PERMIT

Job Address
4747 FRONTIER WAY S

Issue Date
11/05/03

City of Stockton
Community Development Department
Building Division, City Hall
Stockton, California 95202

Application Number
03 00097572

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (comparing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

CONTRACTOR

LICENSE NO. 28

LICENSE TYPE (ICL No.) 41897300426

STOCKTON BUS. Lic. No. 28

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5 Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 comparing with Section 7000) of Division 3 of the Business and Professions Code) or that he is exempt from the law. Any violation of Section 7031.5 by any applicant for a permit subject the applicant to a civil penalty of not more than five hundred dollars ($500):

☑ I, as owner of the property, or my employees with wages at their sole compensation, will do the work, and the structure is not intended or offered for sale.

☑ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code).

☑ I am exempt under Sec. 7031.5 B & P.C. for this reason.

Date

NOTE: To protect the imposition of any development fee, dedication, reservation or other excision imposed on your project, you must file written notice with the City's office within 30 days after approval of the project or imposition of this fee, dedications, reservations or other excisions stating that the required payment is terminated or will be reduced when due, and that any conditions which have been imposed are provided for or satisfied, and a protest, along with a statement of the actual elements of the dispute and the legal theory forming the basis for the protest.

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec.3800, Lab. C) Policy No.

Company

☑ Certified copy is hereby furnished. Expires

☑ Certified copy is filed with the city building inspection department.

Date

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

This section need not be completed if the permit is for one hundred dollars ($100) or less.

I certify that I am the person for which this permit is issued, I

shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.

Date

NOTICE TO APPLICANT: It is required by law that you become a member of the Workers' Compensation provisions of the Labor Code, you must comply with all provisions or the permit shall be deemed revoked.

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter the above mentioned property for inspection purposes.

Signer

APPLICATION APPROVAL

This permit does not become valid until signed by the building official or his deputy and fees are paid.

Signature
CITY OF STOCKTON
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION, CITY HALL
STOCKTON, CALIFORNIA 95202

PHONE: (209) 937-8561
24 Hr. Inspection Request
209-937-8560
Permit No. BP19-08992

PERMIT

Description of Work:
T.I. limited to minor modifications including: addition of laundry equipment within (e) warehouse. The (e) mechanical, plumbing, and electrical are modified to accommodate new layout. New new work or alteration is proposed to (e) fine sprinkler system. No change in use of occupancy.

Issue Date 12/10/2019
Permit Type Commercial
Category Warehouse
Sub Category Tenant Improvement
Permit Address 3727 METRO DR
Parcel No. 17925044
Owner BRE DELTA INDUSTRIAL STOCKTON LP
PO BOX A 3879
Applicant 2486 MERCANTILE DRIVE
RANCHO CORDOVA, CA 95742
Contractor 8939353
ICON GENERAL CONTRACTORS INC
2486 MERCANTILE DRIVE
RANCHO CORDOVA CA, 95742
9185624268
Valuation $69,380.00

Special Notes and Conditions
Required inspections:
020 - Final Public Works
021 - Final Fire
022 - Final Building

LICENSING CONTRACTOR'S DECLARATION
I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 70000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.
License Type: Commercial
License Number: 8939353
Date: 12/10/2019
Stockton Bus. Lic. No: 17925044

OWNER-BUILDER DECLARATIONS
I hereby affirm that I am exempt from the Contractor's License Law for the following reason
(Sec. 7031.5, Business and Professions Code; Any city or county which requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he/she is licensed pursuant to the provisions of Contractor's License Law (Chapter 9 commencing with Sec. 70000) of Division 3 of the Business and Professions Code): I, as owner of the property, am exclusively contracting with licensed contractor(s) to construct the project (Sec. 7044, Business and Professions Code; The Contractor's License Law does not apply to an owner of property who builds or improves therein, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law)
I am exempt under Sec. 6 & P. C. for this reason
Date: 12/10/2019
Owner: Bre Delta

NOTE: To protest the imposition of any development fee, dedication, reservation or other action imposed on your project, you must file written notice with the City Clerk's office within 30 days after approval of the project or imposition of the fee, dedications, reservations or other action stating that the required payment is tendered or will be tendered when due, or that any conditions which have been imposed are provided for or satisfied, under protest, along with a statement of the actual elements of the dispute and the legal theory forming the basis for the protest.

WORKERS COMPENSATION DECLARATION
I hereby affirm that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec 3600, Lab. C.).

Policy Number: Company:
Certified copy is hereby furnished. Expires:
Certified copy is filed with the city building inspection department.
Date: 12/10/2019

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE
This section need not be completed if the permit is for one hundred dollars ($100) or less.

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.
Date: 12/10/2019
Applicant:

NOTICE TO APPLICANT: If, after making this Certificate of Exemption you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to construction. I hereby authorize representatives of the city of Stockton to enter upon the above mentioned property for inspection purposes.

SIGNED: Rachel
PRINT NAME: Rachel

APPLICATION APPROVAL
THIS PERMIT DOES NOT BECOME VALID UNTIL SIGNED BY THE BUILDING OFFICIAL OR HIS DEPUTY AND FEES ARE PAID.

