	549.00

Serial # U 072340594 Description: With Laser

Involved Person

Stolen	Tools	Drill	Ridgid	R840011		1	379.00

Serial # BD0730 19972 Description: PRO 1/2 DRILL

Involved Person Boodagh,Michael

Stolen	Tools	Charger	Ridgid	Rapid Max		1	

Serial # BD0730 Description:

Involved Person Boodagh,Michael

Stolen	Tools	Battery	Ridgid	Compact		2	

Serial # BD0730 Description:

Involved Person Boodagh,Michael

Kennedale Police Department

INCIDENT Report

ORI: TX2201700 Incident No. 1000003364 08/23/2011

Incident

CAD No. 1000004738 Other No. Type Criminal Date Occur 03/31/2010 11:54
Status Open Clear. Date 04/05/2010 Enter By: Exc. Clear.
Inv. Status Suspended Report By: Peterson, James 04/04/2010 Approv. By: Goode, Bryan 04/04/2010
Fam. Viol. No Narrative I1000003364.doc Investigator Dagnell, Stephen
Description
On 03/31/10 at approximately 11:54am I, Officer J. Peterson, worked a theft incident.

Dispatch Location 401 Municipal Dr Kennedale

- Offense No. 1

Offense Recording Date 04/04/2010 15:05

Off. Begin Date 03/20/2010 01:00 Off. End Date 03/20/2010 02:00 Entry Method Attempt/Complete
Drug Seized Gang Related Hi-Speed Pursuit Weapons Used
Offense Code 31.03(e)(2)(Ai) Offense THEFT PROP>=$50<$500 No. of Premises 0
Bias Motivation Agg Asslt/Homic. Circumst.
Offense Addr. 800 Kennedale Parkway W/Business 2 Kennedale Loc.Type
Remarks

Victim(s)

Name	DOB	Race	Sex	DL	Address
Sasser, Taylor Elaine	02/23/1989	White	Female	[redacted]	4039 Timbergien Rd , Dallas, TX 75287
				(972)407-1167 (H)	(281)902-9153 (W)

Victims (Organizations)

Name	Phone	Address

Other Involved Person(s)

Name	Role	DOB	Race	Sex	DL	Address

Incident Property

Status	Item Type	Item Name	Make	Model	Color	Qty	Value
Stolen	Purse/Handbags/W	Purse			Black	1	10.00
Serial #		Description: Suede material					
Involved Person	Sasser,Taylor Elaine						
Stolen	Other	GPS	Garmon			1	150.00
Serial #		Description:					
Involved Person	Sasser,Taylor Elaine						
Stolen	Other	Cellular Phone	Sony	Erickson		1	50.00
Serial #		Description: Flip-up cell phone.					
Involved Person	Sasser,Taylor Elaine						
Stolen	Other	Ipod	Apple	Ipod	Pink	1	170.00
Serial #	YM9381QY738	Description:					
Involved Person							
Stolen	Credit/Debit Cards	Debit Card				1	
Serial #		Description: First Convenience Bank					
Involved Person	Sasser,Taylor Elaine						

INCIDENT Report

ORI: TX2201700 Incident No. 1000003364 08/23/2011

Stolen Other Driver's license 1

Serial # Description [redacted]

Involved Person Sasser,Taylor Elaine

Stolen Other Social Security Card 1

Serial # Description [redacted]

Involved Person Sasser,Taylor Elaine

City of Kennedale: Administrators

Dashboard | **Manage Customer** | Daily Cash | Daily Transaction Report | Logout

Find User

Search for user from the following fields. Click Search to start.

Customer - Account Number – **Last Name** **First Name**

Street Address **Meter Number**

800 kennedale

Search

Customer | Account | Consumption | Transactions

Customer - Account
0000711663-001566464

Account Status
Active

Last Name
KEITH KIDWEILL & OLIN GIBBINS

First Name

Service Address
800 W KENNEDALE PKWY , KENNEDALE TX 76060

Balance
$0.00

Past Due Balance
$0.00

Deposit On Account
$0.00

Move In Date
8/29/2012

Move Out Date
Unknown

Paperless Billing
No

Owner/Tenant
Owner

Mailing Address
PO BOX 4491 , FORT WORTH TX 76164

Phone
N/A

Notes

[2014-05-13 13:31:41] returned mail - no such number - disco notice due 5/6/14 $103.47 - was not sent to mail add

[2013-12-29 17:39:13] The customer was not billed in November and will receive two statements with December billing. Both statements will have a due date of 1/20/14 bill date of 12/31/13.

[2013-09-12 02:15:00.217000000] [9/11/2013 8:00 AM] conf # 10638731 $94.06 processed payment for amy at city office-tm

Notate Account

Add Note | View Account | Cash Payment

City of Kennedale: Administrators

Dashboard | **Manage Customer** | Daily Cash | Daily Transaction Report | Logout

Find User

Search for user from the following fields. Click Search to start.

Customer - Account Number **Last Name** **First Name**

–

Street Address **Meter Number**

800 kennedale

Search

Customer | Account | Consumption | Transactions

Customer - Account
0000711663-001566464

Transaction History

Date	Bill Number	Description	Amount	Balance
2/8/2016	N/A	Check Payment - Thank you	($131.69)	$0.00
1/22/2016	88759480	Storm Drainage Service	$131.69	$131.69
1/4/2016	88759480	Check Payment - Thank you	($131.69)	$0.00
12/23/2015	88604628	Storm Drainage Service	$131.69	$131.69
12/7/2015	88604628	Check Payment - Thank you	($131.69)	$0.00
11/25/2015	88444221	Storm Drainage Service	$131.69	$131.69
11/2/2015	88444221	Check Payment - Thank you	($131.69)	$0.00
10/21/2015	88245849	Storm Drainage Service	$131.69	$131.69
10/5/2015	88245849	Check Payment - Thank you	($131.69)	$0.00
9/25/2015	88104366	Storm Drainage Service	$131.69	$131.69
9/8/2015	88104366	Check Payment - Thank you	($131.69)	$0.00
8/27/2015	87961011	Storm Drainage Service	$131.69	$131.69
7/31/2015	87961011	Check Payment - Thank you	($94.06)	$0.00
7/24/2015	87778328	Storm Drainage Service	$94.06	$94.06
7/14/2015	87778328	Check Payment - Thank you	($94.06)	$0.00
6/26/2015	87642100	Storm Drainage Service	$94.06	$94.06
6/1/2015	87642100	Check Payment - Thank you	($103.47)	$0.00
5/28/2015	87468593	Storm Drainage Service	$94.06	$103.47
5/21/2015	87468593	Check Payment - Thank you	($94.06)	$9.41
5/20/2015	87299190	Late Payment Charge	$9.41	$103.47
4/22/2015	87299190	Storm Drainage Service	$94.06	$94.06
4/9/2015	87299190	Check Payment - Thank you	($94.06)	$0.00
3/23/2015	87165066	Storm Drainage Service	$94.06	$94.06

3/2/2015	87165066	Check Payment - Thank you	($94.06)	$0.00
2/18/2015	86988228	Storm Drainage Service	$94.06	$94.06
2/3/2015	86988228	Check Payment - Thank you	($94.06)	$0.00
1/21/2015	86811007	Storm Drainage Service	$94.06	$94.06
1/8/2015	86811007	Check Payment - Thank you	($94.06)	$0.00
12/22/2014	86652014	Storm Drainage Service	$94.06	$94.06
12/4/2014	86652014	Check Payment - Thank you	($0.65)	$0.00
		Check Payment - Thank you	($102.82)	
11/26/2014	86488598	Storm Drainage Service	$94.06	$103.47
11/3/2014	86488598	Check Payment - Thank you	($183.84)	$9.41
		Check Payment - Thank you	($13.69)	
10/22/2014	86322204	Storm Drainage Service	$94.06	$206.94
10/23/2014	86488598	Late Payment Charge - Water	$9.41	$112.88
10/6/2014	86322204	Check Payment - Thank you	($4.48)	$103.47
		Check Payment - Thank you	($89.58)	
9/24/2014	86174632	Storm Drainage Service	$94.06	$197.53
		Late Payment Charge - Water	$9.41	
8/25/2014	86002123	Storm Drainage Service	$94.06	$94.06
8/4/2014	86002123	Check Payment - Thank you	($94.06)	$0.00
7/25/2014	85828706	Storm Drainage Service	$94.06	$94.06
7/11/2014	85828706	Check Payment - Thank you	($16.58)	$0.00
		Check Payment - Thank you	($190.36)	
6/25/2014	85625630	Storm Drainage Service	$94.06	$206.94
		Late Payment Charge - Water	$9.41	
6/9/2014	85625630	Check Payment - Thank you	($96.30)	$103.47
		Check Payment - Thank you	($7.17)	
5/28/2014	85458251	Storm Drainage Service	$94.06	$206.94
5/22/2014	85458251	Late Payment Charge - Water	$9.41	$112.88
5/8/2014	85458251	Check Payment - Thank you	($4.48)	$103.47
		Check Payment - Thank you	($89.58)	
4/30/2014	7304228	Storm Drainage Service	$94.06	$197.53
4/21/2014	7304228	Late Payment Charge - Water	$9.41	$103.47
3/31/2014	7035367	Storm Drainage Service	$94.06	$94.06
3/10/2014	7035367	Check Payment - Thank you	($94.06)	$0.00
2/28/2014	6765780	Storm Drainage Service	$94.06	$94.06
2/13/2014	6765780	Check Payment - Thank you	($94.06)	$0.00
1/31/2014	6489221	Storm Drainage Service	$94.06	$94.06
1/16/2014	6489221	Check Payment - Thank you	($188.12)	$0.00
12/31/2013	6204098	Storm Drainage Service	$94.06	$188.12
12/31/2013	6204032	Storm Drainage Service	$94.06	$94.06
11/12/2013	6204032	Check Payment - Thank you	($94.06)	$0.00

