

**APPENDIX I**  
**PHOTOGRAPHS**



**PHOTOGRAPH 1**  
Railroad tracks across Essen Lane, facing south.



**PHOTOGRAPH 2**  
Gas pipeline marker, next to railroad tracks, on west side of Essen Lane.



**PHOTOGRAPH 3**

Fiber optic cable and gas pipeline markers, at intersection of Essen Lane and Picardy Ave, facing north.



**PHOTOGRAPH 4**

Gas pipeline marker, at intersection of Essen Lane and Summa Dr., facing north.



**PHOTOGRAPH 5**  
Grassy road verge along Essen Lane, facing south.



**PHOTOGRAPH 6**  
Ward Creek beneath bridge on Essen Lane, facing south.



**PHOTOGRAPH 7**

Gas pipeline marker and adjacent woodlands along the southern edge of Ward Creek, facing northeast.



**PHOTOGRAPH 8**

Tanks and pits at storage facility along Essen Lane, near entrance to LSU Rural Life Museum, facing southwest.



**PHOTOGRAPH 9**  
Debris under I-10 overpass at Essen Lane, facing south.



**PHOTOGRAPH 10**  
View along I-10 shoulder near I-10 / I-12 split, facing east.



**PHOTOGRAPH 11**

Ditch and woodlands adjacent to I-10 near I-10 / I-12 split.



**PHOTOGRAPH 12**

Landscaped area at I-10 / I-12 split, facing northwest.



**PHOTOGRAPH 13**  
Landscape area at I-10 / I-12 split, facing southwest.



**PHOTOGRAPH 14**  
Grassy strip along westbound I-10 near College Drive exit, facing east.



**PHOTOGRAPH 15**

Grassy area along I-10 westbound at College Drive exit, facing southwest.



**PHOTOGRAPH 16**

Ditch and fenceline along I-10 westbound, just east of College Drive exit, facing east.



**PHOTOGRAPH 17**  
I-10 eastbound exit ramp for College Drive, facing west.



**PHOTOGRAPH 18**  
Underneath the I-10 overpass at College Drive, facing southwest.



**PHOTOGRAPH 19**

Grassy road verge along southbound College Drive, facing south.



**PHOTOGRAPH 20**

Landscaped area at I-10 College Drive exit, facing southeast.



**PHOTOGRAPH 21**  
Roadside woody debris, trash, and shopping carts behind I-10 barrier wall on Brownlee Street.



**PHOTOGRAPH 22**  
Woody debris pile covering gas pipeline marker, on Brownlee Street.



**PHOTOGRAPH 23**  
Trash under Nairn Drive bridge.



**PHOTOGRAPH 24**  
The backside of eastbound I-10 barrier wall at Nairn Park, facing east.



**PHOTOGRAPH 25**  
View of I-10 from Nairn Drive bridge, facing east.



**PHOTOGRAPH 26**  
Backside of westbound I-10 barrier wall, facing southeast.



**PHOTOGRAPH 27**  
View of I-10 from Nairn Drive bridge, facing west.



**PHOTOGRAPH 28**  
Brush behind eastbound I-10 barrier wall, facing west.



**PHOTOGRAPH 29**

Trash in concrete swale behind eastbound I-10 barrier wall, facing west.



**PHOTOGRAPH 30**

Trash and gas pipeline marker behind I-10 barrier wall along Para Street, facing northeast.



**PHOTOGRAPH 31**  
Trash and concrete barrier behind I-10 barrier wall  
along Valley Street, facing east.



**PHOTOGRAPH 32**  
Waste tires behind concrete barrier along Valley Street, facing west.



**PHOTOGRAPH 33**

Grassy slope and railroad bridge along South Acadian Thruway, facing south.



**PHOTOGRAPH 34**

Gas pipeline marker on eastern side of Acadian Thruway, facing north.



**PHOTOGRAPH 35**

Dawson Creek passing under I-10 and Acadian exit ramp, facing north.



**PHOTOGRAPH 36**

Underneath the overpass at Acadian Thruway, facing west.



**PHOTOGRAPH 37**

Trash bags under Acadian Thruway overpass, facing south.



**PHOTOGRAPH 38**

Gas stations and commercial buildings along Acadian Thruway, facing north.



**PHOTOGRAPH 39**

Automobile and assorted debris under Acadian Thruway exit ramp, facing west.

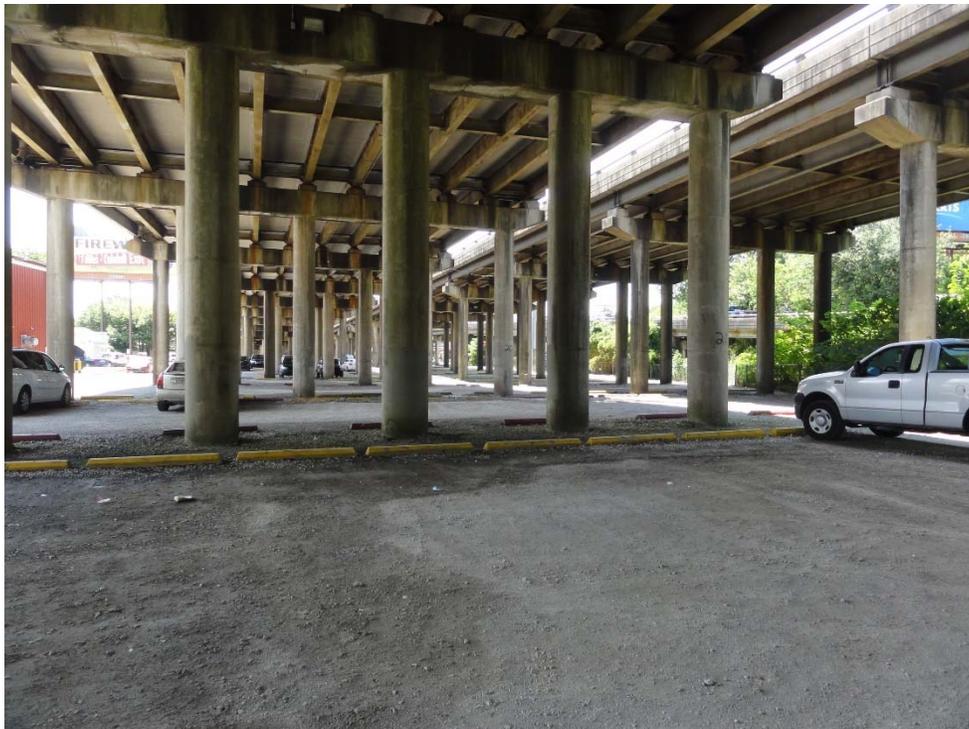


**PHOTOGRAPH 40**

The westbound on-ramp from Perkins Drive, facing west.



**PHOTOGRAPH 41**  
I-10 overpass at Perkins Rd. intersection, facing east.



**PHOTOGRAPH 42**  
Dirt parking area underneath I-10 overpass at Perkins Rd., facing west.



**PHOTOGRAPH 43**

Assorted debris, including a metal drum and hydraulic oil buckets, underneath Perkins Rd. westbound I-10 on-ramp, off Greenwood Drive.



**PHOTOGRAPH 44**

Close-up view of hydraulic oil buckets.



**PHOTOGRAPH 45**  
Close-up view of metal drum.



**PHOTOGRAPH 46**  
Chemical buckets, trash, and distressed vegetation, underneath Perkins Rd. westbound I-10 on-ramp, off Greenwood Drive.



**PHOTOGRAPH 47**

Gas pipeline marker alongside Schlitz & Giggles building on Perkins Road, facing west.



**PHOTOGRAPH 48**

Waste tires in open patch, off westbound I-10, behind Duvic's Bar.



**PHOTOGRAPH 49**

Underneath the I-10 overpass on west side of Perkins Road, facing east.



**PHOTOGRAPH 50**

Vegetated area behind the eastbound I-10 overpass above Perkins Road, facing east.



**PHOTOGRAPH 51**

Trees along fenceline adjacent to I-10, off Fiero Street, facing west.



**PHOTOGRAPH 52**

Underground cable marker along Fiero Street, facing northwest.



**PHOTOGRAPH 53**  
The Overpass Merchant, Lot 688509.



**PHOTOGRAPH 54**  
2440 Baywood Drive, Lot 585734.



**PHOTOGRAPH 55**  
On-ramp and exit at Dalrymple Drive, facing southwest.



**PHOTOGRAPH 56**  
View down Dalrymple Drive, facing north.



**PHOTOGRAPH 57**

Construction at museum building on Dalrymple Drive, facing west.



**PHOTOGRAPH 58**

2215 E. Lakeshore Drive, Lot 540161.



**PHOTOGRAPH 59**  
1214 E. Washington Street, Lot 641332.



**PHOTOGRAPH 60**  
1216 E. Washington Street, Lot 641340.



**PHOTOGRAPH 61**

Grassy slope behind Lot 641332, along I-10 westbound, facing southeast.



**PHOTOGRAPH 62**

1157 Fig Street, Lot 885479 (vacant).



**PHOTOGRAPH 63**  
Debris in brush on Lot 885479.



**PHOTOGRAPH 64**  
Waste tires along Virginia Street, adjacent to I-10 westbound, facing southeast.



**PHOTOGRAPH 65**  
View along Washington Street, facing northeast.



**PHOTOGRAPH 66**  
Grassy area between Maryland Street and I-10 eastbound, facing east.



**PHOTOGRAPH 67**  
1159 E. Harrison Street, Lots 829005 and 828998.



**PHOTOGRAPH 68**  
Waste tires along E. Harrison Street, facing northwest.



**PHOTOGRAPH 69**  
2145 Carolina Street, Lot 891541.



**PHOTOGRAPH 70**  
2122 Carolina Street, Lot 629782.



**PHOTOGRAPH 71**  
Lot 648396, adjacent to East Polk Street Park.



**PHOTOGRAPH 72**  
Brush along fenceline, view from East Polk Park, adjacent to I-10 eastbound, facing west.



**PHOTOGRAPH 73**  
967 Cotton Street, Lot 499374.



**PHOTOGRAPH 74**  
Another view of Lot 499374.



**PHOTOGRAPH 75**  
Lot 866962.



**PHOTOGRAPH 76**  
Love's Travel Stop at LA 415 interchange, facing north.



**PHOTOGRAPH 77**  
Waste tire in grassy median along LA 415, facing north.



**PHOTOGRAPH 78**  
Tubing and underground cable marker in grassy area to west of LA 415, facing north.



**PHOTOGRAPH 79**

ExxonMobil pipeline markers under LA 415 overpass, facing southwest.



