



KENDALL COUNTY HEALTH DEPARTMENT

STEVE CURATTI

811 W John Street  
Yorkville, IL 60560  
630.553.9100  
Fax 630.553.9506

ENVIRONMENTAL HEALTH SECTION

REQUEST FOR PUBLIC RECORDS

- when Report is Ready and can be Released

NAME:

Todd Milliron

ADDRESS:

61 Cotswold Drive, Yorkville, IL, 60560

TELEPHONE NO.:

630-553-9590

E-MAIL ADDRESS:

Tmilli5101@AOL.com

DATE OF REQUEST:

4-8-2010 after 4:30pm

In the space below, please describe the public records you are requesting. In order to expedite the search for records, please be as specific as possible.

I would like to receive a copy of the Inspection Report prepared by Eric Campbell of Kendall County Health Dept. - Environmental Health Section for 3-31-2010 Hamman Farms where burning of manmade or inorganic waste occurred. There was a written complaint filed for this incident to be investigated. Please also provide copy of Bristol-Kendall Fire Report on file which I think is Report # 10-0000439

Do you wish to inspect or receive a copy of the requested records?

Inspect

Copy

Both

Do you wish to receive the requested records in hard copy or electronic form, if available?

like to see Electronic Version first

Hard Copy

Electronic Form, if available

IF NOT

Hard Copy

Is your request made for a commercial purpose as defined by the Freedom of Information Act (i.e., do you intend to sell the requested records or use the records in advertisement)?

Yes

No

Todd Milliron

4-8-2010

Signature of Requestor

Date

FOR OFFICE USE ONLY

Date and Time of Receipt

9:00, 4/9/10

How Request Was Sent

FAX

FOIA Officer's Initials

SE

Date and Time of Response

11:00, 4/9/10

**Steve Curatti**

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**Subject:** FW: FOIA Request

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**From:** Steve Curatti  
**Sent:** Friday, April 09, 2010 9:26 AM  
**To:** 'tmilli5101@aol.com'  
**Subject:** FOIA Request

Todd – Hard copies of your FOIA request\* Dated 4/8/10) may be picked up at any time at the reception desk in our first floor lobby at any time during regular business hours.

Regards,

Steve Curatti

**KENDALL COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH UNIT  
COMPLAINT REPORTING FORM**



- |                            |                                     |
|----------------------------|-------------------------------------|
| Food Protection            | <input type="checkbox"/>            |
| Private Sewage Disposal    | <input type="checkbox"/>            |
| Potable Water Supply       | <input type="checkbox"/>            |
| Tanning                    | <input type="checkbox"/>            |
| Nuisance – Garbage/Refuse  | <input type="checkbox"/>            |
| Nuisance – Vector          | <input type="checkbox"/>            |
| Nuisance – Stagnant Water  | <input type="checkbox"/>            |
| Nuisance – Burning         | <input checked="" type="checkbox"/> |
| Nuisance – Air Pollution   | <input type="checkbox"/>            |
| Nuisance – Water Pollution | <input type="checkbox"/>            |
| Nuisance – Land Pollution  | <input type="checkbox"/>            |
| Tall Vegetation            | <input type="checkbox"/>            |

**Standard** Complaint   
**Emergency** Documentation

Street Name	RT. 71/W. Highpoint	Complaint #	10-080
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Date Received: 4/5/2010      Complaint #: 10-080  
Date Closed: 4/8/10

Sanitarian: Eric Campbell

Source of Complaint:  Public     KCHD     Other Agency     Anonymous

Permanent Parcel Number (PIN#):

Name: Hamman Farms, LLC  
Last Name/Business

Don Hamman, Owner  
First Name/Contact Person

Address: RT. 71 near W. Highpoint      Apt./Suite#: \_\_\_\_\_

City: \_\_\_\_\_      Zip Code+4 \_\_\_\_\_

Phone: Home (    )      Cell/Mobile (    )

Other Addresses/Phone: \_\_\_\_\_

Specific Complaint:

Open burning that took place at the Hamman Farms Land Application facility 3/31/2010