10/31/2013	6043365	Storm Drainage Service	$94.06	$94.06
10/10/2013	6043365	Check Payment - Thank you	($94.06)	$0.00
9/30/2013	5952378	Storm Drainage Service	$94.06	$94.06
9/11/2013	5952378	Credit Card/eCheck Payment - Thank you	($94.06)	$0.00

ubtwoi : 192.1.1.142
krountree

Wed Feb-17-2016 09:40:08 am
Work Order Inquiry

stw INC

Maintenance Hist | Print Order

Account 021-0006300-006 Name BLAKNEY, SHAWNA Address 800 W KENNEDALE PKWY Status I

Page 1 | Page 2 | Comments | Final Read | Units/Hours/Emp#'s

Work order number	35939
Work order code	UFO FINAL OUT ACCOUNT
Work order status	STW system info updated
Work order print status	Printed
Requested service date	04/24/2013
Requested service time	08:40
Work order priority	5
Service Code	WT Water
Service code sequence	1
Meter number	92274234
Meter manufacturer code	WM

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Wed Feb-17-2016 09:40:08 am
Work Order Inquiry

stw INC
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Maintenance Hist | Print Order

Account 021-0006300-006 | Name BLAKNEY, SHAWNA | Address 800 W KENNEDALE PKWY | Status I

Page 1 | Page 2 | Comments | Final Read | Units/Hours/Emp#'s

Work order group code	U	UTILITY BILLING
Department assigned to		
Person assigned to	ERIC S	
Userid to complete work order		
Instructions	Please make sure water still off and get final read--grangel	
Date modified	04/26/2013	
Userid modified	grangel	
Userid created	grangel	

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Wed Feb-17-2016 09:40:08 am
Work Order Inquiry

stw INC

Maintenance Hist | Print Order

Account 021-0006300-006 Name BLAKNEY, SHAWNA Address 800 W KENNEDALE PKWY Status I

Page 1 | Page 2 | Comments | Final Read | Units/Hours/Emp#'s

Date completed 04/25/2013

Completed by grangel

Field comments: final read 29222, already off

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Wed Feb-17-2016 09:40:08 am
Work Order Inquiry

stw INC

Maintenance Hist | Print Order

Account 021-0006300-006 Name BLAKNEY, SHAWNA Address 800 W KENNEDALE PKWY Status I

Page 1 | Page 2 | Comments | Final Read | Units/Hours/Emp#'s

Date completed	04/25/2013	UFO	FINAL OUT ACCOUNT
Time completed	16:20		
Billing period	04/2013		
Read date	04/25/2013		
Meter reading	29222		
Demand reading	0.000		
BOD reading	0		
SS reading	0		
Meter readers initials	EAS		
Estimated reading	No		

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Wed Feb-17-2016 09:40:08 am
Work Order Inquiry

stw INC

Maintenance Hist | Print Order

Account	021-0006300-006	Name	BLAKNEY, SHAWNA	Address	800 W KENNEDALE PKWY	Status	I

Page 1 | Page 2 | Comments | Final Read | Units/Hours/Emp#'s

Units worked (feet, acres, etc.)	1
Hours worked (1.25 = 1 1/4 hours)	0.00
Vandalism?	No
Block number	
Employee number	0
Employee number	0
Employee number	0
Employee number	0
Employee number	0
Employee number	0

KENNEDALE
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History of Violations at address:
800 W Kennedale Pkwy

07/15/2010 – Inspection was made and noted of Nonconforming use of buildings or land with a description of "no livestock of any type is allowed on zoned industrial land". Letter was mailed out. Case closed on July 21, 2010 with voluntary compliance with 2 inspections.

07/27/2011 – Inspection was made and noted of High Grass and Weeds. Letter was mailed out. Case closed on September 27, 2011 with voluntary compliance with 2 inspections.

07/27/2011 – Inspection was made and noted of Rubbish and Debris needing to be removed from the property. Letter was mailed out. Case closed on September 27, 2011 with voluntary compliance with 2 inspections.

City of Kennedale

BL | PI | CE | CR | PZ | RT | LM LOG OUT

Home » Code Enforcement » Quick Search » **Archived Case**

ZON : Nonconforming use of buildings or land.

▸ **Overviews:** Results | Inspections

ID#	Start Date	Work Days Elapsed
10-00260	Jul 15, 2010	3d 16h

Case Description

No livestock of any type is allowed on zoned industrial land

This Case has been archived!

Date Closed: **Jul 21, 2010** by Glenn Greenwood

Closing Status: **Closed - Violation - Voluntary Compliance**

Address (show more)

800 W Kennedale
Kennedale, TX 76060

Key Dates and Information (edit)	
Initial Inspection Date	07/15/2010
Last Inspection Date	07/21/2010
Total # of Inspections	2
Total # of Publish	0
Abatement Date	07/21/2010

STEPS **Inspector:** Glenn Greenwood

Initial Inspection	**Violation**
Notice Letter	**Ready**
Reinspection	**Completed**
Case Closed	**Jul 21, 2010**

Documents

▸ Notification Letter

Case Notes

▸ Add Note ▸ Set up Standard Notes

There are no case notes.

Back

Katherine Rountree **February 17, 2016**

City of Kennedale

BL | PI | CE | CR | PZ | RT | LM LOG OUT

Home » Code Enforcement » Quick Search » **Archived Case**

NUI : High Grass and Weeds

▸ **Overviews:** Results | Documents | Inspections

ID#	Start Date	Work Days Elapsed
11-00147	Jul 27, 2011	43d 5h

Case Description

High grass and weeds needs to be mowed

This Case has been archived!

Date Closed: **Sep 27, 2011** by Glenn Greenwood

Closing Status: **Closed - Violation - Voluntary Compliance**

Address (show more)

800 W Kennedale
Kennedale, TX 76060

CE History (display 1 record) (property history)

Key Dates and Information (edit)

Initial Inspection Date	07/27/2011
Last Inspection Date	09/27/2011
Total # of Inspections	2
Total # of Publish	0
Abatement Date	09/27/2011

Case Notes

▸ Add Note ▸ Set up Standard Notes

There are no case notes.

Back

STEPS **Inspector:** Glenn Greenwood

Initial Inspection	**Violation**
Notice Letter	**Notice Mailed**
Reinspection	**Completed**
Call Contractor	
Add City Fees	
Invoice Property Owner	
Payment Due	
Make payment	
File Lien	
Case Closed	**Sep 27, 2011**

Documents

- Notification Letter
- Violation Notice
- Owners' Invoice
- Lien

Katherine Rountree

Contact Us | Terms of Service | Privacy

February 17, 2016

City of Kennedale

NUI : Nuisance-accumulations

▸ **Overviews:** Results | Documents | Inspections

ID#	Start Date	Work Days Elapsed
11-00148	Jul 27, 2011	43d 5h

Case Description

Rubbish and debris needs to be removed from property

This Case has been archived!