**PHOTOGRAPH 80**

Pipeline markers and tractor near LA 415 overpass, facing northeast.



**PHOTOGRAPH 81**  
Close-up view of pipeline markers, facing southwest.



**PHOTOGRAPH 82**  
Chemical bucket near LA 415 exit ramp, facing southeast.



**PHOTOGRAPH 83**

Tractor and asphalt pile near LA 415 exit ramp, facing west.



**PHOTOGRAPH 84**

Close-up view of asphalt patch and pile behind tractor.



**PHOTOGRAPH 85**

Bare patches in grass near tractor and asphalt pile.



**PHOTOGRAPH 86**

Port-a-Potty under LA 415 overpass, facing southwest.



**PHOTOGRAPH 87**

Frontage road on southern side of eastbound I-10, facing east.



**PHOTOGRAPH 88**

Fence guards around pipeline markers near  
LA 415 exit ramp, facing northwest.



**PHOTOGRAPH 89**

Gas stations at intersection of LA 415 and LA 76, facing south.



**PHOTOGRAPH 90**

Industrial facility along I-10 frontage road (South Westport Drive), facing south.



**PHOTOGRAPH 91**

Pipeline markers along ROW to south of I-10 eastbound, facing south.



**PHOTOGRAPH 92**

Additional view of pipeline markers along I-10 eastbound, facing west.



**PHOTOGRAPH 93**

Pipeline markers next to railroad tracks, with mainline valve station behind, along I-10 frontage road, facing south.



**PHOTOGRAPH 94**

Concrete ditch with adjacent pipeline markers, facing northwest.



**PHOTOGRAPH 95**  
BP facility and railroad tracks along I-10 frontage road, facing west.



**PHOTOGRAPH 96**  
Grassy drainage ditch to south of I-10 eastbound, along frontage road by Turner Industries Group LLC, facing west.



**PHOTOGRAPH 97**

Railroad cars under approach ramp to I-10 bridge, facing southwest.



**PHOTOGRAPH 98**

Construction debris and gravel pile underneath I-10 on-ramp at Highland Road, facing southwest.



**PHOTOGRAPH 99**

Another view of construction debris piles, facing southwest.



**PHOTOGRAPH 100**

Close-up view polymer tank and buckets containing lubricants near construction site.



**PHOTOGRAPH 101**

Concrete ditch underneath I-10, behind New St. Luke's Baptist Church, facing northeast.



**PHOTOGRAPH 102**

Odell S. Williams African American Museum, Lot 14001.



**PHOTOGRAPH 103**  
Rear view of Lot 12149.



**PHOTOGRAPH 104**  
Underneath the eastern approach ramp to I-10 bridge, facing east.



**PHOTOGRAPH 105**  
Front view of 928 Napoleon Street, Lot 3638.



**PHOTOGRAPH 106**  
Side view of 928 Napoleon Street, Lot 3638.



**PHOTOGRAPH 107**  
742 South Blvd, Lot 177466.



**PHOTOGRAPH 108**  
800 South Blvd, Lot 150681.



**PHOTOGRAPH 109**  
Front view of 940 St. Joseph, Lot 192902.



**PHOTOGRAPH 110**  
Side view of 940 St. Joseph, Lot 192902.



**PHOTOGRAPH 111**  
I-110 by North Blvd, facing north.



**PHOTOGRAPH 112**  
Elevated I-110 roadway, by North Blvd, facing south.



**PHOTOGRAPH 113**  
Pile of dirt and gravel by I-110 exit ramp at Government Street.



**PHOTOGRAPH 114**  
Elevated roadway at I-10 / I-110 Interchange above Expressway Park, facing southwest.





**PHOTOGRAPH 117**  
Elevated I-10 roadway at Julia Street, facing northeast.



**PHOTOGRAPH 118**  
Gas pipeline marker, near intersection of Louise and McCalop Streets, facing southwest.



**PHOTOGRAPH 119**

View of I-10 from along McCalop Street, facing northwest.

**APPENDIX J**  
**TELEPHONE COMMUNICATION LOGS**



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# PROVIDENCE

## *RECORD OF VERBAL COMMUNICATION*

**DATE:** August 4, 2017

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**TIME:** 10:07

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**LOCATION:** I-10 Corridor / Port Allen, West Baton Rouge Parish, LA 70767

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### **PARTICIPANTS**

<b>Name:</b>	<b>Company:</b>	<b>Phone Number:</b>
Jeffrey Knox	Providence	225-766-7400
Richard Boudreaux	Port Allen Fire Dept.	225-346-5676

**Details of Communication:** Called the Port Allen Fire Department to check if any historical records of hazardous materials or emergency responses were available for the Subject Property (location noted above). Spoke with a representative of the department, who indicated that the only records in recent years would include diesel spills on the interstate from 18-wheeler wrecks. He noted that additional information could be obtained by contacting Kenny Hunts, the Fire Chief, at a later date.

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Conversation ended at 10:11 on 8/4/17.



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# PROVIDENCE

## *RECORD OF VERBAL COMMUNICATION*

**DATE:** August 8, 2017

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**TIME:** 15:03

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**LOCATION:** I-10 Corridor / Baton Rouge, East Baton Rouge Parish, LA 70802

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### **PARTICIPANTS**

<b>Name:</b>	<b>Company:</b>	<b>Phone Number:</b>
Jeffrey Knox	Providence	225-766-7400
HazMat Division Representative	Baton Rouge Fire Dept.	225-354-1421

**Details of Communication:** Called the Baton Rouge Fire Department – Hazardous Materials Division to check if any historical records of hazardous materials spills or emergency responses were available for the Subject Property (location noted above). Spoke with a representative of the department, who recommended that an email be sent to the department that details the request.

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Conversation ended at 15:05 on 8/8/17.

<b>A</b>		FDID <input type="text" value="17005"/>	State <input type="text" value="LA"/>	Incident Date <input type="text" value="07"/> <input type="text" value="08"/> <input type="text" value="2014"/>	Station <input type="text" value="9"/>	Incident Number <input type="text" value="14-0015682"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic		
<b>B Location*</b>		<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 8 "Alternative Location Specification". Use only for Wildland fires.									
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions		<input type="text" value="900"/> <input type="text" value="EAST I-10"/> <small>Number/Milepost Prefix Street or Highway</small>		<input type="text" value="LA"/> <input type="text" value="70808"/> <small>State Zip Code</small>		<input type="text" value="HWY"/> <input type="text" value=""/> <small>Street Type Suffix</small>					
<input type="text" value="Baton Rouge"/> <small>Apt./Suite/Room City</small>		<input type="text" value=""/> <input type="text" value=""/> <small>Cross street or directions, as applicable</small>									
<b>C Incident Type *</b>		<b>E1 Date &amp; Times</b>				<b>E2 Shift &amp; Alarms</b>					
<input type="text" value="400"/> <input type="checkbox"/> Hazardous condition, Other <small>Incident Type</small>		Check boxes if dates are the same as Alarm Date. Month Day Year Hr Min Sec ALARM always required <input type="text" value="07"/> <input type="text" value="08"/> <input type="text" value="2014"/> <input type="text" value="07:57:58"/>				Local Option <input type="text" value="01"/> <input type="text" value=""/> Shift or Alarms District Platoon					
<b>D Aid Given or Received *</b>		<b>E3 Special Studies</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		ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival <input type="text" value="07"/> <input type="text" value="08"/> <input type="text" value="2014"/> <input type="text" value="08:02:13"/> CONTROLLED Optional, Except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit Cleared <input type="text" value="07"/> <input type="text" value="08"/> <input type="text" value="2014"/> <input type="text" value="10:42:14"/>				Local Option <input type="text" value=""/> <input type="text" value=""/> Special Study ID# Special Study Value					
<b>F Actions Taken *</b>		<b>G1 Resources *</b>		<b>G2 Estimated Dollar Losses &amp; Values</b>							
<input type="text" value="86"/> <input type="checkbox"/> Investigate <small>Primary Action Taken (1)</small> <input type="text" value=""/> <input type="text" value=""/> <small>Additional Action Taken (2)</small> <input type="text" value=""/> <input type="text" value=""/> <small>Additional Action Taken (3)</small>		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression <input type="text" value=""/> <input type="text" value=""/> EMS <input type="text" value=""/> <input type="text" value=""/> Other <input type="text" value="0003"/> <input type="text" value=""/> <input type="checkbox"/> Check box if resource counts include aid received resources.		LOSSES: Required for all fires if known. Optional for non fires. None Property \$ <input type="text" value=""/> , <input type="text" value="000"/> , <input type="text" value="000"/> <input type="checkbox"/> Contents \$ <input type="text" value=""/> , <input type="text" value="000"/> , <input type="text" value="000"/> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text" value=""/> , <input type="text" value="000"/> , <input type="text" value="000"/> <input type="checkbox"/> Contents \$ <input type="text" value=""/> , <input type="text" value="000"/> , <input type="text" value="000"/> <input type="checkbox"/>							
<b>Completed Modules</b>		<b>H1* Casualties</b>		<b>H3 Hazardous Materials Release</b>				<b>I Mixed Use Property</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 checked="" 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		Deaths Injuries Fire Service <input type="text" value=""/> <input type="text" value=""/> Civilian <input type="text" value=""/> <input type="text" value=""/> <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		N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation 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., Please complete the HazMat form				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 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 checked="" 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 <input type="text" value="961"/> <input type="text" value="Highway or divided highway"/>	
Outside 124 <input type="checkbox"/> Playground or park 655 <input 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		NFIRS-1 Revision 03/11/99									

**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

Suffix

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.

