



209 West Main Avenue
Round Rock, TX 78664
800-258-1934
www.tpfm.org

Date: 07/02/2021

Policy ID: TP-6704407
Policy Type: Farm Mutual - ACV

CONFIRMATION OF CANCELLATION

Mail To: HEATHER GABERT 14230 FM RD 1100 Manor, TX 78653	Named Insured(s): HEATHER GABERT 14230 FM RD 1100 Manor, TX 78653	Agency: TEXAS PIONEER HOME OFFICE 0001 209 WEST MAIN Round Rock, TX 78664
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Policy Term Effective Date: 09/27/2020, 12:01AM Standard Time	Policy Term Expiration Date: 09/27/2021, 12:01AM Standard Time
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This will serve as notice that the above policy "Has Been Cancelled" as of 05/29/2021.

Coverage from this Farm Mutual - ACV policy is no longer in force as of 05/29/2021. You are receiving this notice of cancellation due to "Property was a total loss".

No Other Notice Will Be Sent. We reserve the right to refuse any request for reinstatement after the cancellation date.

Property 1: 14230 FM RD 1100, Manor, TX

President	
SIGNATURE 	DATE 07/02/2021

Notice to Mortgagee or other Interested Parties:

This will serve as your notice based on the terms and conditions of the policy that your interest has been canceled based on the reasons stated above. The date and time of the cancellation was effective as noted above.

A+ FEDERAL CREDIT UNION



Claim Consultant Group
 308 S. Meadowlark Street
 Lakeway, TX 78734
 Office: 888-645-1480
 Fax: 512-650-1033

LOSS REPORT
Final

Reference:

Report #: 0

Catastrophe Number:

Policy Number: TP6704407

Claim Number: TPC-2021-353

Insured: Heather Gabert
 14230 FM Rd 1100
 Manor, TX 78653

Date of Loss: 5/28/2021

Type of Loss: Fire

File Number:

ENCLOSURES:

Statement of Loss

COVERAGE:

Dwelling \$140,000.00

Eff. Dates: From: 9/27/2020 To: 9/27/2021

Mortgagee:

Deductible: \$0.00

Co-Ins. Policy: Yes No

Forms:

NARRATIVE

ASSIGNMENT

This loss was received on 5/30/2021, via email, as a full assignment. Immediate contact was made within 5/30/2021; we introduced ourselves and explained the claims process. Inspection was scheduled for 5/31/2021.

CAUSE OF LOSS

The reported date of loss was 5/28/2021. The cause of loss was reported as Wind/Hail which caused a tree to fall onto the electrical service which it appears to have caused a short in the electrical

Weather was verified through Wunderground.com showing significant winds from 44mph with gusts up to 60mph.

COVERAGE

The insured's policy is written with Dwelling Coverage amount of \$140,000.00. The insured maintains a \$1,400.00 deductible.

The insured's Policy is written with Detached Garage Coverage amount of \$14,000.00.

The policy is subject to the following forms and Endorsements: TPFM POL 1-1-2020, TP119A.

DWELLING DESCRIPTION

The risk is located at 14230 FM Rd 1100, Manor, TX. 78653. The insured risk is 1-story, owneroccupied, single family, wood-framed dwelling clad with wood siding and constructed upon a Pier and beam foundation. The dwelling was built in 1940 and is in good overall condition.

DEPRECIATION DOCUMENTATION

Since the loss exceeds the limit of coverage no depreciation has been applied.

BUILDING VALUATION

Valuation was not requested.

PROPERTY DAMAGE

Roof:

The roof was not accessed due to safety issues.

Exterior

Our inspection revealed smoke and water damage to the exterior where both escaped through the crevices between the wood siding and smoke damage to the soffits.

INTERIOR:

Inspection revealed significant fire damage to all rooms in the home. Home appears to be a total loss.

PERSONAL PROPERTY

Our inspection revealed significant fire, smoke and water damages to the personal property inside the home.

OVERHEAD & PROFIT

The loss exceeds the limit of coverage.

SUBROGATION

The damage was the result of a recent wind event and not due to any third-party negligence.