Signature:

THIS PERMIT SHALL BECOME VOID AND WORK SHALL BE CONSIDERED ABANDONED IF AN INSPECTION HAS NOT BEEN RECORDED AND APPROVED WITHIN 180 DAYS.
CITY OF STOCKTON
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION, CITY HALL
STOCKTON, CALIFORNIA 95202

PHONE: (209) 937-8561
24 Hr. Inspection Request
937-8560
Application Number
05 00004708

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

CONTRACTOR

LICENSE NO.__________________________________________DATE____________________

STOCKTON BUS. LIC. NO.__________________________________________

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec.7031.5 Business and Professions Code): Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file an signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 commencing with Section 7000) of Division 3 of the Business and Professions Code or that he is exempt therefore and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars ($500).

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044). Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves the same, and who does not use the work himself or through his own employees, providers that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code): The Contractor's License Law does not apply to any owner of property who builds or improves the same, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.

Date __________________________ Owner __________________________

NOTE: To protest the imposition of any development fee, dedication, reservation, or other exception stated on your project, you must file written notice with the City Clerk at least five days prior to the date of the hearing. Written notice of the fee, dedication, reservations or other exceptions stating that the required payment is tendered or will be tendered when due, or that any conditions which have been imposed are satisfied, under protest, along with a statement of the actual elements of the dispute and the legal theory forming the basis for the protest.

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec.3800, Lab. C.) Policy No. __________________________ Date __________________________ policy expires __________________________

Company __________________________ Date __________________________

☒ Certified copy is hereby furnished. Expires __________________________

☒ Certified copy is filed with the city building inspection department.

Date __________________________ Applicant __________________________

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

This section need not be completed if the permit is for one hundred dollars ($100) or less.

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.

Date __________________________ Applicant __________________________

NOTICE TO APPLICANT: If, after making this Certificate of Exemption you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

I certify that I have read this application and that all the above information is correct. I agree to comply with all city building ordinances and state laws relating to building construction, and that any officers or representatives of this city to enter upon this building, maintain, inspect or test for inspection purposes.

SIGNED __________________________
APPLICATION APPROVAL __________________________

JOB ADDRESS 3754 IMPERIAL WAY D

SIGNATURE __________________________

THIS PERMIT DOES NOT BECOME VALID UNTIL SIGNED BY THE BUILDING OFFICIAL OR HIS DEPUTY AND FEES ARE PAID.

PRINT __________________________

SIGNATURE __________________________

PERMIT FEE 503.50

PLAN CHECK FEE 362.52

A25-TECHNOLOGY FEE 48.00

A40-CERT OF OCCUPANCY-5K 43.50

A20-GPH- B-2 B-3 92.00

A17-SMIF-COMMERCIAL---8H 9.96

A35-LAND UPDATE---MM 3.00

A10-MICROFILM/IMAGING---PM 20.60

A30-FEERTRRACKING---MM 12.50

PERMIT TOTAL 1,093.28
PERMIT

Job Address: 3720 IMPERIAL WY E
Issue Date: 5/20/02

Permit Type: COMBINATION BUILDING PERMIT-2L
Subdivision:
Parcel Nbr: 178 250 33
Geo Code: 3700 11 07 12
Owner Name: JB MANAGEMENT LP
Address: 2101 EVERGREEN ST
SACRAMENTO CA 95815
Appl Type: ADD, ALT & REPAIRS-HOM RESIDENTIAL
Desc of Work: NON RESIDENTIAL
Tenant Improvements(s):
Valuation: 115,000
Square ftg: 6,753 Zoning: N1
Occu Group: S2 Const Type: 3N

Special Notes and Conditions
J B COMPANY
CNTR LIC 142620 EXP 12/31/03
W/COMP STATE FUND EXP 01/01/03
BUS LIC 57351 EXP 12/31/02
OBTAIN CONTR LIC SIGNATURE ON DRAWINGS
PRIOR TO ISSUING PERMIT
TENANT IMPROVEMENT "COST" not included

PERMIT FEE: 916.00
PLAN CHECK FEE: 658.37
ADD-CERT OF OCCUPANCY--5K: 35.00
A2O-GPNI (.001+VAL)----KK: 135.00
A1T-SNIP-COMMERCIAL #N9: 28.35
A35-LAND UPDATE-------NN: 2.50
A10-MICROFILM FEE------LO: 15.15
A30-PERMIT TRACKING-----NH: 10.00

PERMIT TOTAL: 1,798.17
ADDITIONAL FEE: 1,300.00

TOTAL DUE: 3,098.17

This permit cannot be canceled under any circumstances.

Permittee

E. M. Smith

Sunset City

1234 Main St.

TO THE BUILDER: It is a violation of the Building Code to make any alteration, addition, or change in any portion of this building without first obtaining a permit from the Building Department. Any work not in accordance with the Building Code shall be condemned and removed at the expense of the owner. The building official shall not be held responsible for any consequences resulting from the violation of the Building Code.