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

Suffix

Post Office Box

Apt./Suite/Room

City

State Zip Code

**L Remarks**

Local Option

On 07/08/2014 at 07:57:58 dispatched To 900 EAST I-10 HWY /BATONROUGE, LA 70808. The location is a Highway or divided highway. The incident was determined to be a(n) Hazardous condition, Other.

08:02:13 arrived on scene.

The following actions were performed on scene:

Investigate

SOME TYPE OF HYDRO CARBON SPILLED ON THE INTERSTATE AT LEAST 500 FT. DOD CAME OUT WITH A STREET SWEEPER AND ATTEMPTED TO REMOVE THE SLUG OFF THE ROADWAY. SCENE TURNED OVER TO HAZ-MAT.

Units responding were:

Unit CH037 responded.

Unit EG009 responded.

Unit HZ096 responded.

10:42:14 all units back in service.

07/08/2014 12:27:16 MJackson

**Authorization**

2149

Officer in charge ID

JACKSON, MICHAEL

Signature

CP

Position or rank

Assignment

07

08

2014

Month

Day

Year

2149

Officer Member making report ID

JACKSON, MICHAEL JOSEPH

Signature

CP

Position or rank

Assignment

07

08

2014

Month

Day

Year

1705

LA

State \*

MM

DD

YYYY

7

8

2014

Incident Date \*

9

Station

14-0015682

Incident Number \*

000

Exposure \*

Complete  
Narrative**Narrative:**

On 07/08/2014 at 07:57:58 dispatched To 900 EAST I-10 HWY /BATON ROUGE, LA 70808. The location is a Highway or divided highway. The incident was determined to be a(n) Hazardous condition, Other.

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07/08/2014 12:27:16 MJackson

**B HazMat ID**    **Chemical \* Name**

UN Number DOT Hazard Classification CAS Registration Number

<b>C1 Container Type</b> <input type="text"/> Container Type	<b>C2 Estimated Container Capacity</b> <input type="text"/> , <input type="text"/> , <input type="text"/> Capacity: by volume or weight	<b>D1 Estimated Amount Released</b> <input type="text"/> , <input type="text"/> , <input type="text" value="20"/> Amount released: by volume or weight	<b>E1 Physical State When Released</b>
			1 <input type="checkbox"/> Solid 2 <input checked="" type="checkbox"/> Liquid 3 <input type="checkbox"/> Gas U <input type="checkbox"/> Undetermined
<b>More hazardous Materials? Use additional sheets.</b>	<b>C3 Units: Capacity</b> Check one box VOLUME WEIGHT	<b>D2 Units: Released</b> Check one box VOLUME WEIGHT	<b>E2 Released Into</b>
			11 <input type="checkbox"/> Ounces      21 <input type="checkbox"/> Ounces 12 <input type="checkbox"/> Gallons      22 <input type="checkbox"/> Pounds 13 <input type="checkbox"/> Barrels: 42 gal.      23 <input type="checkbox"/> Grams 14 <input type="checkbox"/> Liters      24 <input type="checkbox"/> Kilograms 15 <input type="checkbox"/> Cubic feet 16 <input type="checkbox"/> Cubic meters

Complete the remainder of this form only for the first hazardous material involved in this incident.	<b>F2 Population Density</b>	<b>G2 Area Evacuated</b> <input type="checkbox"/> None	<b>H HazMat Actions Taken</b> Enter up to three actions taken
	1 <input type="checkbox"/> Urban 2 <input type="checkbox"/> Suburban 3 <input type="checkbox"/> Rural	1 <input type="checkbox"/> Square Feet <input type="text"/> , <input type="text"/> 2 <input type="checkbox"/> Blocks      Enter Measurement 3 <input type="checkbox"/> Square miles	
<b>F1 Released From:</b> Check all applicable boxes	<b>G1 Area Affected</b>	<b>G3 Estimated Number of People Evacuated</b>	<b>I If fire or explosion is involved with a release, which occurred first?</b>
<input type="checkbox"/> Below grade 1 <input type="checkbox"/> Inside/on structure <input type="text"/> Story of Release 2 <input checked="" type="checkbox"/> Outside of structure		1 <input type="checkbox"/> Square Feet 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square miles Enter Measurement <input type="text"/> , <input type="text"/>	

<b>J Cause Of Release *</b>	<b>K Factors Contributing to Release</b>	<b>L Factors Affecting Mitigation</b>
1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional release 3 <input checked="" type="checkbox"/> Container/containment failure 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation	Enter up to three contributing factors Factor Contributing To Release (1) <input type="text"/> Factor Contributing To Release (2) <input type="text"/> Factor Contributing To Release (3) <input type="text"/>	Enter up to three factors or impediments that affected the mitigation of the incident Factor or impediment (1) <input type="text"/> Factor or impediment (2) <input type="text"/> Factor or impediment (3) <input type="text"/>

<b>M Equipment Involved In Release</b>	<b>N Mobile Property Involved In Release</b> <input type="checkbox"/> None	<b>O HazMat Disposition *</b>
<input type="checkbox"/> None Equipment involved in release <input type="text"/> Brand <input type="text"/> Model <input type="text"/> Serial Number <input type="text"/> Year <input type="text"/>	Mobile property type <input type="text"/> Mobile property make <input type="text"/> Mobile property model <input type="text"/> Year <input type="text"/> License Plate Number <input type="text"/> State <input type="text"/> DOT Number/ ICC Number <input type="text"/>	1 <input type="checkbox"/> Completed by fire service only 2 <input type="checkbox"/> Completed w/ fire service present 3 <input type="checkbox"/> Released to local agency 4 <input type="checkbox"/> Released to county agency 5 <input checked="" type="checkbox"/> Released to state agency 6 <input type="checkbox"/> Released to federal agency 7 <input type="checkbox"/> Released to a private agency 8 <input type="checkbox"/> Released to property owner or manager O HazMat Civilian Casualties Deaths <input type="text"/> Injuries <input type="text"/>

**Hazardous Materials Narrative:**

Unit 96 arrived on scene at East I-10 at college drive exit to find a black liquid tar/sludge spill on 2 lanes of the interstate. The middle lane and right lane already shut down upon arrival of 96. 2 DOTD Map trucks on scene along with Eng 9, Ch 37, 3 BRPD officers for traffic control.

LA DOTD supervisor in charge of the clean up was Albert Shield Jr Dist 61, DOTD 510 unit, Parish Maint Superintendancy.  
329-7717  
231-4190

Sand truck first to arrive DOTD truck # 144-126.

Supervisor instructed us only one 6 yard truck of sand would be needed, despite 96 suggestion to get 2 sand trucks en route to scene.

Sand truck 144-126 was broken and inoperable upon arrival and attempt to place in to sand spread gear and belt feed.

DOTD supervisor informed us he had 2 more DOTD trucks en route. Later approx 20-30 minutes later upon questioning, DOTD supervisor informed 96 NO other sand trucks were available.

Sand ended up being spread by hand and spread with broom.

DOTD brush sweep truck arrived on scene and ended up brushing up and sweeping up some of the tar like material that had dried on the interstate.

After sand spread out on remaining residue on the interstate, decision made by DOTD to open back up the interstate and allow the cars passing over to spread out the sand after determining safe to drive on.

96 remained on scene approx 10 minutes to observe traffic flow safety. No safety issues observed.

DOTD supervisor notified us they would come back and sweep up the remaining sand on the interstate later today. A time was not given to us as to when this would happen.

T. Achord  
R. Lambert



**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	Suffix
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.

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	Suffix
Post Office Box	Apt./Suite/Room	City		
State	Zip Code			

**L Remarks**

Local Option

On 08/11/2014 at 13:06:58 dispatched To 700 EAST I-10 HWY /BATON ROUGE, LA 70802. The location is a Highway or divided highway. The incident was determined to be a(n) Hazardous condition, Other.

13:13:47 arrived on scene.

The following actions were performed on scene:

Hazardous materials spill control and confine

Units responding were:

Unit CH035 responded.

Unit EG012 responded.

Unit HZ096 responded.

14:49:02 all units back in service.

**L Authorization**

2260

Officer in charge ID

ACHORD, TODD JEFFERY

Signature

HMO

Position or rank

Assignment

08

Month

11

Day

2014

Year

Check Box if same as Officer in charge.

1610

Member making report ID

TRUITT, WILLIE J.

Signature

CP

Position or rank

Assignment

08

Month

11

Day

2014

Year

FDID	17005	State	LA	Incident Date	MM DD YYYY	8 11 2014	Station	12	Incident Number	14-0018581	Exposure	000	Complete Narrative
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**Narrative:**

On 08/11/2014 at 13:06:58 dispatched To 700 EAST I-10 HWY /BATON ROUGE, LA 70802. The location is a Highway or divided highway. The incident was determined to be a(n) Hazardous condition, Other.

13:13:47 arrived on scene.

The following actions were performed on scene:

Hazardous materials spill control and confine

Units responding were:

Unit CH035 responded.

Unit EG012 responded.

Unit HZ096 responded.

14:49:02 all units back in service.

