



# 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:

Tmill5101@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 HANMAN 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 #

Do you wish to inspect or receive a copy of the requested records?  Inspect  Copy  Both 10-0000 439

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<sup>00</sup>, 4/9/10

How Request Was Sent

FAX

FOIA Officer's Initials

SC

Date and Time of Response

11<sup>00</sup>, 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"/>
Portable 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

Date Received: 4/5/2010      Complaint #: 10-080

Date Closed: 4/8/10

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>		MM	DD	YYYY	01	10-0000439	000	<input type="checkbox"/> Delete	NFIRS -1		
KC113	IL	03	31	2010	Station	Incident Number	Exposure	<input type="checkbox"/> Change	Basic		
FDID *	State *	Incident Date *							<input type="checkbox"/> No Activity		
<b>B Location*</b>		<input type="checkbox"/> 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 8906 - 00			
<input checked="" type="checkbox"/> Street address	12975	RT 71							Street Type	Suffix	
<input type="checkbox"/> Intersection	Number/Milepost		Prefix	Street or Highway							
<input checked="" type="checkbox"/> In front of			Yorkville						IL	60560	
<input type="checkbox"/> Rear of	Apt./Suite/Room		City						State	Zip Code	
<input type="checkbox"/> Adjacent to											
<input type="checkbox"/> Directions											
Cross street or directions, as applicable											
<b>C Incident Type *</b>		Midnight is 0000						<b>E2 Shift &amp; Alarms</b>			
631   Authorized controlled burning		Check boxes if dates are the same as Alarm Date.						Local Option			
Incident Type		Month Day Year Hr Min Sec						<input type="checkbox"/> R <input type="checkbox"/> BK9			
		ALARM always required						Shift or Alarms District Platoon			
<b>D Aid Given or Received*</b>		Alarm * 03 31 2010 15:05:32						<b>E3 Special Studies</b>			
1 <input type="checkbox"/> Mutual aid received		ARRIVAL required, unless canceled or did not arrive						<input type="checkbox"/> Local Option			
2 <input type="checkbox"/> Automatic aid recd.		Arrival * 03 31 2010 15:16:24						<input type="checkbox"/> Special Study ID# <input type="checkbox"/> Special Study Value			
3 <input type="checkbox"/> Mutual aid given		CONTROLLED Optional, Except for wildland fires									
4 <input type="checkbox"/> Automatic aid given		Controlled									
5 <input type="checkbox"/> Other aid given		LAST UNIT CLEARED, required except for wildland fires									
N <input checked="" type="checkbox"/> None		Last Unit Cleared 03 31 2010 15:16:33									
Their FDID Their State											
Their Incident Number											
<b>F Actions Taken *</b>		<b>G1 Resources *</b>						<b>G2 Estimated Dollar Losses &amp; Values</b>			
86   Investigate		Check this box and skip this section if an Apparatus or Personnel form is used.						LOSSES: Required for all fires if known. Optional for non fires.			
Primary Action Taken (1)		Apparatus 0002 Personnel 0003						None			
Additional Action Taken (2)		Suppression 0001 EMS 0002						Property \$ , , 000 , , 000			
Additional Action Taken (3)		Other						Contents \$ , , 000 , , 000			
		<input type="checkbox"/> Check box if resource counts include aid received resources.						PRE-INCIDENT VALUE: Optional			
								Property \$ , , 000 , , 000			
								Contents \$ , , 000 , , 000			
<b>Completed Modules</b>		<b>H1* Casualties</b> <input type="checkbox"/> None						<b>H3 Hazardous Materials Release</b>			
Fire-2		Deaths Injuries						N <input type="checkbox"/> None			
<input type="checkbox"/> Structure-3		Fire Service						1 <input type="checkbox"/> Natural Gas: slow leak, no evaporation or HazMat actions			
