



Sedgwick County... working for you

County Clerk's Office

Kelly Arnold, County Clerk
525 N. Main, Suite 211, Wichita, KS 67203

TEL: 316-660-9223 - www.sedgwickcounty.org - FAX: 316-383-7961
sgclerk@sedgwick.gov

Application for Property Tax Relief (K.S.A 79-1613)

Applicant's name: Guadalupe Martinez; Telephone number(s): 316 250-5666; Mailing address: 14300 W. 77th N CT; City: Colwich; State: KS; Zip: 67030

Location and Description of Damaged or Destroyed Property

Home owner's name: Guadalupe Martinez; Did the owner reside at this property?: NO; Location of property: 1430 N. Broadway, Wichita, KS. 67214; Date of disaster: 07/04/2015; Description of property: Commercial Building / Property; Type of disaster: fire

(Describe damage below):

Building suffered a fire and was a total loss. Building was restored and remodeled in Jan 2017. (See Attached Pics & Fire Report)

Declaration

The undersigned declares that the statements made herein are for the express purpose of applying for property tax relief pursuant to K.S.A. 79-1613 and are to the best of my/our knowledge and belief true and correct.

Signature of Applicant: Guadalupe Martinez

Date: 07/26/2018

*Applicant will be notified in writing of the County's preliminary staff findings and expected date for Board of County Commissioners consideration.

RECEIVED

NOV 01 2018

Sedgwick Co. Clerk



*Sedgwick County...
working for you*

Office of the Appraiser

271 W 3rd St.N- Ste 501, Wichita, KS 67202-1212 www.sedgwickcounty.org TEL: 316-660-5439 – FAX: 316-660-5479

Michael S. Borchard, CAE, RMA
County Appraiser

Property Owner or Agent

MARTINEZ GUADALUPE A
14200 W 72ND CT N
COLWICH, KS 67030

Date mailed: 7/16/2018

Dear Applicant:

We are unable to process the 2nd Half Informal PUP application on:

AIN Number/Quick Ref ID:

087-122-09-0-33-05-007.00- R66698

Tax Year at Issue:

2015 Thru 2017

Property Address:

1430 N BROADWAY AVE
WICHITA KS 67214

Due to the following reason:

Payment Under Protest application not received at the time of payment.

If you have any questions do not hesitate to contact the Sedgwick County Appraiser's Office at (316) 660-5439 or e-mail to ApprHear@sedgwick.gov.
The appropriate forms may be faxed to (316) 660-5479.

Thank you.

Sedgwick County Appraiser's Office
www.sedgwickcounty.org/appraiser

Mail Date: 7/16/2018

SEDGWICK COUNTY

Sedgwick County Treasurer

525 N Main Suite 107
Wichita, KS 67203
(316) 660-9110

Received By: cdwilson
Location: Treasurer
Session: 03122018-0-Loans Counter-cdwilson

Receipt Number: U18.12154
Receipt Year: 2018
Date Received: 03/12/2018

PAYMENT RECEIPT - DUPLICATE - PARTIAL

Type	Description	Balance	General Tax SPA Tax	Interest SPA Interest	Fees Penalties	Current Due	Current Paid	Balance Remaining
Real Property	Bill Number: 171817103 Bill Year: 2017 PIN: 00119989 Primary Owner: MARTINEZ GUADALUPE A Property Addr: 1430 N BROADWAY AVE Property Desc: LOTS 24-26-28 LAWRENCE AVE. WELLS ADD.	3,304.14	3,257.77 5.58	40.79 0.00	0.00	3,304.14	3,304.14	0.00
Totals:		3,304.14	3,263.35	40.79	0.00	3,304.14	3,304.14	0.00

Tender Information:		Charge Summary:	
Check #6919	6,921.95	Real Property	3,304.14
Total Tendered	6,921.95	Total Charges	3,304.14

Sedgwick County 525 N Main Suite 107 Wichita, KS 67203

By Whom Paid:

SOUTHWEST NATIONAL BANK
PO BOX 1401
WICHITA KS 67201

BALANCE REMAINING	0.00
CHARGES	3,304.14
PAID	6,921.95
CHANGE	0.00

SEDGWICK COUNTY
Sedgwick County Treasurer
 525 N Main Suite 107
 Wichita, KS 67203
 (316) 660-9110