Date Closed: **Sep 27, 2011** by Glenn Greenwood

Closing Status: **Closed - Violation - Voluntary Compliance**

Address (show more)

800 W Kennedale
Kennedale, TX 76060

CE History (display 1 record) (property history)

Key Dates and Information (edit)	
Initial Inspection Date	07/27/2011
Last Inspection Date	09/27/2011
Total # of Inspections	2
Total # of Publish	0
Abatement Date	09/27/2011

Case Notes

▸ Add Note ▸ Set up Standard Notes

There are no case notes.

Back

STEPS **Inspector:** Glenn Greenwood

Initial Inspection	**Violation**
Notice Letter	**Notice Mailed**
Reinspection	**Completed**
Case Closed	**Sep 27, 2011**

Documents

▸ Notification Letter

Katherine Rountree

February 17, 2016

KENNEDALE
Development Services
www.cityofkennedale.com

2/12/2016

Name
Address
City, State Zip

Case BBA # 16-01 – H. D. Cowan – Kennedale, Blk 1, 2, and 3, Lot 23 800 W Kennedale Pkwy. Kennedale, TX 76060.

Dear Name,

In an effort to enhance safety and beauty of the City of Kennedale through code compliance, the City is enforcing Article II, Dangerous and Substandard Building Ordinance.

The Building Official of the City of Kennedale performed an inspection of the above referenced property and in accordance with Article II, Sec. 15-50; the following measures can be taken.

(1) Issue notice to the record owner that the building is substandard and must be repaired or demolished; or

(2) Issue citation(s) for violation(s) of this article; or

(3) Secure the building if permitted by subsection 15-57 9a); or

(4) Recommend to the board that the abatement proceedings be commenced pursuant to section 15-51.

The city is recommending a public hearing for abatement of the substandard buildings.

The building(s) located on the above referenced property have been determined to be substandard and/or dangerous. A copy of the House standards Code Checklist for the above referenced property may be obtained at City Hall as well as a copy of the Ordinance.

A public hearing will be held at 405 Municipal Drive (City Hall, City Council Chambers), Kennedale, Texas 76060, on **Tuesday March 1st, 2016 at 7:00 PM**. The City of Kennedale Building Board of Appeals will determine whether the building complies with the standards set forth in Article II, Dangerous and Substandard Buildings Ordinance. Although a public hearing will be conducted regarding your property, you are not exempt from any of the items listed above. Therefore each day your property is in violation of the ordinance is considered a separate offense and can receive citations as such.

At the public hearing, you will be required to submit proof of the scope of any work that may be required in an effort to comply with Article II, Dangerous and Substandard Building Ordinance. If the building(s) are found to be in violation of the above referenced Article, the Building Board of Appeals may order the building(s) to be vacated, secured, repaired, removed, or demolished within a reasonable amount of time.

KENNEDALE
Development Services
www.cityofkennedale.com

If you have any questions concerning this matter, you may contact me at our offices at 405 Municipal Dr, Kennedale, TX 76060 or by phone at 817-985-2132.

Sincerely,

Sandra Johnson

Sandra Johnson
Building Official
City of Kennedale
817-538-7359 (cell)
817-985-2132 (office)

Cc: Members, Kennedale Building Board of Appeals File

Certified Mail #

KENNEDALE
Planning Department
www.cityofkennedale.com

Name
Address
City, State Zip

Dear Name,

The Building Board of Appeals is going to hold a public hearing regarding address 800 W Kennedale Parkway on **March 1, 2016 at 7:00 PM** in the Kennedale City Council Chambers at 405 Municipal Drive to receive comments on the following case.

CASE BBA # 16-01 Public hearing and consideration of approval regarding a city-initiated request for demolition of an "I" Industrial building located on approximately 8.357 acres at 800 W Kennedale Parkway legal description of H D Cowan Subdivision Block 3.

We are sending you this notification in case you would like to attend the public hearing. You are not required to attend the public hearing, but if you wish to attend, you will have the opportunity to speak either in favor of or against the request(s). If you would like more information about the case or the public hearing process, please let me know.

For your reference, a map showing the property in question is enclosed with this letter.

Sincerely,

Sandra Johnson
Building Official
P- 817-985-2130
E- sjohnson@cityofkennedale.com

Violations noted: Section 15-49 (1), (2), (9), (15), (16), (17), (18.h.m.p.), (19), (20), (22), (23).

Violations noted: Section 15-49 (1), (2), (9), (15), (16), (17), (18.h.m.p.), (19), (20), (22), (23).

Violations noted: Section 15-49 (1), (2), (9), (15), (16), (17), (18.h.m.p.), (19), (20), (22), (23).

Violations noted: 15-49 (1), (2), (4), (5), (6), (8), (9), (15), (16), (17), (18.a.c.e.f.g.h.j.k.l.m.p), (19), (20), (22), (23).

Violations noted: 15-49 (1), (2), (4), (5), (6), (8), (9), (15), (16), (17), (18.a.c.e.f.g.h.j.k.l.m.p), (19), (20), (22), (23).

Violations noted: 15-49 (1), (2), (4), (5), (6), (8), (9), (15), (16), (17), (18.a.c.e.f.g.h.j.k.l.m.p), (19), (20), (22), (23).

Violations noted: 15-49 (1), (2), (4), (5), (6), (8), (9), (15), (16), (17), (18.a.c.e.f.g.h.j.k.l.m.p), (19), (20), (22), (23).

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Violations noted: 15-49 (1), (2), (4), (5), (6), (8), (9), (15), (16), (17), (18.a.c.e.f.g.h.j.k.l.m.p), (19), (20), (22), (23).

Violations noted: 15-49 (1), (2), (4), (5), (6), (8), (9), (15), (16), (17), (18.a.c.e.f.g.h.j.k.l.m.p), (19), (20), (22), (23).

Violations noted: 15-49 (1), (2), (4), (5), (6), (8), (9), (15), (16), (17), (18.a.c.e.f.g.h.j.k.l.m.p), (19), (20), (22), (23).

Violations noted: 15-49 (1), (2), (4), (5), (6), (8), (9), (15), (16), (17), (18.a.c.e.f.g.h.j.k.l.m.p), (19), (20), (22), (23).

Violations noted: 15-49 (1), (2), (4), (5), (6), (8), (9), (15), (16), (17), (18.a.c.e.f.g.h.j.k.l.m.p), (19), (20), (22), (23).

Violations noted: 15-49 (1), (2), (4), (5), (6), (8), (9), (15), (16), (17), (18.a.c.e.f.g.h.j.k.l.m.p), (19), (20), (22), (23).

Violations noted: 15-49 (1), (2), (4), (5), (6), (8), (9), (15), (16), (17), (18.a.c.e.f.g.h.j.k.l.m.p), (19), (20), (22), (23).

Violations noted: 15-49 (1), (2), (4), (5), (6), (8), (9), (15), (16), (17), (18.a.c.e.f.g.h.j.k.l.m.p), (19), (20), (22), (23).

Violations noted: 15-49 (1), (2), (4), (5), (6), (8), (9), (15), (16), (17), (18.a.c.e.f.g.h.j.k.l.m.p), (19), (20), (22), (23).

Violations noted: 15-49 (1), (2), (4), (5), (6), (8), (9), (15), (16), (17), (18.a.c.e.f.g.h.j.k.l.m.p), (19), (20), (22), (23).

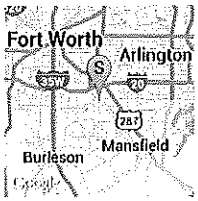
Violations noted: Section 15-49 (1), (2), (9), (15), (16), (17), (18.h.m.p.), (19), (20), (22), (23).

Violations noted: Section 15-49 (1), (2), (9), (15), (16), (17), (18.h.m.p.), (19), (20), (22), (23).

Violations noted: Section 15-49 (1), (2), (9), (15), (16), (17), (18.h.m.p.), (19), (20), (22), (23).

Tarrant Appraisal District
Real Estate
02/18/2016

Account Number: 01498819
Georeference: 22455-66-5A
Property Location: 108 S NEW HOPE RD, KENNEDALE, 76060



Owner Information: TRINH HUNG D
5819 TWILIGHT DR
GRAND PRAIRIE TX 75052-8589

7 Prior Owners

Legal Description: KENNEDALE, CITY OF ADDITION
Block: 66 Lot: 5A,4A,6A,7A,8A
& PT OF CLOSED ALLEY N 55' LTS 4-8 & E 10' LT 4

Taxing Jurisdictions: 014 CITY OF KENNEDALE
220 TARRANT COUNTY
914 KENNEDALE ISD
224 TARRANT COUNTY HOSPITAL
225 TARRANT COUNTY COLLEGE

This information is intended for reference only and is subject to change. It may not accurately reflect the complete status of the account as actually carried in TAD's database

Certified Values for Tax Year 2015

	Land	Impr	2015 Total ††
Market Value	$6,000	$0	$6,000
Appraised Value †	$6,000	$0	$6,000
Approximate Size †††			1,243
Land Acres ♦			0.1388
Land SqFt ♦			6,050

† Appraised value may be less than market value due to state-mandated limitations on value increases
†† A zero value indicates that the property record has not yet been completed for the indicated tax year
††† Rounded
♦ This represents one of a hierarchy of possible values ranked in the following order: Recorded, Computed, System, Calculated

5-Year Value History

Tax Year	2014
Appraised Land	$6,000
Appraised Impr	$12,800
Appraised Total	$18,800
Market Land	$6,000
Market Impr	$12,800
Market Total	$18,800
Tax Year	2013

Sec. 15-48. - Enforcement.

(a) *General.*

(1) *Administration.* The building official is hereby authorized to enforce the provisions of this article. The building official shall have the power to render interpretations of this article and to adopt and enforce rules and supplemental regulations in order to clarify the application of its provisions. Such interpretations, rules and regulations shall be in conformity with the intent and purpose of this article.

(2) *Inspections.* The building official and the fire marshal or their designees are hereby authorized to make such inspections and take such actions as may be required to enforce the provisions of this article.

(3) *Right of entry.* When it is necessary to make an inspection to enforce the provisions of this article, or when the building official or his designee has a reasonable cause to believe that there exists in a building or upon a premises a condition which is contrary to or in violation of this article which makes the building or premises unsafe, dangerous, or hazardous, the building official or his designee may enter the building or premises at reasonable times to inspect or perform the duties imposed by this article, provided that if such building or premises be occupied that credentials be presented to the occupant and entry requested. If such building or premises be unoccupied, the building official or his designee shall first make a reasonable effort to locate the owner or other person having charge or control of the building or premises and request entry. If entry is refused, the building official shall have recourse to the remedies provided by law to secure entry.

(b) *Abatement of dangerous or substandard buildings.* All buildings or portions thereof which are determined after inspection by the building official to be dangerous or substandard as defined by this article are hereby declared to be public nuisances and shall be abated by repair, vacation, demolition, removal or securing in accordance with the procedures specified in this article.

(c) *Unlawful to violate article.* It shall be unlawful for any person, firm or corporation to erect, construct, or use, occupy or maintain any building or cause or permit the same to be done in violation of this article.

(d) *Inspection authorized.* All buildings within the scope of this article and all construction or work for which a permit is required shall be subject to inspection by the building official.

(Ord. No. 85, § I, 10-12-95)

Sec. 15-49. - Substandard buildings declared.

For the purposes of this article, any building, regardless of the date of its construction, which has any or all of the conditions or defects hereinafter described shall be deemed to be a substandard building:

(1) Any building that is dilapidated, substandard, or unfit for human habitation and a hazard to the public health, safety and welfare.

(2)

Any building that, regardless of its structural condition, is unoccupied by its owners, lessees or other invitees and is unsecured from unauthorized entry to the extent that it could be entered or used by vagrants or other uninvited persons as a place of harborage or could be entered or used by children.

(3) Any building that is boarded up, fenced or otherwise secured in any manner if:

a. The building constitutes a danger to the public even though secured from entry; or

b. The means used to secure the building are inadequate to prevent unauthorized entry or use of the building in the manner described by subsection (2) above.

(4) Whenever any door, aisle, passageway, stairway or other means of exit is not of sufficient width or size or is not so arranged as to provide safe and adequate means of exit in case of fire or panic.

(5) Whenever the walking surface of any aisle, passageway, stairway or other means of exit is so warped, worn, loose, torn or otherwise unsafe as to not provide safe and adequate means of exit in case of fire or panic.

(6) Whenever the stress in any materials, or members or portion thereof, due to all dead and live loads, is more than one and one-half (1½) times the working stress or stresses allowed in the building code for new buildings of similar structure, purpose or location.

(7) Whenever any portion thereof has been damaged by fire, earthquake, wind flood or by any other cause, to such an extent that the structural strength or stability thereof is materially less than it was before such catastrophe and is less than the minimum requirements of the building code for new buildings of similar structure, purpose or location.

(8) Whenever any portion or member or appurtenance thereof is likely to fail, or to become detached or dislodged, or to collapse and thereby injure persons or damage property.

(9) Whenever any portion of a building, or any member, appurtenance or ornamentation on the exterior thereof is not of sufficient strength or stability, or is not so anchored, attached or fastened in place so as to be capable of resisting a wind pressure of one-half of that specified in the building code for new buildings of similar structure, purpose or location without exceeding the working stresses permitted in the building code for such buildings.

(10) Whenever any portion thereof has wracked, warped, buckled or settled to such an extent that walls or other structural portions have materially less resistance to winds or earthquakes than is required in the case of similar new construction.

(11) Whenever the building, or any portion thereof, because of (a) dilapidation, deterioration or decay; (b) faulty construction; (c) the removal, movement or instability of any portion of the ground necessary for the purpose of supporting such building; (d) the deterioration, decay or inadequacy of its foundation; or (e) any other cause, is likely to partially or completely collapse.

(12) Whenever, for any reason, the building, or any portion thereof, is manifestly unsafe for the purpose for which it is being used.

(13) Whenever the exterior walls or other vertical structural members list, lean or buckle to such an extent that a plumb line passing through the center of gravity does not fall inside the middle one-third of the base.

(14)

Whenever the building, exclusive of the foundation, shows thirty-three (33) percent or more damage or deterioration of its supporting member or members, or fifty (50) percent or more damage or deterioration of its non-supporting members, enclosing or outside walls or coverings.

(15) Whenever the building has been so damaged by fire, wind, earthquake, flood or other causes, or has become so dilapidated or deteriorated as to become (a) an attractive nuisance to children; or (b) a harbor for vagrants, criminals or immoral persons.

(16) Whenever any building has been constructed, exists or is maintained in violation of any specific requirement or prohibition applicable to such building provided by the building regulations of this jurisdiction, as specified in the building code, or of any law or ordinance of this state or jurisdiction relating to the condition, location or structure of buildings.

(17) Whenever any building which, whether or not erected in accordance with all applicable laws and ordinances, has in any non-supporting part, member or portion less than fifty (50) percent, or in any supporting part, member or portion less than sixty-six (66) percent of the (a) strength, (b) fire-resisting qualities or characteristics, or (c) weather-resisting qualities or characteristics required by law in the case of a newly constructed building of like area, height and occupancy in the same location.

(18) Whenever a building, used or intended to be used for dwelling purposes, because of inadequate maintenance, dilapidation, decay, damage, faulty construction or arrangement, inadequate light, air or sanitation facilities, or otherwise, is determined by the building official to be unsanitary, unfit for human habitation or in such a condition that is likely to cause sickness or disease for reasons including, but not limited to, the following:

a. Lack of, or improper water closet, lavatory, bathtub or shower in a dwelling unit or lodging house.
b. Lack of, or improper water closets, lavatories and bathtubs or showers per number of guests in a hotel.
c. Lack of, or improper kitchen sink in a dwelling unit.
d. Lack of hot and cold running water to plumbing fixtures in a hotel.
e. Lack of hot and cold running water to plumbing fixtures in a dwelling unit or lodging house.
f. Lack of adequate heating facilities.
g. Lack of, or improper operation of, required ventilating equipment.
h. Lack of minimum amounts of natural light and ventilation required by this Code.
i. Room and space dimensions less than required by this article or the building code.
j. Lack of required electrical lighting.
k. Dampness of habitable rooms.
l. Infestation of insects, vermin or rodents.
m. General dilapidation or improper maintenance.
n. Lack of connection to required sewage disposal system.
o. Damaged connections to a sewage disposal system that results in flow of sewage on the ground.
p. Lack of adequate garbage and rubbish storage and removal facilities.

(19) Whenever any building, because of obsolescence, dilapidated condition, deterioration, damage, inadequate exits, lack of sufficient fire-resistive construction, faulty electric wiring, gas connections or heating apparatus, or other cause, is determined by the fire marshal to be a fire hazard.

(20) Whenever any building is in such a condition as to make a public nuisance known to the common law or in equity jurisprudence.

(21) Whenever any portion of a building remains on a site after the demolition or destruction of the building.

