

CHIEF ADMINISTRATOR

Jack L. Mancione

FOUNDED IN 1946



DEPUTY CHIEF

William F. Just
Edward J. Gergits

TRI-STATE
FIRE PROTECTION DISTRICT

419 PLAINFIELD ROAD • DARIEN, ILLINOIS 60561 • (630) 323-6445

Mr. John Kraft
7060 Illinois Highway 1
Paris, Illinois 61944
john@illinoisleaks.com

Re: Freedom of Information Request

Dear Mr. Kraft:

Tri-State Fire Protection District received a Freedom of Information Act request from you dated September 8, 2015. Your requests and the District's responses are provided below:

Request 1: Copies of receipts for donated and/or sold equipment from the previous year, to include equipment disposal forms.

Response: Enclosed are records responsive to your request.

Request 2: Copies of blank district disposal form.

Response: Enclosed is a record responsive to your request.

Request 3: On April 22 of this year (2015), the chief responded from home to a routine ambulance run for a subject that fainted.

Request 3a: Copy of the actual recording and times for the call, plus a copy of the dispatch sheet/run report.

Response: The recording is originally stored by DuPage County on County equipment. The District reached out to DuPage County and, as is the County's practice, the recording has been recorded over and no longer exists. Therefore, the District has no record that is responsive to this request.

Request 3b: Copy of the log books from each of the relevant stations and apparatus, to include the acting battalion chief (506), the station one officer (officer of engine 511) and the station two officer (officer of engine 526).

Response: Enclosed are records responsive to your request. I have redacted personal addresses. Such information is "private information" under the FOIA and is subject to redactions under Section 7(1)(b) of the FOIA. 105 ILCS 140/2(c-5); 5 ILCS 140/7(1)(b).

Request 3c: Copy of the Incident reports for the call.

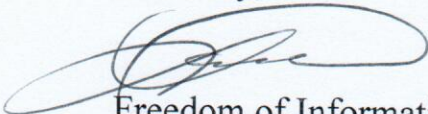
Response: Enclosed are records responsive to your request.

Request 4: Copy of any training certifications for the chief (EMT, Paramedic, etc)

Response: Enclosed are records responsive to your request.

If you interpret this response as a denial of your request, you have the right to have the denials contained in this response reviewed by the Public Access Counselor (PAC) at the Office of the Illinois Attorney General. 5 ILCS 140/9.5(a). You can file your Request for Review with the PAC by writing to: Public Access Counselor, Office of the Attorney General, 500 South 2nd Street Springfield, Illinois 62706, Fax: 217-782-1396, E-mail: publicaccess@atg.state.il.us, Phone: 1-877-299-3642. If you choose to file a Request for Review with the PAC, you must do so within 60 calendar days after the date of this denial letter. 5 ILCS 140/9.5(a). Please note that you must include a copy of your original request for documents and the denial letter when filing a Request for Review with the PAC. You also have the right to seek judicial review of your denial by filing a lawsuit in the State circuit court. 5 ILCS 140/11.

Sincerely,



Freedom of Information Officer
Chief Jack L. Mancione

Enclosures



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TRI-STATE FIRE PROTECTION DISTRICT

419 PLAINFIELD ROAD • DARIEN, ILLINOIS 60559 • [312] 323-6445

TRI-STATE FIRE PROTECTION DISTRICT DISPOSABLE EQUIPMENT INVENTORY

DATE: MONTH: May DAY: _____ YEAR: 2015

EQUIPMENT: _____

DESCRIBE EQUIPMENT: 10 year old winter jackets

VALUE ESTIMATE: ∅

COST: _____

DISPOSED OF EXPLAIN: _____

GIVEN TO CHARITY: X

ORGANIZATION NAME: Citizens Emergency Response Team

ADDRESS: 400 S. Eagle St. Naperville, IL 60540

AUTHORIZED BY: _____



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TRI-STATE FIRE PROTECTION DISTRICT

419 PLAINFIELD ROAD • DARIEN, ILLINOIS 60559 • (312) 323-6445

TRI-STATE FIRE PROTECTION DISTRICT DISPOSABLE EQUIPMENT INVENTORY

DATE: MONTH: March DAY: 16 YEAR: 2015

EQUIPMENT: 2 Office Depot Chairs
Willows Springs' Property

DESCRIBE EQUIPMENT: 2 Black faux leather High
Back Rolling Office Depot Chairs - from
the kitchen

VALUE ESTIMATE: \$30 (?)