Permit Issued: 5/20/02

City of Stockton
Community Development Department
Building Division, City Hall
Stockton, California 95202

Application Number: 937-8560

24 Hr. Inspection Request

Phone: (209) 937-8581

E. M. Smith

Permittee

1234 Main St.

City of Stockton
Community Development Department
Building Division, City Hall
Stockton, California 95202

Application Number: 937-8560

24 Hr. Inspection Request

Phone: (209) 937-8581

E. M. Smith

Permittee

1234 Main St.

City of Stockton
Community Development Department
Building Division, City Hall
Stockton, California 95202

Application Number: 937-8560

24 Hr. Inspection Request

Phone: (209) 937-8581

E. M. Smith

Permittee

1234 Main St.
### General Information

**Customer Number**
- Use the customer number from the brick.
- **Status:** Approved
- **Notes:** 60646

**Permit Type Required**
- CFC 105 - List all required Operational Fire Permits
- **Status:** Approved
- **Notes:** High pile storage  
  Refrigeration  
  Flam liq.  
  Battery

### Building Information

**Fire alarm?**
- Does the FACP display read “NORMAL”? Verify annual service through service records kept in the document box on the FACP. Is signage in place identifying the FACP location?
- **Status:** Approved
- **Notes:** Normal

**Fire Sprinklers?**
- Confirm fire sprinklers have current annual and 5 year certification tags on each riser.
- **Status:** Approved
- **Notes:** 5 year tag 12/2019 System TECH @ 916-332-1266

### Additional Time Spent on Inspection:

<table>
<thead>
<tr>
<th>Category</th>
<th>Start Date / Time</th>
<th>End Date / Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes</td>
<td>No Additional time recorded</td>
<td></td>
</tr>
</tbody>
</table>

**Total Additional Time:** 0 minutes
**Inspection Time:** 0 minutes
**Total Time:** 0 minutes

### Summary:

**Overall Result:** Approved

**Inspector Notes:**

---

Form: SFD GENERAL INSPECTION
**Closing Notes:**

By order of the Fire Chief and Fire Marshal.

All non-compliant issues shall be completed within the noted re-inspection date. Additional charges shall incur after the first re-inspection at the prevailing hourly rate, in increments of one hour.

Approval as the result of this inspection shall not be construed to be an approval of a violation of the provisions of this code or of other ordinances of the jurisdiction.

**Inspector:**

Name: Williams, Roy  
Rank: Program Specialist  
Work Phone(s): None on file

---

**Signature**  
**Date**

---

**Representative Signature:**

---

**Signature**  
**Date**
Inspection Topics:

Additional Time Spent on Inspection:

<table>
<thead>
<tr>
<th>Category</th>
<th>Start Date / Time</th>
<th>End Date / Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes:</td>
<td>No Additional time recorded</td>
<td></td>
</tr>
</tbody>
</table>

Total Additional Time: 0 minutes
Inspection Time: 45 minutes
Total Time: 45 minutes

Summary:

Overall Result: Approved
Inspector Notes:

Closing Notes:

By order of the Fire Chief and Fire Marshal.

All non-compliant issues shall be completed within the noted re-inspection date. Additional charges shall incur after the first re-inspection at an hourly rate, in increments of one hour.

Approval as the result of this inspection shall not be construed to be an approval of a violation of the provisions of this code or of other ordinances of the jurisdiction.

Inspector:

Name: Williams, Roy
Rank: Program Specialist
Work Phone(s): None on file

Representative Signature:

Signature ___________________________ Date ___________________
**Stockton Fire Department**

**Location:**
3727 METRO DR
Stockton CA 95215

**Lat/Long:**
N 37° 54' 25.32"
W 121° 13' 1.31"

**Zone:**
Co 12 - Engine 12 Response District
Location Type: 1 - Street address

**Incident Type:**
143 - Grass fire

**FDID:**
39065

**Incident #:**
2020-32095

**Exposure ID:**
50904686

**Exposure #:**
0

**Incident Date:**
09/06/2020

**Dispatch Run #:**
09-1020032095

---

**Report Completed by:**
Islas, Steven M  ID: 19180  Date: 09/07/2020

**Report Reviewed by:**
Islas, Steven M  ID: 19180  Date: 09/07/2020

**Report Printed by:**
ID:  Date:  Time:

**Structure Type:**
Property Use: 931 - Open land or field

**Automatic Extinguishment System Present:**

**Detectors Present:**

**Cause of Ignition:**
Cause undetermined after investigation

**Aid Given or Received:**
None

**Primary action taken:**
11 - Extinguishment by fire service personnel

### Losses

<table>
<thead>
<tr>
<th>Property</th>
<th>Pre-Incident Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property</td>
<td>Civilian Injuries: 0</td>
</tr>
<tr>
<td>Contents</td>
<td>Civilian Fatalities: 0</td>
</tr>
<tr>
<td>Total</td>
<td>Total Casualties: 0</td>
</tr>
</tbody>
</table>

**Total # of apparatus on call:**

**Total # of personnel on call:**

---

**Special Studies**

COVID 19 was a factor in this incident. Unknown.

---

**NARRATIVE (2)**

**Narrative Title:**
BR12

**Narrative Author:**
Islas, Steven

**Narrative Date:**
09/07/2020 07:35:24

**Narrative Apparatus ID:**
BR12

**Narrative:**
See E12

---

**NARRATIVE (3)**

**Narrative Title:**
E12

**Narrative Author:**
Islas, Steven

**Narrative Date:**
09/07/2020 07:37:21

**Narrative Apparatus ID:**
E12

**Narrative:**
Co. 12 was dispatched for a report of a grass fire. Upon arrival BR12 extinguished a small grass fire along the roadway. There were no witnesses or cameras, but this field is near homeless camps and fires like these are common.
APPARATUS