<b>A</b>		MM DD YYYY	Delete <input type="checkbox"/>		NFIRS -1
FDID *	State *	Incident Date *	Station	Incident Number *	Exposure *
17005	LA	10 31 2014	9	14-0025553	000
<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.			
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions		Census Tract _____ - _____ Number/Milepost Prefix Street or Highway Street Type Suffix 700 WEST I-10 HWY Apt./Suite/Room City State Zip Code BATON ROUGE LA 70808 Cross street or directions, as applicable			
<b>C Incident Type *</b>		<b>E1 Date &amp; Times</b> <small>Midnight is 0000</small>			<b>E2 Shift &amp; Alarms</b>
400 Hazardous condition, Other		Check boxes if dates are the same as Alarm Date. Alarm * 10 31 2014 11:12:29 ALARM always required ARRIVAL required, unless canceled or did not arrive Arrival * 10 31 2014 11:19:06 CONTROLLED Optional, Except for wildland fires Controlled _____ LAST UNIT CLEARED, required except for wildland fires Last Unit Cleared 10 31 2014 11:53:53			Local Option _____ Shift or Alarms District Platoon 01
<b>D Aid Given or Received *</b>		<b>E3 Special Studies</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 _____ Special Study ID# _____ Special Study Value _____			
<b>F Actions Taken *</b>		<b>G1 Resources *</b>		<b>G2 Estimated Dollar Losses &amp; Values</b>	
45 Remove hazard <small>Primary Action Taken (1)</small> _____ <small>Additional Action Taken (2)</small> _____ <small>Additional Action Taken (3)</small> _____		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression _____ EMS _____ Other 0004 <input type="checkbox"/> Check box if resource counts include aid received resources.		LOSSES: Required for all fires if known. Optional for non fires. None Property \$ _____, _____, _____ Contents \$ _____, _____, _____ PRE-INCIDENT VALUE: Optional Property \$ _____, _____, _____ Contents \$ _____, _____, _____	
<b>Completed Modules</b>		<b>H1* Casualties</b> <input type="checkbox"/> None		<b>H3 Hazardous Materials Release</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		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		N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation 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., Please complete the HazMat form	
<b>J Property Use*</b>		<b>I Mixed Use Property</b>			
Structures 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 Outside 124 <input type="checkbox"/> Playground or park 655 <input 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		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 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 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 checked="" 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 961 Highway or divided highway 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 Suffix  
 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**

Local Option

Same as person involved? Then check this box and skip The rest of this section.

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 Suffix  
 Post Office Box Apt./Suite/Room City  
 State Zip Code

**L Remarks**

Local Option

On 10/31/2014 at 11:12:29 dispatched To 700 WEST I-10 HWY /BATON ROUGE, LA 70808. The location is a Highway or divided highway. The incident was determined to be a(n) Hazardous condition, Other.

11:19:06 arrived on scene.

The following actions were performed on scene:

Remove hazard

TRUCK'S DIESEL TANK WAS LEAKING. PUT DRI SWEEP DOWN TO DRY UP SPILL, ALONG WITH HAZ-MAT.

Units responding were:

Unit AA078 responded.

Unit CH037 responded and took these actions:

Cancelled en route

Unit EG009 responded.

Unit HZ096 responded.

11:53:53 all units back in service.

10/31/2014 12:40:09 MJackson

**L Authorization**

2149

Officer in charge ID

JACKSON, MICHAEL

Signature

CP

Position or rank

Assignment

10

Month

31

Day

2014

Year

Check Box if same as Officer in charge.

2149

Member making report ID

JACKSON, MICHAEL JOSEPH

Signature

CP

Position or rank

Assignment

10

Month

31

Day

2014

Year

**Narrative:**

On 10/31/2014 at 11:12:29 dispatched To 700 WEST I-10 HWY /BATON ROUGE, LA 70808. The location is a Highway or divided highway. The incident was determined to be a(n) Hazardous condition, Other.

11:19:06 arrived on scene.

The following actions were performed on scene:

Remove hazard

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Units responding were:

Unit AA078 responded.

Unit CH037 responded and took these actions:

Cancelled en route

Unit EG009 responded.

Unit HZ096 responded.

11:53:53 all units back in service.

10/31/2014 12:40:09 MJackson

**A** FDID 17005 \* State LA \* Incident Date 12 15 2014 \* Station 12 Incident Number 14-0029371 \* Exposure 000 \*  Delete  Change  No Activity **NFIRS -1 Basic**

**B Location\***  Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract      -     

Street address 100 WEST I-10 HWY            
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection  In front of  Rear of  Adjacent to  Directions

     BATON ROUGE LA 70802 -       
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

**C Incident Type \***  
600 Good intent call, Other  
 Incident Type

**E1 Date & Times** Midnight is 0000  
 Check boxes if dates are the same as Alarm Date.  
 Alarm  12 15 2014 06:30:12  
 ALARM always required

**E2 Shift & Alarms**  
 Local Option      01       
 Shift or Alarms District Platoon

**D Aid Given or Received \***

1  Mutual aid received            
 2  Automatic aid recv.            
 3  Mutual aid given            
 4  Automatic aid given            
 5  Other aid given            
 N  None            
Their FDID Their State  
Their Incident Number

ARRIVAL required, unless canceled or did not arrive  
 Arrival 12 15 2014 06:33:18  
 CONTROLLED Optional, Except for wildland fires  
 Controlled                      
 LAST UNIT CLEARED, required except for wildland fires  
 Last Unit Cleared 12 15 2014 06:39:40

**E3 Special Studies**  
 Local Option            
 Special Study ID#      Special Study Value     

**F Actions Taken \***

00 Action taken, Other  
 Primary Action Taken (1)

           
 Additional Action Taken (2)

           
 Additional Action Taken (3)

**G1 Resources \***  
 Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus	Personnel
Suppression <u>    </u>	<u>    </u>
EMS <u>    </u>	<u>    </u>
Other <u>0003</u>	<u>    </u>

Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses & Values**  
 LOSSES: Required for all fires if known. Optional for non fires. None

Property \$      , 000 , 000   
 Contents \$      , 000 , 000   
 PRE-INCIDENT VALUE: Optional  
 Property \$      , 000 , 000   
 Contents \$      , 000 , 000

**Completed Modules**

Fire-2  
 Structure-3  
 Civil Fire Cas.-4  
 Fire Serv. Cas.-5  
 EMS-6  
 HazMat-7  
 Wildland Fire-8  
 Apparatus-9  
 Personnel-10  
 Arson-11

**H1\* Casualties**  None  
 Deaths Injuries  
 Fire Service            
 Civilian          

**H2 Detector**  
 Required for Confined Fires.  
 1  Detector alerted occupants  
 2  Detector did not alert them  
 U  Unknown

**H3 Hazardous Materials Release**

N  None

1  Natural Gas: slow leak, no evacuation or HazMat actions  
 2  Propane gas: <21 lb. tank (as in home BBQ grill)  
 3  Gasoline: vehicle fuel tank or portable container  
 4  Kerosene: fuel burning equipment or portable storage  
 5  Diesel fuel/fuel oil: vehicle fuel tank or portable  
 6  Household solvents: home/office spill, cleanup only  
 7  Motor oil: from engine or portable container  
 8  Paint: from paint cans totaling < 55 gallons  
 0  Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

**I Mixed Use Property**

NN  Not Mixed  
 10  Assembly use  
 20  Education use  
 33  Medical use  
 40  Residential use  
 51  Row of stores  
 53  Enclosed mall  
 58  Bus. & Residential  
 59  Office use  
 60  Industrial use  
 63  Military use  
 65  Farm use  
 00  Other mixed use

**J Property Use\* Structures**

131 <input type="checkbox"/> Church, place of worship	341 <input type="checkbox"/> Clinic, clinic type infirmary	539 <input type="checkbox"/> Household goods, sales, repairs
161 <input type="checkbox"/> Restaurant or cafeteria	342 <input type="checkbox"/> Doctor/dentist office	579 <input type="checkbox"/> Motor vehicle/boat sales/repair
162 <input type="checkbox"/> Bar/Tavern or nightclub	361 <input type="checkbox"/> Prison or jail, not juvenile	571 <input type="checkbox"/> Gas or service station
213 <input type="checkbox"/> Elementary school or kindergarten	419 <input type="checkbox"/> 1-or 2-family dwelling	599 <input type="checkbox"/> Business office
215 <input type="checkbox"/> High school or junior high	429 <input type="checkbox"/> Multi-family dwelling	615 <input type="checkbox"/> Electric generating plant
241 <input type="checkbox"/> College, adult education	439 <input type="checkbox"/> Rooming/boardng house	629 <input type="checkbox"/> Laboratory/science lab
311 <input type="checkbox"/> Care facility for the aged	449 <input type="checkbox"/> Commercial hotel or motel	700 <input type="checkbox"/> Manufacturing plant
331 <input type="checkbox"/> Hospital	459 <input type="checkbox"/> Residential, board and care	819 <input type="checkbox"/> Livestock/poultry storage (barn)
	464 <input type="checkbox"/> Dormitory/barracks	882 <input type="checkbox"/> Non-residential parking garage
	519 <input type="checkbox"/> Food and beverage sales	891 <input type="checkbox"/> Warehouse
<b>Outside</b>	936 <input type="checkbox"/> Vacant lot	981 <input type="checkbox"/> Construction site
124 <input type="checkbox"/> Playground or park	938 <input type="checkbox"/> Graded/care for plot of land	984 <input type="checkbox"/> Industrial plant yard
655 <input type="checkbox"/> Crops or orchard	946 <input type="checkbox"/> Lake, river, stream	
669 <input type="checkbox"/> Forest (timberland)	951 <input type="checkbox"/> Railroad right of way	
807 <input type="checkbox"/> Outdoor storage area	960 <input type="checkbox"/> Other street	
919 <input type="checkbox"/> Dump or sanitary landfill	961 <input type="checkbox"/> Highway/divided highway	
931 <input type="checkbox"/> Open land or field	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 000  
**Property Use, Other**

**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: \_\_\_\_\_ Suffix: \_\_\_\_\_

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.

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: \_\_\_\_\_ Suffix: \_\_\_\_\_

Post Office Box: \_\_\_\_\_ Apt./Suite/Room: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**L Remarks**

Local Option

On 12/15/2014 at 06:30:12 dispatched To 100 WEST I-10 HWY /BATON ROUGE, LA 70802. The location is a Property Use, Other. The incident was determined to be a(n) Good intent call, Other.

06:33:18 arrived on scene. Port Allen Fire Dept was on the scene of a MVA truck was leaking water no assistance was needed

The following actions were performed on scene:  
Action taken, Other

Units responding were:  
Unit CH035 responded.  
Unit EG012 responded.  
Unit HZ096 responded.

06:39:40 all units back in service.