Complainant: Todd Milliron  
Name/Agency

Address: 61 Cotswold Dr      Apt./Suite#: \_\_\_\_\_

City/State: Yorkville, IL      Zip Code 60560

Phone: Home (630 ) 553-9590      Cell/Mobile (    )

Other Addresses/Phone: \_\_\_\_\_

Related Records: \_\_\_\_\_

**Narrative  
(Include date for each entry)**

4/5/2010- I(Eric Campbell, KCHD Environmental Health Inspector) received an e-mail from the complainant stating that "there was an open burning that took place at the Hamman Farms Land Application facility on 3/31/2010". Included in the complaint were a series of photographs taken by the complainant of the open burning that took place. Some of the photographs appeared to depict what appeared to be litter/debris strewn about the cropland over or near the burn. EC

**Narrative**  
(Include date for each entry)

4/5/10 - KCHD's Steve Curatti called and spoke to Springfield IEPA's Floyd McKinney (sp?) in the Bureau of Air. Floyd was questioned about the practice of burns conducted over Ag property croplands. Floyd informed Mr. Curatti that burns on Ag cropland are exempt from an IEPA burn permit so long as the burn is limited to crop residues. Based on the complainant's information/photographs, Mr. Curatti asked staff to contact the Bristol/Kendall Fire District for their observations (in the event they were made aware of and/or investigated the burn. Staff was also asked to visit the property (post burn) to observe the condition of neighbor Hamman Farms croplands, paying special attention to possible accumulations of litter and debris. SC

4/6/10 - To have a better picture of what took place on 3/31/2010, I, Eric Campbell, contacted the Bristol/Kendall Fire District. I spoke with Chief Hitzemann. The Chief informed me that he had sent out an investigator to observe the burn or evidence thereof (last week), and discovered that the burn involved cropland containing corn stubble-no mention of litter. Chief Hitzemann forwarded to me a copy of the associated fire investigation report prepared by his firemen on 3/31/2010. EC

4/6/10- I, Eric Campbell, paid a visit to Hamman Farms property to see if there was indeed some evidence of litter/debris on Hamman Farms property, specifically the area(s) located off Rt.71 and W. Highpoint Rd. I drove westbound on Rt.71 near W. Highland road and to the north of Rt. 71 I noticed what appeared to be loose litter and debris (i.e., plastic bags, etc.) on the fields of Mr. Hamman property. Several photographs were taken before leaving the site. Upon returning to the office I reported my findings to Mr. Curatti (KCHD Director of Environmental Health). EC

4/6/10 - KCHD's Stefanie Johnson and Steve Curatti met with Kendall County State's Attorney, Eric Weis to discuss the most recent complaint lodged against Hamman Farms, LLC by Mr. Todd Milliron, alleging that Hamman Farms was conducting a broad surface burn of some of its cropland, specifically, post-harvest crop residues (corn stubble)... tainted with loose litter and debris (the cropland has been used in the past to accept the land application of yard wastes). Photographs taken by Mr. Milliron (said to be dated 3/31/10) revealed what appeared to be an unusual amount of litter (i.e., plastic bags, plastic debris) scattered across the property. We brought with us pictures of Hamman Farms cropland taken by Eric Campbell (depicting the area(s) north of rt. 71, west of Budd rd.), showing what appeared to be an emerging crop of winter wheat – and a modest amount of litter/debris scattered across the property.

After reviewing the photographs taken by both Mr. Milliron and Mr. Campbell, it was agreed by all that Hamman Farms appeared to be burning crop residue (a lawful practice), however the amount and origin of litter being burned in the process was questionable. We deduced that the litter was perhaps present as result of the Hamman Farms yard waste land application operation (which would be a violation of Hamman Farms' IEPA permit to apply yard waste – reference \*IEPA Notice of Violation #08-CH811). To this end, we agreed that this complaint and related findings should be forwarded to the IEPA for their information and to be added to their current case file and pending litigation.

**Narrative**  
**(Include date for each entry)**

This decision is consistent with a long-standing policy/understanding between the Kendall County Board, the State's Attorney's Office and the Health Department that all complaints lodged against Hamman Farms, LLC –that pertain to the yard waste land application operation (and related IEPA permit) be investigated to the extent that the county will make observations and gather information – to be assembled as findings and promptly supplied to the IEPA for any and all further action. SC

\*IEPA case #08-CH811 will be up for status in KC Court on May 5th, 9a, in room 113.

