



Tomball Fire Department

INCIDENT

Incident Number <u>2025-00001769</u>	Incident Date <u>08/19/2025</u>	NFIRS Number <u>0001818</u>	Incident Type <u>(111) - Building fire</u>
FDID <u>KA556</u>	Station <u>Station 4</u>	Shift <u>A Shift</u>	District <u>City of Tomball</u>
Initial Dispatch Code <u>RES STR FIRE</u>			
Alarms <u>1</u>	Working Fire? <u>Yes</u>	COVID-19 was a factor <u>No, COVID-19 was not a factor</u>	Critical Incident <u></u>
Critical Incident Team <u></u>			
Temporary Resident Involvement <u>None</u>			
Hazardous Materials Released <u>(N) - None</u>			
Action Taken 1 <u>(11) - Extinguishment by fire service personnel</u>			
Action Taken 2 <u>(12) - Salvage & overhaul</u>			

AID

Aid Given/Received <u>(2) - Automatic aid received</u>	
Aided Agency <u></u>	Their Incident Number <u></u>
Aiding Agencies <u>Magnolia Fire Department, Spring Fire Department</u>	

LOCATION

Location Type <u>(1) - Street address</u>			
Address <u>1010 AFTON Court, , TOMBALL, Texas, 77375</u>			
Cross Street, USNG, or Directions <u></u>	Latitude <u>30.10743107</u>	Longitude <u>-95.60367119</u>	Census Tract <u></u>
Detector Alerted Occupant <u></u>			
Property Use <u>(419) - 1 or 2 family dwelling</u>	Mixed Use <u>(NN) - Not mixed use</u>		

⌚ TIMES

PSAP Received <u>13:26:04, 08/19/2025</u>	Dispatch Notified Time <u>13:26:04, 08/19/2025</u>	Alarm Time <u>13:26:04, 08/19/2025</u>
Arrival Time <u>13:31:09, 08/19/2025</u>	Water on Fire Time <u>13:34:00, 08/19/2025</u>	At Patient Time
Loss Stop Time <u>13:56:00, 08/19/2025</u>	Controlled Time <u>14:03:51, 08/19/2025</u>	Last Unit Cleared Time <u>16:50:51, 08/19/2025</u>
Total On Scene Time <u>3 hrs 19 mins 42 sec</u>	Total Incident Time <u>3 hrs 24 mins 47 sec</u>	

_Statics COUNTS

Counts Include Aid Received?

No

Suppression:

Apparatus 4 Personnel 15

EMS:

Apparatus 0 Personnel 0

Other:

Apparatus 4 Personnel 5

\$↓ LOSS

Property:

Estimated Property Losses
\$167000

Content:

Estimated Content Losses
\$50000

Estimated Property Value
\$167000

Estimated Content Value
\$60000

👤 PERSON/OWNER

Owner:

Name
Becker, Jeff

Business Name

Phone

Insurance Company

Total Insurance Amount

Address

3360 Lees Avenue, , Long Beach, California, 90808-4221

Person:

Name
Becker, Jeff

Business Name

Phone

Address

1010 AFTON Court, , TOMBALL, Texas, 77375

🚗 VEHICLE

Vehicle 1:

Vehicle Type

(10) - Passenger or road vehicles, other

Make <u>(FO) - Ford</u>	Model	Year <u>0</u>	Color
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 **VEHICLE**

VIN <u>NM0LS7E7XE1162335</u>	License Plate <u>GBN9069</u>	State <u>(TX) - Texas</u>	Expires	Odometer
Reported Stolen? <u>No</u>	Extrication Needed? <u>No</u>	Extrication Time		
Persons Involved				
Insured Name	Policy Type	Policy Number	Claim Number	
Insurance Company Name	Insurance Co. Phone	Insurance Co. Email		
Insurance Company Address	Insurance Agent			
Law Enforcement Officer	Police Report/File Number			
Number of Occupants	Number of Injuries	Number of Fatalities		
Supplies Used				
Notes				

Vehicle was in driveway and caught fire. AT&T work van.

 AUTHORIZATION
Report Writer:

Name <u>Richardson, Thomas</u>	Employee Number <u>892</u>	Assignment <u>BC1</u>	Authorization Date <u>08/19/2025</u>
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Officer in Charge:

Name <u>Richardson, Thomas</u>	Employee Number <u>892</u>	Assignment <u>BC1</u>	Authorization Date <u>08/19/2025</u>
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Quality Control:

Name	Authorization Date
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 **INCIDENT NARRATIVE**

See unit narratives.

Created By: Allen, Mason

 **Fire Module**
 **SITE INFO**

Alarms <u>1</u>	Acres Burned <u>0 acres</u>	Resident Units In Bldg <u>1</u>	Buildings Involved <u>1</u>
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SITE INFO

Hydrant Identifier

Estimated Water Usage

IGNITION

Area of Origin

(47) - Vehicle storage area; garage, carport

Heat Source

(13) - Electrical arcing

Item First Ignited

Fire Confined to Item?

(15) - Interior wall covering excluding drapes, etc.

Type of Material First Ignited

(63) - Sawn wood, including all finished lumber

Cause of Ignition

(3) - Failure of equipment or heat source

Factors Contributing to Ignition 1

(35) - Arc from faulty contact, broken conductor

Human Factors Contributing to Ignition

(N) - None

Est. Age of Person Involved

Gender of Person Involved

EQUIPMENT

Equipment Involved in Ignition

(111) - Air conditioner

Equipment Power Source

(11) - Electrical line voltage (>= 50 volts)

Equipment Portability

(2) - Stationary

Brand

Model

Serial Number

Year

Fire Suppression Factor 1

(NNN) - None

STRUCTURE

Structure Type

(1) - Enclosed building

Stories Above Grade

1

Stories Below Grade

0

Building Status

(2) - In normal use

Length

Width

Total Square Feet

1890 sq ft

Story of Fire Origin

1

Fire Spread

(4) - Confined to building of origin

Item Contributing Most to Flame Spread

Type of Material

Number of Stories with Damage

 **STRUCTURE**

Minor Damage	Significant Damage	Heavy Damage	Extreme Damage	Total Stories
_____	_____	1	_____	_____

 **PROTECTIVE SYSTEMS**

Presence of Detector (N) - None present	Detector Type
Power Supply	Detector Operations
Effectiveness (/Failure Reason)	
Presence of Auto Extinguishing System (N) - None Present	System Type
System Operation	# of Sprinklers
	Reason for System Failure