<input type="checkbox"/> Civil Fire Cas.-4		Civilian						2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)			
<input type="checkbox"/> Fire Serv. Cas.-5								3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container			
<input type="checkbox"/> EMS-6								4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage			
<input type="checkbox"/> HazMat-7								5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable			
<input type="checkbox"/> Wildland Fire-8								6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only			
<input checked="" type="checkbox"/> Apparatus-9		H2 Detector Required for Confined Fires.						7 <input type="checkbox"/> Motor oil: from engine or portable container			
<input checked="" type="checkbox"/> Personnel-10		1 <input type="checkbox"/> Detector alerted occupants						8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons			
<input type="checkbox"/> Arson-11		2 <input type="checkbox"/> Detector did not alert them						0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55gal., Please complete the HazMat form			
U <input type="checkbox"/> Unknown											
<b>J Property Use*</b>		<b>Structures</b>						<b>I Mixed Use Property</b>			
131 <input type="checkbox"/> Church, place of worship		341 <input type="checkbox"/> Clinic, clinic type infirmary						NN <input type="checkbox"/> Not Mixed			
161 <input type="checkbox"/> Restaurant or cafeteria		342 <input type="checkbox"/> Doctor/dentist office						10 <input type="checkbox"/> Assembly use			
162 <input type="checkbox"/> Bar/Tavern or nightclub		361 <input type="checkbox"/> Prison or jail, not juvenile						20 <input type="checkbox"/> Education use			
213 <input type="checkbox"/> Elementary school or kindergarten		419 <input type="checkbox"/> 1-or 2-family dwelling						33 <input type="checkbox"/> Medical use			
215 <input type="checkbox"/> High school or junior high		429 <input type="checkbox"/> Multi-family dwelling						40 <input type="checkbox"/> Residential use			
241 <input type="checkbox"/> College, adult education		439 <input type="checkbox"/> Rooming/boarding house						51 <input type="checkbox"/> Row of stores			
311 <input type="checkbox"/> Care facility for the aged		449 <input type="checkbox"/> Commercial hotel or motel						53 <input type="checkbox"/> Enclosed mall			
331 <input type="checkbox"/> Hospital		459 <input type="checkbox"/> Residential, board and care						58 <input type="checkbox"/> Bus. & Residential			
Outside		464 <input type="checkbox"/> Dormitory/barracks						59 <input type="checkbox"/> Office use			
124 <input type="checkbox"/> Playground or park		519 <input type="checkbox"/> Food and beverage sales						60 <input type="checkbox"/> Industrial use			
655 <input checked="" type="checkbox"/> Crops or orchard		936 <input type="checkbox"/> Vacant lot						63 <input type="checkbox"/> Military use			
669 <input type="checkbox"/> Forest (timberland)		938 <input type="checkbox"/> Graded/care for plot of land						65 <input type="checkbox"/> Farm use			
807 <input type="checkbox"/> Outdoor storage area		946 <input type="checkbox"/> Lake, river, stream						00 <input type="checkbox"/> Other mixed use			
919 <input type="checkbox"/> Dump or sanitary landfill		951 <input type="checkbox"/> Railroad right of way									
931 <input type="checkbox"/> Open land or field		960 <input type="checkbox"/> Other street									
		961 <input type="checkbox"/> Highway/divided highway									
		962 <input type="checkbox"/> Residential street/driveway									
Lookup and enter a Property Use code only if you have NOT checked a Property Use box:											
Property Use 655											
Crops or orchard											
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
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.

