OFFICIAL FILE

I.C.C. DOCKET NO. 06-0445

Coop Exhibit No. 1

Witness

Date 9/7/06 Reporter LD

CHICAGO FIRE INCIDENT REPORTING SYSTEM

in your own words

A	10	DIT/N/V	1	03	23	03	DAY OF WEEK 1 Sunday 2 Monday 3 Tuesday 4 Wednesday 5 Thursday 6 Friday 7 Saturday	2 / 1832 / 1832 / 1842

B — SITUATION FOUND

11 Structure fire; 12 Vehicle fire; 14 Brush, grass, leaves; 15 Trash, Rubbish; 16 Explosion, fire after fire; 17 Overdue spell with fire; 19 Other fires not classified; 30 Overpressure Rupture; 32 Emergency Medical call; 33 Lockout-in Attempt; 34 Search; 35 Extrication; 36 Rescue-not classified; 41 Spill, leak-no fire; 46 Power line down; 48 Arcing electric equipment; 49 Aircraft standby; 51 Chemical spill; 52 Hazardous condition; 53 Water removal; 54 Smoke removal; 54 Animal Rescue; 55 Assist Police; 56 Unauthorized burning; 58 Other service calls; 61 Smoke scare; 63 Controlled burn; 65 Steam, gas mistaken for smoke; 71 Malicious false; 72 Bomb Scare; 73 Alarm Malfunction; 74 Unintentional false; 99 Unclassified; ___ Other ___ — 11

ACTION TAKEN — 1 Extinguishment; 2 Rescue or Assistance; 3 Investigation only; 4 Remove Hazard; 5 Stand by; 6 Salvage; 7 Ambulance; 9 Not classified; 0 Undetermined — 1

C — FIXED PROPERTY USE (Occupancy): 414 — IGNITION FACTOR: 3

D — CORRECT ADDRESS (Up to maximum of 21 characters): 512 S. UNION

E — 11 OCCUPANT NAME (LAST, FIRST, MI) — TELEPHONE — ROOM or APT.

F — 12 OWNER NAME (LAST, FIRST, MI): BARR AIDA MAY — ADDRESS: 512 S. UNION — TELEPHONE: 536-7133

G — 13 METHOD OF ALARM: 1 Telephone direct; 2 Municipal alarm system; 3 Private alarm system; 4 Radio; 5 Verbal; 6 No alarm rec'd; 7 Tele-line (911); 8 Voice signal municipal alarm signal; 9 Not classified above; 0 Undetermined or not reported — 7 — TIME OF ALARM: 050 — SHIFT: 3 — NO. ALARMS: 1

H — NO. FIRE SERVICE PERSONNEL RESPONDED: 022 — NO. ENGINES RESPONDED: 002 — NO. AERIAL APPARATUS RESPONDED: 002 — NO. OTHER VEHICLES RESPONDED: 002

I — 20 NUMBER OF INJURIES: FIRE SERVICE ___ OTHER ___ — NUMBER OF FATALITIES: FIRE SERVICE ___ OTHER ___

J — COMPLEX: 41 — MOBILE PROPERTY TYPE (Complete Line 8)

K — AREA OF FIRE ORIGIN: 25 — EQUIPMENT INVOLVED IN IGNITION (Complete Line 7)

L — FORM OF HEAT IGNITION: 1 — TYPE OF MATERIAL IGNITED: 68 — FORM OF MATERIAL IGNITED: 15

M — METHOD OF EXTINGUISHMENT: 1 Self extinguished; 2 Make shift aids; 3 Portable extinguisher; 4 Automatic ext. system; 5 Pre-connect hose/tank only; 6 Pre-connect hose/hydrant draft/standpipe; 7 Hand-laid hose/hydrant draft standpipe; 8 Master stream device; 9 Not classified above; 0 Undetermined or not reported — 7

LEVEL OF FIRE ORIGIN: 1 Inside level to 9 ft.; 2 10 to 19 feet; 3 20 to 29 feet; 4 30 to 49 feet; 5 50 to 70 feet; 6 Over 70 feet; 7 Object in flight; 8 Below ground level; 9 Not classified above; 0 Undetermined — 1

ESTIMATED TOTAL DOLLAR LOSS: ___

NFIRS 1 LAYOUT 4

DISCLAIMER: No representation is made, intended, or implied as to the validity or accuracy of information herein.