<table>
<thead>
<tr>
<th>Unit</th>
<th>BR12</th>
<th>Unit</th>
<th>E12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Brush truck</td>
<td>Type</td>
<td>Engine</td>
</tr>
<tr>
<td>Use</td>
<td>Suppression</td>
<td>Use</td>
<td>Suppression</td>
</tr>
<tr>
<td>Response Mode</td>
<td>Lights and Sirens</td>
<td>Response Mode</td>
<td>Lights and Sirens</td>
</tr>
<tr>
<td># of People</td>
<td>1</td>
<td># of People</td>
<td>2</td>
</tr>
<tr>
<td>Enroute</td>
<td>09/06/2020 22:17:56</td>
<td>Enroute</td>
<td>09/06/2020 22:17:56</td>
</tr>
<tr>
<td>Arrived</td>
<td>09/06/2020 22:26:02</td>
<td>Arrived</td>
<td>09/06/2020 22:26:02</td>
</tr>
<tr>
<td>Cleared Scene</td>
<td>09/06/2020 22:30:52</td>
<td>Cleared Scene</td>
<td>09/06/2020 22:30:52</td>
</tr>
<tr>
<td>In Quarters</td>
<td>-- / -- / -- : -- : --</td>
<td>In Quarters</td>
<td>-- / -- / -- : -- : --</td>
</tr>
<tr>
<td>In Service</td>
<td>09/06/2020 22:30:52</td>
<td>In Service</td>
<td>09/06/2020 22:30:52</td>
</tr>
</tbody>
</table>

Number Of People not on apparatus: 0

FIRE

<table>
<thead>
<tr>
<th>Acres Burned</th>
<th>None or Less Than One</th>
<th>Acres Burn From Wildland Form</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area Of Fire Origin</td>
<td>Open area, outside; included are farmland, field</td>
<td>Heat Source</td>
<td>Undetermined</td>
</tr>
<tr>
<td>Item First Ignited</td>
<td>Light vegetation - not crop, including grass</td>
<td>Fire Is Confined To Object Of Origin</td>
<td></td>
</tr>
<tr>
<td>Type Of Material</td>
<td>Cause Of Ignition</td>
<td>Cause undetermined after investigation</td>
<td></td>
</tr>
<tr>
<td>Factor Contributing To Ignition</td>
<td>Factors contributing to ignition, other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Factors Contributing</td>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ARSON

Agency Name
Agency Address
Agency Phone

CUSTOM FIELDS FORM

Was this call related to homelessness? Yes
This call was fire works related
A responding unit was cancelled en route to a fire alarm?

PERSONNEL ON CALL

<table>
<thead>
<tr>
<th>Name</th>
<th>Personnel Rank</th>
<th>Role(s)</th>
<th>Apparatus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Islas, Steven M</td>
<td>Fire Captain</td>
<td>E12</td>
<td></td>
</tr>
<tr>
<td>Phan, Quang M</td>
<td>Fire Fighter</td>
<td>BR12</td>
<td></td>
</tr>
<tr>
<td>Weaver, Scott J</td>
<td>Engineer</td>
<td>E12</td>
<td></td>
</tr>
</tbody>
</table>

Member Making Report (Fire Captain Steven M Islas): 

Incident Reviewer (Fire Captain Steven M Islas): 

https://secure.emergencyreporting.com/nfirs/print.asp?printtype=2&printtype=3&printtyperradio=5b&printOption=1&eid=50904686&printtype=&printOpti... 2/2
Incident Number: 17-7038491
FDID: 39065
SFD
Basic Fire Report

Basic Information
Location: Exact Location 3727 METRO DR
       Street Address C
Times:
       Alarm: 16:45:51
       Arrival: 16:53:00
       Controlled: 
       Cleared: 17:02:12

Incident Type: 150 Outside rubbish fire, Other
Aid Given or Received: N None
Shift: A A Shift
Actions Taken: 11 Extinguishment by fire service personnel

Property Information
Property Use: 891 Warehouse

Responding Personnel and Units:

<table>
<thead>
<tr>
<th>Personnel:</th>
<th>Totals: Units:</th>
<th>Personnel:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff ID</strong></td>
<td><strong>Name</strong></td>
<td><strong>Unit</strong></td>
</tr>
<tr>
<td>28654</td>
<td>Vacinich, Daniel</td>
<td>E3</td>
</tr>
<tr>
<td>9257</td>
<td>Latteri, Joel David</td>
<td>E3</td>
</tr>
<tr>
<td>9251</td>
<td>Ortiz, Benjamin</td>
<td>E3</td>
</tr>
</tbody>
</table>

Units Times:

<table>
<thead>
<tr>
<th>Unit:</th>
<th>Notified:</th>
<th>Roll:</th>
<th>Arrival:</th>
<th>Cleared:</th>
<th>In Service:</th>
</tr>
</thead>
<tbody>
<tr>
<td>E3</td>
<td>16:45:51</td>
<td>16:47:18</td>
<td>16:53:00</td>
<td>17:02:12</td>
<td>17:02:12</td>
</tr>
</tbody>
</table>

Narrative:
Responded to a fire in a dumpster, extinguished the same. The call came from a person working in a nearby business. The reporting party did not see anyone light the fire.

Authorizations:

**Officer in Charge:** 9257 Latteri, Joel David
**Rank:** CF Captain Paramedic

**Member Making Report:** 9257 Latteri, Joel David
**Rank:** CF Captain Paramedic

*** Denotes that dates on this incident occurred over multiple days. 03/29/2021 16:34
Unit Narrative for Incident 17-7038491

17-7038491 10/21/2017 16:45:51
150 Outside rubbish fire, Other
3727 METRO DR /C/ STOCKTON, CA 95202

E3 Engine

Unit Narrative:
Incident Number: 16-6037817
FDID: 39065
Alarm Date: 11/28/2016

SFD
Basic Fire Report

Basic Information

Location: Exact Location 4747 FRONTIER WY
Street Address A

Times:
Alarm: 07:09:05
Arrival: 07:20:08
Controlled: Cleared: 07:26:57

Incident Type: 412 Gas leak (natural gas or LPG)

Aid Given or Received: None
Shift: C C Shift
Actions Taken: 86 Investigate

Property Information

Property Use: 891 Warehouse

Responding Personnel and Units:

Personnel:

<table>
<thead>
<tr>
<th>Staff ID</th>
<th>Name</th>
<th>Unit</th>
<th>Activity Code</th>
<th>Hrs</th>
<th>Hrs Pd</th>
<th>Pts</th>
<th>Position Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>9061</td>
<td>Salvestrin, Paul Ang E3</td>
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Totals: Units: 1 Personnel: 3

Units Times:

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<td>E3</td>
<td>07:09:05</td>
<td>07:10:02</td>
<td>07:20:08</td>
<td>07:26:57</td>
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Narrative:

E3: Responded for a reported gas leak. E3 arrived and met with RP. RP stated he backed into a gas meter causing a leak. RP shut off gas at supply prior to E3 arrival. Gas leak stopped. No hazard present, E3 AGR.

Authorizations:

Officer in Charge: 9061 Salvestrin, Paul Ang
Rank: CF Captain Paramedic

Member Making Report: 9061 Salvestrin, Paul Ang
Rank: CF Captain Paramedic

*** Denotes that dates on this incident occurred over multiple days. 03/29/2021 16:33

Page 1
Unit Narrative for Incident 16-6037817

16-6037817 11/28/2016 07:09:05
412 Gas leak (natural gas or LPG)
4747 FRONTIER WY /A/ STOCKTON, CA 95202

E3 Engine
Unit Narrative:
Incident Number: 17-7012579
FDID: 39065
SFD
Basic Fire Report

Basic Information

Location: 4747 FRONTIER WY
Street Address: A

Times:
Alarm: 16:51:10
Arrival: 16:59:25

Incident Type: 745 Alarm system activation, no fire - unintentional
Aid Given or Received: N None
Shift: B B Shift
Actions Taken: 86 Investigate

Property Information

Property Use: 891 Warehouse

Responding Personnel and Units:

<table>
<thead>
<tr>
<th>Staff ID</th>
<th>Name</th>
<th>Unit</th>
<th>Activity Code</th>
<th>Hrs</th>
<th>Hrs Pd</th>
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<tr>
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Totals: 3

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Narrative:

E12 arrived on scene and was informed by personnel that the alarm was triggered by dust from sheet rock. They advised us that they were able to reset the alarm with assistance from the alarm company. E12 AOR.

Authorizations:

Officer in Charge: 9041 Martinez, Javier

Member Making Report: 9041 Martinez, Javier

Rank: CP Captain Paramedic

*** Denotes that dates on this incident occurred over multiple days.

03/29/2021 16:31
Unit Narrative for Incident 17-7012579

17-7012579 04/05/2017 16:51:10
745 Alarm system activation, no fire - unintentional
4747 FRONTIER WY /A/ STOCKTON, CA 95202

E12 Engine
Unit Narrative:
Incident Number: 17-7015896
FDID: 39065
Alarm Date: 05/02/2017
SFD
Basic Fire Report

Basic Information

Location: Exact Location 4747 FRONTIER WY
Street Address A

Times:
Alarm: 21:13:07
Arrival: 21:22:31
Controlled: 21:29:18
Cleared: 21:29:18

Incident Type: 743 Smoke detector activation, no fire - unintentional
Aid Given or Received: N None
Shift: C Shift
Actions Taken: 86 Investigate

Property Information

Property Use: 700 Manufacturing, processing

Responding Personnel and Units: Totals: Units: 1 Personnel: 3

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<th>Personnel</th>
<th>Activity Code</th>
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<td>9034</td>
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Units Times:

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Narrative:

E12 arrived on scene for a fire alarm and discovered the alarm was set off by dust. Capt. Zimmerman 9034

Authorizations:

Officer in Charge: 9034 Zimmerman, Thomas Wa
Rank: CP Captain Paramedic

Member Making Report: 9034 Zimmerman, Thomas Wa
Rank: CP Captain Paramedic

*** Denotes that dates on this incident occurred over multiple days.

03/29/2021 16:28
Unit Narrative for Incident 17-7015896

17-7015896 05/02/2017 21:13:07
743 Smoke detector activation, no fire - unintentional
4747 FRONTIER WY /A/ STOCKTON, CA 95202

E12 Engine

Unit Narrative:
Incident Number: 17-7017346
FDID: 39065
SFD
Basic Fire Report

Basic Information

Location: Exact Location: 4747 FRONTIER WY
Street Address: A

Times:
Alarm: 19:55:45
Arrival: 20:04:04
Controlled: 20:14:32
Cleared: 20:14:32

Incident Type: 745 Alarm system activation, no fire - unintentional
Aid Given or Received: N None
Shift: A A Shift
Actions Taken: 86 Investigate

Property Information

Property Use: 891 Warehouse

Responding Personnel and Units:

Responding Personnel and Units: Totals: Units: 1 Personnel: 3

Personnel:

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<tr>
<th>Staff ID</th>
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Units Times:

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<th>Arrival:</th>
<th>Cleared:</th>
<th>In Service:</th>
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Narrative:

E12 responded to a fire alarm. On scene found they were grinding concrete and caused detectors to go off. Silenced alarm, responsible party called alarm company to put on standby then reset when they were done. M. Smith 9028

Authorizations:

Officer in Charge: 9028 Smith, Michael Curti

Member Making Report: 9028 Smith, Michael Curti

 Rank: CP Captain Paramedic

 Rank: CP Captain Paramedic

*** Denotes that dates on this incident occurred over multiple days.
Unit Narrative for Incident 17-7017346

17-7017346 05/13/2017 19:55:45
745 Alarm system activation, no fire - unintentional
4747 FRONTIER WY / A/ STOCKTON, CA 95202

E12 Engine

Unit Narrative:
Incident Number: 17-7022836
FDID: 39065
SFD
Basic Fire Report

Basic Information

Location: 4747 FRONTIER WY
Street Address: A

Times:
Alarm: 21:40:51
Arrival: 21:49:27
Controlled: 21:53:14

Incident Type: 744 Detector activation, no fire - unintentional
Aid Given or Received: N None
Shift: A A Shift
Actions Taken: 86 Investigate

Property Information

Property Use: 500 Mercantile, business, Other

Responding Personnel and Units:

Personnel:

Staff ID Name Unit Activity Code Hours Hours Pd Pts Position Rank
28054 Vucinich, Daniel E3 RD Regular Duty / On Duty 0.00 0.00 0.00 F F
9257 Latteri, Joel David E3 RD Regular Duty / On Duty 0.00 0.00 0.00 CP CP
9291 Ortiz, Benjamin E3 RD Regular Duty / On Duty 0.00 0.00 0.00 FE E

Units Times:

Unit: Notified: Roll: Arrival: Cleared: In Service:

Narrative:

False alarm, set off by construction.

Authorizations:

Officer in Charge: 9257 Latteri, Joel David
Member Making Report: 9257 Latteri, Joel David

Rank: CP Captain Paramedic
Rank: CP Captain Paramedic

*** Denotes that dates on this incident occurred over multiple days.

03/29/2021 16:24
Unit Narrative for Incident 17-7022836

17-7022836 06/23/2017 21:40:51
744 Detector activation, no fire - unintentional
4747 FRONTIER WY /A/ STOCKTON, CA 95202

E3 Engine

Unit Narrative:
Incident Number: 17-7027712
FDID: 39065
SFD
Basic Fire Report

Basic Information

Location: 4747 FRONTIER WY
Street Address: A

Times:
Alarm: 15:59:24
Arrival: 16:07:56
Controlled: 16:14:03

Incident Type: 735 Alarm system sounded due to malfunction
Aid Given or Received: None
Shift: A A Shift
Actions Taken: 86 Investigate

Property Information

Property Use: 891 Warehouse

Responding Personnel and Units:

<table>
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<tr>
<th>Personnel</th>
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<tbody>
<tr>
<td>Staff ID</td>
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<tr>
<td>28379</td>
</tr>
<tr>
<td>9028</td>
</tr>
<tr>
<td>9269</td>
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Units Times:


Narrative:

E12 on scene for a false alarm, already reset so we don't have specifics. Contact information Gena Tatupu 209 462 1607 ext2222./ M. Smith 9028

Authorizations:

| Officer in Charge: 9028 Smith, Michael Curti | Rank: CP Captain Paramedic |
| Member Making Report: 9028 Smith, Michael Curti | Rank: CP Captain Paramedic |

*** Denotes that dates on this incident occurred over multiple days.
Unit Narrative for Incident 17-7027712

17-7027712 07/30/2017 15:59:24
735 Alarm system sounded due to malfunction
4747 FRONTIER WY /A/ STOCKTON, CA 95202

E12 Engine
Unit Narrative:
Incident Number: 17-7031117
FDID: 39065

Basic Fire Report

Basic Information

Location: Exact Location 4747 FRONTIER WY
Street Address A

Times:
Alarm: 20:13:11
Arrival: 20:18:43
Controlled: 20:23:03

Incident Type: 745 Alarm system activation, no fire - unintentional

Aid Given or Received: None
Shift: B B Shift
Actions Taken: 86 Investigate

Property Information

Property Use: 891 Warehouse

Responding Personnel and Units:

Personnel:

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<tr>
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<th>Unit</th>
<th>Activity Code</th>
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Units Times:

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<th>Roll:</th>
<th>Arrival:</th>
<th>Cleared:</th>
<th>In Service:</th>
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</table>

Narrative:

E12 arrived on scene and was notified by a representative that the fire alarm was briefly activated by remodeling. E12 recommended to call the alarm company and put it on test mode until the renovation was completed. E12 AOR.