(22) Whenever any building is abandoned so as to constitute such building or portion thereof an attractive nuisance or hazard to the public.

(23) Any building constructed and still existing in violation of any provision of the building code or Uniform Fire Code to the extent that the life, health or safety of the public or any occupant is endangered.

(24) Whenever the building is in violation of chapter 4, article IV of this Code.

(Ord. No. 85, § I, 10-12-95)

Sec. 15-50. - Determination by building official.

When the building official has inspected or caused to be inspected any building and has found and determined that the building is substandard, the building official may take any or all of the following actions, as he or she deems appropriate:

(1) Issue notice to the record owner that the building is substandard and must be repaired or demolished; or

(2) Issue citation(s) for violation(s) of this article; or

(3) Secure the building if permitted by subsection 15-57(a) below; or

(4) Recommend to the board that abatement proceedings be commenced pursuant to section 15-51 below.

(Ord. No. 85, § I, 10-12-95)

CITY OF KENNEDALE

HOUSING STANDARDS CODE CHECKLIST

Date: 2-17-16

Time:

Address: 108 S New Hope

[The following information is as shown on the Tarrant Appraisal District Property Record.]

Property Owner:

Owner's Address:

Property Description (Legal):

Does the premises pass inspection? [ ] Yes [/] No

Sandra Johnson
Signature of Inspector

2-17-16
Date of Inspection

General Information About Property

		Y	N	NA
1.	Is this inspection a routine inspection?	[ ]	[ ]	[ ]
	a. If not, is this inspection the result of a complaint?	[ ]	[✓]	[ ]
	b. Was this inspection requested by the occupant?	[ ]	[✓]	[ ]
2.	Was entry made onto the property?	[✓]	[ ]	[ ]
3.	Was entry made into the structure?	[✓]	[ ]	[ ]
	a. Was the property occupied at the time of the inspection?	[ ]	[✓]	[ ]
	i. If no, 3a is **Yes**. Was entry authorized by a search warrant?	[ ]	[✓]	[ ]
	ii. If no, 3a is **Yes**. Was the occupant present and gave voluntary consent for this inspection?	[ ]	[✓]	[ ]
	iii. If no, 3a is **Yes**. If the occupant was not present; did anyone give voluntary consent for this inspection? (Include the person's name and capacity to give consent in this report)	[ ]	[✓]	[ ]
	iv. If no, 3a is **Yes**. If no person has given voluntary consent for this inspection; was this structure open and obviously abandoned by the occupant?	[✓]	[ ]	[ ]
	v. If no, 3a is **Yes**. If no person has given voluntary consent and the structure is not open and obviously abandoned by the occupant; were there exigent circumstances that required a warrantless search of the structure? [Attached a written statement expressing what the exigent circumstances are.]	[ ]	[✓]	[ ]

		Y	N	NA
4.	Is this property vacant at this time? *[That is, is the property open and/or obviously abandoned by the owners and/or occupants.]*	[✓]	[ ]	[ ]
	a. If vacant, are all doors, windows, and other openings secured against unauthorized entry?	[ ]	[✓]	[ ]
	b. If vacant, has all combustibles been removed from the premises?	[✓]	[ ]	[ ]
5.	Are there abandoned refrigerators, freezers, etc. *(with doors still attached)* that would constitute a life hazard?	[ ]	[✓]	[ ]
6.	Are there any open wells or pits that would constitute a life hazard?	[✓]	[ ]	[ ]
7.	Are there abandoned vehicle(s) {*vehicle without both a current inspection sticker and current license plates*} or parts of an abandoned vehicle in the yard?	[ ]	[✓]	[ ]
	a. If so, get the license number and vehicle identification number if possible.			
8.	In addition to the main structure, are there any outbuildings located on this property?	[✓]	[ ]	[ ]
	a. If so, are they included in this report?	[✓]	[ ]	[ ]
9.	Were photographs taken at the time of this inspection?	[✓]	[ ]	[ ]

		Y	N	NA
	GENERAL			
1.	Is this building dilapidated, substandard, or unfit for human habitation and a hazard to the public health, safety and welfare? 15-49 (1)	[✓]	[ ]	[ ]
2.	Is this building, regardless of its structural condition, unoccupied by its owners, lessees or other invitees and unsecured from unauthorized entry to the extent that it could be entered or used by vagrants or other uninvited persons as a place of harborage or could be entered or used by children? 15-49 (2)	[✓]	[✓]	[ ]
3.	If this building is boarded up, fenced or otherwise secured in any manner. If Yes, then:	[ ]	[✓]	[ ]
	a. Does the building constitute a danger to the public even though secured from entry;	[✓]	[ ]	[✓]
	b. Are the means used to secure the building inadequate to prevent unauthorized entry or use of the building in the manner described by Subsection (2) above? 15-49 (3)	[✓]	[ ]	[✓]
4.	Does this building have a door, aisle, passageway, or stairway or other means of exit that is not of sufficient width or size or is not so arranged as to provide safe and a adequate means of exit in case of fire or panic? 15-49 (4)	[✓]	[ ]	[ ]
5.	Is the walking surface of any aisle, passageway, stairway or other means of exit warped, worn, loose, torn or otherwise unsafe and does not provide a safe and adequate means of exit in case of fire or panic? 15- 49 (5)	[✓]	[ ]	[ ]
6.	Is the stress in any materials, or members or portion thereof, due to all dead and live loads, more than one and one-half (1 ½) times the working stress or stresses allowed in the building code for new buildings of similar structure, purpose or location? 15-49 (6)	[✓]	[ ]	[ ]

		Y	N	N/A
7.	Has any portion thereof been damaged by fire, earthquake, wind flood or by any other cause, to such an extent that the structural strength or stability thereof is materially less than it was before such catastrophe and is less than the minimum requirements of the building code for new buildings of similar structure, purpose or location? 15-49 (7)	[ ]	[✓]	[ ]
8.	Is any portion or member or appurtenance thereof likely to fail, or to become detached or dislodged, or to collapse and thereby injure persons or damage property? 15-49 (8)	[✓]	[ ]	[ ]
9.	Is any portion of the building, or any member, appurtenance or ornamentation on the exterior thereof not of sufficient strength or stability, or not so anchored, attached or fastened in place so as to be capable of resisting a wind pressure of one-half of that specified in the building code for new buildings of similar structure, purpose or location without exceeding the working stresses permitted in the building code for such buildings? 15-49 (9)	[✓]	[ ]	[ ]
10.	Has any portion thereof been wracked, warped, buckled or settled to such an extent that walls or other structural portions have materially less resistance to winds or earthquakes than is required in the case of similar new construction? 15-49 (10)	[✓]	[ ]	[ ]
11.	Is the building, or any portion thereof, because of (a) dilapidation, deterioration or decay; (b) faulty construction; (c) the removal, movement or instability of any portion of the ground necessary for the purpose of supporting such building; (d) the deterioration, decay or inadequacy of its foundation; or (e) any other cause, likely to partially or completely collapse? 15-49 (11)	[ ]	[✓]	[ ]
12.	Is the building, for any reason, or any portion thereof, manifestly unsafe for the purpose for which it is being used? 15-49 (12)	[✓]	[ ]	[ ]
13.	Do the exterior walls or other vertical structural members list, lean or buckle to such an extent that a plumb line passing through the center of gravity does not fall inside the middle one-third of the base? 15-49 (13)	[ ]	[✓]	[ ]

		Y	N	N/A
14.	Does the building, exclusive of the foundation, show thirty-three (33) percent or more damage or deterioration of its supporting member or members, or fifty (50) percent or more damage or deterioration of its non-supporting members, enclosing or outside walls or coverings? 15-49 (14)	[✓]	[ ]	[ ]
15.	Has the building been damaged by fire, wind, earthquake, flood or other causes, or become so dilapidated or deteriorated as to become (a) an attractive nuisance to children; or (b) a harbor for vagrants, criminals or immoral persons? 15-49 (15)	[✓]	[ ]	[ ]
16.	Has this building been constructed, exists or maintained in violation of any specific requirement or prohibition applicable to such building provided by the building regulations of this jurisdiction, as specified in the building code, or of any law or ordinance of this state or jurisdiction relating to the condition, location or structure of buildings? 15-49 (16)	[✓]	[ ]	[ ]
17.	Does this building, whether or not erected in accordance with all applicable laws and ordinances, have in any non-supporting part, member or portion less than fifty (50) percent, or have in any supporting part, member or portion less than sixty-six (66) percent of the (a) strength, (b) fire-resisting qualities or characteristics, or (c) weather-resisting qualities or characteristics required by law in the case of a newly constructed building of like area, height and occupancy in the same location? 15-49 (17)	[✓]	[ ]	[ ]