SOLD: _____

SOLD TO: _____

ADDRESS: _____

STATE: _____ COST: _____

DISPOSED OF: 3-16-15

DISPOSED OF EXPLAIN: Thrown into Dumpster

GIVEN TO CHARITY: _____

ORGANIZATION NAME: _____

ADDRESS: _____

AUTHORIZED BY: Per Chief Mancione
Lt. David A. DeLeon



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TRI-STATE FIRE PROTECTION DISTRICT

419 PLAINFIELD ROAD • DARIEN, ILLINOIS 60559 • [312] 323-6445

TRI-STATE FIRE PROTECTION DISTRICT

DISPOSABLE EQUIPMENT INVENTORY

DATE: MONTH: June DAY: 17 YEAR: 2015

EQUIPMENT: Station Three Sharp
Micro wave - counter top style
Model R-320 Hk

DESCRIBE EQUIPMENT: see above

VALUE ESTIMATE: _____

SOLD: /

SOLD TO: _____

ADDRESS: _____

STATE: _____ COST: _____

DISPOSED OF: ✓

DISPOSED OF EXPLAIN: Unit started on fire
inside interior wall behind
sensor pad. Threw into
dumpster to remove from
station - had burnt electrical smell

GIVEN TO CHARITY: /

ORGANIZATION NAME: _____

ADDRESS: _____

AUTHORIZED BY: V.B.R. Simons / BC Brem



TRI-STATE FIRE PROTECTION DISTRICT

419 PLAINFIELD ROAD • DARIEN, ILLINOIS 60559 • (312) 323-6445

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TRI-STATE FIRE PROTECTION DISTRICT
DISPOSABLE EQUIPMENT INVENTORY

DATE: MONTH: June DAY: 22 YEAR: 2015

EQUIPMENT: old treadmill

DESCRIBE EQUIPMENT: Broken, cos. treadmill

VALUE ESTIMATE: _____

SOLD: _____

SOLD TO: _____

ADDRESS: _____

STATE: _____ COST: _____

DISPOSED OF: X

DISPOSED OF EXPLAIN: cut up and put in dumpster

GIVEN TO CHARITY: _____

ORGANIZATION NAME: _____

ADDRESS: _____

AUTHORIZED BY: [Signature]



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TRI-STATE FIRE PROTECTION DISTRICT

419 PLAINFIELD ROAD • DARIEN, ILLINOIS 60559 • (312) 323-6445

TRI-STATE FIRE PROTECTION DISTRICT DISPOSABLE EQUIPMENT INVENTORY

DATE: MONTH: JULY DAY: 1 YEAR: 2015

EQUIPMENT: MOTOROLA CDM 1550-LS MOBILE
RADIO FROM 524

DESCRIBE EQUIPMENT: MOBILE RADIO
MODEL AAM 25 KK F9A06 AN
S/N 103TFA1065

VALUE ESTIMATE: _____

SOLD: _____

SOLD TO: _____

ADDRESS: _____

STATE: _____ COST: _____

DISPOSED OF: X

DISPOSED OF EXPLAIN: NOT WORTH REPAIRING. COST OF
REPAIR OVER 3/4 AMOUNT FOR NEW RADIO

GIVEN TO CHARITY: _____

ORGANIZATION NAME: _____

ADDRESS: _____

AUTHORIZED BY: Mark Reynolds



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TRI-STATE FIRE PROTECTION DISTRICT

419 PLAINFIELD ROAD • DARIEN, ILLINOIS 60559 • (312) 323-6445

TRI-STATE FIRE PROTECTION DISTRICT

DISPOSABLE EQUIPMENT INVENTORY

DATE: MONTH: JULY DAY: 27 YEAR: 15

EQUIPMENT: 1 FOLDING TABLE

DESCRIBE EQUIPMENT: 1 OLDER FOLDING TABLE

VALUE ESTIMATE: \$20

SOLD: NA

SOLD TO: NA

ADDRESS: NA

STATE: NA COST: NA

DISPOSED OF: 7-27-15

DISPOSED OF EXPLAIN: BOTTOM LEGS OF TABLE SWAPPED
OFF IN HAND WHILE TRYING TO DEPLOY

GIVEN TO CHARITY: NA

ORGANIZATION NAME: NA

ADDRESS: NA

AUTHORIZED BY: B/C JENSEN PER TELEPHONE



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TRI-STATE FIRE PROTECTION DISTRICT

419 PLAINFIELD ROAD • DARIEN, ILLINOIS 60559 • [312] 323-6445

TRI-STATE FIRE PROTECTION DISTRICT

DISPOSABLE EQUIPMENT INVENTORY

DATE: MONTH: SEPT DAY: 7 YEAR: 2015

EQUIPMENT: TOXIE RAE II HCN METER

DESCRIBE EQUIPMENT: HCN METER

VALUE ESTIMATE: 0

SOLD: NA

SOLD TO: NA

ADDRESS: NA

STATE: NA COST: NA

DISPOSED OF: _____

DISPOSED OF EXPLAIN: BAD SENSOR - REPLACED -

GIVEN TO CHARITY: NA

ORGANIZATION NAME: NA

ADDRESS: _____

AUTHORIZED BY: Bill [Signature]



