

# PONDEROSA FIRE DISTRICT ~ RECORD REQUEST FORM

PROCESSING TIME: ALLOW APPROXIMATELY 15 BUSINESS DAYS

<b>REQUEST IN PERSON:</b> Ponderosa Fire Department 11951 W. Shadow Mountain Drive Belmont, AZ 86015	<b>REQUEST BY FAX OR EMAIL:</b> Ponderosa Fire Department Fax: (928) 473-8927 Email: <a href="mailto:office@ponderosafire.org">office@ponderosafire.org</a>	<b>REQUEST BY MAIL:</b> Ponderosa Fire Department P.O. Box 16359 Belmont, AZ 86015
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Requester Information: Is this record request for a commercial purpose?  YES or  NO

Date of Request: <u>Dec 2, 2020</u>		Reason for Request: <u>Personal</u>	
Requester Name: <u>Cory Daniel</u>		Requester Address: [REDACTED]	
City: [REDACTED]	State: <u>AZ</u>	Zip: [REDACTED]	Email: <u>info@thephysicalxchigma.com</u>
Requester Phone Number: [REDACTED]		Requester Phone Number: [REDACTED]	

Special Note for requesters: If you are requesting medical records that contain a patient's protected health information (PHI), you must attach the following to your request: (1) a notarized HIPAA-compliant release (see 45 C.F.R. § 164.508 for federally required contents of release) signed by the patient, parent or legal guardian or the personal representative; or (2) a court order signed by a judge authorizing release (45 C.F.R. § 164.512). A subpoena without a HIPAA-compliant release or court order is not sufficient. In order to protect patient privacy, Ponderosa Fire District does not email reports that contain a patient's protected health information.

### FIRE REPORT

Date of Incident: <u>May 13, 2019</u>	Time of Incident: <u>7:22 AM</u>		
Incident Address: <u>Under The Transwestern Rd overpass, Eastbound, Right lane</u>			
Car Fires Only:	Car Make:	Car Model:	Car Year:

### MEDICAL REPORT

Info Requested:	Medical Report <input checked="" type="checkbox"/>	Bill <input checked="" type="checkbox"/>	Both <input checked="" type="checkbox"/>
Name of Patient: <u>Isaac Benjamin Kapp</u>	Date of Incident: <u>May 13, 2019</u>		
Incident Address: <u>Same as above</u>	Time of Incident: <u>Same as above</u>		

~Ponderosa Fire District Use Only~

Date Received:	Received by:	Incident #:	Proper Info Received:
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Section 1: [Illegible text]

[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]

Section 2: [Illegible text]

[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]

Section 3: [Illegible text]

[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]

Section 4: [Illegible text]

[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]

Section 5: [Illegible text]

[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]

**A** ID# 03281 \* State AZ \* Incident Date 05 13 2019 \* Station 82 Incident Number 19-0000103 \* 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

Street address  Intersection  In front of  Rear of  Adjacent to  Directions

Number/Wilepost Prefix Street or Highway 185 W I-40 Street Type Suffix

Apt./Suite/Room City Bellemont State AZ Zip Code 86015

Cross street or directions, as applicable

**C Incident Type \*** 323 Motor vehicle/pedestrian

**E1 Date & Times** Midnight is 0000

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

Month Day Year Hr Min Sec

Alarm \* 05 13 2019 07:28:53

**E2 Shift & Alarms** Local Option

Shift or Alarms District 82-01

**D Aid Given or Received\***

1  Mutual aid received  Automatic aid recv.

2  Mutual aid given  Automatic aid given

3  Other aid given  None

Their FDID Their State

Their Incident Number

ARRIVAL required, unless canceled or did not arrive

Arrival \* 05 13 2019 07:32:28

CONTROLLED Optional, except for wildland fires

Controlled

LAST UNIT CLEARED, required except for wildland fires

Last Unit Cleared 05 13 2019 08:15:53

**E3 Special Studies** Local Option

Special Study 19# Special Study Value

**F Actions Taken \***

33 Provide advanced life

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 0003 0004

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  Detector did not alert them  Unknown