Received By: cdwilson Receipt Number: U18.12154
 Location: Treasurer Receipt Year: 2018
 Session: J3122018-0-Loans Counter-cdwilson Date Received: 03/12/2018

PAYMENT RECEIPT - DUPLICATE - PARTIAL

Type	Description	Balance	General Tax SPA Tax	Interest SPA Interest	Fees Penalties	Current Due	Current Paid	Balance Remaining
Real Property	Bill Number: 161315718 Bill Year: 2016 PIN: 00119989 Primary Owner: MARTINEZ GUADALUPE A Property Addr: 1430 N BROADWAY AVE Property Desc: LOTS 24-26-28 LAWRENCE AVE. WELLS ADD.	3,617.81	3,255.30 4.58	341.93 0.00	16.00	3,617.81	3,617.81	0.00
Totals:		3,617.81	3,259.88	341.93	16.00	3,617.81	3,617.81	0.00

Tender Information:		Charge Summary:	
Check #6919	6,921.95	Real Property	3,617.81
Total Tendered	6,921.95	Total Charges	3,617.81

Sedgwick County 525 N Main Suite 107 Wichita, KS 67203

By Whom Paid:

SOUTHWEST NATIONAL BANK
 PO BOX 1401
 WICHITA KS 67201

BALANCE REMAINING	0.00
CHARGES	3,617.81
PAID	6,921.95
CHANGE	0.00

SEDGWICK COUNTY

Sedgwick County Treasurer

525 N Main Suite 107
Wichita, KS 67203
(316) 660-9110

Received By: atindel inactive
Location: Treasurer
Session: 959883382-75000033-01032017-3

Receipt Number: B17.474
Receipt Year: 2017
Date Received: 01/01/2017

PAYMENT RECEIPT - DUPLICATE - PARTIAL

Type	Description	Balance	General Tax SPA Tax	Interest SPA Interest	Fees Penalties	Current Due	Current Paid	Balance Remaining
Real Property	Bill Number: 151338109 Bill Year: 2015 PIN: 00119989 Primary Owner: MARTINEZ GUADALUPE A Property Addr: 1430 N BROADWAY AVE Property Desc: LOTS 24-26-28 LAWRENCE AVE. WELLS ADD.	1,519.55	1,461.95 2.29	39.31 0.00	16.00	1,519.55	1,519.55	0.00
Totals:		1,519.55	1,464.24	39.31	16.00	1,519.55	1,519.55	0.00
Tender Information:		Charge Summary:						
UMB WEB ACH		1,519.55	Real Property					1,519.55
Total Tendered		1,519.55	Total Charges					1,519.55

Sedgwick County 525 N Main Suite 107 Wichita, KS 67203

By Whom Paid:

MARTINEZ GUADALUPE A
1430 N BROADWAY
WICHITA KS 67214-1104

BALANCE REMAINING	0.00
CHARGES	1,519.55
PAID	1,519.55
CHANGE	0.00

A Delete **NFIRS -1**
 Change **Basic**
 No Activity

MM DD YYYY
 SG111 KS 07 04 2015 1 15-0037078 000
 FDID * State * Incident Date * Station Incident Number * Exposure *

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

Street address
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions

1430 N BROADWAY AV
 Number/Milepost Prefix Street or Highway Street Type Suffix

Wichita KS 67203
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

C Incident Type * 111 Building fire
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as ALARM Date.
 ALARM always required
 Alarm * 07 04 2015 18:32:16
 ARRIVAL required, unless canceled or did not arrive
 Arrival * 07 04 2015 18:35:05
 CONTROLLED Optional, Except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit
 Cleared 07 04 2015 20:24:31

E2 Shift & Alarms Local Option
 Shift or Alarms District Platoon
 A 1

E3 Special Studies Local Option
 Special Study ID# 04 Special Study Value

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

F Actions Taken *

11 Extinguishment by fire
 Primary Action Taken (1)
 Additional Action Taken (2)
 Additional Action Taken (3)

G1 Resources * Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus Personnel
 Suppression 0018 0039
 EMS 0001 0001
 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 \$ 100,000
 Contents \$ 075,000
 PRE-INCIDENT VALUE: Optional
 Property \$ 100,000
 Contents \$ 075,000

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 evaluation 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 549
 Specialty shop
 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

BLDG

Units responded to a building fire. Fire was located and extinguished.

