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Muscatine Fire Department

NEPA Fire Experience Survey

01/01/2008 to 01/31/2008

Part II: MAJOR FIRES

Date	Name of Occup/Owner, Address and Property Use	Civilian Fire Deaths	Property Loss
01/20/2008	FULLER, JAMES 409 Clay St. 1 or 2 family dwelling	0	12,000.00
01/03/2008	ELLIS, JACK 54 Cyril Ave. 1 or 2 family dwelling	0	2,000.00

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Part IV: BREAKDOWN OF FALSE ALARM RESPONSES

Type of Response	Number of Incidents
1. Malicious, Mischievous False Call	0
2. System Malfunction	5
3. Unintentional	4
4. Other False Alarms	1

Part V: INTENTIONALLY SET FIRES IN STRUCTURES AND VEHICLES

	Number of Fires	Civilian Deaths	Casualties Injuries	Property Damage
1. Structure Fires Intentionally Set	0	0	0	0
2. Vehicle Fires Intentionally Set	0	0	0	0

Part VI: FIRE SERVICE EXPOSURES AND INJURIES

Total Number of Infectious Disease Exposures.....:	0
Total Number of Hazardous Condition Exposures.....:	0
Total Number of Nonfatal Firefighter Injuries.....:	0

On-Duty Fire Fighter Injuries (Nonfatal) by Type of Duty, and Nature of Most Serious Injury

Nature of Most Serious Injury	Respond/Return	At Fire Ground	Non-Fire Emerg	Train.	Other On-Duty
1. Burns	0	0	0	0	0
2a. Smoke or Gas Inhalation	0	0	0	0	0
2b. Other Respiratory Distress	0	0	0	0	0
3. Burns and Smoke Inhalation	0	0	0	0	0
4. Wound/Cut/Bleeding/Bruise	0	0	0	0	0
5. Dislocation/Fracture	0	0	0	0	0
6. Heart Attack or Stroke	0	0	0	0	0
7. Strain/Sprain/Muscle Pain	0	0	0	0	0
8. Thermal Stress	0	0	0	0	0
9. All Other	0	0	0	0	0
10. TOTAL	0	0	0	0	0

Fire Ground Injuries (Nonfatal) By Cause

1. Exposure to Fire Products	0		
2. Exposure to Chem./Radiation	0		
3. Fell, Slipped, Jumped	0	4. Overexertion	0
5. Stepped on/Contact With	0	6. Struck By	0
7. Extreme Weather	0	8. All Other	0

Number of Injuries Resulting in Lost Time: 0
 How many shifts were lost as a result of these injuries: _____

Fire Department Vehicle Accidents

Accidents involving fire department emergency vehicles: _____ Resulting injuries: _____
 Accidents involving firefighter's personal vehicles...: _____ Resulting injuries: _____