



**INCIDENT**

Incident Number **26-004** Incident Date **01/13/2026** NFIRS Number **0000004** Incident Type **(111) - Building fire**

FDID **UCFRD** Station **UCFRD** Shift **C-Shift** District

Initial Dispatch Code

Alarms Working Fire? **Yes** COVID-19 was a factor Critical Incident Critical Incident Team

Temporary Resident Involvement

Hazardous Materials Released

Action Taken 1 **(11) - Extinguishment by fire service personnel**

Action Taken 2 **(52) - Forcible entry**

Action Taken 3 **(10) - Fire control or extinguishment, other**

**AID**

Aid Given/Received **(1) - Mutual aid received**

Aided Agency Their Incident Number

Aiding Agencies

**LOCATION**

Location Type **(1) - Street address**

Address **4491 Cutlass Dr., Captiva, Florida, 33924**

Cross Street, USNG, or Directions Latitude Longitude Census Tract

Detector Alerted Occupant

Property Use **(419) - 1 or 2 family dwelling** Mixed Use

**TIMES**

PSAP Received	Dispatch Notified Time	Alarm Time
_____	_____	<u>12:36:00, 01/13/2026</u>
Arrival Time	Water on Fire Time	At Patient Time
<u>12:37:00, 01/13/2026</u>	<u>12:38:00, 01/13/2026</u>	_____
Loss Stop Time	Controlled Time	Last Unit Cleared Time
_____	<u>12:40:00, 01/13/2026</u>	<u>13:43:00, 01/13/2026</u>
Total On Scene Time	Total Incident Time	
<u>1 hrs 6 mins 0 sec</u>	<u>1 hrs 7 mins 0 sec</u>	

**COUNTS**

Counts Include Aid Received?

No

**Suppression:**

Apparatus	Personnel
<u>2</u>	<u>2</u>

**EMS:**

Apparatus	Personnel
<u>0</u>	<u>0</u>

**Other:**

Apparatus	Personnel
<u>1</u>	<u>1</u>

**LOSS**

**Property:**

Estimated Property Losses  
\$1000000

Estimated Property Value  
\$

**Content:**

Estimated Content Losses  
\$1000000

Estimated Content Value  
\$

**PERSON/OWNER**

**AUTHORIZATION**

**Report Writer:**

Name	Employee Number	Assignment	Authorization Date
<u>Whitlock, John</u>	<u>JWhi01</u>	_____	<u>01/13/2026</u>

**Officer in Charge:**

Name	Employee Number	Assignment	Authorization Date
<u>Whitlock, John</u>	<u>JWhi01</u>	_____	<u>01/13/2026</u>

**Quality Control:**

Name	Authorization Date
_____	_____

**INCIDENT NARRATIVE**

UC1, E191, T191, and B191 responded to a structure fire.

Created By: Whitlock, John

**Unit Reports**

**UCE191**

Use (1) - Suppression Responding From 191 Priority Emergent

Response Delays None/No Delay

Dispatch Time 12:36:00, 01/13/2026 Enroute Time 12:36:00, 01/13/2026 Arrival Time 12:37:00, 01/13/2026

At Patient Time Clear Time 13:43:00, 01/13/2026 In District Time

Actions Taken: Fire control or extinguishment, other

Personnel John Whitlock

**Unit Narrative**

UC1 arrived on scene first and established command and provided code 11. UC1 stated first floor fully involved. E191, T191, and B191 arrived on scene and began fire attack with 1 3/4 jump line. T191 established booster backup with 3' supply. Additional 1 3/4 pulled for suppression from B191. E191 forced entry through 2nd floor patio door and began left handed search pattern with TIC and halligan. E191 performed extension checks through the interior on all floors. No extension found. T191 and B191 continued extinguishment of origin area. Area was front outside patio with golf cart. Area under 2nd floor pool deck and 2 floor living room. Fire controlled as this time. T191 and B191 performed extension check near area of origin. Captiva FD and Pine Island FD arrived on scene for backup. LCSO on scene to assist with scene security. Fire appeared to originate in the location of the golf cart, golf cart appeared to be on a charger. After fire was out second extension and salvage performed with TIC on all floors. No signs of heat or fire found. Pine Island and Captiva cleared. E191, T191, and B191 completed assignment and RTQ for decon.

Created By: Whitlock, John

**UCT191**

Use (0) - Other Responding From 191 Priority Emergent

Response Delays None/No Delay

Dispatch Time 12:36:00, 01/13/2026 Enroute Time 12:36:00, 01/13/2026 Arrival Time 12:37:00, 01/13/2026

At Patient Time Clear Time 13:43:00, 01/13/2026 In District Time

Actions Taken: Provide water

Personnel John Whitlock

**UCB191**

Use (1) - Suppression Responding From 191 Priority Emergent

Response Delays None/No Delay

**UCB191**

Dispatch Time **12:36:00, 01/13/2026** Enroute Time **12:36:00, 01/13/2026** Arrival Time **12:37:00, 01/13/2026**

At Patient Time Clear Time **13:43:00, 01/13/2026** In District Time

Actions Taken:  
**Provide water**

Personnel  
**Anthony Lopez**

 **Fire Module**

**SITE INFO**

Alarms Acres Burned Resident Units In Bldg **1** Buildings Involved  
Hydrant Identifier Estimated Water Usage

**IGNITION**

Area of Origin  
**(47) - Vehicle storage area; garage, carport**

Heat Source  
**(10) - Heat from powered equipment, other**

Item First Ignited **(81) - Electrical wire, cable insulation** Fire Confined to Item?

Type of Material First Ignited

Cause of Ignition  
**(2) - Unintentional**

Factors Contributing to Ignition 1  
**(30) - Electrical failure, malfunction, other**

Human Factors Contributing to Ignition  
**(N) - None**

Est. Age of Person Involved Gender of Person Involved

**EQUIPMENT**

Equipment Involved in Ignition  
**(228) - Battery charger, rectifier**

Equipment Power Source **(12) - Batteries and low voltage (< 50 volts)** Equipment Portability **(1) - Portable**

Brand Model Serial Number Year

**STRUCTURE**

Structure Type

**(1) - Enclosed building**

Stories Above Grade

**3**

Stories Below Grade

**0**

Building Status

**(2) - In normal use**

Length

Width

Total Square Feet

**2514 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**

Minor Damage

Significant Damage

Heavy Damage

Extreme Damage

Total Stories

**PROTECTIVE SYSTEMS**

Presence of Detector

**(1) - Present**

Detector Type

**(1) - Smoke**

Power Supply

**(4) - Hardwire with battery backup**

Detector Operations

**(2) - Detector operated**

Effectiveness (/Failure Reason)

**(3) - There were no occupants**

Presence of Auto Extinguishing System

**(1) - Present**

System Type

**(1) - Wet-pipe sprinkler system**

System Operation

**(1) - System operated and was effective**

# of Sprinklers

**1**

Reason for System Failure