SALVAGE

Salvage recovery would be associated with used building materials and we do not see potential for

recovery for this claim.

PRIOR CLAIMS

No prior claims noted on the FNOL at time of this report.

CLAIM/INSPECTION SUMMARY WITH IA RECOMMENDATIONS

We have reviewed the scope of damage with no estimates or invoices were provided at time of this report.

We have made no coverage/payment commitments to the insured and have advised the insured that all final decisions and approvals will be made by Texas Pioneer Farm Mutual.

Sincerely,

Raymond Smith

Field Adjuster

STATEMENT OF LOSS:

<u>Item</u>	<u>RCV</u>	<u>Dep</u>	<u>ACV</u>	<u>Limit</u>
Dwelling	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS	\$0.00	\$0.00	\$0.00	

Deductible	\$0.00
Less Prior Payments	\$0.00
Claim Payable	\$0.00
Due Insured	\$0.00

RECOMMENDATIONS:

For Review

Raymond Smith

6/10/2021

Date

A WP309 TX 05 28 2021 03 0001850 000 Delete Change **NFIRS-2 Fire**

FDID ★ State ★ Incident Date ★ Station Incident Number ★ Exposure ★

B Property Details

B1 1 Not Residential
Estimated number of residential living units in building of origin whether or not all units became involved

B2 1 Buildings not involved
Number of buildings involved

B3 1 None Less than one acre
Area burned (outside fires)

C On-Site Materials or Products None
Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved

Enter up to three codes. Check one box for each code entered.

On-site material (1)

On-site material (2)

On-site material (3)

On-Site Materials Storage Use

1 Bulk storage or warehousing
2 Processing or manufacturing
3 Packaged goods for sale
4 Repair or service
U Undetermined

D Ignition

D1 24 kitchen
Area of fire origin ★

D2 UU Undetermined
Heat source ★

D3 UU Undetermined
Item first ignited ★ Check box if fire spread was confined to object of origin.

D4
Type of material first ignited Requested only if item first ignited code is 00 or < 70.

E1 Cause of Ignition ★
 Check box if this is an exposure report

1 Intentional
2 Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing to Ignition ★ None

61 High wind
Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors ★
Contributing to Ignition

Check all applicable boxes None

1 Asleep
2 Possibly impaired by alcohol or drugs
3 Unattended person
4 Possibly mentally disabled
5 Physically disabled
6 Multiple persons involved
7 Age was a factor

Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved in Ignition

None If equipment was not involved, skip to Section G.

Equipment involved

Brand

Model

Serial #

Year

F2 Equipment Power Source

Equipment Power Source

F3 Equipment Portability

1 Portable
2 Stationary

Portable equipment normally can be moved by one or two persons, as designed to be used at multiple locations, and requires no tools to install

G Fire Suppression Factors None

Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved None

1 Not involved in ignition, but burned
2 Involved in ignition, but did not burn
3 Involved in ignition and burned

Mobile property type

Mobile property make

Model Year

License/Case Number State VIN

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Model Year

Local Use

Pre-Fire Plan Available
Some of the information provided in this section is based upon reports from other agencies.

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).