B1 found smoke coming from the roof and eaves of the one story approximately 40 X 70 cinder block building. Westar was requested to control power to the building. After initial entry was made through the front, crews reported heat and heavy smoke, and a locked gate was encountered. before fire attack could gain entry through the front, truck crews opened doors on side "C" of the building. Command advised fire attack to redirect the attack to rear of the building. Fire attacks quickly redirected and brought the fire under control. B1 advised dispatch of the following fire ground bench marks, primary all clear, secondary all clear. 171 investigated the fire and determined the fire was caused by discarded fireworks inside the business. B1 transferred command to E-1 and returned to service.

L Authorization

Officer in charge ID

Signature

Position or rank

Assignment

Month

Day

Year

Check Box if same as Officer in charge.
 Member making report ID

Signature

Position or rank

Assignment

Month

Day

Year

B Property Details

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

B2 001 **Buildings not involved**
 Number of buildings involved

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

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

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

934 Fireworks,
 On-site material (1)

 On-site material (2)

 On-site material (3)

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

D Ignition

D1 40 Storage area, Other
 Area of fire origin *

D2 54 Fireworks
 Heat source *

D3 00 Item First Ignited,
 Item first ignited * 1 Check Box if fire spread was confined to object of origin

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

E1 Cause of Ignition
 Check box if this is an exposure report. Skip to section G

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

E2 Factors Contributing To Ignition

11 Abandoned or **None**
 Factor Contributing To Ignition (1)

 None
 Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition
 Check all applicable boxes

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

7 Age was a factor
 Estimated age of person involved

1 **Male** 2 **Female**

F1 Equipment Involved In Ignition
 None If Equipment was not involved, Skip to Section G

 Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power

 Equipment Power Source

F3 Equipment Portability

1 **Portable**
 2 **Stationary**

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

G Fire Suppression Factors
 Enter up to three codes. **None**

 Fire suppression factor (1)

 Fire suppression factor (2)

 Fire suppression factor (3)

H1 Mobile Property Involved

None

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

H2 Mobile Property Type & Make

 Mobile property type

 Mobile property make

Local Use

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

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

 Mobile property model Year

 License Plate Number State VIN Number

I1 Structure Type * If Fire was In enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story [001] <small>Total number of stories at or above grade</small> [] <small>Total number of stories below grade</small>	I4 Main Floor Size* <div style="text-align: right; border: 1px solid black; padding: 2px; font-size: small;">NFIRS-3 Structure Fire</div> [] , [002] , [000] <small>Total square feet</small> <p style="text-align: center; font-size: large; margin: 10px 0;">OR</p> [] , [] BY [] , [] <small>Length in feet Width in feet</small>
J1 Fire Origin * [001] <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story [] Number of stories w/ minor damage (1 to 24% flame damage) [] Number of stories w/ significant damage (25 to 49% flame damage) [] Number of stories w/ heavy damage (50 to 74% flame damage) [] Number of stories w/ extreme damage (75 to 100% flame damage)	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 [] [] <small>Item contributing most to flame spread</small> K2 [] [] <small>Type of material contributing most of flame spread Required only if item contributing code is 00 or <70</small>	
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input checked="" type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * <small>(In area of the fire)</small> N <input checked="" type="checkbox"/> None Present Skip to section M 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	
M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present Complete rest of Section M 1 <input type="checkbox"/> Present	M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined
M4 Number of Sprinkler Heads Operating Required if system operated [] <small>Number of sprinkler heads operating</small>		M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined <small>NFIRS-3 Revision 01/19/99</small>	

A FDID * SG111 State * KS Incident Date * MM 7 DD 4 YYYY 2015 Station 1 Incident Number * 15-0037078 Exposure * 000 Delete Change NFIRS - 9 Apparatus or Resources