Authorizations:

Officer in Charge: 9041 Martinez, Javier
Rank: CP Captain Paramedic

Member Making Report: 9041 Martinez, Javier
Rank: CP Captain Paramedic

*** Denotes that dates on this incident occurred over multiple days.
Unit Narrative for Incident 17-7031117

17-7031117 08/26/2017 20:13:11
745 Alarm system activation, no fire - unintentional
4747 FRONTIER WY /A/ STOCKTON, CA 95202

E12 Engine
Unit Narrative:
Incident Number: 18-8005699
FDID: 39065
SFD
Basic Fire Report

Basic Information

Location: Exact Location 4747 FRONTIER WY
Street Address: A

Times:
Alarm: 20:05:13
Arrival: 20:13:18
Controlled:
Cleared: 20:20:19

Incident Type: 735 Alarm system sounded due to malfunction

Aid Given or Received: N None
Shift: A A Shift
Actions Taken: 86 Investigate
63 Restore fire alarm system

Property Information

Property Use: 891 Warehouse

Responding Personnel and Units:

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Personnel:

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<tr>
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Units Times:

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<th>In Service:</th>
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Narrative:

E12 responded to a fire alarm. On scene they said building has been checked and appears the alarm was only in the office area, Nothing found and system reset. M. Smith 9028

Authorizations:

Officer in Charge: 9028 Smith, Michael Curti

Member Making Report: 9028 Smith, Michael Curti

---

*** Denotes that dates on this incident occurred over multiple days.

03/29/2021 16:18

Page 1
Unit Narrative for Incident 18-8005699

18-8005699 02/13/2018 20:05:13
735 Alarm system sounded due to malfunction
4747 FRONTIER WY /A/ STOCKTON, CA 95202

E12 Engine

Unit Narrative:
Incident Number: 18-8026571
FDID: 39065

Basic Fire Report

Basic Information

Location: In Front Of 4747 FRONTIER WY
Street Address: A

Incident Type: 118 Trash or rubbish fire, contained
Aid Given or Received: N None
Shift: A A Shift
Actions Taken: 11 Extinguishment by fire service personnel

Times:
Alarm: 19:35:41
Arrival: 19:43:54
Controlled: 19:59:33
Cleared: 19:59:33

Property Information

Property Use: 891 Warehouse

Responding Personnel and Units:

Responding Personnel and Units: Totals: Units: 1 Personnel: 3

Personnel:

Staff ID Name Unit Activity Code Hrs Hrs Pd Hrs Pts Position Rank
28054 Vucinich, Daniel E3 RD Regular Duty / On Du 0.00 0.00 0.00 FF F
9257 Latteri, Joel David E3 RD Regular Duty / On Du 0.00 0.00 0.00 CP CF
9291 Ortiz, Benjamin E3 RD Regular Duty / On Du 0.00 0.00 0.00 FE E

Units Times:

Unit: Notified: Roll: Arrival: Cleared: In Service:

Narrative:

E3- Responded for a dumpster fire in a parking lot. Upon our arrival we extinguished the fire. There were no exposures and no other property was damaged. There were no witnesses or suspects on scene.

Authorizations:

Officer in Charge: 9257 Latteri, Joel David
Rank: CP Captain Paramedic

Member Making Report: 9257 Latteri, Joel David
Rank: CP Captain Paramedic

*** Denotes that dates on this incident occurred over multiple days.
Unit Narrative for Incident 18-8026571

18-8026571 07/24/2018 19:35:41
118 Trash or rubbish fire, contained
4747 FRONTIER WY /A/ STOCKTON, CA 95202

E3 Engine

Unit Narrative:
Basic Information

Location: 4747 FRONTIER WY

Incident Type: 651 Smoke scare, odor of smoke

Aid Given or Received: None

Shift: C C Shift

Actions Taken: 86 Investigate

Property Information

Property Use: 891 Warehouse

Responding Personnel and Units: Totals: Units: 9 Personnel: 23

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Units Times:

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</table>

Narrative:

*** Denotes that dates on this incident occurred over multiple days.

03/29/2021 16:13
T3 responded to a call of smoke in a refrigeration unit in a warehouse. T3 arrived on scene with E12. T3 checked everywhere and could not find the source of the smoke. Warehouse person stated it could be the evaporator to the cooling system. T3 was on scene till REBDY electrical arrived on scene. T3 was no longer needed. T3 was AOR.

**Authorizations:**

**Officer in Charge:** 9063 Young, Craig A

**Member Making Report:** 9063 Young, Craig A

**Rank:** CP Captain Paramedic
Unit Narrative for Incident 19-9011593

19-9011593 03/24/201900:08:45
651 Smoke scare, odor of smoke
4747 FRONTIER WY /A/STOCKTON, CA 95202

E12 Engine
Unit Narrative: E12 arrived on scene and reported nothing showing with all employees out front. Manager took crews to a cold storage room that had a haze and smell of smoke. E12 and T3 investigated and could find no signs of fire. Several of the AC units inside were not working and have had switch problems per the employee. crews check the roof and void spaces inside the building and found them to be clear. RP called an electrician to check AC unit issues. E12 AOR

19-9011593 03/24/201900:08:45
651 Smoke scare, odor of smoke
4747 FRONTIER WY /A/STOCKTON, CA 95202

E3 Engine
Unit Narrative: E3 arrived second due and staged in the parking lot. E3 was cleared by E12.