**L Authorization**

Officer in charge ID: 2029 Signature: WESTBROOK, JON MICHAEL Position or rank: FEO Assignment: \_\_\_\_\_ Month: 12 Day: 15 Year: 2014

Check Box if same as Officer in charge.  Member making report ID: 2029 Signature: WESTBROOK, JON MICHAEL Position or rank: FEO Assignment: \_\_\_\_\_ Month: 12 Day: 15 Year: 2014

17005  
FDID \*

LA  
State \*

MM DD  
12 15  
Incident Date \*

YYYY  
2014

12  
Station

14-0029371  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

On 12/15/2014 at 06:30:12 dispatched To 100 WEST I-10 HWY /BATON ROUGE, LA 70802. The location is a Property Use, Other. The incident was determined to be a(n) Good intent call, Other.

06:33:18 arrived on scene. Port Allen Fire Dept was on the scene of a MVA truck was leaking water no assistance was needed

The following actions were performed on scene:

Action taken, Other

Units responding were:

Unit CH035 responded.

Unit EG012 responded.

Unit HZ096 responded.

06:39:40 all units back in service.

<b>A</b>		MM DD YYYY	96		15-0003690	000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
17005	LA	02 12	2015	96	15-0003690	000		
FDID *	State *	Incident Date *		Station	Incident Number *	Exposure *		
<b>B Location*</b> <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 type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions								
900		WEST I-10		HWY				
Baton Rouge		LA		70807				
Number/Milepost Prefix Street or Highway Street Type Suffix Apt./Suite/Room City State Zip Code Cross street or directions, as applicable								
<b>C Incident Type *</b>			<b>E1 Date &amp; Times</b>			<b>E2 Shift &amp; Alarms</b>		
400 Hazardous condition, Other			Midnight is 0000			Local Option		
Incident Type			Check boxes if dates are the same as Alarm			Shift or Platoon		
			Month Day Year Hr Min Sec			Alarms District		
			Date. Alarm *			01		
			02 12 2015 11:41:56			ARRIVAL required, unless canceled or did not arrive		
<b>D Aid Given or Received *</b>			<b>E3 Special Studies</b>			Local Option		
1 <input type="checkbox"/> Mutual aid received			Arrival *			Special Study ID#		
2 <input type="checkbox"/> Automatic aid recv.			02 12 2015 11:50:42			Special Study Value		
3 <input type="checkbox"/> Mutual aid given			CONTROLLED Optional, Except for wildland fires					
4 <input type="checkbox"/> Automatic aid given			Last Unit					
5 <input type="checkbox"/> Other aid given			Cleared					
N <input checked="" type="checkbox"/> None			02 12 2015 17:06:37			LAST UNIT CLEARED, required except for wildland fires		
<b>F Actions Taken *</b>			<b>G1 Resources *</b>			<b>G2 Estimated Dollar Losses &amp; Values</b>		
41 Identify, analyze			<input checked="" type="checkbox"/> 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. None		
Primary Action Taken (1)			Apparatus Personnel			Property \$		
Additional Action Taken (2)			Suppression			Contents \$		
Additional Action Taken (3)			EMS			PRE-INCIDENT VALUE: Optional		
			Other 0002			Property \$		
			<input type="checkbox"/> Check box if resource counts include aid received resources.			Contents \$		
<b>Completed Modules</b>			<b>H1* Casualties</b>			<b>H3 Hazardous Materials Release</b>		
<input type="checkbox"/> Fire-2			None			N <input type="checkbox"/> None		
<input type="checkbox"/> Structure-3			Deaths Injuries			1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions		
<input type="checkbox"/> Civil Fire Cas.-4			Fire Service			2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)		
<input type="checkbox"/> Fire Serv. Cas.-5			Civilian			3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container		
<input type="checkbox"/> EMS-6			H2 Detector			4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage		
<input checked="" type="checkbox"/> HazMat-7			Required for Confined Fires.			5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable		
<input type="checkbox"/> Wildland Fire-8			1 <input type="checkbox"/> Detector alerted occupants			6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only		
<input checked="" type="checkbox"/> Apparatus-9			2 <input type="checkbox"/> Detector did not alert them			7 <input type="checkbox"/> Motor oil: from engine or portable container		
<input checked="" type="checkbox"/> Personnel-10			U <input type="checkbox"/> Unknown			8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons		
<input type="checkbox"/> Arson-11						0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form		
<b>J Property Use*</b>			<b>I Mixed Use Property</b>			NN <input type="checkbox"/> Not Mixed		
Structures			341 <input type="checkbox"/> Clinic, clinic type infirmary			10 <input type="checkbox"/> Assembly use		
131 <input type="checkbox"/> Church, place of worship			342 <input type="checkbox"/> Doctor/dentist office			20 <input type="checkbox"/> Education use		
161 <input type="checkbox"/> Restaurant or cafeteria			361 <input type="checkbox"/> Prison or jail, not juvenile			33 <input type="checkbox"/> Medical use		
162 <input type="checkbox"/> Bar/Tavern or nightclub			419 <input type="checkbox"/> 1-or 2-family dwelling			40 <input type="checkbox"/> Residential use		
213 <input type="checkbox"/> Elementary school or kindergarten			429 <input type="checkbox"/> Multi-family dwelling			51 <input type="checkbox"/> Row of stores		
215 <input type="checkbox"/> High school or junior high			439 <input type="checkbox"/> Rooming/boardng house			53 <input type="checkbox"/> Enclosed mall		
241 <input type="checkbox"/> College, adult education			449 <input type="checkbox"/> Commercial hotel or motel			58 <input type="checkbox"/> Bus. & Residential		
311 <input type="checkbox"/> Care facility for the aged			459 <input type="checkbox"/> Residential, board and care			59 <input type="checkbox"/> Office use		
331 <input type="checkbox"/> Hospital			464 <input type="checkbox"/> Dormitory/barracks			60 <input type="checkbox"/> Industrial use		
			519 <input type="checkbox"/> Food and beverage sales			63 <input type="checkbox"/> Military use		
						65 <input type="checkbox"/> Farm use		
						00 <input type="checkbox"/> Other mixed use		
Outside			936 <input type="checkbox"/> Vacant lot			539 <input type="checkbox"/> Household goods, sales, repairs		
124 <input type="checkbox"/> Playground or park			938 <input type="checkbox"/> Graded/care for plot of land			579 <input type="checkbox"/> Motor vehicle/boat sales/repair		
655 <input type="checkbox"/> Crops or orchard			946 <input type="checkbox"/> Lake, river, stream			571 <input type="checkbox"/> Gas or service station		
669 <input type="checkbox"/> Forest (timberland)			951 <input type="checkbox"/> Railroad right of way			599 <input type="checkbox"/> Business office		
807 <input type="checkbox"/> Outdoor storage area			960 <input type="checkbox"/> Other street			615 <input type="checkbox"/> Electric generating plant		
919 <input type="checkbox"/> Dump or sanitary landfill			961 <input checked="" type="checkbox"/> Highway/divided highway			629 <input type="checkbox"/> Laboratory/science lab		
931 <input type="checkbox"/> Open land or field			962 <input type="checkbox"/> Residential street/driveway			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		
						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 961		
						Highway or divided highway		
						NFIRS-1 Revision 03/11/99		

**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

Suffix

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.

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

Suffix

Post Office Box

Apt./Suite/Room

City

State Zip Code

**L Remarks**

Local Option

See Haz Mat Report

**L Authorization**

2179

Officer in charge ID

SULLIVAN, RICHARD W.

Signature

HMC

Position or rank

Assignment

02

Month

12

Day

2015

Year

Check Box if same as Officer in charge.

