



NFIRS-1 Basic

A

02509	GA	04	15	2025	Fire Station 03 (03)	250409783	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract:

- ☐ Street Address
☒ Intersection
☐ In Front Of
☐ Rear Of
☐ Adjacent To
☐ Directions
☐ US National Grid

		Eastern Wharf	AVE-Avenue	
Number	Prefix	Street or Highway	Street Type	Suffix

	Savannah	GA	31401
Apt./Suite/Room	City	State	Zip Code

E President St
Cross Street

C

Incident Type

111-Building fire

D

Aid Given Or Received

- ☐ 1 Mutual Aid Received
☐ 2 Auto. Aid Received
☐ 3 Mutual Aid Given
☐ 4 Auto. Aid Given
☐ 5 Other Aid Given
☒ None

Their FDID	Their State
Their Incident Number	

E1 Dates and Times

Alarm 04 15 2025 15:32

Arrival 04 15 2025 15:34

Controlled ☐ ☐ ☐ ☐

Last Unit
Cleared 04 15 2025 19:32

E2 Shifts and Alarms

A Shift 2 Station
4

Shift or Alarms District
Platoon

E3 Special Studies

ID# Value

F Actions Taken <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">81-Incident command</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Primary Action Taken</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">11-Extinguishment by fire service personnel</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Additional Action Taken</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">12-Salvage & overhaul</div> <div style="border: 1px solid black; padding: 2px;">Additional Action Taken</div>	G1 Resources <input checked="" type="checkbox"/> Apparatus or Personnel Module is used. <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center; border-bottom: 1px solid black;">Apparatus</td> <td style="text-align: center; border-bottom: 1px solid black;">Personnel</td> </tr> <tr> <td style="text-align: right;">Suppression</td> <td style="border: 1px solid black; text-align: center;">11</td> <td style="border: 1px solid black; text-align: center;">42</td> </tr> <tr> <td style="text-align: right;">EMS</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Other</td> <td style="border: 1px solid black; text-align: center;">12</td> <td style="border: 1px solid black; text-align: center;">18</td> </tr> </table> <input type="checkbox"/> Resource counts include aid received resources.		Apparatus	Personnel	Suppression	11	42	EMS	0	0	Other	12	18	G2 Estimated Dollar Losses and Values Losses: Required for all fires if known. Optional for all non-fires. None Property: \$ <input checked="" type="checkbox"/> Contents: \$ <input checked="" type="checkbox"/> Pre-Incident Values: Optional None Property: \$ <input checked="" type="checkbox"/> Contents: \$ <input checked="" type="checkbox"/>
	Apparatus	Personnel												
Suppression	11	42												
EMS	0	0												
Other	12	18												

Completed Modules <input type="checkbox"/> 2 - Fire <input type="checkbox"/> 3 - Structure Fire <input type="checkbox"/> 4 - Civilian Fire Cas. <input type="checkbox"/> 5 - Fire Service Cas. <input type="checkbox"/> 6 - EMS <input type="checkbox"/> 7 - HazMat <input type="checkbox"/> 8 - Wildland Fire <input type="checkbox"/> 9 - Apparatus <input type="checkbox"/> 10 - Personnel <input type="checkbox"/> 11 - Arson	H1 Casualties <input checked="" type="checkbox"/> None <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center; border-bottom: 1px solid black;">Deaths</td> <td style="text-align: center; border-bottom: 1px solid black;">Injuries</td> </tr> <tr> <td style="text-align: right;">Fire Service</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Civilian</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table>		Deaths	Injuries	Fire Service	0	0	Civilian	0	0	H3 Hazardous Materials Release <input type="checkbox"/> 1 - Natural Gas <input type="checkbox"/> 2 - Propane Gas <input type="checkbox"/> 3 - Gasoline <input type="checkbox"/> 4 - Kerosene <input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil <input type="checkbox"/> 6 - Household Solvents <input type="checkbox"/> 7 - Motor Oil <input type="checkbox"/> 8 - Paint <input type="checkbox"/> 0 - Other <input checked="" type="checkbox"/> None	I Mixed Use Property <input type="checkbox"/> Not Mixed <input type="checkbox"/> 10 - Assembly Use <input type="checkbox"/> 20 - Education Use <input type="checkbox"/> 33 - Medical Use <input type="checkbox"/> 40 - Residential Use <input type="checkbox"/> 51 - Row Of Stores <input type="checkbox"/> 53 - Enclosed Mall <input type="checkbox"/> 58 - Business and Residential <input type="checkbox"/> 59 - Office Use <input type="checkbox"/> 60 - Industrial Use <input type="checkbox"/> 63 - Military Use <input type="checkbox"/> 65 - Farm Use <input type="checkbox"/> 00 - Other Mixed Use
	Deaths	Injuries										
Fire Service	0	0										
Civilian	0	0										
H2 Detector Required for Confined Fires <input type="checkbox"/> 1 - Detector Alerted Occupants <input type="checkbox"/> 2 - Detector Did Not Alert Them <input type="checkbox"/> 3 - Unknown												

J Property Use <input type="checkbox"/> None 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, Kindergarten 215 <input type="checkbox"/> High School, Junior High 241 <input type="checkbox"/> College, Adult Education 311 <input type="checkbox"/> Nursing Home 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"/> MultiFamily Dwelling 439 <input type="checkbox"/> Rooming/Boarding House 449 <input type="checkbox"/> Commerical 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 571 <input type="checkbox"/> Gas or Service Station 579 <input type="checkbox"/> Motor Vehicle/Boat Sales/Repairs 599 <input type="checkbox"/> Business Office 615 <input type="checkbox"/> Electric-Generating Plant 629 <input type="checkbox"/> Laboratory/Science Laboratory 700 <input type="checkbox"/> Manufacturing Plant 819 <input type="checkbox"/> Livestock/Poultry Storage (Barn) 882 <input type="checkbox"/> Non-Residential Parking Garage 891 <input checked="" type="checkbox"/> Warehouse
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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 936 <input type="checkbox"/> Vacant Lot	938 <input type="checkbox"/> Graded/Cared 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 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	Property Use: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Description Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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K2				
Owner				
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number	
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:

Savannah Fire units were dispatched to a reported structure fire across from Eastern Wharf on President St. Battalion One arrived on scene and established command. Battalion One had heavy smoke and fire showing from the Charlie side of the structure. He declared a working fire and requested a second alarm. Engine 3 positioned on the Alpha side of the building and began stretching handlines towards the fire in the interior of the building. The fire was contained to the rear warehouse but was beginning to spread to an adjoining warehouse via the roof. Engine 9 supplied water to Engine 3 and Truck 5 set up for aerial operations on the Bravo side of the building. Multiple additional handlines were stretched into the building from Engine 3. Once the majority of the fire was knocked down personnel continued to rotate through rehab and back into the interior of the structure. City Code Enforcement officers were notified and responded. The City of Savannah notified a contractor to respond with an excavator. The contractor arrived on scene and began removing debris from the Charlie side of the building. Units continued to conduct overhaul until the fire was completely extinguished.

* Rehab was set up to the rear of Engine 3.

* The PIO responded and addressed the media.

* Savannah Police handled shutting down President St while supply lines were stretched across the road.

* Georgia Power responded and addressed issues with the transformers that had caught fire in th...

Full primary narrative can be found in NFIRS 1S - Supplemental

M Authorization

6985-7657	Earley, Nicholas	Battalion Chief	Fire Station 05	04/15/2025
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
8066-5889	Horne, Todd	Captain	Fire Station 03	04/15/2025
Member Making Report ID	Signature	Position or Rank	Assignment	Date

NFIRS-2 Fire

A

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B

Property Details

B1 ☐ Not Residential

Estimated number of residential living units in the building of origin whether or not all units became involved

B2 ☐ Buildings Not Involved

Number of buildings involved

B3 ☒ None ☐ Less than 1 acre

Acres burned (outside fires)

C

On-Site Materials Or Products

312-Timber

On-site material (1)

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 Undetermined

Area of Fire Origin

D2 Undetermined

Heat Source

D3 Undetermined

Item First Ignited

D4

Type of Material First Ignited

E1

Cause of Ignition

- ☐ 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

Undetermined

Factor Contributing to Ignition

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

☐ Male

☐ Female

F1

Equipment Involved In Ignition

☒

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.

G

Fire Suppression Factors

H1 Mobile Property Involved <input type="checkbox"/> 1 - Not involved in ignition, but burned <input type="checkbox"/> 2 - Involved in ignition, but did not burn <input type="checkbox"/> 3 - Involved in ignition and burned <input checked="" type="checkbox"/> None	H2 Mobile Property Type and Make <div> <input type="text"/> Mobile Property Type </div> <div> <input type="text"/> Mobile Property Make </div>	Local Use <input type="checkbox"/> Pre-Fire Plan Available <input type="checkbox"/> Arson Report Attached <input type="checkbox"/> Police Report Attached <input type="checkbox"/> Coroner Report Attached <input type="checkbox"/> Other Reports Attached <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<div> <input type="text"/> Mobile Property Model </div> <div> <input type="text"/> Year </div>		
<div> <input type="text"/> State </div> <div> <input type="text"/> License Plate Number </div>	<div> <input type="text"/> VIN </div>	

NFIRS-3 Structure Fire

I1 Structure Type <input checked="" type="checkbox"/> 1 - Enclosed Building <input type="checkbox"/> 2 - Portable/Mobile Structure <input type="checkbox"/> 3 - Open Structure <input type="checkbox"/> 4 - Air-Supported Structure <input type="checkbox"/> 5 - Tent <input type="checkbox"/> 6 - Open Platform <input type="checkbox"/> 7 - Underground Structure <input type="checkbox"/> 8 - Connective Structure <input type="checkbox"/> 0 - Other	I2 Building Status <input type="checkbox"/> 1 - Under Construction <input type="checkbox"/> 2 - In Normal Use <input type="checkbox"/> 3 - Idle, Not Routinely Used <input type="checkbox"/> 4 - Under Major Renovation <input type="checkbox"/> 5 - Vacant and Secured <input checked="" type="checkbox"/> 6 - Vacant and Unsecured <input type="checkbox"/> 7 - Being Demolished <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	I3 Building Height <div style="border: 1px solid black; width: 40px; text-align: center; margin-bottom: 5px;">1</div> Number of Stories At/Above Grade <div style="border: 1px solid black; width: 40px; text-align: center; margin-bottom: 5px;">0</div> Number of Stories Below Grade	I4 Main Floor Size <div style="border: 1px solid black; width: 100px; text-align: center; margin-bottom: 5px;">500000</div> Total Square Feet OR <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> BY <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> Length (ft) X Width (ft)
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J1 Fire Origin <div style="border: 1px solid black; width: 40px; text-align: center; margin-bottom: 5px;">1</div> <input type="checkbox"/> Below Grade Story of Fire Origin	J3 Number of Stories Damaged By Flame <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> Number of Stories w/Minor Damage (1-24%) <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> Number of Stories w/Significant Damage (25-49%) <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> Number of Stories w/Heavy Damage (50-74%) <div style="border: 1px solid black; width: 40px; text-align: center; margin-bottom: 5px;">1</div> Number of Stories w/Extreme Damage (75-100%) <small>*Count the roof as part of the highest story</small>	K Type of Material Contributing Most to Flame Spread K1 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Item Contributing Most to Flame Spread K2 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Type of Material Contributing Most To Flame Spread
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L1 Presence of Detectors <input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> U - Undetermined	L3 Detector Power Supply <input type="checkbox"/> 1 - Battery Only <input type="checkbox"/> 2 - Hardwire Only <input type="checkbox"/> 3 - Plug-In <input type="checkbox"/> 4 - Hardwire With Battery <input type="checkbox"/> 5 - Plug-In With Battery <input type="checkbox"/> 6 - Mechanical <input type="checkbox"/> 7 - Multiple Detectors & Power Supplies <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	L5 Detector Effectiveness <input type="checkbox"/> 1 - Alerted Occupants, Occupants Responded <input type="checkbox"/> 2 - Alerted Occupants, Occupants Failed to Respond <input type="checkbox"/> 3 - There Were No Occupants <input type="checkbox"/> 4 - Failed to Alert Occupants <input type="checkbox"/> U - Undetermined
L2 Detector Type <input type="checkbox"/> 1 - Smoke <input type="checkbox"/> 2 - Heat <input type="checkbox"/> 3 - Combination of Smoke and Heat <input type="checkbox"/> 4 - Sprinkler, Water Flow Detection <input type="checkbox"/> 5 - More Than One Type Present <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	L4 Detector Operation <input type="checkbox"/> 1 - Fire Too Small To Activate <input type="checkbox"/> 2 - Operated <input type="checkbox"/> 3 - Failed To Operate <input type="checkbox"/> U - Undetermined	L6 Detector Failure Reason <input type="checkbox"/> 1 - Power Failure, Shutoff, or Disconnect <input type="checkbox"/> 2 - Improper Installation or Placement <input type="checkbox"/> 3 - Defective <input type="checkbox"/> 4 - Lack of Maintenance, Dirty <input type="checkbox"/> 5 - Battery Missing or Disconnected <input type="checkbox"/> 6 - Battery Discharged or Dead <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined

<p>M1</p> <p>Presence of Automatic Extinguishing System</p> <p> <input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input type="checkbox"/> U - Undetermined </p>	<p>M3</p> <p>Operation of Automatic Extinguishing System</p> <p> <input type="checkbox"/> 1 - Operated/Effective <input type="checkbox"/> 2 - Operated/Not Effective <input type="checkbox"/> 3 - Fire Too Small To Activate <input type="checkbox"/> 4 - Failed To Operate <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined </p> <p>Required if fire was within designed range</p>	<p>M5</p> <p>Reason for Automatic Extinguishing System Failure</p> <p> <input type="checkbox"/> 1 - System Shut Off <input type="checkbox"/> 2 - Not Enough Agent Discharged <input type="checkbox"/> 3 - Agent Discharged But Did Not Reach Fire <input type="checkbox"/> 4 - Wrong Type of System <input type="checkbox"/> 5 - Fire Not In Area Protected <input type="checkbox"/> 6 - System Components Damaged <input type="checkbox"/> 7 - Lack of Maintenance <input type="checkbox"/> 8 - Manual Intervention <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined </p> <p>Required if system failed or not effective</p>
<p>M2</p> <p>Type of Automatic Extinguishing System</p> <p> <input type="checkbox"/> 1 - Wet-Pipe Sprinkler <input type="checkbox"/> 2 - Dry-Pipe Sprinkler <input type="checkbox"/> 3 - Other Sprinkler System <input type="checkbox"/> 4 - Dry Chemical System <input type="checkbox"/> 5 - Foam System <input type="checkbox"/> 6 - Halogen-Type System <input type="checkbox"/> 7 - Carbon Dioxide System <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined </p> <p>Required if fire was within designed range of AES</p>	<p>M4</p> <p>Number of Sprinkler Heads Operating</p> <p><input type="text"/></p> <p>Required if system operated</p>	

NFIRS-1S Supplemental

A

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Primary Narrative:

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* Rehab was set up to the rear of Engine 3.

* The PIO responded and addressed the media.

* Savannah Police handled shutting down President St while supply lines were stretched across the road.

* Georgia Power responded and addressed issues with the transformers that had caught fire in the rear of the building.

* Arson 1 and Arson 2 responded to the scene for investigation.

TDH