

A FDID * <input type="text" value="33075"/> State * <input type="text" value="CA"/> Incident Date * MM <input type="text" value="1"/> DD <input type="text" value="21"/> YYYY <input type="text" value="2011"/> Station <input type="text" value="03"/> Incident Number * <input type="text" value="1101500"/> Exposure * <input type="text" value="0"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS-1 Basic												
B Location * <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires.															
<input checked="" type="checkbox"/> Street Address <input type="checkbox"/> Intersection <input type="checkbox"/> In Front Of <input type="checkbox"/> Rear Of <input type="checkbox"/> Adjacent To <input type="checkbox"/> Directions															
Number <input type="text" value="3772"/> Prefix <input type="text"/> Street or Highway <input type="text" value="Tibbetts"/> Type <input type="text"/> Suffix <input type="text" value="047"/> - <input type="text"/> Apt/Suite <input type="text"/> City <input type="text" value="Riverside"/> State <input type="text" value="CA"/> Zip Code <input type="text" value="92506"/> - <input type="text"/> <input type="text" value="6950 BROCKTON AV & 6950 MAGNOL"/> Cross Street or directions, as applicable															
C Incident Type * <input type="text" value="321"/> <input type="text" value="EMS call, excluding vehicle accident with injury"/>		E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm date Alarm * MM <input type="text" value="1"/> DD <input type="text" value="21"/> YYYY <input type="text" value="2011"/> TIME <input type="text" value="13:34:25"/> Required if not canceled or did not arrive Arrival * MM <input type="text" value="1"/> DD <input type="text" value="21"/> YYYY <input type="text" value="2011"/> TIME <input type="text" value="13:39:20"/> Optional except for wildland fires Controlled <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Required except for wildland fires Last Unit Cleared MM <input type="text" value="1"/> DD <input type="text" value="21"/> YYYY <input type="text" value="2011"/> TIME <input type="text" value="14:01:52"/>													
D Aid Given or Received * <input type="checkbox"/> Mutual aid received <input type="checkbox"/> Automatic aid recv. <input type="checkbox"/> Mutual aid given <input type="checkbox"/> Automatic aid given <input type="checkbox"/> Other aid given <input checked="" type="checkbox"/> None		E2 Shifts and Alarms Local Option <input type="text" value="A"/> <input type="text" value="1"/> <input type="text" value="F47"/> Shift or Alarms District Platoon													
THEIR FDID <input type="text"/> State <input type="text"/> Incident Number <input type="text"/>		E3 Special Studies Local Option <input type="text" value="33"/> <input type="text" value="3"/> Special Study ID# Special Study Value													
F Actions Taken * <input type="text" value="33"/> <input type="text" value="Provide advanced life support (ALS)"/> Primary Action Taken (1) <input type="text"/> Additional Action Taken (2) <input type="text"/> Additional Action Taken (3) <input type="text"/>		G1 Resources * <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Apparatus</th> <th>Personnel</th> </tr> </thead> <tbody> <tr> <td>Suppression</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>EMS</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table> <input type="checkbox"/> Check this box if resources counts include aid received resources			Apparatus	Personnel	Suppression	0	0	EMS	2	3	Other	0	0
	Apparatus	Personnel													
Suppression	0	0													
EMS	2	3													
Other	0	0													
G2 Estimated Dollar Losses and Values LOSSES: required for all fires. Non fires Option None Property \$ <input type="text" value="0"/> <input checked="" type="checkbox"/> Contents \$ <input type="text" value="0"/> <input checked="" type="checkbox"/> .PRE-INCIDENT VALUE: optional Property \$ <input type="text"/> <input checked="" type="checkbox"/> Contents \$ <input type="text"/> <input checked="" type="checkbox"/>															
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Serv. Casualty-5 <input checked="" type="checkbox"/> EMS-6 <input type="checkbox"/> Hazmat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input checked="" type="checkbox"/> Arson-11		H1 Casualties * <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Deaths</th> <th>Injuries</th> </tr> </thead> <tbody> <tr> <td>Fire Service</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Civilian</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>			Deaths	Injuries	Fire Service	0	0	Civilian	0	0			
	Deaths	Injuries													
Fire Service	0	0													
Civilian	0	0													
H2 Detector Required for confined fires <input type="checkbox"/> Detector Alerted Occupant <input type="checkbox"/> Detector did not alert them <input checked="" type="checkbox"/> Unknown		H3 Hazardous Material Release <input type="text"/> <input type="text"/>													
H3 Mixed Use Property <input type="text"/> <input type="text"/>															
J Property Use * Structures <input type="text" value="340"/> <input type="text" value="Clinics, Doctors offices, hemodialysis centers"/>															