N — Number of Stories: 1 1 story; 2 2 story; 3 3 to 4 stories; 4 5 to 6 stories; 5 7 to 12 stories; 6 13 to 24 stories; 7 25 to 49 stories; 8 50 stories or more; 0 Number of Stories undetermined or not reported

CONSTRUCTION TYPE: 1 Fire resistive; 2 Heavy timber; 3 Protected noncombustible; 4 Unprotected noncombustible; 5 Protected ordinary; 6 Unprotected ordinary; 7 Protected wood frame; 8 Unprotected wood frame; 9 Not classified above; 0 Undetermined or not reported — 5

O — EXTENT OF DAMAGE: 1 Confined to the object of origin; 2 Confined to part of room or area of origin; 3 Confined to room of origin; 4 Confined to the fire-rated comp. of origin; 5 Confined to floor of origin; 6 Confined to structure of origin; 7 Extended beyond structure of origin; 9 No damage of this type (N/A) — Flame: 5 — Smoke: 5

P — DETECTOR PERFORMANCE: 1 Det. in room or space of fire origin - oper; 2 Det. not in rm. or space of fire origin - oper; 3 Det. in rm. or space of origin - no oper; 4 Det. not in rm. or space of origin - no oper; 5 Det. not in rm. or space of fire origin but fire too small to oper.; 9 Not classified above; 0 Undetermined or not reported; 8 No detectors present (N/A) — 8

SPRINKLER PERFORMANCE: 1 Equipment operated; 2 Equipment should have operated - did not; 3 Equipment pre. but fire too small to oper; 9 Not classified above; 0 Undetermined or not reported; 8 No equipment present (N/A) — 1

Q — TYPE OF MATERIAL GENERATING MOST SMOKE (IF SMOKE SPREAD BEYOND ROOM OF ORIGIN): 15 — AVENUE OF SMOKE TRAVEL: 1 Air handling duct; 2 Corridor; 3 Elevator shaft; 4 Stairwell; 5 Opening in construction; 6 Utility opening in wall; 7 Utility opening in floor; 9 Not classified above; 0 Undetermined or not reported; 8 No avenue of smoke travel (N/A)

R — FORM OF MATERIAL GENERATING MOST SMOKE: 15 — RD HJ21642 1 BEAT 934 OFI 46-8

S — 30 IF MOBILE PROPERTY — YEAR — MAKE — MODEL — SERIAL NO. — LICENSE NO.

T — 40 IF EQUIPMENT INVOLVED IN IGNITION — YEAR — MAKE — MODEL — SERIAL NO.

U — MEMBER MAKING REPORT: B/C T. O'Brien — DATE: 3-3-03

AMBULANCE ASSIST

ent's Name _____ Age _____ Sex _____

Type of Emergency Response per C.A.D. Center

Medical	☐ Drug O.D.
Trauma	☐ Substance Abuse
O.B.	☐ School
Psych	☐ C.T.A.
Cardial	☐ Pediatric
Vehicular	☐ Fire
Gunshot	☐ Special Duty
Stabbing	☐ Other (Specify)

Condition of Patient on Arrival

☐ Conscious	☐ Laceration
☐ Unconscious	☐ Burn
☐ Breathing	☐ Abrasions
☐ Not Breathing	☐ Gunshot Victim
☐ Bleeding	☐ Stabbing Victim
☐ Fracture	☐ O.D. Victim

Body Part Affected _____

_____

ief Complaint of Patient

Treatment Rendered	Respiratory Treatment	Outcome of Run	Patient Released
C.P.R.	☐ Oxygen	☐ Cancelled (Specify)	To Ambulance
Bandaging	☐ AMBU Bag	☐ Could Not Find	# _____
Hemorrhage Control	☐ Oral Airway	☐ C.P.D. Transport	Ambulance
Splinting	☐ Pocket Mask	☐ Stand By Only	I.R. #
Cold Application	☐ Robert Shaw	☐ Other (Specify)	☐☐☐☐☐☐
Extrication			
Psych First Aid			
O.B. Delivery			
Other (Specify)			