B Apparatus or * Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken	
	Dispatch	Month	Day	Year	Hour Min				Arrival	Clear
1 ID <u>B1</u> Type <u>92</u>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:32</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:35</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Clear	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>19:54</u>			<input type="checkbox"/>	<input type="checkbox"/>
2 ID <u>B2</u> Type <u>92</u>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:33</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:37</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Clear	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>19:42</u>			<input type="checkbox"/>	<input type="checkbox"/>
3 ID <u>B3</u> Type <u>92</u>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:32</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input checked="" type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:36</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Clear	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>19:19</u>			<input type="checkbox"/>	<input type="checkbox"/>
4 ID <u>E1</u> Type <u>11</u>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:32</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:50</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Clear	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>20:23</u>			<input type="checkbox"/>	<input type="checkbox"/>
5 ID <u>E10</u> Type <u>11</u>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:32</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input checked="" type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:35</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Clear	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>19:47</u>			<input type="checkbox"/>	<input type="checkbox"/>
6 ID <u>E3</u> Type <u>11</u>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:33</u>	<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input checked="" type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:36</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Clear	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>19:01</u>			<input type="checkbox"/>	<input type="checkbox"/>
7 ID <u>E4</u> Type <u>11</u>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:34</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:41</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Clear	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:59</u>			<input type="checkbox"/>	<input type="checkbox"/>
8 ID <u>E5</u> Type <u>11</u>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:32</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:39</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Clear	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>19:07</u>			<input type="checkbox"/>	<input type="checkbox"/>