2449

Member making report ID

HILL, JUSTIN RANIER

Signature

HMO

Position or rank

Assignment

02

Month

13

Day

2015

Year

17005	LA	MM	DD	YYYY	96	15-0003690	000
FDID *	State *	2	12	2015	Station	Incident Number *	Exposure *

Complete  
Narrative

**Narrative:**  
See Haz Mat Report

**B HazMat ID** UN Number **80** DOT Hazard Classification **107-21-1** CAS Registration Number

**Chemical Name** **Ethylene Glycol**

<b>C1 Container Type</b>  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">10</div> Container Type  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">More hazardous Materials? Use additional sheets.</div>	<b>C2 Estimated Container Capacity</b>  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">, 44, 40</div> Capacity: by volume or weight  <b>C3 Units: Capacity</b> Check one box <table style="width: 100%; font-size: small;"> <tr> <td colspan="2"><b>VOLUME</b></td> <td colspan="2"><b>WEIGHT</b></td> </tr> <tr> <td>11 <input type="checkbox"/> Ounces</td> <td>21 <input type="checkbox"/> Ounces</td> <td>21 <input checked="" type="checkbox"/> Pounds</td> <td></td> </tr> <tr> <td>12 <input type="checkbox"/> Gallons</td> <td>22 <input checked="" type="checkbox"/> Pounds</td> <td>22 <input type="checkbox"/> Pounds</td> <td></td> </tr> <tr> <td>13 <input type="checkbox"/> Barrels: 42 gal.</td> <td>23 <input type="checkbox"/> Grams</td> <td>23 <input type="checkbox"/> Grams</td> <td></td> </tr> <tr> <td>14 <input type="checkbox"/> Liters</td> <td>24 <input type="checkbox"/> Kilograms</td> <td>24 <input type="checkbox"/> Kilograms</td> <td></td> </tr> <tr> <td>15 <input type="checkbox"/> Cubic feet</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16 <input type="checkbox"/> Cubic meters</td> <td></td> <td></td> <td></td> </tr> </table>	<b>VOLUME</b>		<b>WEIGHT</b>		11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces	21 <input checked="" type="checkbox"/> Pounds		12 <input type="checkbox"/> Gallons	22 <input checked="" type="checkbox"/> Pounds	22 <input type="checkbox"/> Pounds		13 <input type="checkbox"/> Barrels: 42 gal.	23 <input type="checkbox"/> Grams	23 <input type="checkbox"/> Grams		14 <input type="checkbox"/> Liters	24 <input type="checkbox"/> Kilograms	24 <input type="checkbox"/> Kilograms		15 <input type="checkbox"/> Cubic feet				16 <input type="checkbox"/> Cubic meters				<b>D1 Estimated Amount Released</b>  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">, , 1</div> Amount released: by volume or weight  <b>D2 Units: Released</b> Check one box <table style="width: 100%; font-size: small;"> <tr> <td colspan="2"><b>VOLUME</b></td> <td colspan="2"><b>WEIGHT</b></td> </tr> <tr> <td>11 <input type="checkbox"/> Ounces</td> <td>21 <input checked="" type="checkbox"/> Ounces</td> <td>21 <input checked="" type="checkbox"/> Ounces</td> <td></td> </tr> <tr> <td>12 <input type="checkbox"/> Gallons</td> <td>22 <input type="checkbox"/> Pounds</td> <td>22 <input type="checkbox"/> Pounds</td> <td></td> </tr> <tr> <td>13 <input type="checkbox"/> Barrels: 42 gal.</td> <td>23 <input type="checkbox"/> Grams</td> <td>23 <input type="checkbox"/> Grams</td> <td></td> </tr> <tr> <td>14 <input type="checkbox"/> Liters</td> <td>24 <input type="checkbox"/> Kilograms</td> <td>24 <input type="checkbox"/> Kilograms</td> <td></td> </tr> <tr> <td>15 <input type="checkbox"/> Cubic feet</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16 <input type="checkbox"/> Cubic meters</td> <td></td> <td></td> <td></td> </tr> </table>	<b>VOLUME</b>		<b>WEIGHT</b>		11 <input type="checkbox"/> Ounces	21 <input checked="" type="checkbox"/> Ounces	21 <input checked="" type="checkbox"/> Ounces		12 <input type="checkbox"/> Gallons	22 <input type="checkbox"/> Pounds	22 <input type="checkbox"/> Pounds		13 <input type="checkbox"/> Barrels: 42 gal.	23 <input type="checkbox"/> Grams	23 <input type="checkbox"/> Grams		14 <input type="checkbox"/> Liters	24 <input type="checkbox"/> Kilograms	24 <input type="checkbox"/> Kilograms		15 <input type="checkbox"/> Cubic feet				16 <input type="checkbox"/> Cubic meters				<b>E1 Physical State When Released</b>  1 <input type="checkbox"/> Solid 2 <input checked="" type="checkbox"/> Liquid 3 <input type="checkbox"/> Gas U <input type="checkbox"/> Undetermined  <b>E2 Released Into</b>  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">8</div> Released into
<b>VOLUME</b>		<b>WEIGHT</b>																																																									
11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces	21 <input checked="" type="checkbox"/> Pounds																																																									
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15 <input type="checkbox"/> Cubic feet																																																											
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15 <input type="checkbox"/> Cubic feet																																																											
16 <input type="checkbox"/> Cubic meters																																																											

Complete the remainder of this form only for the first hazardous material involved in this incident.	<b>F2 Population Density</b>  1 <input type="checkbox"/> Urban 2 <input type="checkbox"/> Suburban 3 <input type="checkbox"/> Rural	<b>G2 Area Evacuated</b> <input checked="" type="checkbox"/> None  1 <input checked="" type="checkbox"/> Square Feet 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square miles	<b>H HazMat Actions Taken</b> Enter up to three actions taken  <div style="border: 1px solid black; padding: 2px; width: 80%; margin: 2px auto;">Primary Action Taken (1)</div>  <div style="border: 1px solid black; padding: 2px; width: 80%; margin: 2px auto;">Additional Action Taken (2)</div>  <div style="border: 1px solid black; padding: 2px; width: 80%; margin: 2px auto;">Additional Action Taken (3)</div>
<b>F1 Released From:</b> Check all applicable boxes  <input type="checkbox"/> Below grade 1 <input type="checkbox"/> Inside/on structure <div style="border: 1px solid black; padding: 2px; width: 50px; margin: 2px 0;"> </div> Story of Release 2 <input checked="" type="checkbox"/> Outside of structure	<b>G1 Area Affected</b>  1 <input type="checkbox"/> Square Feet 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square miles  <div style="border: 1px solid black; padding: 2px; width: 50px; margin: 2px auto;">, </div> Enter Measurement	<b>G3 Estimated Number of People Evacuated</b>  <div style="border: 1px solid black; padding: 2px; width: 50px; margin: 2px auto;">, </div>	<b>I</b> If fire or explosion is involved with a release, which occurred first?  1 <input type="checkbox"/> Ignition    U <input type="checkbox"/> Undetermined 2 <input type="checkbox"/> Release

<b>J Cause of Release *</b>  1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional release 3 <input type="checkbox"/> Container/containment failure 4 <input type="checkbox"/> Act of nature 5 <input checked="" type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation	<b>K Factors Contributing to Release</b> Enter up to three contributing factors  <div style="border: 1px solid black; padding: 2px; width: 80%; margin: 2px auto;">Factor Contributing To Release (1)</div>  <div style="border: 1px solid black; padding: 2px; width: 80%; margin: 2px auto;">Factor Contributing To Release (2)</div>  <div style="border: 1px solid black; padding: 2px; width: 80%; margin: 2px auto;">Factor Contributing To Release (3)</div>	<b>L Factors Affecting Mitigation</b> Enter up to three factors or impediments that affected the mitigation of the incident  <div style="border: 1px solid black; padding: 2px; width: 80%; margin: 2px auto;">NN    None</div> Factor or impediment (1)  <div style="border: 1px solid black; padding: 2px; width: 80%; margin: 2px auto;">Factor or impediment (2)</div>  <div style="border: 1px solid black; padding: 2px; width: 80%; margin: 2px auto;">Factor or impediment (3)</div>
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<b>M Equipment Involved In Release</b>  <input type="checkbox"/> None  <div style="border: 1px solid black; padding: 2px; width: 80%; margin: 2px auto;">Equipment involved in release</div>  Brand <div style="border: 1px solid black; width: 80%; margin: 2px 0;"> </div> Model <div style="border: 1px solid black; width: 80%; margin: 2px 0;"> </div> Serial Number <div style="border: 1px solid black; width: 80%; margin: 2px 0;"> </div> Year <div style="border: 1px solid black; width: 80%; margin: 2px 0;"> </div>	<b>N Mobile Property Involved In Release</b> <input type="checkbox"/> None  <div style="border: 1px solid black; padding: 2px; width: 80%; margin: 2px auto;">Mobile property type</div>  <div style="border: 1px solid black; padding: 2px; width: 80%; margin: 2px auto;">Mobile property make</div>  <div style="border: 1px solid black; padding: 2px; width: 80%; margin: 2px auto;">Mobile property model      Year</div>  <div style="border: 1px solid black; padding: 2px; width: 80%; margin: 2px auto;">License Plate Number      State</div>  <div style="border: 1px solid black; padding: 2px; width: 80%; margin: 2px auto;">DOT Number/ ICC Number</div>	<b>O HazMat Disposition *</b>  1 <input type="checkbox"/> Completed by fire service only 2 <input type="checkbox"/> Completed w/ fire service present 3 <input checked="" type="checkbox"/> Released to local agency 4 <input type="checkbox"/> Released to county agency 5 <input type="checkbox"/> Released to state agency 6 <input type="checkbox"/> Released to federal agency 7 <input type="checkbox"/> Released to a private agency 8 <input type="checkbox"/> Released to property owner or manager  <b>O HazMat Civilian Casualties</b> Deaths      Injuries <div style="border: 1px solid black; padding: 2px; width: 40px; margin: 2px auto;"> </div> <div style="border: 1px solid black; padding: 2px; width: 40px; margin: 2px auto;"> </div>
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MM	DD	YYYY						
17005	LA	2	12	2015	96	15-0003690	0	Hazmat Narrative
FDID *	State *	Incident Date *		Station	Incident Number *	Exposure *		

**Hazardous Materials Narrative:**

A freight truck carrying 18 totes (330 gallons each) broke in half while traveling west on I10 at the split of interstate 12. Upon arrival we identified the chemical as ethylene glycol and after donning ppe made entry to the rear of the trailer to access conditions. It was determined that no product had leaked from totes being transported. We spoke to the operator of the vehicle and advised that he would need to call someone to offload and reload his cargo to another vehicle. His company notified USES to assist with the task. Roadrunner wrecker was notified by city police to assist as well. The totes were offloaded and placed on a flat bed trailer for transport.

Operator: James Stephen Maples  
4213 Lake Arthur Dr. APT.303  
Port Arthur TX, 77642