NFIRS-6
EMS

A FDID * State * Incident Date * Station Incident Number * Exposure * Delete Change

B Number Of Patients Patient Number * **C** Date / Time
 Check if same date as alarm date Time Arrived at Patient
 Time of Patient Transfer

D Provider Impression/Assessment * Check one box only

E1 Age or Date of Birth <input type="text" value="19"/> <input type="checkbox"/> Months (for infants) Age OR <input type="text" value="9"/> <input type="text" value="7"/> <input type="text" value="1991"/> MM DD YYYY	F1 Race <input type="text"/>	G1 Human Factors Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by drugs 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person N <input checked="" type="checkbox"/> None	G2 Other Factors If an illness, not an injury, skip G2 and go to H3 1 <input type="checkbox"/> Accidental 2 <input type="checkbox"/> Self-inflicted 3 <input type="checkbox"/> Inflicted, not self N <input type="checkbox"/> None
E2 Gender 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	F1 Race <input type="text"/>		

H1 Body Site of Injury List up to five body sites	H2 Injury Type List one injury type for each body listed under	H3 Cause of Illness/Injury																				
<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>											<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>											<input type="text"/> Cause of Illness/Injury

I Procedures Used 01 <input type="checkbox"/> Airway insertion 02 <input type="checkbox"/> Anti-shock trousers 03 <input type="checkbox"/> Assist ventilation 04 <input type="checkbox"/> Bleeding control 05 <input type="checkbox"/> Burn care 06 <input type="checkbox"/> Cardiac pacing 07 <input type="checkbox"/> Cardioversion (defib) manual 08 <input type="checkbox"/> Chest/abdominal thrust 09 <input type="checkbox"/> CPR 10 <input type="checkbox"/> Cricothyroidotomy 11 <input type="checkbox"/> Defibrillation by AED 12 <input checked="" type="checkbox"/> EKG monitoring 13 <input type="checkbox"/> Extrication 141 <input type="checkbox"/> Intubation (EGTA) 516 <input type="checkbox"/> Intubation (ET) 171 <input checked="" type="checkbox"/> IO/IV therapy 819 <input type="checkbox"/> Medications therapy 202 <input type="checkbox"/> Oxygen therapy 122 <input type="checkbox"/> OB care/delivert 232 <input type="checkbox"/> Prearrival Instructions 4N <input type="checkbox"/> Restrain patient NO <input type="checkbox"/> Spinal immobilization 0 <input type="checkbox"/> Splint extremities <input type="checkbox"/> Suction/aspirate <input type="checkbox"/> No treatment <input checked="" type="checkbox"/> Other	J Safety Equipment Used or deployed by patient 1 <input type="checkbox"/> Safety/seat belts 2 <input type="checkbox"/> Child safety seat 3 <input type="checkbox"/> Airbag 4 <input type="checkbox"/> Helmet 5 <input type="checkbox"/> Protective clothing 6 <input type="checkbox"/> Flotation device N <input type="checkbox"/> None O <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	K Cardiac Arrest Check all applicable boxes 1 <input type="checkbox"/> Pre-arrival arrest? If pre-arrival arrest, was it 1 <input type="checkbox"/> Witnessed 2 <input type="checkbox"/> Bystander CPR 2 <input type="checkbox"/> Post-arrival arrest? Initial Arrest Rithm <input type="text"/>
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L1 Initial Level of Provider * <input type="text" value="4"/> EMT-P (Paramedic)	L2 Highest Level of Provider on Scene <input type="text" value="4"/> EMT-P (Paramedic)	M Patient Status <input type="text" value="2"/> Remained Same Pulse on Transfer <input type="text"/>	N Disposition <input type="text" value="2"/> Non-FD transport
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City of Riverside Fire Department