4/8/08 - Anticipating a FOIA request from the complainant for our records on this complaint, Eric Campbell called and asked Chief Hitzemann for permission to release our copy of the BKFD's fire report (as opposed to the complainant having to FOIA BKFD). The request was granted. SC

4/8/10 - On this day this complaint and associated pictures taken by Mr. Campbell were provided via e-mail to the Des Plains Regional and Springfield (central) offices of the IEPA. SC

Closed pending need to further address. SC

**Complaint #10-080**

**4/6/2010 - Pictures of Hamman Farms cropland taken near the intersections of Rt. 71 (w) and W. Highpoint Rd (N). Eric Campbell**



<b>A</b>	KC113 FDID *	IL State *	MM 03 DD 31 YYYY 2010 Incident Date *	01 Station	10-0000439 Incident Number *	000 Exposure *	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic				
<b>B</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 checked="" type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions		12975 Number/Milepost Prefix		RT 71 Street or Highway		8906 - 00 Census Tract					
	<input type="checkbox"/> Yorkville Apt./Suite/Room City		IL State		60560 Zip Code							
Cross street or directions, as applicable												
<b>C</b>	<b>Incident Type *</b> 631 Authorized controlled burning <small>Incident Type</small>			<b>E1 Date &amp; Times</b> <span style="float:right">Midnight is 0000</span> Check boxes if dates are the same as Alarm Date. ALARM always required.			<b>E2 Shift &amp; Alarms</b> Local Option					
				Month Day Year Hr Min Sec Alarm * 03 31 2010 15:05:32			R BK9 Shift or Alarms District Platoon					
				<input type="checkbox"/> Arrival * 03 31 2010 15:16:24 <small>ARRIVAL required, unless canceled or did not arrive</small>			<b>E3 Special Studies</b> Local Option					
				<input type="checkbox"/> Controlled <small>CONTROLLED Optional, Except for wildland fires</small>			<input type="checkbox"/> Last Unit Cleared 03 31 2010 15:16:33 <small>LAST UNIT CLEARED, required except for wildland fires</small>					
				<input type="checkbox"/> Other			Special Study ID# Special Study Value					
<b>D</b>	<b>Aid Given or Received*</b>											
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 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				Their FDID Their State Their Incident Number								
<b>F</b>	<b>Actions Taken *</b> 86 Investigate <small>Primary Action Taken (1)</small> Additional Action Taken (2) Additional Action Taken (3)			<b>G1 Resources *</b> <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.			<b>G2 Estimated Dollar Losses &amp; Values</b> LOSSES: Required for all fires if known. Optional for non fires.					
				Apparatus Personnel Suppression 0002 0003 EMS 0001 0002 Other			Property \$ 000,000 Contents \$ 000,000 PRE-INCIDENT VALUE: Optional Property \$ 000,000 Contents \$ 000,000					
<b>Completed Modules</b> <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				<b>H1* Casualties</b> <input type="checkbox"/> None Deaths Injuries Fire Service Civilian <b>H2 Detector</b> 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			<b>H3 Hazardous Materials Release</b> 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. <small>Please complete the HazMat form</small>			<b>I Mixed Use Property</b> 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		
<b>J Property Use* Structures</b> 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 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					
<b>Outside</b> 124 <input type="checkbox"/> Playground or park 655 <input checked="" 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 655 Crops or orchard					

**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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway			Street Type	Suffix			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room		City						
<input type="text"/>	<input type="text"/>	<input type="text"/>							
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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway			Street Type	Suffix			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room		City						
<input type="text"/>	<input type="text"/>	<input type="text"/>							
State	Zip Code								

**L Remarks**

Local Option

On 03/31/2010 at 15:05:32 dispatched To 12975 RT 71 /Yorkville, IL 60560. The location is a Crops or orchard. The incident was determined to be a(n) Authorized controlled burning.

15:16:24 arrived on scene. To find a field fire that was almost out with a tractor and chisel plow in the field containing the fire. E121 spoke with the property owner who stated they were conducting a control burn and had remained watching it the entire time and were keeping it contained with the tractor and chisel plow. All units returned.