Company:Bluebonnet Petrochemical Solutions (USDOT 2187110)  
Port Arthur, TX

Product was destined for GB Sales 3143 S. Burnside AVE.  
Gonzales, LA. 70737

<b>A</b>		MM DD YYYY	Delete		NFIRS -1	
FDID	State	Incident Date	Station	Incident Number	Exposure	Basic
17005	LA	02 13 2015	96	15-0003748	000	
<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.						
<b>B Location*</b>						
<input checked="" type="checkbox"/> Street address	Number/Milepost	Prefix	Street or Highway	Street Type	Suffix	
<input type="checkbox"/> Intersection	100		WEST I-10	HWY		
<input type="checkbox"/> In front of						
<input type="checkbox"/> Rear of			BATON ROUGE	LA	70806	
<input type="checkbox"/> Adjacent to	Apt./Suite/Room	City		State	Zip Code	
<input type="checkbox"/> Directions	Cross street or directions, as applicable					
<b>C Incident Type *</b>		<b>E1 Date &amp; Times</b>			<b>E2 Shift &amp; Alarms</b>	
400 Hazardous condition, Other		Midnight is 0000			Local Option	
Incident Type		Check boxes if dates are the same as Alarm			Shift or Platoon	
		ALARM always required			Alarms District	
		Date.			A 01 35	
<b>D Aid Given or Received *</b>		Alarm *			Shift or Platoon	
1 <input type="checkbox"/> Mutual aid received		02 13 2015 06:00:20			Alarms District	
2 <input type="checkbox"/> Automatic aid recv.		ARRIVAL required, unless canceled or did not arrive			E3 Special Studies	
3 <input type="checkbox"/> Mutual aid given		<input checked="" type="checkbox"/> Arrival *			Local Option	
4 <input type="checkbox"/> Automatic aid given		02 13 2015 06:19:42			Special Study ID#	
5 <input type="checkbox"/> Other aid given		CONTROLLED Optional, except for wildland fires			Special Study Value	
N <input checked="" type="checkbox"/> None		<input type="checkbox"/> Controlled				
		LAST UNIT CLEARED, required except for wildland fires				
		Last Unit				
		<input checked="" type="checkbox"/> Cleared				
		02 13 2015 06:52:10				
<b>F Actions Taken *</b>		<b>G1 Resources *</b>		<b>G2 Estimated Dollar Losses &amp; Values</b>		
44 Hazardous materials		<input checked="" type="checkbox"/> 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. None		
Primary Action Taken (1)		Apparatus Personnel		Property \$		
Additional Action Taken (2)		Suppression 0001 0002		, 000, 000		
Additional Action Taken (3)		EMS		Contents \$		
		Other		, 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>		<b>H3 Hazardous Materials Release</b>		<b>I Mixed Use Property</b>
<input type="checkbox"/> Fire-2		Deaths Injuries		N <input type="checkbox"/> None		NN <input type="checkbox"/> Not Mixed
<input type="checkbox"/> Structure-3		Fire Service		1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions		10 <input type="checkbox"/> Assembly use
<input type="checkbox"/> Civil Fire Cas.-4		Civilian		2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)		20 <input type="checkbox"/> Education use
<input type="checkbox"/> Fire Serv. Cas.-5		H2 Detector		3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container		33 <input type="checkbox"/> Medical use
<input type="checkbox"/> EMS-6		Required for Confined Fires.		4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage		40 <input type="checkbox"/> Residential use
<input type="checkbox"/> HazMat-7		1 <input type="checkbox"/> Detector alerted occupants		5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable		51 <input type="checkbox"/> Row of stores
<input type="checkbox"/> Wildland Fire-8		2 <input type="checkbox"/> Detector did not alert them		6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only		53 <input type="checkbox"/> Enclosed mall
<input checked="" type="checkbox"/> Apparatus-9		U <input type="checkbox"/> Unknown		7 <input type="checkbox"/> Motor oil: from engine or portable container		58 <input type="checkbox"/> Bus. & Residential
<input checked="" type="checkbox"/> Personnel-10				8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons		59 <input type="checkbox"/> Office use
<input type="checkbox"/> Arson-11				0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form		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>		341 <input type="checkbox"/> Clinic, clinic type infirmary		539 <input type="checkbox"/> Household goods, sales, repairs		
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office		579 <input type="checkbox"/> Motor vehicle/boat sales/repair		
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile		571 <input type="checkbox"/> Gas or service station		
162 <input type="checkbox"/> Bar/Tavern or nightclub		419 <input type="checkbox"/> 1-or 2-family dwelling		599 <input type="checkbox"/> Business office		
213 <input type="checkbox"/> Elementary school or kindergarten		429 <input type="checkbox"/> Multi-family dwelling		615 <input type="checkbox"/> Electric generating plant		
215 <input type="checkbox"/> High school or junior high		439 <input type="checkbox"/> Rooming/boarded house		629 <input type="checkbox"/> Laboratory/science lab		
241 <input type="checkbox"/> College, adult education		449 <input type="checkbox"/> Commercial hotel or motel		700 <input type="checkbox"/> Manufacturing plant		
311 <input type="checkbox"/> Care facility for the aged		459 <input type="checkbox"/> Residential, board and care		819 <input type="checkbox"/> Livestock/poultry storage (barn)		
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		519 <input type="checkbox"/> Food and beverage sales		891 <input type="checkbox"/> Warehouse		
Outside		936 <input type="checkbox"/> Vacant lot		981 <input type="checkbox"/> Construction site		
124 <input type="checkbox"/> Playground or park		938 <input type="checkbox"/> Graded/care for plot of land		984 <input type="checkbox"/> Industrial plant yard		
655 <input type="checkbox"/> Crops or orchard		946 <input type="checkbox"/> Lake, river, stream				
669 <input type="checkbox"/> Forest (timberland)		951 <input type="checkbox"/> Railroad right of way		Lookup and enter a Property Use code only if you have NOT checked a Property Use box:		
807 <input type="checkbox"/> Outdoor storage area		960 <input type="checkbox"/> Other street		Property Use		961
919 <input type="checkbox"/> Dump or sanitary landfill		961 <input checked="" type="checkbox"/> Highway/divided highway		Highway or divided highway		
931 <input type="checkbox"/> Open land or field		962 <input type="checkbox"/> Residential street/driveway				

**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 Suffix  
 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.

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 Suffix  
 Post Office Box Apt./Suite/Room City  
 State Zip Code

**L Remarks**

Local Option

On 02/13/2015 at 06:00:20 dispatched To 100 WEST I-10 HWY /BATON ROUGE, LA 70806. The location is a . The incident was determined to be a(n) Hazardous condition, Other.

06:19:42 arrived on scene.

The following actions were performed on scene:

Hazardous materials leak control & containmen

Units responding were:

Unit HZ096 responded.

96 RESPONDED TO CALL TO FIND LEAKING SADDLE TANK 96 PATCHED THE LEAK APPROX LOST 15 GALLONS OF DIESEL DOTD WAS CALLED TO CLEAR ROADWAY 96 BACK IN SERVICE

06:52:10 all units back in service.

**L Authorization**

2377

Officer in charge ID

COOPER, JEREMY SCOTT

Signature

HMO

Position or rank

Assignment

02

Month

13

Day

2015

Year

Check Box if same as Officer in charge:

2377

Member making report ID

COOPER, JEREMY SCOTT

Signature

HMO

Position or rank

Assignment

02

Month

13

Day

2015

Year

17005	LA	MM	DD	YYYY	96	15-0003748	000	Complete Narrative
FDID *	State *	Incident	Date *		Station	Incident Number *	Exposure *	

**Narrative:**

On 02/13/2015 at 06:00:20 dispatched To 100 WEST I-10 HWY /BATON ROUGE, LA 70806. The location is a . The incident was determined to be a(n) Hazardous condition, Other.

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96 RESPONDED TO CALL TO FIND LEAKING SADDLE TANK 96 PATCHED THE LEAK APPROX LOST 15 GALLONS OF DIESEL DOTD WAS CALLED TO CLEAR ROADWAY 96 BACK IN SERVICE

06:52:10 all units back in service.

<b>A</b>		MM DD YYYY									NFIRS -1 Basic	
FDID * 17005		State * LA	Incident Date * 04 25 2017		Station 9	Incident Number * 17-0010952		Exposure * 000		<input type="checkbox"/> Delete <input type="checkbox"/> Change <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.												
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions												
400 WEST I-10 HWY Number/Milepost Prefix Street or Highway Street Type Suffix BATON ROUGE LA 70808 Apt./Suite/Room City State Zip Code Cross street or directions, as applicable												
<b>C Incident Type *</b>			<b>E1 Date &amp; Times</b>						<b>E2 Shift &amp; Alarms</b>			
400 Hazardous condition, Other			Check boxes if dates are the same as Alarm ALARM always required Date: Alarm * 04 25 2017 10:00:12 ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * 04 25 2017 10:07:59 CONTROLLED Optional, Except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit Cleared 04 25 2017 10:45:48						Local Option Shift or District Platoon B 01 Alarms District Platoon			
<b>D Aid Given or Received *</b>			<b>E3 Special Studies</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						Local Option Special Study ID# Special Study Value			
<b>F Actions Taken *</b>			<b>G1 Resources *</b>			<b>G2 Estimated Dollar Losses &amp; Values</b>						
41 Identify, analyze Primary Action Taken (1)			<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression EMS Other 0003 <input type="checkbox"/> Check box if resource counts include aid received resources.			LOSSES: Required for all fires if known. Optional for non fires. None Property \$ 000,000 Contents \$ 000,000 PRE-INCIDENT VALUE: Optional Property \$ 000,000 Contents \$ 000,000						
<b>Completed Modules</b>			<b>H1* Casualties</b>			<b>H3 Hazardous Materials Release</b>			<b>I Mixed Use Property</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			Deaths Injuries Fire Service Civilian <b>H2 Detector</b> Required for Confined Fires, <input type="checkbox"/> Detector alerted occupants <input type="checkbox"/> Detector did not alert them <input type="checkbox"/> Unknown			<input type="checkbox"/> None <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable <input type="checkbox"/> Household solvents: home/office spill, cleanup only <input type="checkbox"/> Motor oil: from engine or portable container <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form			<input type="checkbox"/> Not Mixed <input type="checkbox"/> Assembly use <input type="checkbox"/> Education use <input type="checkbox"/> Medical use <input type="checkbox"/> Residential use <input type="checkbox"/> Row of stores <input type="checkbox"/> Enclosed mall <input type="checkbox"/> Bus. & Residential <input type="checkbox"/> Office use <input type="checkbox"/> Industrial use <input type="checkbox"/> Military use <input type="checkbox"/> Farm use <input type="checkbox"/> Other mixed use			
<b>J Property Use* Structures</b>			341 <input type="checkbox"/> Clinic, clinic type infirmary			539 <input type="checkbox"/> Household goods, sales, repairs						
131 <input type="checkbox"/> Church, place of worship			342 <input type="checkbox"/> Doctor/dentist office			579 <input type="checkbox"/> Motor vehicle/boat sales/repair						
161 <input type="checkbox"/> Restaurant or cafeteria			361 <input type="checkbox"/> Prison or jail, not juvenile			571 <input type="checkbox"/> Gas or service station						
162 <input type="checkbox"/> Bar/Tavern or nightclub			419 <input type="checkbox"/> 1-or 2-family dwelling			599 <input type="checkbox"/> Business office						
213 <input type="checkbox"/> Elementary school or kindergarten			429 <input type="checkbox"/> Multi-family dwelling			615 <input type="checkbox"/> Electric generating plant						
215 <input type="checkbox"/> High school or junior high			439 <input type="checkbox"/> Rooming/boarding house			629 <input type="checkbox"/> Laboratory/science lab						
241 <input type="checkbox"/> College, adult education			449 <input type="checkbox"/> Commercial hotel or motel			700 <input type="checkbox"/> Manufacturing plant						
311 <input type="checkbox"/> Care facility for the aged			459 <input type="checkbox"/> Residential, board and care			819 <input type="checkbox"/> Livestock/poultry storage (barn)						
331 <input type="checkbox"/> Hospital			464 <input type="checkbox"/> Dormitory/barracks			882 <input type="checkbox"/> Non-residential parking garage						
Outside			519 <input type="checkbox"/> Food and beverage sales			891 <input type="checkbox"/> Warehouse						
124 <input type="checkbox"/> Playground or park			936 <input type="checkbox"/> Vacant lot			981 <input type="checkbox"/> Construction site						
655 <input type="checkbox"/> Crops or orchard			938 <input type="checkbox"/> Graded/care for plot of land			984 <input type="checkbox"/> Industrial plant yard						
669 <input type="checkbox"/> Forest (timberland)			946 <input type="checkbox"/> Lake, river, stream			Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 961 Highway or divided highway						
807 <input type="checkbox"/> Outdoor storage area			951 <input type="checkbox"/> Railroad right of way			NFIRS-1 Revision 03/11/99						
919 <input type="checkbox"/> Dump or sanitary landfill			960 <input type="checkbox"/> Other street									
931 <input type="checkbox"/> Open land or field			961 <input checked="" type="checkbox"/> Highway/divided highway									
			962 <input type="checkbox"/> Residential street/driveway									