A FDID * <input type="text" value="33075"/> State * <input type="text" value="CA"/> Incident Date * <input type="text" value="1"/> <input type="text" value="21"/> <input type="text" value="2011"/> Station <input type="text" value="03"/> Incident Number * <input type="text" value="1101500"/> Exposure * <input type="text" value="0"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-9 Apparatus / Resources		
B Apparatus or Resource * Use codes listed below	Dates and Times <input type="checkbox"/> Check if same date as alarm date ↓ MM DD YYYY Time	Sent <input checked="" type="checkbox"/>	Number Of People * <input type="text" value="3"/>	Use * Check to indicate apparatus usage <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <input type="text" value="33"/> <input type="text"/>
1 ID <input type="text" value="E3"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="1"/> <input type="text" value="21"/> <input type="text" value="2011"/> <input type="text" value="13:35:29"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="1"/> <input type="text" value="21"/> <input type="text" value="2011"/> <input type="text" value="13:39:21"/> Clear <input checked="" type="checkbox"/> <input type="text" value="1"/> <input type="text" value="21"/> <input type="text" value="2011"/> <input type="text" value="14:01:11"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="33"/> <input type="text"/>
2 ID <input type="text" value="MD316"/> Type <input type="text" value="76"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="1"/> <input type="text" value="21"/> <input type="text" value="2011"/> <input type="text" value="13:35:29"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="1"/> <input type="text" value="21"/> <input type="text" value="2011"/> <input type="text" value="13:50:33"/> Clear <input checked="" type="checkbox"/> <input type="text" value="1"/> <input type="text" value="21"/> <input type="text" value="2011"/> <input type="text" value="14:01:53"/>	<input checked="" type="checkbox"/>	<input type="text" value="0"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>

Type of Apparatus or Resource			<div style="border: 1px solid black; padding: 5px; width: fit-content;"> More apparatus? Use additional sheets. </div>
Ground Fire Suppression 11 Engine 12 Truck or Aerial 13 Quint 14 Tanker and 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 and Rescue 71 Rescue unit 72 Urban search and rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other 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

City of Riverside Fire Department

A <input type="text" value="33075"/> <input type="text" value="CA"/> <input type="text" value="1"/> <input type="text" value="21"/> <input type="text" value="2011"/> <input type="text" value="03"/> <input type="text" value="1101500"/> <input type="text" value="0"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS-10 Personnel					
B Apparatus or Resource * Use codes listed below		Dates and Times <input type="checkbox"/> Check if same date as alarm date V MM DD YYYY Time			Sent <input checked="" type="checkbox"/>	Number Of People * <input type="text" value="3"/>	Use * <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken	
1 ID <input type="text" value="E3"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> Arrival <input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/>	<input type="text" value="1"/> <input type="text" value="21"/> <input type="text" value="2011"/>	<input type="text" value="13:35:29"/> <input type="text" value="13:39:21"/> <input type="text" value="14:01:11"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="33"/>
Personnel ID *	Name ID	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken
F365	McKinster, Steven P	Captain (Paramedic)	<input checked="" type="checkbox"/>	33					
F350	Habib, Peter A	Engineer (Paramedic)	<input checked="" type="checkbox"/>	33					
F537	Tasker, Charles II	Sworn / FF-PM	<input checked="" type="checkbox"/>	33					

City of Riverside Fire Department

Entered BY: Steven McKinster

Entered ON: 01/21/2011 2:29:36 PM

Title 11-1500

E3 and AMR responded to a medical aid at the given address. E3 arrived on scene, assessed and treated the patient. AMR arrived on scene and transferred patient care. E3 assisted with loading the patient to the gurney and ambulance. Once the patient was in the ambulance E3 cleared.

A FDID * State * Incident Date * MM DD YYYY Station Incident Number * Exposure * Delete Change No Activity **NFIRS-1 Basic**

B Location * Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires.

Street Address Intersection In Front Of Rear Of Adjacent To Directions

Number Prefix Street or Highway Type Suffix Census tract

Apt/Suite City State Zip Code Suffix

Cross Street or directions, as applicable

C Incident Type *

E1 Dates and Times Midnight is 0000

Check boxes if dates are the same as Alarm date

Alarm * TIME

Arrival * TIME

Controlled TIME

Last Unit Cleared TIME

E2 Shifts and Alarms

Local Option

Shift or Alarms District Platoon

D Aid Given or Received *

Mutual aid received Automatic aid recv. Mutual aid given Automatic aid given Other aid given None

THEIR FDID State Incident Number

E3 Special Studies

Local Option

Special Study ID# Special Study Value

F Actions Taken *

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	<input type="text" value="0"/>	<input type="text" value="0"/>
EMS	<input type="text" value="2"/>	<input type="text" value="3"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>

Check this box if resources counts include aid received resources

G2 Estimated Dollar Losses and Values

LOSSES: required for all fires. Non fires Option None

Property \$

Contents \$

.PRE-INCIDENT VALUE: optional

Property \$

Contents \$

Completed Modules

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

H1 Casualties *

	Deaths	Injuries
Fire Service	<input type="text" value="0"/>	<input type="text" value="0"/>
Civilian	<input type="text" value="0"/>	<input type="text" value="0"/>

H3 Hazardous Material Release

H2 Detector

Required for confined fires

Detector Alerted Occupant Detector did not alert them Unknown

H3 Mixed Use Property

J Property Use * Structures

City of Riverside Fire Department

K1 Person / Entity Involved

Local Option Business Name (if applicable) [] - [] - [] Area Code Phone Numbe

Check this box if same address as incident location. Then skip the three duplicate address lines

Mr, Ms, Mrs First Name [] MI [] Last Name [] Suffix []

Number [] Prefix [] Street or Highwa [] Street Type [] Suffix []

PO Box [] Apt/Suite/Roo [] City []

State [] Zip Code []

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option Business Name (if applicable) [] - [] - [] Area Code Phone Numbe

Same as person involved? Then check this box and skip the rest of the section.

Mr, Ms, Mrs First Name [] MI [] Last Name [] Suffix []

Number [] Prefix [] Street or Highwa [] Street Type [] Suffix []

PO Box [] Apt/Suite/Roo [] City []

State [] Zip Code []

L Remarks Narrative Title 1120900 E3

Local Option Date Entered 10/10/2011 2:00:48 PM

PCR 49142

E3 dispatched to this location for a medical aid of a seizure. Upon arrival, E3 found a 37 y/o male lying in the parking lot w/ numerous staff around him. Patient was on oxygen. Witness stated that he fell and hit his head and had a seizure. Patient assessed by E3 paramedic Calvillo and put in C-spine precautions by E3 crew. Patient transported to RCH via AMR. See PCR for further patient information. E3 AOR.

Fire Module Required. Check the box that applies and then complete the Fire module based on Incident Type as

<input type="checkbox"/> Buildings 111	Complete Fire and Structur	<input type="checkbox"/> Vehicle 130-138	Complete Fire module
<input type="checkbox"/> Special Structure 112	Complete Fire mod and th block on Structure module	<input type="checkbox"/> Vegetation 140-143	Complete Fire or Wildland
<input type="checkbox"/> Confined 113-118	Complete Basic module	<input type="checkbox"/> Outside rubbish fire 151-15	Complete Basic module
<input type="checkbox"/> Mobile Property 120-123	Complete Fire module	<input type="checkbox"/> Special outside fire 161-16	Complete Fire module
		<input type="checkbox"/> Crop fire 170-173	Complete Fire module

More REmarks? Check this box and attach Supplemental Formas (NFIRS-1S) as nece

M Authorization

Check the box if same as Officer in charge

F408	Navarro, Nick	Sworn / Captain-PM	E3	10	10	2011
Officer in charge ID	Signature	Position or Rank	Assg	MM	DD	YYYY
Mbr Making Report ID	Signature	Position or Rank	Assg	MM	DD	YYYY

A FDID * State * Incident Date * Station Incident Number * Exposure * Delete Change **NFIRS-6 EMS**

B Number Of Patients Patient Number * **C** Date / Time Time Arrived at Patient Time of Patient Transfer

D Provider Impression/Assessment * Check one box only

E1 Age or Date of Birth Months (for infants) Age OR MM DD YYYY **F1** Race
E2 Gender 1 Male 2 Female **F1** Race
G1 Human Factors Check all applicable boxes
 1 Asleep
 2 Unconscious
 3 Possibly impaired by alcohol
 4 Possibly impaired by drugs
 5 Possibly mentally disabled
 6 Physically disabled
 7 Physically restrained
 8 Unattended person
 N None
G2 Other Factors If an illness, not an injury, skip G2 and go to H3
 1 Accidental
 2 Self-inflicted
 3 Inflicted, not self
 N None

H1 Body Site of Injury List up to five body sites
 1 Head
H2 Injury Type List one injury type for each body listed under
 11 Blunt Injury
H3 Cause of Illness/Injury Cause of Illness/Injury

I Procedures Used
 01 Airway insertion
 02 Anti-shock trousers
 03 Assist ventilation
 04 Bleeding control
 05 Burn care
 06 Cardiac pacing
 07 Cardioversion (defib) manual
 08 Chest/abdominal thrust
 09 CPR
 10 Cricothyroidotomy
 11 Defibrillation by AED
 12 EKG monitoring
 13 Extrication
 141 Intubation (EGTA)
 516 Intubation (ET)
 171 IO/IV therapy
 819 Medications therapy
 202 Oxygen therapy
 122 OB care/delivert
 232 Prearrival instructions
 4N Restrain patient
 NO Spinal immobilization
 0 Splint extremities
 Suction/aspirate
 No treatment
 Other
J Safety Equipment Used or deployed by patient
 1 Safety/seat belts
 2 Child safety seat
 3 Airbag
 4 Helmet
 5 Protective clothing
 6 Flotation device
 N None
 O Other
 U Undetermined
K Cardiac Arrest Check all applicable boxes
 1 Pre-arrival arrest?
 If pre-arrival arrest, was it
 1 Witnessed
 2 Bystander CPR
 2 Post-arrival arrest?
 Initial Arrest Rhythm

