

A		FDID * <u>03907</u>	State * <u>MO</u>	Incident Date * MM <u>10</u> DD <u>04</u> YYYY <u>2021</u>	Station <u>FM</u>	Incident Number * <u>21-0010198</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic				
B Location*		<input type="checkbox"/> 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.											
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions		Number/Milepost _____ Prefix _____ City <u>LEBANON</u> State <u>MO</u> Zip Code <u>65536</u>		<u>COUNTY - OUTSIDE GREENE</u> Street Type _____ Suffix _____ Cross street or directions, as applicable _____									
C Incident Type *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms							
Incident Type <u>4711</u> <u>Actual Explosive Device</u> Date. _____		Check boxes if dates are the same as Alarm Date. ALARM always required Alarm * Month <u>10</u> Day <u>04</u> Year <u>2021</u> Hr <u>22</u> Min <u>59</u> Sec <u>28</u>				Local Option Shift or District <u>D</u> <u>01</u> <u>OUT</u> Platoon _____							
D Aid Given or Received *		E3 Special Studies											
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid rcv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None		ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * Month <u>10</u> Day <u>04</u> Year <u>2021</u> Hr <u>23</u> Min <u>50</u> Sec <u>00</u> CONTROLLED Optional, Except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input type="checkbox"/> Last Unit Cleared Month <u>10</u> Day <u>05</u> Year <u>2021</u> Hr <u>03</u> Min <u>27</u> Sec <u>15</u>				Local Option Special Study ID# _____ Special Study Value _____							
F Actions Taken *		G1 Resources *				G2 Estimated Dollar Losses & Values							
Primary Action Taken (1) <u>86</u> <u>Investigate</u> Additional Action Taken (2) _____ Additional Action Taken (3) _____		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus _____ Personnel _____ Suppression _____ EMS _____ Other <u>0002</u> <u>0002</u> <input type="checkbox"/> Check box if resource counts include aid received resources.				LOSSES: Required for all fires if known. Optional for non fires. None Property \$ _____, _____, _____ Contents \$ _____, _____, _____ PRE-INCIDENT VALUE: Optional Property \$ _____, _____, _____ Contents \$ _____, _____, _____							
Completed Modules		H1* Casualties <input type="checkbox"/> None				H3 Hazardous Materials Release				I Mixed Use Property			
<input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		Deaths Injuries Fire Service _____ Civilian _____ H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown				N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form				NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use			
J Property Use* Structures		131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital				341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales				539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse			
Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway				981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use <u>419</u> <u>1 or 2 family dwelling</u>							

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.

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

Local Option Business name (if Applicable) Area Code Phone Number

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

CAD NARRATIVE (SFD210010198):

Incident Type- *M*FBOMB - EXPLOSIVE DEVICE

Alarm Level- 26

Operator- Jesse Richerson

Caller Info- DEPUTY

BOLIN

4177333456

Dispatcher Comments- DALLAS CO NEED

BOMB SQUAD. INITIALLY STUCTURE FIRE, WHEN OFFICERS GOT ON SCENE THEY FOUND INCIDENARY DEVICE IN A MORTOR TUBE W/ A BALLOON COVER TIME W/ COILED FUZE AND TRIP WIRE ATTACHED TOTAL OF 2 FOUND, UNK IF ANY HAVE BEEN SET OFF AT THIS TIME FM02 MAKING CONTACT

See Report

L Authorization

1324 Epps, Mark FM 10 05 2021
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. 1324 Epps, Mark FM 10 05 2021
Member making report ID Signature Position or rank Assignment Month Day Year