Business name (if Applicable)

Area Code - Phone Number

Local Option

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
Post Office Box		Apt./Suite/Room	City	
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 Officer Member making report ID  
as Officer in charge.

Messersmith, Jeremy L  
Signature

LTE  
Position or rank

OFFICER  
Assignment

03 31 2010  
Month Day Year

<b>A</b>	KC113	IL	3	31	2010	01	10-0000439	000	<input type="checkbox"/> Delete	NFIRS - 10		
FDID *	State *	Incident Date *	MM	DD	YYYY	Station	Incident Number *	Exposure *	<input type="checkbox"/> Change	Personnel		
<b>B Apparatus or * Resource</b>		<b>Date and Times</b> Check if same as alarm date					<b>Sent</b>	<b>Number of * People</b>	<b>Use</b>	<b>Actions Taken</b>		
Use codes listed below		Month	Day	Year	Hours/mins		<input checked="" type="checkbox"/>		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.		
1	ID 121	Dispatch	<input checked="" type="checkbox"/>	3	31	2010	15:05	Sent	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Type 11	Arrival	<input checked="" type="checkbox"/>	3	31	2010	15:16					
		Clear	<input checked="" type="checkbox"/>	3	31	2010	15:16					
<b>Personnel ID</b>	<b>Name</b>				<b>Rank or Grade</b>	<b>Attend</b>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>		
1901 PRUS01	Messersmith, Jeremy Pruski, David				LTE CFFP	X X						
2	ID 136	Dispatch	<input checked="" type="checkbox"/>	3	31	2010	15:05	Sent	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Type 16	Arrival	<input type="checkbox"/>									
		Clear	<input checked="" type="checkbox"/>	3	31	2010	15:12					
<b>Personnel ID</b>	<b>Name</b>				<b>Rank or Grade</b>	<b>Attend</b>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>		
4101	Sebby, Jonathan				FBE	X						
3	ID 141	Dispatch	<input checked="" type="checkbox"/>	3	31	2010	15:05	Sent	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> Suppression	<input checked="" type="checkbox"/> EMS	<input type="checkbox"/> Other
	Type 76	Arrival	<input type="checkbox"/>									
		Clear	<input checked="" type="checkbox"/>	3	31	2010	15:12					
<b>Personnel ID</b>	<b>Name</b>				<b>Rank or Grade</b>	<b>Attend</b>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>		
4801 SEVE01	Moore, Stephanie Severson, Joseph				FFP CFFP	X X						

<b>A</b>	KC113	IL	MM 3	DD 31	YYYY 2010	01	10-0000439	000	<input type="checkbox"/> Delete	NFIRS - 9	
	FDID *	State *	Incident Date *			Station	Incident Number *	Exposure *	<input type="checkbox"/> Change	Apparatus or Resources	
<b>B Apparatus or * Resource</b>		<b>Date and Times</b> Check if same as alarm date						<b>Sent</b>	<b>Number of * People</b>	<b>Use</b>	<b>Actions Taken</b>
		Month	Day	Year	Hour	Min	<input checked="" type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident.		
1	ID 121	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	<input type="checkbox"/> <input type="checkbox"/>
	Type 11	Arrival	<input checked="" type="checkbox"/>	3	31	2010	15:16	<input checked="" type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		Clear	<input checked="" type="checkbox"/>	3	31	2010	15:16			<input type="checkbox"/> <input type="checkbox"/>	
2	ID 136	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 <input type="checkbox"/>
	Type 16	Arrival	<input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		Clear	<input checked="" type="checkbox"/>	3	31	2010	15:12			<input type="checkbox"/> <input type="checkbox"/>	
3	ID 141	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 <input type="checkbox"/>
	Type 76	Arrival	<input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		Clear	<input checked="" type="checkbox"/>	3	31	2010	15:12			<input type="checkbox"/> <input type="checkbox"/>	
4	ID [ ]	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Type [ ]	Arrival	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		Clear	<input type="checkbox"/>							<input type="checkbox"/> <input type="checkbox"/>	
5	ID [ ]	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Type [ ]	Arrival	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		Clear	<input type="checkbox"/>							<input type="checkbox"/> <input type="checkbox"/>	
6	ID [ ]	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Type [ ]	Arrival	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		Clear	<input type="checkbox"/>							<input type="checkbox"/> <input type="checkbox"/>	
7	ID [ ]	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Type [ ]	Arrival	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		Clear	<input type="checkbox"/>							<input type="checkbox"/> <input type="checkbox"/>	
8	ID [ ]	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Type [ ]	Arrival	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		Clear	<input type="checkbox"/>							<input type="checkbox"/> <input type="checkbox"/>	
9	ID [ ]	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Type [ ]	Arrival	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		Clear	<input type="checkbox"/>							<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