**H3 Hazardous Materials Release**

N  None

1  Natural Gas: slow leak, no evacuation or HazMat actions

2  Propane gas: <21 lb. tank (as in home BBQ grill)

3  Gasoline: vehicle fuel tank or portable container

4  Kerosene: fuel burning equipment or portable storage

5  Diesel fuel/fuel oil: vehicle fuel tank or portable

6  Household solvents: home/office spill, cleanup only

7  Motor oil: from engine or portable container

8  Paint: from paint cans totaling < 55 gallons

0  Other: Special HazMat actions required as 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

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

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

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

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

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 961

Highway or divided highway





A          Delete  Change

NFIRS - 9  
Apparatus or Resources

B Apparatus or * Resource	Date and Times				Sent <input type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
	<small>Check if same as alarm date</small>								
	Month	Day	Year	Hour	Min				
1 ID <input type="text" value="CHF81"/> Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="13"/>	<input type="text" value="2019"/>	<input type="text" value="07:28"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
	Arrival <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="13"/>	<input type="text" value="2019"/>	<input type="text" value="07:32"/>	<input checked="" type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="13"/>	<input type="text" value="2019"/>	<input type="text" value="08:15"/>			<input type="text"/>	<input type="text"/>
2 ID <input type="text" value="CNF911"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="13"/>	<input type="text" value="2019"/>	<input type="text" value="07:28"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
	Arrival <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="13"/>	<input type="text" value="2019"/>	<input type="text" value="07:32"/>	<input checked="" type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="13"/>	<input type="text" value="2019"/>	<input type="text" value="08:15"/>			<input type="text"/>	<input type="text"/>
3 ID <input type="text" value="E821"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="13"/>	<input type="text" value="2019"/>	<input type="text" value="07:28"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
	Arrival <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="13"/>	<input type="text" value="2019"/>	<input type="text" value="07:32"/>	<input checked="" type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="13"/>	<input type="text" value="2019"/>	<input type="text" value="08:15"/>			<input type="text"/>	<input type="text"/>
4 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
5 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
6 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
7 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
8 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
9 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>

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

**A** FDID \* 03281 State \* AZ Incident Date \* MM 5 DD 13 YYYY 2019 Station 82 Incident Number \* 19-0000103 Exposure \* 000  Delete  Change NFIRS - 10 Personnel

**B Apparatus or Resource \*** Date and Times Check if same as alarm date Sent  Number of \* People 1 Use  Suppression  EMS  Other Actions Taken List up to 4 actions for each apparatus and each personnel.

Use codes listed below Month Day Year Hours/mins

**1** ID CHF81 Dispatch  5 13 2019 07:28 Sent  Arrival  5 13 2019 07:32 Type 92 Clear  5 13 2019 08:15

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
OFST01	Ofstie, Kent	AC	X				

**2** ID CNF911 Dispatch  5 13 2019 07:28 Sent  Arrival  5 13 2019 07:32 Type 11 Clear  5 13 2019 08:15

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
ALLE01	Allen, Michael		X				

**3** ID E821 Dispatch  5 13 2019 07:28 Sent  Arrival  5 13 2019 07:32 Type 11 Clear  5 13 2019 08:15

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
HUMP01	Humphrey, Adam		X				
PACK01	Packer, Tyler		X				

03281  
FDID

AZ  
State

5 13  
Incident Date

2019

82  
Station

19-0000103  
Incident Number

000  
Exposure

Responding  
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
CHF81 Command 81	07:28:53	07:28:53	07:32:28	08:15:53

Staff ID\Staff Name	Activity	Rank	Position	Role
OFST01 Ofstie, Kent	EMS			Assistant C

CNF911 Camp Navajo E 911	07:28:53	07:28:53	07:32:28	08:15:53
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Staff ID\Staff Name	Activity	Rank	Position	Role
ALLE01 Allen, Michael	EMS			

E821 Engine 821	07:28:53	07:28:53	07:32:28	08:15:53
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Staff ID\Staff Name	Activity	Rank	Position	Role
HUMP01 Humphrey, Adam	EMS			
PACK01 Packer, Tyler	EMS			



03281 FDID *	AZ State *	MM DD YYYY 5 13 2019 Incident Date *	82 Station	19-0000103 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
OFST01 Ofstie, Kent	CHF81	EMS EMS		AC		0.78	0.78	0.00
ALLE01 Allen, Michael	CNF911	EMS EMS				0.78	0.78	0.00
HUMP01 Humphrey, Adam	E821	EMS EMS				0.78	0.78	0.00
PACK01 Packer, Tyler	E821	EMS EMS				0.78	0.78	0.00

Total Participants: 4

Total Personnel Hours: 3.12

An 'X' next to the unit denotes driver.

TRANSMISSION VERIFICATION REPORT

TIME : 12/02/2020 14:34  
NAME : UPSSTORE1320  
FAX : 4809628773  
TEL : 4809628616  
SER.# : U63274D0J787080

DATE, TIME	12/02 14:34
FAX NO./NAME	19287738927
DURATION	00:00:23
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM