

Fire Department
NFPA Fire Experience Survey
01/01/2007 to 12/31/2007

Part II: MAJOR FIRES

Date	Name of Occup/Owner, Address and Property Use	Civilian Fire Deaths	Property Loss
01/20/2007	BELYEU, KEVIN 2105 GILMER RD /LONGVIEW, TX 75604 Multifamily dwelling	2	250,000
01/20/2007	DOUGHTY, MARK 804 W COTTON ST /LONGVIEW, TX 75604 Professional supplies, services	1	0
04/26/2007	No Occupant or Owner Listed 5827 YARBOROUGH RD /LONGVIEW, TX 75604 1 or 2 family dwelling	1	1,000
01/03/2007	WALTON, BRI 3700 MCCANN RD /LONGVIEW, TX 75605 Multifamily dwelling	0	100,000
04/07/2007	TABOR, ANNA 2305 FLEETWOOD DR /LONGVIEW, TX 75605 1 or 2 family dwelling	0	100,000
07/02/2007	No Occupant or Owner Listed 301 RUTH ST /LONGVIEW, TX 75602 Vacant lot	0	97,000

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Part IV: BREAKDOWN OF FALSE ALARM RESPONSES

Type of Response	Number of Incidents
1. Malicious, Mischievous False Call	48
2. System Malfunction	245
3. Unintentional	310
4. Other False Alarms	41

Part V: INTENTIONALLY SET FIRES IN STRUCTURES AND VEHICLES

	Number of Fires	Civilian Deaths	Casualties Injuries	Property Damage
1. Structure Fires Intentionally Set	12	1	2	106,400
2. Vehicle Fires Intentionally Set	13	0	0	257,000

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.....:	6

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	1	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	1	2	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	1	0	0	0
8. Thermal Stress	0	0	0	0	0
9. All Other	0	0	1	0	0
10. TOTAL	0	3	3	0	0

Fire Ground Injuries (Nonfatal) By Cause

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

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: _____