		Y	N	N/A
18.	Has this building, used or intended to be used for dwelling purposes, because of inadequate maintenance, dilapidation, decay, damage, faulty construction or arrangement, inadequate light, air or sanitation facilities, or otherwise, been determined by the building official to be unsanitary, unfit for human habitation or in such a condition that is likely to cause sickness or disease for reasons including, but not limited to, the following: 15-49 (18)	[✓]	[ ]	[ ]
	a) Lack of, or improper water closed, lavatory, bathtub or shower in a dwelling unit or lodging house.	[✓]	[ ]	[ ]
	b) Lack of, or improper water closets, lavatories and bathtubs or showers per number of guests in a hotel.	[ ]	[ ]	[✓]
	c) Lack of, or improper kitchen sink in a dwelling unit.	[✓]	[ ]	[ ]
	d) Lack of hot and cold running water to plumbing fixtures in a hotel.	[ ]	[ ]	[✓]
	e) Lack of hot and cold running water to plumbing fixtures in a dwelling unit or lodging house.	[✓]	[ ]	[ ]
	f) Lack of adequate heating facilities.	[✓]	[ ]	[ ]
	g) Lack of, or improper operation of, required ventilating equipment.	[✓]	[ ]	[ ]
	h) Lack of minimum amounts of natural light and ventilation required by this Code.	[✓]	[ ]	[ ]
	i) Room and space dimensions less than required by this article or the building code.	[✓]	[ ]	[ ]
	j) Lack of required electrical lighting.	[✓]	[ ]	[ ]
	k) Dampness of habitable rooms.	[✓]	[ ]	[ ]
	l) Infestation of insects, vermin or rodents.	[✓]	[ ]	[ ]
	m) General dilapidation or improper maintenance.	[✓]	[ ]	[ ]
	n) Lack of connection to required sewage disposal system.	[ ]	[ ]	[✓]
	o) Damaged connections to a sewage disposal system that results in flow of sewage on the ground.	[ ]	[ ]	[✓]
	p) Lack of adequate garbage and rubbish storage and removal facilities.	[✓]	[ ]	[ ]

		Y	N	N/A
19.	Has the building, because of obsolescence, dilapidated condition, deterioration, damage, inadequate exits, lack of sufficient fire-resistive construction, faulty electric wiring, gas connections or heating apparatus, or other cause, been determined by the fire marshal to be a fire hazard? 15-49 (19)	[✓]	[ ]	[ ]
20.	Is this building in such a condition as to make a public nuisance known to the common law or in equity jurisprudence? 15-49 (20)	[✓]	[ ]	[ ]
21.	Does any portion of the building remain on the site after the demolition or destruction of the building? 15-49 (21)	[ ]	[✓]	[ ]
22.	If this building is abandoned or any portion thereof, does it constitute an attractive nuisance or hazard to the public? 15-49 (22)	[✓]	[ ]	[ ]
23.	Does any of the building constructed and still existing in violation of any provision of the building code or Uniform Fire Code to the extent that the life, health or safety of the public or any occupant is endangered? 15-49 (23)	[✓]	[ ]	[ ]

A

FDID *	State *	Incident Date * (MM DD YYYY)	Station	Incident Number *	Exposure *	Delete / Change / No Activity	NFIRS -1 Basic
WB421	TX	08 19 2012	1	12-0000684	000	☐ ☐ ☐	

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: 1114 - 05

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
108	S	New Hope	RD	

Apt./Suite/Room	City	State	Zip Code
	Kennedale	TX	76060 -

Cross street or directions, as applicable: Mapsco

C Incident Type *

111 Building fire

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

Their FDID | Their State | Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
Alarm * (ALARM always required)	08	19	2012	07:38:41
☒ Arrival * (ARRIVAL required, unless canceled or did not arrive)	08	19	2012	07:39:35
☐ Controlled (CONTROLLED Optional, Except for wildland fires)				
☒ Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	08	19	2012	08:02:43

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
B		401

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken *

11 Extinguishment by fire service personnel — Primary Action Taken (1)

86 Investigate — 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	0002	0005
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 evauation 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

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 419

1 or 2 family dwelling

NFIRS-1 Revision 03/11/99

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

08/19/2012 08:43:06 AM Travis

On 08/19/2012 at 07:38:41 dispatched To 108 S New Hope RD /Kennedale, TX 76060. The location is a 1 or 2 family dwelling. The incident was determined to be a(n) Building fire.

07:39:35 arrived on scene.
The following actions were performed on scene:
Extinguishment by fire service personnel
Investigate

Units responding were:
Unit E59 responded.
Unit M59 responded.

08:02:43 all units back in service.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1401	Travis, J C	LT	E59	08	19	2012

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	1401	Travis, J C	LT	E59	08	19	2012

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
WB421	TX	8 / 19 / 2012	1	12-0000684	000	☐ Delete ☐ Change	

B Apparatus or Resource * (Use codes listed below) | Date and Times (Check if same as alarm date; Month Day Year Hours/mins) | Sent [X] | Number of People * | Use (Check ONE box for each apparatus to indicate its main use at the incident.) | Actions Taken (List up to 4 actions for each apparatus and each personnel.)

1 ID E59 Type 11

Dispatch	[X]	8	19	2012	07:38
Arrival	[X]	8	19	2012	07:39
Clear	[X]	8	19	2012	08:02

Sent [X] | Number of People: 3 | Use: [X] Suppression [ ] EMS [ ] Other | Actions Taken

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
1357	Morgan, Samuel	ENG	X				
1401	Travis, J	FM	X				
1412	McCoy, Derek	FF	X				

2 ID M59 Type 76

Dispatch	[X]	8	19	2012	07:38
Arrival	[X]	8	19	2012	07:39
Clear	[X]	8	19	2012	08:02

Sent [X] | Number of People: 2 | Use: [X] Suppression [ ] EMS [ ] Other | Actions Taken

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
1434	Wisdom, Bradley	FP	X				
1455	McGonigal, Kyle		X				

3 ID Type

Dispatch	[ ]				
Arrival	[ ]				
Clear	[ ]				

Sent [ ] | Number of People: | Use: [ ] Suppression [ ] EMS [ ] Other | Actions Taken

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

A

FDID: WB421 * | State: TX * | Incident Date (MM DD YYYY): 08 19 2012 * | Station: 1 | Incident Number: 12-0000685 * | Exposure: 000 * | ☐ Delete ☐ Change ☐ No Activity | NFIRS -1 Basic

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: 1114 - 05

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost: 108 | Prefix: S | Street or Highway: New Hope | Street Type: RD | Suffix:

Apt./Suite/Room: | City: Kennedale | State: TX | Zip Code: 76060 -

Cross street or directions, as applicable:

Mapsco

C Incident Type *

111 Building fire

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

Their FDID: WB414 | Their State: TX

Their Incident Number:

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
Alarm * (ALARM always required)	08	19	2012	17:33:27
☒ Arrival * (ARRIVAL required, unless canceled or did not arrive)	08	19	2012	17:34:57
☒ Controlled (CONTROLLED Optional, Except for wildland fires)	08	19	2012	18:04:28
☒ Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	08	19	2012	19:58:18

E2 Shift & Alarms

Local Option

Shift or Platoon: B | Alarms: | District: 401

E3 Special Studies

Local Option

Special Study ID#: | Special Study Value:

F Actions Taken *

11 Extinguishment by fire service personnel

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	0002	0005
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 evauation 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

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: 419

1 or 2 family dwelling

NFIRS-1 Revision 03/11/99

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

08/20/2012 02:09:44 AM Travis

On 08/19/2012 at 17:33:27 dispatched To 108 S New Hope RD /Kennedale, TX 76060. The location is a 1 or 2 family dwelling. The incident was determined to be a(n) Building fire.

17:34:57 arrived on scene.
The following actions were performed on scene:
Extinguishment by fire service personnel

Units responding were:
Unit E59 responded.
Unit M59 responded.

Mutual aid received:
Forest Hill Fire Department

19:58:18 all units back in service.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1401	Travis, J C	LT	E59	08	20	2012

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	1401	Travis, J C	LT	E59	08	20	2012

City of Kennedale: Administrators

Dashboard | **Manage Customer** | Daily Cash | Daily Transaction Report | Logout

Find User

Search for user from the following fields. Click Search to start.