9 ID <u>E7</u> Type <u>11</u>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:32</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18:37</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Clear	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>19:47</u>			<input type="checkbox"/>	<input type="checkbox"/>

A FDID * SG111 State * KS Incident Date * MM 7 DD 4 YYYY 2015 Station 1 Incident Number * 15-0037078 Exposure * 000 Delete Change NFIRS - 9 Apparatus or Resources

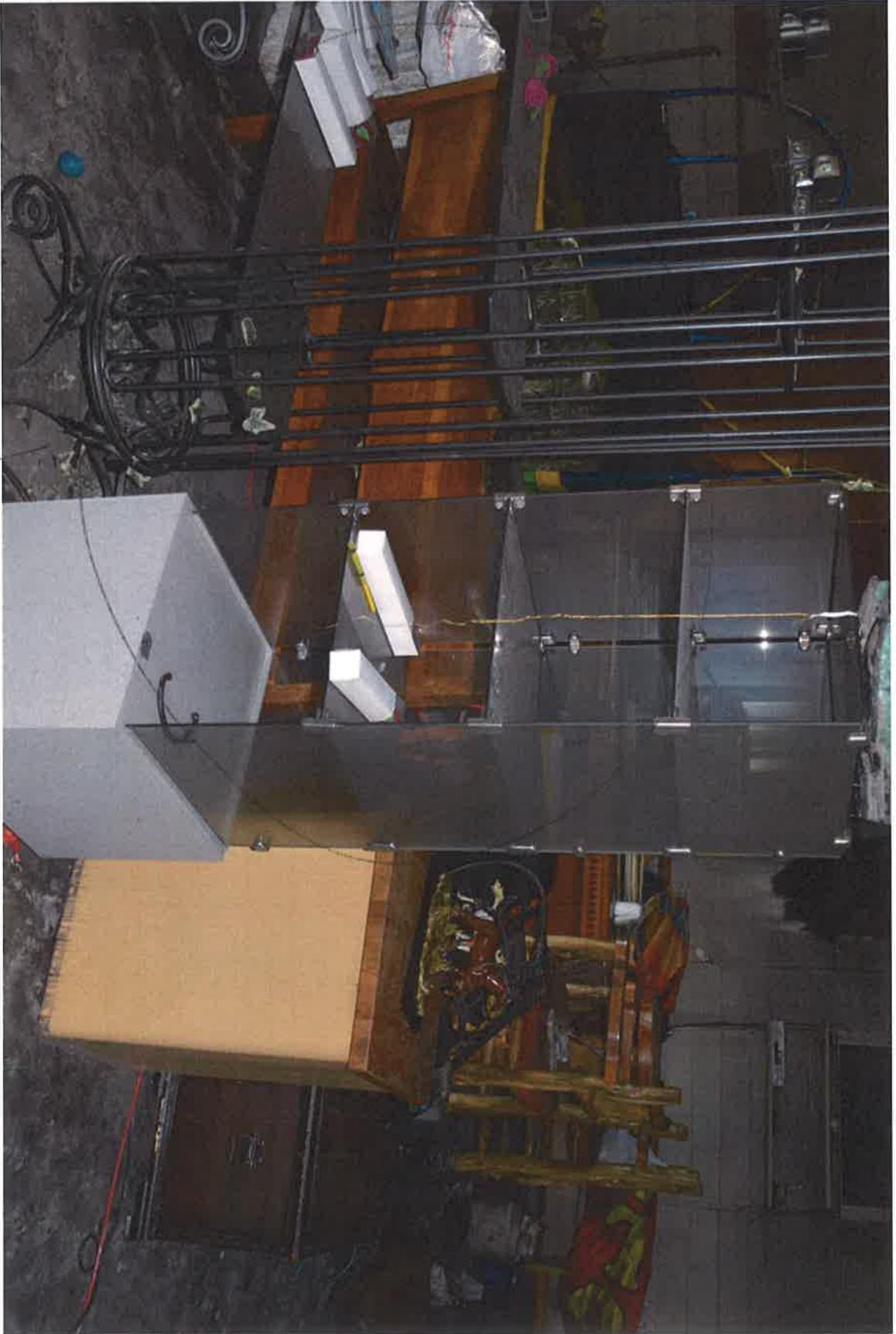
B Apparatus or * Resource	Date and Times						Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken									
	Check if same as alarm date																		
	Dispatch	Arrival	Clear	Month	Day	Year	Hour	Min											
1 ID <u>F171</u> Type <u>601</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18</u>	<u>39</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18</u>	<u>45</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>20</u>	<u>13</u>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 ID <u>FTO</u> Type <u>00</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18</u>	<u>32</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18</u>	<u>38</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>19</u>	<u>24</u>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 ID <u>HR4</u> Type <u>20</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18</u>	<u>32</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18</u>	<u>41</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>19</u>	<u>01</u>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 ID <u>M1</u> Type <u>76</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>99</u>	<u>99</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>99</u>	<u>99</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>99</u>	<u>99</u>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 ID <u>MA1</u> Type <u>62</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18</u>	<u>32</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18</u>	<u>36</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>20</u>	<u>13</u>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 ID <u>SQ1</u> Type <u>161</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18</u>	<u>32</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18</u>	<u>35</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18</u>	<u>36</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>19</u>	<u>00</u>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18</u>	<u>35</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9 ID <u>TK1</u> Type <u>12</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18</u>	<u>32</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>18</u>	<u>35</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7</u>	<u>4</u>	<u>2015</u>	<u>20</u>	<u>23</u>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A MM DD YYYY Delete NFIRS - 9
 SG111 KS 7 4 2015 1 15-0037078 000 Change Apparatus or
 FDID * State * Incident Date * Station Incident Number * Exposure * Resources