L1 Initial Level of Provider *
L2 Highest Level of Provider on Scene
M Patient Status
 Pulse on Transfer
N Disposition

City of Riverside Fire Department

A FDID * <input type="text" value="33075"/> State * <input type="text" value="CA"/> Incident Date * <input type="text" value="10"/> <input type="text" value="10"/> <input type="text" value="2011"/> Station <input type="text" value="03"/> Incident Number * <input type="text" value="1120900"/> Exposure * <input type="text" value="0"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-9 Apparatus / Resources		
B Apparatus or Resource * Use codes listed below	Dates and Times <input type="checkbox"/> Check if same date as alarm date ↓ MM DD YYYY Time	Sent <input checked="" type="checkbox"/> X	Number Of People *	Use * Check to indicate apparatus usage	Actions Taken
1 ID <input type="text" value="E3"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="10"/> <input type="text" value="2011"/> <input type="text" value="11:21:37"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="10"/> <input type="text" value="2011"/> <input type="text" value="11:25:12"/> Clear <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="10"/> <input type="text" value="2011"/> <input type="text" value="11:40:10"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="33"/> <input type="text"/> <input type="text"/> <input type="text"/>
2 ID <input type="text" value="MD316"/> Type <input type="text" value="76"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="10"/> <input type="text" value="2011"/> <input type="text" value="11:21:37"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="10"/> <input type="text" value="2011"/> <input type="text" value="11:32:14"/> Clear <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="10"/> <input type="text" value="2011"/> <input type="text" value="11:40:37"/>	<input checked="" type="checkbox"/>	<input type="text" value="0"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="34"/> <input type="text"/> <input type="text"/> <input type="text"/>

Type of Apparatus or Resource

Ground Fire Suppression

- 11 Engine
- 12 Truck or Aerial
- 13 Quint
- 14 Tanker and 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

Support Equipment

- 50 Marine apparatus, other
- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical and Rescue

- 71 Rescue unit
- 72 Urban search and rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

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

More apparatus?
Use additional
sheets.

NN None
UU Undetermined

City of Riverside Fire Department

A <input type="text" value="33075"/> <input type="text" value="CA"/> <input type="text" value="10"/> <input type="text" value="10"/> <input type="text" value="2011"/> <input type="text" value="03"/> <input type="text" value="1120900"/> <input type="text" value="0"/> FDID State* Incident Date* Station Incident Number* Exposure*		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS-10 Personnel					
B Apparatus or Resource * Use codes listed below		Dates and Times <input type="checkbox"/> Check if same date as alarm date V MM DD YYYY Time			Sent <input checked="" type="checkbox"/>	Number Of People * <input type="text" value="3"/>	Use * Check to indicate apparatus usage	Actions Taken	
1 ID <input type="text" value="E3"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> Arrival <input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/>	<input type="text" value="10"/> <input type="text" value="10"/> <input type="text" value="2011"/>	<input type="text" value="11:21:37"/> <input type="text" value="11:25:12"/> <input type="text" value="11:40:10"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="33"/>	<input type="text"/>	<input type="text"/>
Personnel ID *	Name ID	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken
F408	Navarro, Nick	Captain (Paramedic)	<input checked="" type="checkbox"/>	33					
F533	Davis, Brian	Engineer (Paramedic)	<input checked="" type="checkbox"/>	33					
F486	Calvillo, Hector	Sworn / FF-PM	<input checked="" type="checkbox"/>	33					

City of Riverside Fire Department

Entered BY: Nick Navarro

Entered ON: 10/10/2011 2:00:48 PM

Title 1120900 E3

PCR 49142

E3 dispatched to this location for a medical aid of a seizure. Upon arrival, E3 found a 37 y/o male lying in the parking lot w/ numerous staff around him. Patient was on oxygen. Witness stated that he fell and hit his head and had a seizure. Patient assessed by E3 paramedic Calvillo and put in C-spine precautions by E3 crew. Patient transported to RCH via AMR. See PCR for further patient information. E3 AOR.