<p>Structure Type ☆</p> <p>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</p> <p>1 <input checked="" type="checkbox"/> Enclosed building</p> <p>2 <input type="checkbox"/> Portable/Mobile structure</p> <p>3 <input type="checkbox"/> Open structure</p> <p>4 <input type="checkbox"/> Air-supported structure</p> <p>5 <input type="checkbox"/> Tent</p> <p>6 <input type="checkbox"/> Open platform (e.g., piers)</p> <p>7 <input type="checkbox"/> Underground structure (work areas)</p> <p>8 <input type="checkbox"/> Connective structure (e.g., fences)</p> <p>0 <input type="checkbox"/> Other type of structure</p>	<p>12 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input checked="" type="checkbox"/> In normal use</p> <p>3 <input type="checkbox"/> Idle, not routinely used</p> <p>4 <input type="checkbox"/> Under major renovation</p> <p>5 <input type="checkbox"/> Vacant and secured</p> <p>6 <input type="checkbox"/> Vacant and unsecured</p> <p>7 <input type="checkbox"/> Being demolished</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>13 Building Height ☆</p> <p>Count the roof as part of the highest story.</p> <p><u>001</u></p> <p>Total number of stories at or above grade.</p> <p><u>00</u></p> <p>Total number of stories below grade.</p>	<p>14 Main Floor Size ☆</p> <p>NFIRS-3 Structure Fire</p> <p><u>00</u>, <u>001</u>, <u>316</u></p> <p>Total square feet</p> <p>OR</p> <p><u> </u>, <u> </u> BY <u> </u>, <u> </u></p> <p>Length in feet Width in feet</p>
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<p>J1 Fire Origin ☆</p> <p><u>001</u></p> <p>Story of fire origin</p> <p><input type="checkbox"/> Below grade</p>	<p>J3 Number of Stories Damaged by Flame</p> <p>Count the roof as part of the highest story</p> <p><u> </u> Number of stories w/minor damage (1 to 24% flame damage)</p> <p><u> </u> Number of stories w/significant damage (25 to 49% flame damage)</p> <p><u> </u> Number of stories w/heavy damage (50 to 74% flame damage)</p> <p><u> </u> Number of stories w/extreme damage (75 to 100% flame damage)</p>	<p>K Type of Material Contributing Most to Flame Spread</p> <p><input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine</p> <p>K1 <u> </u></p> <p>Item contributing most to flame spread</p> <p>K2 <u> </u></p> <p>Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</p>
<p>J2 Fire Spread ☆</p> <p>If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module).</p> <p>2 <input type="checkbox"/> Confined to room of origin</p> <p>3 <input checked="" type="checkbox"/> Confined to floor of origin</p> <p>4 <input type="checkbox"/> Confined to building of origin</p> <p>5 <input type="checkbox"/> Beyond building of origin</p>		

<p>L1 Presence of Detectors ☆</p> <p>(In area of the fire)</p> <p>N <input type="checkbox"/> None Present → Skip to Section M</p> <p>1 <input checked="" type="checkbox"/> Present</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L3 Detector Power Supply</p> <p>1 <input checked="" type="checkbox"/> Battery only</p> <p>2 <input type="checkbox"/> Hardwire only</p> <p>3 <input type="checkbox"/> Plug-in</p> <p>4 <input type="checkbox"/> Hardwire with battery</p> <p>5 <input type="checkbox"/> Plug-in with battery</p> <p>6 <input type="checkbox"/> Mechanical</p> <p>7 <input type="checkbox"/> Multiple detectors & power supplies</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L5 Detector Effectiveness</p> <p>Required if detector operated</p> <p>1 <input type="checkbox"/> Alerted occupants, occupants responded</p> <p>2 <input type="checkbox"/> Alerted occupants, occupants failed to respond</p> <p>3 <input type="checkbox"/> There were no occupants</p> <p>4 <input type="checkbox"/> Failed to alert occupants</p> <p>U <input type="checkbox"/> Undetermined</p>
<p>L2 Detector Type</p> <p>1 <input checked="" type="checkbox"/> Smoke</p> <p>2 <input type="checkbox"/> Heat</p> <p>3 <input type="checkbox"/> Combination smoke and heat</p> <p>4 <input type="checkbox"/> Sprinkler, water flow detection</p> <p>5 <input type="checkbox"/> More than one type present</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L4 Detector Operation</p> <p>1 <input type="checkbox"/> Fire too small to activate</p> <p>2 <input type="checkbox"/> Operated → Complete Block L5</p> <p>3 <input type="checkbox"/> Failed to operate → Complete Block L6</p> <p>U <input checked="" type="checkbox"/> Undetermined</p>	<p>L6 Detector Failure Reason</p> <p>Required if detector failed to operate</p> <p>1 <input type="checkbox"/> Power failure, shutoff, or disconnect</p> <p>2 <input type="checkbox"/> Improper installation or placement</p> <p>3 <input type="checkbox"/> Defective</p> <p>4 <input type="checkbox"/> Lack of maintenance, includes not cleaning</p> <p>5 <input type="checkbox"/> Battery missing or disconnected</p> <p>6 <input type="checkbox"/> Battery discharged or dead</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>