19-9011593 03/24/201900:08:45
651 Smoke scare, odor of smoke
4747 FRONTIER WY /A/STOCKTON, CA 95202

E5 Engine
Unit Narrative: cancelled while staging. E5 AOR. Davis 9153

19-9011593 03/24/201900:08:45
651 Smoke scare, odor of smoke
4747 FRONTIER WY /A/STOCKTON, CA 95202

E2 Engine
Unit Narrative:

19-9011593 03/24/201900:08:45
651 Smoke scare, odor of smoke
4747 FRONTIER WY /A/STOCKTON, CA 95202

T3 Truck
Unit Narrative:
Unit Narrative for Incident 19-9011593

19-9011593 03/24/2019 00:08:45
651 Smoke scare, odor of smoke
4747 FRONTIER WY /A/STOCKTON, CA 95202

T2 Truck
Unit Narrative: T2 was cancelled once E12 said they could handle with Co 3.

19-9011593 03/24/2019 00:08:45
651 Smoke scare, odor of smoke
4747 FRONTIER WY /A/STOCKTON, CA 95202

BC1 Batt Chief
Unit Narrative:

19-9011593 03/24/2019 00:08:45
651 Smoke scare, odor of smoke
4747 FRONTIER WY /A/STOCKTON, CA 95202

BC2 Batt Chief
Unit Narrative:

19-9011593 03/24/2019 00:08:45
651 Smoke scare, odor of smoke
4747 FRONTIER WY /A/STOCKTON, CA 95202

OP1 Chief Operator
Unit Narrative:
Incident Number: 19-9042008  Alarm Date: 10/22/2019
FDID: 39065  
SFD

Basic Fire Report

Basic Information

Location:  Exact Location  4747 FRONTIER WY
Street Address  A

Times:
Alarm: 18:56:53
Arrival: 19:07:43
Controlled: 19:24:34

Incident Type: 520 Water problem, Other
Aid Given or Received: N None
Shift: B B Shift
Actions Taken: 00 Action taken, Other

Property Information

Property Use: 891 Warehouse

Responding Personnel and Units:

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<th>Name</th>
<th>Unit</th>
<th>Activity Code</th>
<th>Hrs</th>
<th>Hrs Pd</th>
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Totals:    Units: 3    Personnel: 6

Units Times:

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Narrative:

E12 was dispatched for a report of a fire alarm activation. Upon arrival E12 met with a representative and was shown a fire sprinkler that had been sheared off. The representative had shut down the sprinkler system prior to our arrival. E12 was unable to locate a replacement sprinkler head. The premises called a contractor and ensured that someone would be on fire watch.

Authorizations:

** Officer in Charge: 9180 Islas, Steven Michael  
Rank: CP Captain Paramedic

** Member Making Report: 9180 Islas, Steven Michael  
Rank: CP Captain Paramedic

*** Denotes that dates on this incident occurred over multiple days.

03/29/2021  16:12  
Page 1
Unit Narrative for Incident 19-9042008

19-9042008 10/22/2019 18:56:53
520 Water problem, Other
4747 FRONTIER WY /A/ STOCKTON, CA 95202

E5 Engine
Unit Narrative:

19-9042008 10/22/2019 18:56:53
520 Water problem, Other
4747 FRONTIER WY /A/ STOCKTON, CA 95202

E12 Engine
Unit Narrative:

19-9042008 10/22/2019 18:56:53
520 Water problem, Other
4747 FRONTIER WY /A/ STOCKTON, CA 95202

BR12 Brush Rig
Unit Narrative:
Location:
4747 FRONTIER WAY
Stockton CA 95215

Lat/Long:
N 37° 54' 29.91"
W 121° 12' 50.71"

Zone:
Co 12 - Engine 12 Response District
Location Type: 1 - Street address
Map Page: 830A

Incident Type:
413 - Oil or other combustible liquid spill

FDID: 39065
Incident #: 2021-03147
Exposure ID: 54463633
Exposure #: 0
Incident Date: 01/25/2021
Dispatch Run #: 01-1021003147

Report Completed by: McGeragle, Chris N
ID: 19115
Date: 01/26/2021

Report Reviewed by: McGeragle, Chris N
ID: 19115
Date: 01/26/2021

Property Use: 891 - Warehouse

Automatic Extinguishment System Present: No
Detectors Present: No

Aid Given or Received: None
Primary action taken: 44 - Hazardous materials leak control & containment

Losses Pre-Incident Values

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<td>Total Fire Service Casualties: 0</td>
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Total # of apparatus on call: 1
Total # of personnel on call: 3

Special Studies
COVID 19 was a factor in this incident. No, COVID 19 was not a factor.

NARRATIVE (2)

Narrative Title: n/a

Narrative Author: McGeragle, Chris

Narrative Date: 01/26/2021 16:00:18

Narrative Apparatus ID: E12

Narrative:
E12 responded for a fuel leak. E12 arrived on-scene at a warehouse (loading dock). E12 found a big rig Diesel saddle tank that had been ruptured. E12 found 20 gallons of Diesel fuel on the ground with an active leak. E12 stopped the leak and contained the fuel on the ground. E12 contacted T3, E12 advised the supervisor for the trucking company to contact a private haz-mat clean up crew. E12 AGR.
APPARATUS

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Number Of People not on apparatus: 0

CUSTOM FIELDS FORM

Was this call related to homelessness? No
This call was fire works related
A responding unit was cancelled en route to a fire alarm? No

PERSONNEL ON CALL

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Member Making Report (Captain Chris N McGeragle): 

Incident Reviewer (Captain Chris N McGeragle): 

https://secure.emergencyreporting.com/nfirs/print.asp?printtype=2&printtype=3&printtype=5b&printOption=1&eid=54463633&printtype=&printOpti... 2/2