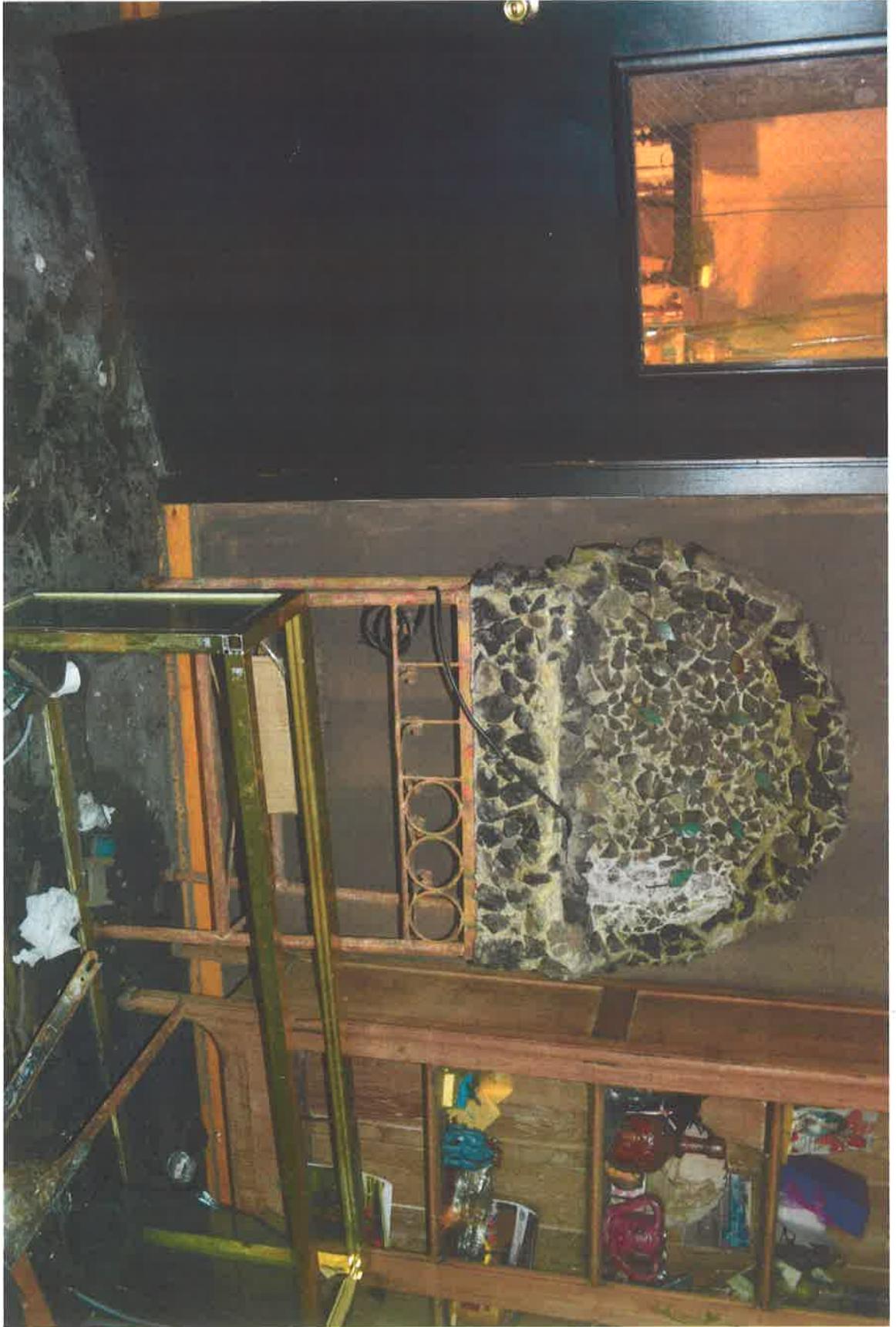
B Apparatus or * Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
	Check if same as alarm date									
	Month	Day	Year	Hour	Min					
1 ID TK2 Type 12	Dispatch	<input type="checkbox"/>	7	4	2015	18:32	<input checked="" type="checkbox"/>	Suppression		
	Arrival	<input type="checkbox"/>	7	4	2015	18:37	<input checked="" type="checkbox"/>	EMS		
	Clear	<input type="checkbox"/>	7	4	2015	19:41		Other		
2 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>	Suppression		
	Arrival	<input type="checkbox"/>					<input type="checkbox"/>	EMS		
	Clear	<input type="checkbox"/>					<input type="checkbox"/>	Other		
3 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>	Suppression		
	Arrival	<input type="checkbox"/>					<input type="checkbox"/>	EMS		
	Clear	<input type="checkbox"/>					<input type="checkbox"/>	Other		
4 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>	Suppression		
	Arrival	<input type="checkbox"/>					<input type="checkbox"/>	EMS		
	Clear	<input type="checkbox"/>					<input type="checkbox"/>	Other		
5 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>	Suppression		
	Arrival	<input type="checkbox"/>					<input type="checkbox"/>	EMS		
	Clear	<input type="checkbox"/>					<input type="checkbox"/>	Other		
6 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>	Suppression		
	Arrival	<input type="checkbox"/>					<input type="checkbox"/>	EMS		
	Clear	<input type="checkbox"/>					<input type="checkbox"/>	Other		
7 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>	Suppression		
	Arrival	<input type="checkbox"/>					<input type="checkbox"/>	EMS		
	Clear	<input type="checkbox"/>					<input type="checkbox"/>	Other		
8 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>	Suppression		
	Arrival	<input type="checkbox"/>					<input type="checkbox"/>	EMS		
	Clear	<input type="checkbox"/>					<input type="checkbox"/>	Other		
9 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>	Suppression		
	Arrival	<input type="checkbox"/>					<input type="checkbox"/>	EMS		
	Clear	<input type="checkbox"/>					<input type="checkbox"/>	Other		

Type of Apparatus or Resources

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



↖
#5





Photograph of the exhibit