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TRI-STATE FIRE PROTECTION DISTRICT

419 PLAINFIELD ROAD • DARIEN, ILLINOIS 60559 • (312) 323-6445

TRI-STATE FIRE PROTECTION DISTRICT DISPOSABLE EQUIPMENT INVENTORY

DATE: MONTH: SEPT DAY: 7 YEAR: 2015

EQUIPMENT: 2 TOXIC RAE 3 CO METERS

DESCRIBE EQUIPMENT: OUTDATED + REPLACED CO METERS

VALUE ESTIMATE: 0

SOLD: N/A

SOLD TO: NA

ADDRESS: NA

STATE: NA COST: NA

DISPOSED OF: _____

DISPOSED OF EXPLAIN: OUTDATED + REPLACED

GIVEN TO CHARITY: NA

ORGANIZATION NAME: NA

ADDRESS: NA

AUTHORIZED BY: [Signature]



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TRI-STATE FIRE PROTECTION DISTRICT

419 PLAINFIELD ROAD • DARIEN, ILLINOIS 60559 • [312] 323-6445

TRI-STATE FIRE PROTECTION DISTRICT DISPOSABLE EQUIPMENT INVENTORY

DATE: MONTH: _____ DAY: _____ YEAR: _____

EQUIPMENT: _____

DESCRIBE EQUIPMENT: _____

VALUE ESTIMATE: _____

SOLD: _____

SOLD TO: _____

ADDRESS: _____

STATE: _____ COST: _____

DISPOSED OF: _____

DISPOSED OF EXPLAIN: _____

GIVEN TO CHARITY: _____

ORGANIZATION NAME: _____

ADDRESS: _____

AUTHORIZED BY: _____

A DD332 IL 04 22 2015 2 15-0001498 000 Delete Change No Activity **3A** NFIRS -1 Basic

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract **8459** - **00**

Street address **8123** **Cass** **AVE**
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection In front of Rear of Adjacent to Directions

Darien **IL** **60561**
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

C Incident Type * **321** EMS call, excluding vehicle
 Incident Type

D Aid Given or Received*

1 Mutual aid received **CS947**
 Their FDID Their State

2 Automatic aid recv.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None
 Their Incident Number

E1 Date & Times Midnight is 0000

Check boxes if dates are the same as Alarm Date. ALARM always required

Alarm * **04** **22** **2015** **21:19:00**
 Month Day Year Hr Min Sec

ARRIVAL required, unless canceled or did not arrive

Arrival * **04** **22** **2015** **21:26:00**

CONTROLLED Optional, Except for wildland fires

Controlled

LAST UNIT CLEARED, required except for wildland fires

Last Unit Cleared **04** **22** **2015** **22:36:00**

E2 Shift & Alarms Local Option

R **01** **006**
 Shift or Alarms District Platoon

E3 Special Studies Local Option

Special Study ID# Special Study Value

F Actions Taken *

33 Provide advanced life
 Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources *

Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel

Suppression

EMS **0004**

Other

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires. None

Property \$ **000**, **000**, **000**

Contents \$ **000**, **000**, **000**

PRE-INCIDENT VALUE: Optional

Property \$ **000**, **000**, **000**

Contents \$ **000**, **000**, **000**

Completed Modules

Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1* Casualties None
 Deaths Injuries

Fire Service **0000**

Civilian **0000**

H2 Detector Required for Confined Fires.

1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release

N 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
 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 > 55gal., Please complete the HazMat form

I Mixed Use Property

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

J Property Use* Structures

341 Clinic, clinic type infirmary 539 Household goods, sales, repairs
 342 Doctor/dentist office 579 Motor vehicle/boat sales/repair
 361 Prison or jail, not juvenile 571 Gas or service station
 419 1-or 2-family dwelling 599 Business office
 429 Multi-family dwelling 615 Electric generating plant
 439 Rooming/boarding house 629 Laboratory/science lab
 449 Commercial hotel or motel 700 Manufacturing plant
 459 Residential, board and care 819 Livestock/poultry storage (barn)
 464 Dormitory/barracks 882 Non-residential parking garage
 519 Food and beverage sales 891 Warehouse

Outside

124 Playground or park 936 Vacant lot 981 Construction site
 655 Crops or orchard 938 Graded/care for plot of land 984 Industrial plant yard
 669 Forest (timberland) 946 Lake, river, stream
 807 Outdoor storage area 951 Railroad right of way
 919 Dump or sanitary landfill 960 Other street
 931 Open land or field 961 Highway/divided highway
 962 Residential street/driveway

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 Property Use **0000**

A DD332 IL 4 22 2015 2 15-0001498 000 Delete Change NFIRS - 9 Apparatus or Resources
 FDID * State * Incident Date * Station Incident Number * Exposure *

B Apparatus or * Resource	Date and Times					Sent	Number of * People	Use	Actions Taken	
	Check if same as alarm date									
	Month	Day	Year	Hour	Min					
1 ID C500 Type 92	Dispatch <input checked="" type="checkbox"/>	4	22	2015	21:19	<input checked="" type="checkbox"/>	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival <input checked="" type="checkbox"/>	4	22	2015	21:26	<input checked="" type="checkbox"/>				
	Clear <input type="checkbox"/>	4	23	2015	21:05					
2 ID COMM Type 91	Dispatch <input checked="" type="checkbox"/>	4	22	2015	21:19	<input checked="" type="checkbox"/>	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival <input checked="" type="checkbox"/>	4	22	2015	21:26	<input checked="" type="checkbox"/>				
	Clear <input checked="" type="checkbox"/>	4	22	2015	22:00					
3 ID E511 Type 11	Dispatch <input checked="" type="checkbox"/>	4	22	2015	21:19	<input checked="" type="checkbox"/>	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival <input checked="" type="checkbox"/>	4	22	2015	21:26	<input checked="" type="checkbox"/>				
	Clear <input checked="" type="checkbox"/>	4	22	2015	22:04					
4 ID S526 Type 76	Dispatch <input checked="" type="checkbox"/>	4	22	2015	21:19	<input checked="" type="checkbox"/>	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival <input checked="" type="checkbox"/>	4	22	2015	21:26	<input checked="" type="checkbox"/>				
	Clear <input checked="" type="checkbox"/>	4	22	2015	21:45					
5 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival <input type="checkbox"/>									
	Clear <input type="checkbox"/>									
6 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival <input type="checkbox"/>									
	Clear <input type="checkbox"/>									
7 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival <input type="checkbox"/>									
	Clear <input type="checkbox"/>									
8 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival <input type="checkbox"/>									
	Clear <input type="checkbox"/>									
9 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival <input type="checkbox"/>									
	Clear <input type="checkbox"/>									

Type of Apparatus or Resources

Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other	Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other Medical & Rescue 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other	More Apparatus? Use Additional Sheets	Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource NN None UU Undetermined
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NFIRS-9 Revision 11/17/98

A FDID * DD332 State * IL Incident Date * MM 4 DD 22 YYYY 2015 Station 2 Incident Number * 15-0001498 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below

Date and Times Check if same as alarm date
 Month Day Year Hours/mins

Sent Number of * People 0 Use Check ONE box for each apparatus to indicate its main use at the incident. Suppression EMS Other

Actions Taken List up to 4 actions for each apparatus and each personnel.

1 ID S526 Dispatch 4 22 2015 21:19 Sent Suppression EMS Other

Type 76 Arrival 4 22 2015 21:26 Clear

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

2 ID Dispatch Sent Suppression EMS Other

Type Arrival Clear

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

3 ID Dispatch Sent Suppression EMS Other

Type Arrival Clear

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

A FDID * DD332 State * IL Incident Date * MM 4 DD 22 YYYY 2015 Station 2 Incident Number * 15-0001498 Exposure * 000
 Delete Change
 NFIRS - 10 Personnel

3 Apparatus or Resource *

Use codes listed below	Date and Times <small>Check if same as alarm date</small>	Sent	Number of * People	Use	Actions Taken
	Month Day Year Hours/mins	<input 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 <u>C500</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/> <u>4</u> <u>22</u> <u>2015</u> <u>21:19</u> Arrival <input checked="" type="checkbox"/> <u>4</u> <u>22</u> <u>2015</u> <u>21:26</u> Clear <input type="checkbox"/>	Sent <input checked="" type="checkbox"/>	<u>0</u>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

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"/>				

2 ID COMM
Type 91

Dispatch <input checked="" type="checkbox"/> <u>4</u> <u>22</u> <u>2015</u> <u>21:19</u> Arrival <input checked="" type="checkbox"/> <u>4</u> <u>22</u> <u>2015</u> <u>21:26</u> Clear <input type="checkbox"/>	Sent <input checked="" type="checkbox"/>	<u>0</u>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
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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 E511
Type 11

Dispatch <input checked="" type="checkbox"/> <u>4</u> <u>22</u> <u>2015</u> <u>21:19</u> Arrival <input checked="" type="checkbox"/> <u>4</u> <u>22</u> <u>2015</u> <u>21:26</u> Clear <input type="checkbox"/>	Sent <input checked="" type="checkbox"/>	<u>0</u>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
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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"/>				

DD332

IL

4

22

2015

2

15-0001498

000

Responding
Units/Personnel

FDID

State

Incident Date

Station

Incident Number

Exposure

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
C500 Fire Chief	21:19:00	21:19:00	21:26:00	

Staff ID\Staff Name	Activity	Rank	Position	Role
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COMM Battalion Chief Car	21:19:00	21:19:00	21:26:00	
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Staff ID\Staff Name	Activity	Rank	Position	Role
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E511 Engine	21:19:00	21:19:00	21:26:00	
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Staff ID\Staff Name	Activity	Rank	Position	Role
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S526 Squad	21:19:00	21:19:00	21:26:00	
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Staff ID\Staff Name	Activity	Rank	Position	Role
---------------------	----------	------	----------	------

DD332
FDID *

IL
State *

MM DD YYYY
4 22 2015
Incident Date *

2
Station

15-0001498
Incident Number *

000
Exposure *

NFIRS - Incident
User Fields

DD332
FDID *

IL
State *

MM DD YYYY
4 22 2015
Incident Date *

2
Station

15-0001498
Incident Number *

000
Exposure *

Completion
Status

Completion Status:

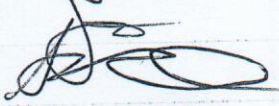

- Trap Name is a required entry.
- Officer ID charge information not specified.
- Officer Making report information not specified.

Tuesday April 21st 2015

- 1341 Eng 511, Arbonne Amb 114 to [redacted] for the medical emergency. #15-1477
 - 1645 Eng 511 to Station 2 for Station Coverage
 - 1854 Eng 511 to [redacted] for the AFA, #15-1481
- Above Entries by *Shui & Chris*

Wednesday April 22, 2015

0700

<u>on duty</u>	<u>available</u>	<u>signature</u>
LT Kier	S11 A	
ENG Baxter	S11 B	
FP Shreve	S11 B	

Present & cause

- Simard - detailed to B/C
- Raimond - A/D
- Knox Seal - ENG S11 #70075

Vehicle Inspections no new damages noted at this time

- 0730 Vehicle Checks of Station Duties Start
- 0745 Eng S11 on the Air Shopping
- 0814 Eng S11 to [redacted] for the AFA, S/D in Alameda Room due to PAving Co. System Resol. #15-1467
- 0830 Eng S11 back to shopping.
- 0900 Eng S11 in Quarters / Eng S11 / Proctor's print - new Knox Seal - 70011
- 0917 Eng S11 & Amb 534 to [redacted] for the Amb Request. Pt ALS #15-1488
- 0940 Eng S11 in Quarters
- 1623 Eng S11 & Amb 534 to [redacted] #A for the Amb Request. Pt ALS #15-1492
- 1600 Eng S11 in Quarters
- 2119 Eng S11 & Arbonne 114 to [redacted] for the Amb Request. Pt ALS #15-1498
- 2205 Eng S11 in Quarters

1 T cleanup
 present
 of / posted
 needed
 Le.
 not
 and
 way
 .11

- OFFICERS CONTACTED TO VERLIEY MANNING / TRAINING
- MANNING GUIDE EMAILED
- PAYROLL EMAILED
- BC CAR CHECKED, KNOX KEYS PRESENT
- 6000 SAM NOH - TRANSPORT AHS INSPECTIONS AT STATION 2
- TRAINING AT ACQUIRED HOUSE - SEARCH
- IN QUARTERS
- FUELED BC CAR AT COTCO
- TO MAINTENANCE TO START REPLACING LED LIGHTS ON BC CAR THAT ARE NOT WORKING
- TO STATION 3 FOR PENSION MEETING
- IN QUARTERS
- 0700 ABC Simandl on Duty B/C Green off Duty
- Completed Manning Verification & Repair
- Payroll Not completed - exchange system Not working
- Rig check - Knox keys there
- Completed Make up drills Red shift
- Car to shops replaced all LED lights on mirrors & left side running board - Mirrors still OK
- Called Terri & got Payroll in
- Sent Email to Dave Z about exchange being down

THURSDAY April 23, 2015

1 /
 Schedule

- 0700 BC Keyrows on duty, get B/C Simandl OFF DUTY
- Stations covered, manpower confirmed, mail assignments made
- Manpower emailed
- Payroll emailed
- Vehicle Check Complete. Knox keys present
- Phones started.
- 0830 Drill on Line CT: ST. 1, 2 & 3
- 1230 Drill Complete
- Lt Kier gave back off for tomorrow. Schedule revised, Lt Link forced back
- FF John Osunder gave back off on Tues. April 28.

A524 King airway CQI forms placed in medic desk.

1640 T529 to station 3 for a pension meeting. E5/1 IQ

1854 T529 + A524 to [REDACTED] for the AFA.

Unknown cause. System reset. #15-1481

2041 T529 MA to Westmont- [REDACTED] for the AFA.

Returned. #15-1482

2205 A524 to [REDACTED] for the medical.

Pt. assist. #15-1483

2307 S526 to [REDACTED] for the medical.

A524 refusal. #15-1484

2317 T529 MA to Pleasantview - 906 Juliet RD. for the

fire. Cancelled. #15-1485

WEDNESDAY, APRIL 22ND 2015

0700 ON DUTY

PORTABLES

SIGNATURES

A. LT PARRIS

526/529A

[Signature]

ENGR DEMO

526/529D

[Signature]

FF/PM BUKOWSKI

526/529B

[Signature]

PM PALLIC

524D

[Signature]

PM WOITOVICH

524B

[Signature]

ABSENT: CAUSE: PM GUBENGAARD - LAY UP

KNOX SIGNALS: T 529 - # 88550, S526 - # 88513, A524 - # 88529

APPARATUS INSPECTION: OK

PERSONAL GEAR/PASSPORTS: OK

MANPOWER GIVEN TO BC

DAILY: WEEKLY VEHICLES: STATION DUTIES STARTED.

0814 529/524 TO # 15-1487 [REDACTED] for the AFA.

WORKERS AND SEEMS ACCIDENTAL ACTIVATION.

0825 529 SHOPPING.

0917 524 TO # 15-1488 [REDACTED]

EMS.

0945 Hole Si made IQ.

1300 DAILY TRAINING ON TRACTION SPLINT: RT 83 CLOSURES COMPLETED.

1353 526/524 TO # 15-1490 [REDACTED] EMS.

ROSS HA. STENT ACTIVATED.

1430 TOWER [REDACTED]

WEDNESDAY APRIL 22ND 2015

26/524 TO #15-1492 [REDACTED]
- THE PSYCH EVAL. COMBATIVE PT, RESTRAINED TRANSPORT. 500
RESPONDED TO THE SCENE. TRANSPORT TO HOSPITAL.

26 TO #15-1494 [REDACTED]
- THE FAN. PT REFUSED TRANSPORT. DAUGHTER POWER
ATTY ALLOWED NON-TRANSPORT. 1824 RELEASED.

26/524 TO #15-1495 [REDACTED] PSYCH
IAL. 524 TRANSPORTED BLS TO HINDSDALE.

24 TO #15-1496 [REDACTED] EMS FOR
6 FAN VICTIM.

26 TO #15-1497 341 75TH ST. ASHTON PLACE
PERSON DRUG BY CAR.

26 TO #15-1498 8123 CASS. LA NOTIF DUE FOR THE
PERSON FAINTED. 511/506/500 HANDLED. 526 RETURNED.
BOONING 114 RESPONDED.

Thursday April 23RD, 2015

<u>duty</u>	<u>Portable</u>	<u>Signature</u>
St. Ostrander	526/529 A	Paul Ostrander
Mr. Conrado	526/529 D	Chris Conrado
Mr. Shaver	526/529 B	
Mr. Williams	524 D	
Mr. Gatz	524 B	

Signature
Paul Ostrander
Chris Conrado

bsmt Cause: Kier - Funlough
Green - STA. 3
Shlantz - A00

Box Seals: Tnk 529 # 88550
Sqd 536 # 88513
AMB 524 # 88529

vehicle inspections: acceptable
gear inspections: acceptable

Sqd 526 & Amb 524 respond to 312 shenidan # 0A for the

1108 Sqd 526 & Amb request
1135 Sqd 526 in
1920 Sqd 526 & Amb request
1940 Sqd 526 in
2127 Amb 524 n request. A
2111 Sqd 526 534 BLS to
2125 Sqd 526 in
2145 Amb 524 in
2153 Amb 524 in the Amb 16
2215 Amb 524 in
2246 Amb 524 request. A
2334 Sqd 526 Amb request
2355 Sqd 526
0015 Amb 524
0402 Sqd 526 the power
0430 Sqd 526
0631 Tnk 529 structure
0635 Tnk 529
0700 On Duty ActLt. Arias Eng. Niemer FF/PM Garr



EMS180419

**Illinois Department of
PUBLIC HEALTH**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

LaMar Hasbrouck, MD, MPH
Director

Issued under the authority of
the Illinois Department of
Public Health.

EXPIRATION DATE	CATEGORY	L. NUMBER
06/30/2018	EMT-B	000060277

**EMT-B - EMERGENCY MEDICAL
TECHNICIAN BASIC**
ISSUED PURSUANT TO EMERGENCY
MEDICAL SERVICES ACT (210 ILCS
50/2 CH 111 1/2, PAR 5502 FF)

JACK L. MANCIONE,
8015 FAIRMOUNT
DOWNERS GROVE, IL 60516

0828

The face of this license has a colored background. Printed by Authority of the State of Illinois - 9/05

← ... DISPLAY THIS PART IN A
CONSPICUOUS PLACE

4

REMOVE THIS CARD TO CARRY AS AN
IDENTIFICATION

Illinois Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION
JACK L. MANCIONE,

EXPIRATION DATE	CATEGORY	L. NUMBER
06/30/2018	EMT-B	000060277

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JACK L. MANCIONE,
8015 FAIRMOUNT
DOWNERS GROVE, IL 60516

FEE RECEIPT NO.

TRI-STATE FIRE PROTECTION DISTRICT

49717

INVOICE NUMBER 1FMJU1JT7FEF13325	INVOICE DATE 11/03/14	PACKEY WEBB FORD ITEM DESCRIPTION 2015 EXPEDITION REMOTE START CPS 2008 FORD ESCAPE TRADEIN	11/03/14	49717 ITEM AMOUNT 39,617.00 350.00 -6,500.00 INVOICE TOTAL: 33,467.00 * CHECK TOTAL: 33,467.00 **
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**TRI-STATE FIRE
PROTECTION DISTRICT**
419 PLAINFIELD ROAD
DARIEN, IL 60561

mb financial Oak Brook, IL 60521
bank ^{na}
2-173-710

49717

49717

THIRTY-THREE THOUSAND, FOUR HUNDRED SIXTY-SEVEN DOLLARS AND 00 CENTS *****

PAY
TO THE
ORDER
OF

PACKEY WEBB FORD
2150 W. OGDEN AVENUE
DOWNERS GROVE IL 60515

DATE	AMOUNT
11/03/14	\$33,467.00

[Handwritten Signature]

AUTHORIZED SIGNATURE

Security features. Details on back.

⑈049717⑈ ⑆071001737⑆ 107993400⑈

TRI-STATE FIRE PROTECTION DISTRICT

49717

INVOICE NUMBER 1FMJU1JT7FEF13325	INVOICE DATE 11/03/14	PACKEY WEBB FORD ITEM DESCRIPTION 2015 EXPEDITION REMOTE START CPS 2008 FORD ESCAPE TRADEIN	11/03/14	49717 ITEM AMOUNT 39,617.00 350.00 -6,500.00 INVOICE TOTAL: 33,467.00 * CHECK TOTAL: 33,467.00 **
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2150 W. OGDEN AVE
DOWNERS GROVE, IL 60515
Phone (630) 598-4700 Fax (630) 598-4850
VISIT US AT www.packeywebbford.com



MOTOR VEHICLE
CONTRACT OF SALE

PURCHASER Tri - State Fire Protection District Order Date 10-31 20 14
Address 419 Plainfield Rd Res. Phone 630-523-6445 Control Number _____
City Darien State IL Zip 60516 Cell Phone _____
Driver's Lic. No. _____ State _____ Exp. Date _____ Invoice
Salesperson 412/Jercy

PLEASE ENTER MY ORDER FOR THE FOLLOWING VEHICLE: NEW DEMONSTRATOR
 USED CAR TRUCK

*NOTICE: TO THE NEGOTIATED CASH SALE PRICE OF EACH VEHICLE, NO MORE THAN \$166.27 MAY BE ADDED FOR DEALER COST AND OVERHEAD. THE ONLY OTHER ADDITIONAL CHARGES PERMITTED ARE DEALER ADDED OPTIONS, WARRANTY AND SERVICE CONTRACTS, INSURANCE, AND THE ACTUAL COST OF LICENSE AND TITLE REGISTRATION AND TAXES.

YEAR	MAKE	MODEL	BODY TYPE
2015	Ford	Expedition	
COLOR (Exterior)	COLOR (Interior)	SERIES	STOCK NUMBER
Black	Dune	XLT	15T1164

VIN: 1FMJU1J77FEF13325

TRADE-IN AND/OR OTHER CREDITS
I UNDERSTAND THAT THE CAR TRADED, IF ANY, IS SUBJECT TO RE-APPRAISAL AT TIME OF DELIVERY

DATE OF BIRTH 1/1
DATE OF BIRTH 1/1
MILES 35

Year 2008 Make of Trade-in Ford
Model F Escape Mileage 82,137
Series XLT Color Red Fire
VIN # 1FMCU93268KE64423
Balance Owed (Good until) _____ \$ _____

OPTION CODE	ACCESSORIES

Balance Owed To _____	Verified By _____
Creditor Address _____	Acct. # _____
Cash Deposit With Order (Receipt # _____)	\$ _____
Cash Deposit With Order (Receipt # _____)	\$ _____
Rebate (Receipt # _____)	\$ _____
Rebate (Receipt # _____)	\$ _____
Rebate (Receipt # _____)	\$ _____
Other (Receipt # _____)	\$ _____
TOTAL CREDITS (Transfer TO Left Column)	\$ _____

ANY AND ALL APPLIED INCENTIVES ARE WHOLLY CONTINGENT UPON FINAL VERIFICATION BY FORD MOTOR COMPANY OF BOTH THE VEHICLE AND THE CUSTOMER
 CUSTOMER

ALL DEPOSITS ARE NON-REFUNDABLE

DEALER INSTALLED
Remote Start

WARRANTY INFORMATION

NEW OR DEMONSTRATOR: If the vehicle is a new or demonstrator vehicle, the purchaser will receive a limited warranty from the vehicle and factory. This warranty is in addition to the manufacturer's printed warranty. Dealer installed accessories are covered by a separate warranty on the vehicle and may be covered by a separate written warranty which may apply to the accessories. The purchaser has the opportunity to review the terms and conditions of the applicable manufacturer's written warranty prior to sale.
USED: If the vehicle is used, the purchaser will receive a limited warranty from the dealer as is, with all faults.
USED OR DEMONSTRATOR: The purchaser will receive a limited warranty from the dealer as is, with all faults.

\$ <u>39,967</u>	TOTAL SALES PRICE	
\$ <u>6,500</u>	LESS: TRADE-IN ALLOWANCE	
\$ <u>33,467</u>	TRADE DIFFERENCE-	
DOCUMENTARY FEE	\$ <u>166.27</u>	
ERT FEE	\$ <u>26.00</u>	
SUB TOTAL	\$ <u>33,467</u>	
SALES TAX	\$ _____	
LICENSE & TITLE FEES	\$ _____	
DELIVERED PRICE	\$ <u>33,467</u>	
PLUS BALANCE OWED ON TRADE-IN	\$ _____	
LESS TOTAL CREDITS (TRANSFERRED FROM RT. COLUMN)	\$ _____	
GRAND TOTAL	\$ <u>33,467</u>	

ALL VEHICLES: WHETHER THE VEHICLE IS NEW, A DEMONSTRATOR, OR USED: DEALER DISCLAIMS ALL WARRANTIES, WRITTEN, EXPRESSED, OR IMPLIED INCLUDING ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND DEALER EXPRESSLY DISCLAIMS ANY LIABILITY TO PURCHASER FOR ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES TO EMISSION OR USE, LOSS OF PROFITS OR INCOME, LOSS OF TIME, INTEREST, PENANCE, OR ANY OTHER INCIDENTAL DAMAGES ARISING OUT OF THE PURCHASE OR OPERATION OF THE VEHICLE.
YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO BE BOUND BY THE WARRANTY INFORMATION PROVIDED ABOVE.

Purchaser acknowledges that the Additional Terms, and Conditions printed on the reverse side of this Contract are a part of this Contract. Both sides of this Contract constitute a single agreement which supercedes the existence of any prior agreement or understanding, written or oral, between Dealer and Purchaser. Purchaser acknowledges that, outside of the specific terms of this written contract, no representation or promise has been made by the Dealer to induce the Purchaser to sign this contract. Purchaser further acknowledges that, signing this agreement, the purchaser is not relying upon representation or promise made by the dealer. The Contract shall not become a binding agreement unless accepted in writing by Dealer or on authorized representative of Dealer.
BEFORE SIGNING THE CONTRACT READ IT AND ANY SERVICE CONTRACTS ATTACHED.

ACCEPTED: _____
By _____ Title _____
Dealer/Authorized Representative

THIS CONTRACT IS AN OFFER BY PURCHASER TO BUY THE VEHICLE. IF THE OFFER IS ACCEPTED BY THE DEALER IT BECOMES A COMPLETE CONTRACT OF SALE AND THE DEALER HAS NO OBLIGATION OR RESPONSIBILITIES NOT EXPRESSLY SET FORTH IN THE CONTRACT.
PW-108