Customer - Account Number **Last Name** **First Name**

–

Street Address **Meter Number**

108 new hope

Search

No Accounts Found

ubtwoi : 192.1.1.142
krountree

Wed Feb-17-2016 09:24:40 am
Work Order Inquiry

stw INC
© 2016

Maintenance Hist | Print Order

Account 024-0000200-008 | Name GONZALES, LISA M | Address 108 S NEW HOPE RD**HOLD*** | Status I

Page 1 | Page 2 | Comments | Final Read | Units/Hours/Emp#'s

Date completed: 06/18/2012

Completed by: grangel

Field comments:
final read 2034, trnd off

KENNEDALE
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krountree

Wed Feb-17-2016 09:24:40 am
Work Order Inquiry

stw INC

Maintenance Hist | Print Order

Account 024-0000200-008 Name GONZALES, LISA M Address 108 S NEW HOPE RD**HOLD*** Status I

Page 1 | Page 2 | Comments | Final Read | Units/Hours/Emp#'s

Date completed	06/18/2012	UFO	FINAL OUT ACCOUNT
Time completed	10:23		
Billing period	06/2012		
Read date	06/18/2012		
Meter reading	2034		
Demand reading	0.000		
BOD reading	0		
SS reading	0		
Meter readers initials	EAS		
Estimated reading	No		

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ubtwoi : 192.1.1.142
krountree

Wed Feb-17-2016 09:24:40 am
Work Order Inquiry

stw INC

Maintenance Hist | Print Order

Account 024-0000200-008 Name GONZALES, LISA M Address 108 S NEW HOPE RD**HOLD*** Status I

Page 1 | Page 2 | Comments | Final Read | Units/Hours/Emp#'s

Units worked (feet, acres, etc.)	1
Hours worked (1.25 = 1 1/4 hours)	0.00
Vandalism?	No
Block number	
Employee number	0
Employee number	0
Employee number	0
Employee number	0
Employee number	0
Employee number	0

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History of Violations at address:
108 S. New Hope Rd. Kennedale, TX 76060.

09/23/2008 – Inspection was made and recorded of High Grass, Weeds, and brush on property. Letter was mailed out. Case closed on September 29, 2008 with forced compliance with 2 inspections. Hired contractor to mow property and open lien with balance due of $55.00.

06/29/2012 – Inspection was made and recorded of structures at this location not meeting current building codes. Letter was mailed out. Case is still currently open with 1 noted inspection. Notes on the account state the Glenn Greenwood spoke with homeowner to have home boarded up after fire that happened over the weekend.

09/19/2012 – Inspection was made and recorded of High Grass, Weeds, and brush on property. Letter was mailed out. Case closed on September 24, 2012 with voluntary compliance with 2 inspections.

05/24/2013 – Inspection was made and recorded of High Grass, Weeds, and brush on property. Letter was mailed out. Case closed on June 4, 2013 with voluntary compliance with 2 inspections.

09/23/2013 – Inspection was made and recorded of High Grass, Weeds, and brush on property. Letter was mailed out. Case closed on October 15, 2013 with voluntary compliance with 2 inspections.

04/23/2014 – Inspection was made and recorded of High Grass, Weeds, and brush on property. Letter was mailed out. Case closed on May 1, 2014 with voluntary compliance with 2 inspections.

City of Kennedale BL | PI | CE | CR | PZ | RT | LM LOG OUT

Home » Code Enforcement » Quick Search » **Archived Case**

NUI : High Grass and Weeds

▸ **Overviews:** Results | Documents | Step Notes | Inspections

ID#	Start Date	Work Days Elapsed
08-00027	Sep 23, 2008	53d 4h

Case Description

High Grass, Weeds and Brush on Property

This Case has been archived!

Date Closed: **Sep 29, 2008** by Glenn Greenwood

Closing Status: **Closed - Violation - Forced Compliance**

Address (show more)

108 S New Hope
Kennedale, TX 76060

Key Dates and Information (edit)	
Initial Inspection Date	09/26/2008
Last Inspection Date	09/26/2008
Total # of Inspections	2
Total # of Publish	0

STEPS **Inspector:** Glenn Greenwood

Initial Inspection	**Violation**
Notice Letter	**Notice Mailed**
Reinspection	**Ready**
Call Contractor	
Add City Fees	
Invoice Property Owner	
Payment Due	
Make payment	
File Lien	
Case Closed	**Sep 29, 2008**

Documents

- Notification Letter
- Violation Notice
- Owners' Invoice
- Lien

Case Notes

▸ Add Note ▸ Set up Standard Notes

▸ **Oct. mowing** Last Update by Glenn Greenwood on Dec 8, 2008

Had this property mowed on 10/31/08 Cost for mowing was $80.00. A lien placed on this property on Dec. 5, 2008.

Back

Katherine Rountree **February 17, 2016**

City of Kennedale

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Home » Code Enforcement » Quick Search » **Active Case**

NUI : Nuisances- Substandard Buildings

▸ **Overviews:** Results | Documents | Inspections

ID#	Start Date	Work Days Elapsed
12-00296	Jun 29, 2012	925d 22h

Case Description (edit)

Structures at this location do not meet current building codes

Address (edit) (view) (show more)

108 S New Hope
Kennedale, TX 76060

CE History (display 4 records) (property history)

Key Dates and Information (edit)	
Initial Inspection Date	06/29/2012
Total # of Inspections	1
Total # of Publish	0

STEPS

Inspector: Glenn Greenwood

Initial Inspection	**Violation**
Notice Letter	**Notice Mailed**
Reinspection	Ready
Archive Case	

Modules	Documents
▸ Enter Location Information	▸ Notification Letter

Case Notes

▸ Add Note ▸ Set up Standard Notes

▸ **Contact information** Added by Glenn Greenwood on Jul 2, 2012 (edit) (delete)

Property manager at 469-264-4775

▸ **Owner info** Added by Glenn Greenwood on Aug 20, 2012 (edit) (delete)

The owner is Rafael Gomez at 408-676-7505. Spoke with owner this A M about the fire this weekend, he is waiting on Travis to clear the area before boarding up the house.

Back

Katherine Rountree

February 17, 2016

City of Kennedale

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Home » Code Enforcement » Quick Search » **Archived Case**

NUI : High Grass and Weeds

▸ **Overviews:** Results | Inspections

ID#	Start Date	Work Days Elapsed
12-00386	Sep 19, 2012	3d 1h

Case Description

Tall grass and weeds needs to be mowed

This Case has been archived!

Date Closed: **Sep 24, 2012** by Glenn Greenwood

Closing Status: **Closed - Violation - Voluntary Compliance**

Address (show more)

108 S New Hope
Kennedale, TX 76060

CE History (display 4 records) (property history)

Key Dates and Information (edit)

Initial Inspection Date	09/19/2012
Last Inspection Date	09/24/2012
Total # of Inspections	2
Total # of Publish	0
Abatement Date	09/24/2012

STEPS **Inspector:** Glenn Greenwood

Initial Inspection	**Violation**
Notice Letter	**Ready**
Reinspection	**Completed**
Call Contractor	
Add City Fees	
Invoice Property Owner	
Payment Due	
Make payment	
File Lien	
Case Closed	**Sep 24, 2012**

Documents

- Notification Letter
- Violation Notice
- Owners' Invoice
- Lien

Case Notes

▸ Add Note ▸ Set up Standard Notes

▸ Added by Glenn Greenwood on Sep 19, 2012

For sale by owner at 214-295-6180

Back

Katherine Rountree **February 17, 2016**

City of Kennedale

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Home » Code Enforcement » Quick Search » **Archived Case**

NUI : High Grass and Weeds

▸ **Overviews:** Results | Documents | Inspections

ID#	Start Date	Work Days Elapsed
13-00176	May 24, 2013	5d 16h

Case Description

Tall grass and weeds needs to be mowed

This Case has been archived!

Date Closed: **Jun 4, 2013** by Glenn Greenwood

Closing Status: **Closed - Violation - Voluntary Compliance**

Address (show more)

108 S New Hope
Kennedale, TX 76060

CE History (display 4 records) (property history)

Key Dates and Information (edit)	
Initial Inspection Date	05/24/2013
Last Inspection Date	06/04/2013
Total # of Inspections	2
Total # of Publish	0
Abatement Date	06/04/2013

Case Notes

▸ Add Note ▸ Set up Standard Notes

There are no case notes.