**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 \_\_\_\_\_ Suffix \_\_\_\_\_

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.

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 \_\_\_\_\_ Suffix \_\_\_\_\_

Post Office Box \_\_\_\_\_ Apt./Suite/Room \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**L Remarks**

Local Option \_\_\_\_\_

On 04/25/2017 at 10:00:12 dispatched To 400 WEST I-10 HWY /BATON ROUGE, LA 70808. The location is a Highway or divided highway. The incident was determined to be a(n) Hazardous condition, Other.

10:07:59 arrived on scene.

The following actions were performed on scene:

Identify, analyze hazardous materials

UPON ARRIVAL ENG 9 FOUND A TRANSFORMER ON THE SIDE OF THE LEFT LANE OF THE INTERSTATE. ALSO A SPOT OF FLUID IN THE MIDDLE OF THE LEFT AND CENTER LANE ABOUT THE SIZE OF A TIRE. THE DRIVER INFORMED US THAT THEY WERE NEW TRANSFORMERS. I RELAYED THE INFORMATION TO HAZMAT 96 WHICH WERE IN ROUTE. WHEN HAZMAT ARRIVED WE HELPED REMOVED THE TRANSFORMER AND PLACED OUT ABSORBANT MATERIAL TO SOAK UP LIQUID.

Units responding were:

Unit CH037 responded.

Unit EG009 responded.

Unit HZ096 responded.

10:45:48 all units back in service.

**L Authorization**

1825 \_\_\_\_\_ MCCONNELL, OWEN B. \_\_\_\_\_ CP \_\_\_\_\_ 04 25 2017

Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if  same as Officer in charge.

1825 \_\_\_\_\_ MCCONNELL, OWEN B. \_\_\_\_\_ CP \_\_\_\_\_ 04 25 2017

Member making report ID Signature Position or rank Assignment Month Day Year

17005	LA	MM	DD	YYYY	9	17-0010952	000	Complete Narrative
FDID *	State *	4	25	2017	Station	Incident Number *	Exposure *	

**Narrative:**

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10:07:59 arrived on scene.

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Units responding were:

- Unit CH037 responded.
- Unit EG009 responded.
- Unit HZ096 responded.

10:45:48 all units back in service.

**A** FDID 17005 State LA Incident Date 06/28/2017 Station 9 Incident Number 17-0016847 Exposure 000  Delete  Change  No Activity **NFIRS -1 Basic**

**B Location\***  Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract      -     

Street address 3225 PERKINS RD  
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection  In front of  Rear of  Adjacent to  Directions

     BATON ROUGE LA 70808 -       
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

**C Incident Type \***  
400 Hazardous condition, Other  
 Incident Type

**E1 Date & Times** Midnight is 0000  
 Check boxes if dates are the same as Alarm. ALARM always required.  
 Alarm  06/28/2017 12:58:21  
 ARRIVAL required, unless canceled or did not arrive  
 Arrival  06/28/2017 13:05:00  
 CONTROLLED Optional, Except for wildland fires  
 Controlled   
 LAST UNIT CLEARED, required except for wildland fires  
 Last Unit  06/28/2017 13:24:36  
 Cleared

**E2 Shift & Alarms**  
 Local Option 01/37  
 Shift or Alarms District Platoon

**D Aid Given or Received \***

1  Mutual aid received  
 2  Automatic aid recv.  
 3  Mutual aid given  
 4  Automatic aid given  
 5  Other aid given  
 N  None

Their FDID Their State  
           
 Their Incident Number  
    

**E3 Special Studies**  
 Local Option  
 Special Study ID#      Special Study Value     

**F Actions Taken \***

44 Hazardous materials  
 Primary Action Taken (1)

      
 Additional Action Taken (2)

      
 Additional Action Taken (3)

**G1 Resources \***

Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus      Personnel       
 Suppression       
 EMS       
 Other 0004

Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses & Values**

LOSSES: Required for all fires if known. Optional for non fires. None

Property \$     , 000, 000   
 Contents \$     , 000, 000   
 PRE-INCIDENT VALUE: Optional  
 Property \$     , 000, 000   
 Contents \$     , 000, 000

**Completed Modules**

Fire-2  
 Structure-3  
 Civil Fire Cas.-4  
 Fire Serv. Cas.-5  
 EMS-6  
 HazMat-7  
 Wildland Fire-8  
 Apparatus-9  
 Personnel-10  
 Arson-11

**H1\* Casualties**  None  
 Deaths Injuries  
 Fire Service            
 Civilian          

**H2 Detector**  
 Required for Confined Fires.  
 1  Detector alerted occupants  
 2  Detector did not alert them  
 U  Unknown

**H3 Hazardous Materials Release**

N  None

1  Natural Gas: slow leak, no evacuation or HazMat actions  
 2  Propane gas: <21 lb. tank (as in home BBQ grill)  
 3  Gasoline: vehicle fuel tank or portable container  
 4  Kerosene: fuel burning equipment or portable storage  
 5  Diesel fuel/fuel oil: vehicle fuel tank or portable  
 6  Household solvents: home/office spill, cleanup only  
 7  Motor oil: from engine or portable container  
 8  Paint: from paint cans totaling < 55 gallons  
 0  Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

**I Mixed Use Property**

NN  Not Mixed  
 10  Assembly use  
 20  Education use  
 33  Medical use  
 40  Residential use  
 51  Row of stores  
 53  Enclosed mall  
 58  Bus. & Residential  
 59  Office use  
 60  Industrial use  
 63  Military use  
 65  Farm use  
 00  Other mixed use

**J Property Use\* Structures**

131  Church, place of worship  
 161  Restaurant or cafeteria  
 162  Bar/Tavern or nightclub  
 213  Elementary school or kindergarten  
 215  High school or junior high  
 241  College, adult education  
 311  Care facility for the aged  
 331  Hospital

Outside

124  Playground or park  
 655  Crops or orchard  
 669  Forest (timberland)  
 807  Outdoor storage area  
 919  Dump or sanitary landfill  
 931  Open land or field

341  Clinic, clinic type infirmary  
 342  Doctor/dentist office  
 361  Prison or jail, not juvenile  
 419  1-or 2-family dwelling  
 429  Multi-family dwelling  
 439  Rooming/boarding house  
 449  Commercial hotel or motel  
 459  Residential, board and care  
 464  Dormitory/barracks  
 519  Food and beverage sales

936  Vacant lot  
 938  Graded/care for plot of land  
 946  Lake, river, stream  
 951  Railroad right of way  
 960  Other street  
 961  Highway/divided highway  
 962  Residential street/driveway

539  Household goods, sales, repairs  
 579  Motor vehicle/boat sales/repair  
 571  Gas or service station  
 599  Business office  
 615  Electric generating plant  
 629  Laboratory/science lab  
 700  Manufacturing plant  
 819  Livestock/poultry storage (barn)  
 882  Non-residential parking garage  
 891  Warehouse

981  Construction site  
 984  Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:  
 Property Use 500  
Mercantile, business, Other  
 NFIRS-1 Revision 03/11/99

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

**L Remarks**

Local Option

On 06/28/2017 at 12:58:21 dispatched To 3225 PERKINS RD /BATON ROUGE, LA 70808. The location is a Mercantile, business, Other. The incident was determined to be a(n) Hazardous condition, Other.

13:05:00 arrived on scene.

The following actions were performed on scene:

Hazardous materials leak control & containmen

Units responding were:

Unit CH037 responded.

Unit EG009 responded.

Unit HZ096 responded.

Unit HZ097 responded and took these actions:

Cancelled en route

13:24:36 all units back in service.

**L Authorization**

1603

Officer in charge ID

BROUSSARD, MICHAEL W.

Signature

CP

Position or rank

Assignment

06

Month

28

Day

2017

Year

Check Box if same as Officer in charge.

 1603

Member making report ID

BROUSSARD, MICHAEL W.

Signature

CP

Position or rank

Assignment

06

Month

28

Day

2017

Year

17005	LA	MM	DD	YYYY	9	17-0016847	000	Complete Narrative
FDID *	State *	Incident	Date *		Station	Incident Number *	Exposure *	

**Narrative:**

On 06/28/2017 at 12:58:21 dispatched To 3225 PERKINS RD /BATON ROUGE, LA 70808. The location is a Mercantile, business, Other. The incident was determined to be a(n) Hazardous condition, Other.

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