The following actions were performed on scene:

Investigate

Units responding were:

Unit 121 responded.

Unit 136 responded and took these actions:

Cancelled en route

Unit 141 responded and took these actions:

Cancelled en route

15:16:33 all units back in service.

03/31/2010 17:39:08 Jmessersmith

04/01/2010 07:58:08 Tfairfield

**L Authorization**

1901  
Officer in charge ID

Messersmith, Jeremy L  
Signature

LTE  
Position or rank

OFFICER  
Assignment

03  31  2010  
Month Day Year

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

1901

Messersmith, Jeremy L  
Signature

LTE  
Position or rank

OFFICER  
Assignment

03  31  2010  
Month Day Year



**A**      MM DD YYYY       Delete      **NFIRS - 10 Personnel**  
 Change

KC113    IL    3 31 2010    01    10-0000439    000  
FDID \*    State \*    Incident Date \*    Station    Incident Number \*    Exposure \*

**B Apparatus or Resource \***      Date and Times      Sent      Number of \* People      Use      Actions Taken

Use codes listed below      Check if same as alarm date            Check ONE box for each apparatus to indicate its main use at the incident.      List up to 4 actions for each apparatus and each personnel.

Month Day Year Hours/mins

1    ID 121    Dispatch  3 31 2010 15:05    Sent     2     Suppression     EMS     Other

Type 11    Arrival  3 31 2010 15:16    Clear  3 31 2010 15:16

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1901 PRUS01	Messersmith, Jeremy Pruski, David	LTE CFFP	X X				

2    ID 136    Dispatch  3 31 2010 15:05    Sent     1     Suppression     EMS     Other

Type 16    Arrival     Clear  3 31 2010 15:12

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
4101	Sebby, Jonathan	FBE	X				

3    ID 141    Dispatch  3 31 2010 15:05    Sent     2     Suppression     EMS     Other

Type 76    Arrival     Clear  3 31 2010 15:12

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
4801 SEVE01	Moore, Stephanie Severson, Joseph	FFP CFFP	X X				

Apparatus or Resource	Date and Times						Sent	Number of People	Use	Actions Taken	
	Check if same as alarm date										
	Month	Day	Year	Hour	Min						
1 ID 121 Type 11	Dispatch	<input checked="" type="checkbox"/>	3	31	2010	15:05	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival	<input checked="" type="checkbox"/>	3	31	2010	15:16	<input checked="" type="checkbox"/>				
	Clear	<input checked="" type="checkbox"/>	3	31	2010	15:16					
2 ID 136 Type 16	Dispatch	<input checked="" type="checkbox"/>	3	31	2010	15:05	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	93	
	Arrival	<input type="checkbox"/>					<input checked="" type="checkbox"/>				
	Clear	<input checked="" type="checkbox"/>	3	31	2010	15:12					
3 ID 141 Type 76	Dispatch	<input checked="" type="checkbox"/>	3	31	2010	15:05	<input checked="" type="checkbox"/>	2	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	93	
	Arrival	<input type="checkbox"/>					<input checked="" type="checkbox"/>				
	Clear	<input checked="" type="checkbox"/>	3	31	2010	15:12					
4 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival	<input type="checkbox"/>					<input type="checkbox"/>				
	Clear	<input type="checkbox"/>					<input type="checkbox"/>				
5 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival	<input type="checkbox"/>					<input type="checkbox"/>				
	Clear	<input type="checkbox"/>					<input type="checkbox"/>				
6 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival	<input type="checkbox"/>					<input type="checkbox"/>				
	Clear	<input type="checkbox"/>					<input type="checkbox"/>				
7 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival	<input type="checkbox"/>					<input type="checkbox"/>				
	Clear	<input type="checkbox"/>					<input type="checkbox"/>				
8 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival	<input type="checkbox"/>					<input type="checkbox"/>				
	Clear	<input type="checkbox"/>					<input type="checkbox"/>				
9 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival	<input type="checkbox"/>					<input type="checkbox"/>				
	Clear	<input type="checkbox"/>					<input type="checkbox"/>				

**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
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NFIRS-9 Revision 11/17/98