Back

STEPS **Inspector:** Glenn Greenwood

Initial Inspection	**Violation**
Notice Letter	**Notice Mailed**
Reinspection	**Completed**
Call Contractor	
Add City Fees	
Invoice Property Owner	
Payment Due	
Make payment	
File Lien	
Case Closed	**Jun 4, 2013**

Documents

- Notification Letter
- Violation Notice
- Owners' Invoice
- Lien

Katherine Rountree

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February 17, 2016

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Home » Code Enforcement » Quick Search » **Archived Case**

NUI : High Grass and Weeds

▸ **Overviews:** Results | Documents | Inspections

ID#	Start Date	Work Days Elapsed
13-00343	Sep 23, 2013	15d 21h

Case Description

Tall grass and weeds needs to be mowed

This Case has been archived!

Date Closed: **Oct 15, 2013** by Glenn Greenwood

Closing Status: **Closed - Violation - Voluntary Compliance**

Address (show more)

108 S New Hope
Kennedale, TX 76060

CE History (display 4 records) (property history)

Key Dates and Information (edit)

Initial Inspection Date	09/23/2013
Last Inspection Date	10/15/2013
Total # of Inspections	2
Total # of Publish	0
Abatement Date	10/15/2013

Case Notes

▸ Add Note ▸ Set up Standard Notes

There are no case notes.

Back

STEPS **Inspector:** Glenn Greenwood

Initial Inspection	**Violation**
Notice Letter	**Notice Mailed**
Reinspection	**Completed**
Call Contractor	
Add City Fees	
Invoice Property Owner	
Payment Due	
Make payment	
File Lien	
Case Closed	**Oct 15, 2013**

Documents

- Notification Letter
- Violation Notice
- Owners' Invoice
- Lien

Katherine Rountree

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February 17, 2016

City of Kennedale

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Home » Code Enforcement » Quick Search » **Archived Case**

NUI : High Grass and Weeds

▸ **Overviews:** Results | Inspections

ID#	Start Date	Work Days Elapsed
14-00132	Apr 23, 2014	6d 2h

Case Description

Tall grass and weeds needs to be mowed

This Case has been archived!

Date Closed: **May 1, 2014** by Glenn Greenwood

Closing Status: **Closed - Violation - Voluntary Compliance**

Address (show more)

108 S New Hope
Kennedale, TX 76060

CE History (display 4 records) (property history)

Key Dates and Information (edit)	
Initial Inspection Date	04/23/2014
Last Inspection Date	05/01/2014
Total # of Inspections	2
Total # of Publish	0
Abatement Date	05/01/2014

Case Notes

▸ Add Note ▸ Set up Standard Notes

There are no case notes.

Back

STEPS **Inspector:** Glenn Greenwood

Initial Inspection	**Violation**
Notice Letter	**Ready**
Reinspection	**Completed**
Call Contractor	
Add City Fees	
Invoice Property Owner	
Payment Due	
Make payment	
File Lien	
Case Closed	**May 1, 2014**

Documents

- Notification Letter
- Violation Notice
- Owners' Invoice
- Lien

Katherine Rountree

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February 17, 2016

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Development Services
www.cityofkennedale.com

2/12/2016

Name
Address
City, State Zip

Case BBA # 16-02 – City of Kennedale Addn – Kennedale, Blk 66 Lot 5A, 4A, 6A, 7A, 8A & PT OF CLOSED ALLEY N 55' LTS 4-8 & E 10' LT 4 108 S New Hope Rd. Kennedale, TX 76060.

Dear Name,

In an effort to enhance safety and beauty of the City of Kennedale through code compliance, the City is enforcing Article II, Dangerous and Substandard Building Ordinance.

The Building Official of the City of Kennedale performed an inspection of the above referenced property and in accordance with Article II, Sec. 15-50; the following measures can be taken.

(1) Issue notice to the record owner that the building is substandard and must be repaired or demolished; or

(2) Issue citation(s) for violation(s) of this article; or

(3) Secure the building if permitted by subsection 15-57 9a); or

(4) Recommend to the board that the abatement proceedings be commenced pursuant to section 15-51.

The city is recommending a public hearing for abatement of the substandard buildings.

The building(s) located on the above referenced property have been determined to be substandard and/or dangerous. A copy of the House standards Code Checklist for the above referenced property may be obtained at City Hall as well as a copy of the Ordinance.

A public hearing will be held at 405 Municipal Drive (City Hall, City Council Chambers), Kennedale, Texas 76060, on **Tuesday March 1st, 2016 at 7:00 PM**. The City of Kennedale Building Board of Appeals will determine whether the building complies with the standards set forth in Article II, Dangerous and Substandard Buildings Ordinance. Although a public hearing will be conducted regarding your property, you are not exempt from any of the items listed above. Therefore each day your property is in violation of the ordinance is considered a separate offense and can receive citations as such.

At the public hearing, you will be required to submit proof of the scope of any work that may be required in an effort to comply with Article II, Dangerous and Substandard Building Ordinance. If the building(s) are found to be in violation of the above referenced Article, the Building Board of Appeals may order the building(s) to be vacated, secured, repaired, removed, or demolished within a reasonable amount of time.

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www.cityofkennedale.com

If you have any questions concerning this matter, you may contact me at our offices at 405 Municipal Dr, Kennedale, TX 76060 or by phone at 817-985-2132.

Sincerely,

Sandra Johnson

Sandra Johnson
Building Official
City of Kennedale
817-538-7359 (cell)
817-985-2132 (office)

Cc: Members, Kennedale Building Board of Appeals File

Certified Mail #

KENNEDALE
Planning Department
www.cityofkennedale.com

Name
Address
City, State Zip

Dear Name,

The Building Board of Appeals is going to hold a public hearing regarding address 108 S. New Hope Rd. on **March 1, 2016 at 7:00 PM** in the Kennedale City Council Chambers at 405 Municipal Drive to receive comments on the following case.

CASE BBA # 16-02 Public hearing and consideration of demolition approval regarding a city-initiated request for demolition of an "OT" Old Town Residential building located on approximately .1388 at 108 S. New Hope Rd, legal description of City of Kennedale Addition Block 66 Lot 5A, 4A, 6A, 7A, 8A & PT of closed alley N 55' Lots 4-8 & E 10' Lot 4.

We are sending you this notification in case you would like to attend the public hearing. You are not required to attend the public hearing, but if you wish to attend, you will have the opportunity to speak either in favor of or against the request(s). If you would like more information about the case or the public hearing process, please let me know.

For your reference, a map showing the property in question is enclosed with this letter.

Sincerely,

Sandra Johnson
Building Official
P- 817-985-2130
E- sjohnson@cityofkennedale.com

Violations Noted: Section 15-49 (1), (2), (3), (12), (16), (18), (20), (22), (24)

Violations Noted: Section 15-49 (1), (2), (3), (12), (16), (18), (20), (22), (24)

Violations Noted: Section 15-49 (1), (2), (3), (12), (16), (18), (20), (22), (24)

Violations Noted: Section 15-9 (1), (2), (4), (5), (6), (8), (9), (10), (12), (14), (15), (16), (17), (18.a.c.e.f.g.h.i.j.k.l.m.p), (19), (20), (22), (23).

Violations Noted: Section 15-9 (1), (2), (4), (5), (6), (8), (9), (10), (12), (14), (15), (16), (17), (18.a.c.e.f.g.h.i.j.k.l.m.p), (19), (20), (22), (23).

Violations Noted: Section 15-9 (1), (2), (4), (5), (6), (8), (9), (10), (12), (14), (15), (16), (17), (18.a.c.e.f.g.h.i.j.k.l.m.p), (19), (20), (22), (23).

Violations Noted: Section 15-9 (1), (2), (4), (5), (6), (8), (9), (10), (12), (14), (15), (16), (17), (18.a.c.e.f.g.h.i.j.k.l.m.p), (19), (20), (22), (23).

Violations Noted: Section 15-9 (1), (2), (4), (5), (6), (8), (9), (10), (12), (14), (15), (16), (17), (18.a.c.e.f.g.h.i.j.k.l.m.p), (19), (20), (22), (23).

Violations Noted: Section 15-9 (1), (2), (4), (5), (6), (8), (9), (10), (12), (14), (15), (16), (17), (18.a.c.e.f.g.h.i.j.k.l.m.p), (19), (20), (22), (23).

Violations Noted: Section 15-49 (1), (2), (3), (12), (16), (18), (20), (22), (24)

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Violations Noted: Section 15-49 (1), (2), (3), (12), (16), (18), (20), (22), (24)