<p>M1 Presence of Automatic Extinguishing System ☆</p> <p>N <input checked="" type="checkbox"/> None Present → Complete rest of Section M</p> <p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Partial System Present</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>M3 Operation of Automatic Extinguishing System</p> <p>Required if fire was within designed range.</p> <p>1 <input type="checkbox"/> Operated/effective (go to M4)</p> <p>2 <input type="checkbox"/> Operated/Not effective (go to M5)</p> <p>3 <input type="checkbox"/> Fire too small to activate</p> <p>4 <input type="checkbox"/> Failed to operate (go to M5)</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>M5 Reason for Automatic Extinguishing System Failure</p> <p>Required if system failed or not effective</p> <p>1 <input type="checkbox"/> System shut off</p> <p>2 <input type="checkbox"/> Not enough agent discharged</p> <p>3 <input type="checkbox"/> Agent discharged but did not reach fire</p> <p>4 <input type="checkbox"/> Wrong type of system</p> <p>5 <input type="checkbox"/> Fire not in area protected</p> <p>6 <input type="checkbox"/> System components damaged</p> <p>7 <input type="checkbox"/> Lack of maintenance</p> <p>8 <input type="checkbox"/> Manual intervention</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>
<p>M2 Type of Automatic Extinguishing System</p> <p>Required if fire was within designed range of AES.</p> <p>1 <input type="checkbox"/> Wet-pipe sprinkler</p> <p>2 <input type="checkbox"/> Dry-pipe sprinkler</p> <p>3 <input type="checkbox"/> Other sprinkler system</p> <p>4 <input type="checkbox"/> Dry chemical system</p> <p>5 <input type="checkbox"/> Foam system</p> <p>6 <input type="checkbox"/> Halogen-type system</p> <p>7 <input type="checkbox"/> Carbon dioxide (CO₂) system</p> <p>9 <input type="checkbox"/> Other special hazard system</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>M4 Number of Sprinkler Heads Operating</p> <p>Required if system operated.</p> <p><u> </u></p> <p>Number of sprinkler heads operating</p>	

Delete NFIRS-10 Personnel
 Change
 WP309 TX MM 05 DD 28 YYYY 2021 03 Station Incident Number 0001850 Exposure 000
 FDID ☆ State ☆ Incident Date ☆

B Apparatus or Resources	Dates and Times <small>Midnight to 6000</small> Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People ☆	Apparatus Use ☆ <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID E1202 ☆Type 00	Dispatch <input checked="" type="checkbox"/> [] [] [] [] 2337 Arrival <input checked="" type="checkbox"/> [] [] [] [] 2353 Clear <input type="checkbox"/> 05 29 2021 0311	Sent <input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	87 [] [] [] []

Personnel ☆ ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
FD120112	LEONARD CARLSON		<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2 ID E1203 ☆Type 11	Dispatch <input checked="" type="checkbox"/> [] [] [] [] 2320 Arrival <input type="checkbox"/> 05 29 2021 0231 Clear <input type="checkbox"/> 05 29 2021 0252	Sent <input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11 51 12 [] [] [] []
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Personnel ☆ ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
FD120131	AUSTEN HILL		<input checked="" type="checkbox"/>				
FD120527	NATHANIEL CANCLINI		<input checked="" type="checkbox"/>				
FD120154	AUSTIN ROBBINS-PAL...		<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3 ID S1201 ☆Type 70	Dispatch <input checked="" type="checkbox"/> [] [] [] [] 2319 Arrival <input checked="" type="checkbox"/> [] [] [] [] 2329 Clear <input type="checkbox"/> 05 29 2021 0310	Sent <input checked="" type="checkbox"/>	2	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	[] [] [] [] [] [] [] []
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Personnel ☆ ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
FD120155	SHAWN MEZA		<input checked="" type="checkbox"/>				
FD120147	BLAKE FRITSCHE		<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

FDID WP309 ★	State TX ★	MM 05	DD 28	YYYY 2021	Station 03	Incident Number 0001850 ★	Exposure 000 ★	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	NFIRS-10 Personnel
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B Apparatus or Resources	Dates and Times	Sent	Number of People	Apparatus Use	Actions Taken
	Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min	<input checked="" type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
1 ID B1201 ★Type 92	Dispatch <input checked="" type="checkbox"/> [] [] [] [] 2318 Arrival <input checked="" type="checkbox"/> [] [] [] [] 2318 Clear <input type="checkbox"/> 05 29 2021 0311	Sent <input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	81 [] [] [] []

Personnel ID ★	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
FD120526	ADAM TAPIA		<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2 ID [] [] [] []	Dispatch <input type="checkbox"/> [] [] [] [] Arrival <input type="checkbox"/> [] [] [] [] Clear <input type="checkbox"/> [] [] [] []	Sent	[] []	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	[] [] [] []
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Personnel ID ★	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
			<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3 ID [] [] [] []	Dispatch <input type="checkbox"/> [] [] [] [] Arrival <input type="checkbox"/> [] [] [] [] Clear <input type="checkbox"/> [] [] [] []	Sent	[] []	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	[] [] [] []
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Personnel ID ★	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
			<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

Delete Change **NFIRS-11 Arson**
 WP309 TX MM 05 DD 28 YYYY 2021 03 0001850 000
 FDID ☆ State ☆ Incident Date ☆ Station Incident Number ☆ Exposure ☆

B Agency Referred To None

Agency Name _____ Their case number _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____ Their ORI _____

Post Office Box _____ Apt./Suite/Room _____ City _____ Their Federal Identifier (FID) _____

State _____ ZIP Code _____ Agency phone number _____ Their FID _____

C Case Status

1 Investigation open
 2 Investigation closed
 3 Investigation inactive
 4 Closed with arrest
 5 Closed with exceptional clearance

D Availability of Material First Ignited

1 Transported to scene
 2 Available at scene
 U Unknown

E Suspected Motivation Factors Check up to three factors

11 <input type="checkbox"/> Extortion	22 <input type="checkbox"/> Hate crime	42 <input type="checkbox"/> Vanity/Recognition	54 <input type="checkbox"/> Burglary
12 <input type="checkbox"/> Labor unrest	23 <input type="checkbox"/> Institutional	43 <input type="checkbox"/> Thrills	61 <input type="checkbox"/> Homicide concealment
13 <input type="checkbox"/> Insurance fraud	24 <input type="checkbox"/> Societal	44 <input type="checkbox"/> Attention/Sympathy	62 <input type="checkbox"/> Burglary concealment
14 <input type="checkbox"/> Intimidation	31 <input type="checkbox"/> Protest	45 <input type="checkbox"/> Sexual excitement	63 <input type="checkbox"/> Auto theft concealment
15 <input type="checkbox"/> Void contract/lease	32 <input type="checkbox"/> Civil unrest	51 <input type="checkbox"/> Homicide	64 <input type="checkbox"/> Destroy records/evidence
21 <input type="checkbox"/> Personal	41 <input type="checkbox"/> Fireplay/Curiosity	52 <input type="checkbox"/> Suicide	00 <input type="checkbox"/> Other suspected motivation
		53 <input type="checkbox"/> Domestic violence	UU <input type="checkbox"/> Unknown motivation

F Apparent Group Involvement Check up to three factors None

1 Terrorist group
 2 Gang
 3 Anti-government group
 4 Outlaw motorcycle organization
 5 Organized crime
 6 Racial/Ethnic hate group
 7 Religious hate group
 8 Sexual preference hate group
 0 Other group
 U Unknown

H Incendiary Devices Select one from each category

CONTAINER No container

11 Bottle (glass) 14 Pressurized container 17 Box
 12 Bottle (plastic) 15 Can (not gas or fuel) 00 Other Container
 13 Jug 16 Gasoline or fuel can UU Unknown

IGNITION/DELAY DEVICE No device

11 Wick or fuse 17 Road flare/fuse
 12 Candle 18 Chemical component
 13 Cigarette and matchbook 19 Trailer/Streamer
 14 Electronic component 20 Open flame source
 15 Mechanical device 00 Other delay device
 16 Remote control UU Unknown

G1 Entry Method

Entry Method _____

FUEL None

11 Ordinary combustibles 16 Pyrotechnic material
 12 Flammable gas 17 Explosive material
 14 Ignitable liquid 00 Other material
 15 Ignitable solid UU Unknown

G2 Extent of Fire Involvement on Arrival

Extent of Fire Involvement _____

I Other Investigative Information Check all that apply

1 Code violations
 2 Structure for sale
 3 Structure vacant
 4 Other crimes involved
 5 Illicit drug activity
 6 Change in insurance
 7 Financial problem
 8 Criminal/Civil actions pending

J Property Ownership

1 Private
 2 City, town, village, local
 3 County or parish
 4 State or province
 5 Federal
 6 Foreign
 7 Military
 0 Other

K Initial Observations Check all that apply

1 Windows ajar 5 Fire department forced entry
 2 Doors ajar 6 Entry forced prior to FD arrival
 3 Doors locked 7 Security system activated
 4 Doors unlocked 8 Security system present (not activated)

L Laboratory Used Check all that apply None

1 Local 3 ATF 5 Other 6 Private
 2 State 4 FBI Federal

WP309 FDID ☆	TX State ☆	MM 05	DD 28	YYYY 2021	03 Station	0001850 Incident Number ☆	000 Expense ☆	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	ESO-1 Non-NFIRS Fields
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E1 Additional Incident Times

PSAP Recieved	Month	Day	Year	Hour	Min	Dispatch Notified	Month	Day	Year	Hour	Min
	05	28	2021	22	34		05	28	2021	23	18

B Apparatus or Resources	Dates and Times				Midnight is 0000		5 ID		En Route			
	Month	Day	Year	Hour/Min	Type	ID	Type	District	Hour	Min	Sec	Min
1 ID E1202 Type	05	28	2021	2337		6 ID		District				
2 ID E1203 Type	05	28	2021	2320		7 ID		District				
3 ID S1201 Type	05	28	2021	2321		8 ID		District				
4 ID B1201 Type	05	28	2021	2318		9 ID		District				

Delete
 Change
 No Agency

WP309 **TX** **05** **28** **2021** **03** **0001850** **000** **NFIRS-1 Basic**

FDD State Incident Date Station Incident Number Expense

B Location Type 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

Street address
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions
 U.S. National Grid

14230 Em 1100
 Number/Milepost Prefix Street or Highway RD Suffix
 MANOR TX 78653
 City State ZIP Code

Cross Street, Directions or National Grid, as applicable

C Incident Type Building fire

E1 Dates and Times Month Day Year Hour Min
 Alarm 05 28 2021 2318
 Arrival 2318
 Controlled
 Last Unit Cleared 05 29 2021 0311

E2 Shifts and Alarms Local Option
 Shift or Platoon Alarms District
 C 120

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

D Aid Given or Received None
 1 Mutual aid received
 2 Auto. aid received
 3 Mutual aid given
 4 Auto. aid given
 5 Other aid given

F Actions Taken Extinguishment by fire service personnel
 11 Incident command
 81 Investigate

G1 Resources
 Check this box and skip this block if an Apparatus or Personnel Module is used.
 Apparatus Personnel
 Suppression
 EMS
 Other
 Check box if resources include aid received resources

G2 Estimated Dollar Losses and Values
 LOSSES: Required for all fires if known Optional for non-fires None
 Property \$ 000, 140, 000
 Contents \$ 000, 056, 000
 PRE-INCIDENT VALUE: Optional
 Property \$ 000, 140, 000
 Contents \$ 000, 056, 000

Completed Modules
 Fire-2
 Structure Fire-3
 Civilian Fire Cas.-4
 Fire Service 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 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 storage
 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 > 55 gal (Please complete the HazMat form.)

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

J Property Use None

131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school, kindergarten
 215 High school, junior high
 241 College, adult education
 311 Nursing home
 331 Hospital
 341 Clinic, clinic-type infirmary
 342 Doctor/Dentist office
 361 Prison or jail, not juvenile
 419 1- or 2-family dwelling
 429 Multifamily dwelling
 439 Rooming/Boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/Barracks
 519 Food and beverage sales
 539 Household goods, sales, repairs
 571 Gas or service station
 579 Motor vehicle/boat sales/repairs
 599 Business office
 615 Electric-generating plant
 629 Laboratory/Science laboratory
 700 Manufacturing plant
 819 Livestock/Poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse
 936 Vacant lot
 938 Graded/Cared for plot of land
 946 Lake, river, stream
 951 Railroad right-of-way
 960 Other street
 961 Highway/Divided highway
 962 Residential street/driveway

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

539 Household goods, sales, repairs
 571 Gas or service station
 579 Motor vehicle/boat sales/repairs
 599 Business office
 615 Electric-generating plant
 629 Laboratory/Science laboratory
 700 Manufacturing plant
 819 Livestock/Poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse
 981 Construction site
 984 Industrial plant yard

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box
 Property Use
 Property Use Description

Person/Entity Involved

Local Option

Business Name (if applicable) [Redacted] Area Code [Redacted] Phone Number [Redacted]

Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

Mr. Ms. Mrs. First Name [Redacted] MI [Redacted] Last Name [Redacted] Suffix [Redacted]

Number [Redacted] Prefix [Redacted] Street or Highway [Redacted] Street Type [Redacted] Suffix [Redacted]

Post Office Box [Redacted] Apt./Suite/Room [Redacted] City [Redacted]

State [Redacted] ZIP Code [Redacted]



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 block.

Business Name (if applicable) [Redacted] Area Code [Redacted] Phone Number [Redacted]

Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

Mr. Ms. Mrs. First Name [Redacted] MI [Redacted] Last Name [Redacted] Suffix [Redacted]

Number [Redacted] Prefix [Redacted] Street or Highway [Redacted] Street Type [Redacted] Suffix [Redacted]

Post Office Box [Redacted] Apt./Suite/Room [Redacted] City [Redacted]

State [Redacted] ZIP Code [Redacted]



L Remarks:

NATHANIEL CANCLINI - ENG1203
 May 29, 2021 15:45:43

E1203 was dispatched with Squad 1201, BAT1201, and Elgin Fire Department to a structure fire. E1203 arrived on scene and found a single story residential structure with light to moderate smoke coming from the Bravo side entrance. E1203 was assigned fire attack, made entry from the bravo side with a 1 3/4 handline. Conditions upon entry were moderate smoke with floor collapse approx. 4 feet into structure in the kitchen area. Collapsed area is approx. 8x6 ft in diameter with debris piled up in the collapsed area. E1203 performed a right hand search of the structure looking for the seat of the fire. After completing search found that heat is concentrated toward the delta side of the house. No active flame present, temperatures in the house at 170F degrees, per TIC. Began pulling ceiling looking for extension. E1203 pulled attic ladder for access to ladder and utilized water suppression to cool/extinguish attic hot spots. Temperature in house cooled to approx 130F degrees. E1203 was relieved, cycled out of structure for rehab and bottle exchange. E1203 was assigned to continue checking for fire extension, heat and smoke in house building. Making entry through the alpha side, E1203 used chainsaw to pilot hole walls to look for source of heat and smoke, walls are shiplap wood covered with sheetrock, ceiling is plywood, making search for extension challenging. E1203 relieved assigned to rehab and bottle exchange.

More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge <input type="checkbox"/>	FD120526	[Redacted]	Battalion	[Redacted]	05	31	2021
	Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
<input checked="" type="checkbox"/>	FD120527	[Redacted]	Lieutenant	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year

Supplemental Special Studies

Local Option

**NFIRS-1S
Supplemental**

1	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	2	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	3	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	4	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value
5	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	6	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	7	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	8	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value

L**Remarks:**

Local Option

e. E1203 performed a 360 locating crawl space access and finding that debris piled under house was smoldering producing smoke and heat that was dissipating into structure. E1203 assigned with Squad 1201 to clear debris from kitchen in order to extinguish smoldering materials. E1203 entered the alpha side entrance of the structure and began pulling debris, microwave, oven, spice racks, chests, and misc. items from collapsed floor area. E1203 recycled to exterior for rehab/ bottle exchange. E1203 assigned to extinguish remaining hot spots, entered alpha side extinguished under the crawl space. E1203 assisted with ventilation and then assigned back to rehab bottle exchange. E1203 LT assigned to safety utilized the 4-gas monitor in structure and determined safe levels of CO in order to allow investigators in structure. E1203 began clean up and reset. E1203 cleared by BAT 1201. E1203 cleared the scene and returned to station 1201 to refill bottles. E1203 returned to service. LT Canclini, Nathaniel TCESD12 #527 Nothing Follows.

ADAM TAPIA - BAT1201**May 31, 2021 14:08:42**

Batt1201 was initially dispatched to a HOLD call for a request from Elgin VFD requesting an engine response for a structure fire. Batt1201 was cancelled by dispatch and cleared the call. Batt1201 continued code 1 due to the location of the call being on the border of ESD12 and ESD13.

Batt1201 arrived on scene to a small 1 story residence with smoke showing on the Bravo/ Charlie Corner. Elgin already had 2 Engines and 2 Tenders on scene. Batt1201 made contact with Command. McDade fire had just arrived when Batt1201 contacted command. Command stated that they requested an engine from ESD12 but were told from Dispatch that there were no units available to send. Three engines, 1 squad and 1 Batt units were all AVST at the time of Dispatch.

Batt1201 went to check the map to determine jurisdiction, Address was located in ESD12. McDade fire cleared scene due to calls in their district. No Actions taken By McDade fire on scene. Batt1201 requested response from E1203, Sq1201, FM1202 and a FTAC Channel patched to Bastrop TAC601 . Once E1203 arrived on scene Batt1201 assumed command. E1203 assigned Fire Attack on the Bravo/Charlie corner. Sq1201 arrived on scene and assigned to back up on the Alpha side.

Encore Energy On scene 23:39:42

FM1202 arrived on scene.

3

Supplemental Special Studies

Local Option

NFIRS-1S
Supplemental

1
Special Study ID# Special Study Value

2
Special Study ID# Special Study Value

3
Special Study ID# Special Study Value

4
Special Study ID# Special Study Value

5
Special Study ID# Special Study Value

6
Special Study ID# Special Study Value

7
Special Study ID# Special Study Value

8
Special Study ID# Special Study Value

L

Remarks:

Local Option

Fire Under control at 00:06:51 and Fire Ground Monitoring Ceased.

Extensive overhaul due to attempt to located extension of fire into structure. E1203 assigned to check Levels with gas monitor. Structure clear for Investigation to take place. Command working demobilization plan. All Suppression units cleared. FM1202 investigating. No further actions taken. All units cleared. ADT

ADAM TAPIA

May 31, 2021 15:53:34

ESD 12 responded to a structure fire in ESD 12's district. Originally called into the Bastrop County and dispatched to Elgin VFD. Batt1201 was initially dispatched to a HOLD call for a request from Elgin VFD requesting an engine response for a structure fire. Batt1201 was cancelled by dispatch and cleared the call. Batt1201 continued code 1 due to the location of the call being on the border of ESD12 and ESD13. call reopened when Batt1201 requested additional response to the call. ADT

LEONARD CARLSON - FM1202

June 2, 2021 11:12:52

This structure fire was originally called into the Travis County 911 Dispatch Center. Due to a severe weather event no fire department units were available for immediate response. Due to its proximity to the call the Elgin Fire Department was requested to respond as mutual aid. Battalion 1201 was later added to the call who then requested my response.

This is a 1316 s.f. residential structure. No one was home at the time of the fire. High winds caused a large tree in the front of the home to fall over striking the overhead power lines running to the house electrical weather head. The area of greatest fire damage is the kitchen with extensive smoke and heat damage throughout the rest of the structure. The was a pet in the home that did not survive the fire. The electrical service was turned off at the exterior panel by FRI of Elgin and the propane gas was turned off by Battalion 1201.