

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

**B Location\***  Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract  -   
Module In Section B "Alternative Location Specification". Use only for Wildland fires.  
 Street address       
 Intersection Number/Milepost Prefix Street or Highway Street Type Suffix  
 In front of  
 Rear of     -   
 Adjacent to Apt./Suite/Room City State Zip Code  
 Directions   
Cross street or directions, as applicable

**C Incident Type \***    
Incident Type

**E1 Date & Times** Midnight is 0000  
Check boxes if dates are the same as Alarm ALARM always required  
Date. Alarm \*      
ARRIVAL required, unless canceled or did not arrive  
 Arrival \*      
CONTROLLED Optional, Except for wildland fires  
 Controlled     
LAST UNIT CLEARED, required except for wildland fires  
 Last Unit Cleared

**E2 Shift & Alarms** Local Option  
    
Shift or Alarms District Platoon

**D Aid Given or Received \***  
1  Mutual aid received    
2  Automatic aid recv. Their FDID Their State  
3  Mutual aid given  
4  Automatic aid given  
5  Other aid given Their Incident Number  
N  None

**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    
EMS    
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 \$  ,  ,    
Contents \$  ,  ,    
PRE-INCIDENT VALUE: Optional  
Property \$  ,  ,    
Contents \$  ,  ,

**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    
Civilian    
**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 evaluation 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  
30  Residential use  
40  Row of stores  
50  Enclosed mall  
53  Bus. & Residential  
59  Office use  
60  Industrial use  
63  Military use  
65  Farm use  
00  Other mixed use

**J Property Use\* Structures**

131 <input type="checkbox"/> Church, place of worship	341 <input checked="" type="checkbox"/> Clinic, clinic type infirmary	539 <input type="checkbox"/> Household goods, sales, repairs
161 <input type="checkbox"/> Restaurant or cafeteria	342 <input type="checkbox"/> Doctor/dentist office	579 <input type="checkbox"/> Motor vehicle/boat sales/repair
162 <input type="checkbox"/> Bar/Tavern or nightclub	361 <input type="checkbox"/> Prison or jail, not juvenile	571 <input type="checkbox"/> Gas or service station
213 <input type="checkbox"/> Elementary school or kindergarten	419 <input type="checkbox"/> 1-or 2-family dwelling	599 <input type="checkbox"/> Business office
215 <input type="checkbox"/> High school or junior high	429 <input type="checkbox"/> Multi-family dwelling	615 <input type="checkbox"/> Electric generating plant
241 <input type="checkbox"/> College, adult education	439 <input type="checkbox"/> Rooming/boarding house	629 <input type="checkbox"/> Laboratory/science lab
311 <input type="checkbox"/> Care facility for the aged	449 <input type="checkbox"/> Commercial hotel or motel	700 <input type="checkbox"/> Manufacturing plant
331 <input type="checkbox"/> Hospital	459 <input type="checkbox"/> Residential, board and care	819 <input type="checkbox"/> Livestock/poultry storage (barn)
	464 <input type="checkbox"/> Dormitory/barracks	882 <input type="checkbox"/> Non-residential parking garage
	519 <input type="checkbox"/> Food and beverage sales	891 <input type="checkbox"/> Warehouse
	936 <input type="checkbox"/> Vacant lot	981 <input type="checkbox"/> Construction site
	938 <input type="checkbox"/> Graded/care for plot of land	984 <input type="checkbox"/> Industrial plant yard
	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	

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:  
Property Use   
  
NFIRS-1 Revision 03/11/99

**K1 Person/Entity Involved**  Local Option  Business name (if applicable)  Area Code  -  -  Phone Number

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 Highway  Street Type  Suffix

Post Office Box  Apt./Suite/Room  City

State  Zip Code  -

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

**K2 Owner**  Same as person involved? Then check this box and skip the rest of this section.  Local Option  Business name (if Applicable)  Area Code  -  -  Phone Number

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 Highway  Street Type  Suffix

Post Office Box  Apt./Suite/Room  City

State  Zip Code  -

**L Remarks** Local Option

T3 dispatched to this location for a medical aid. Upon arrival, AMR on scene with patient. T3 assisted with documentation and loading patient. Patient care provided by AMR. T3 AOR.

**L Authorization**

<input type="text"/> F408 Officer in charge ID	<input type="text"/> Navarro, Nick Signature	<input type="text"/> SWORN / CA Position or rank	<input type="text"/> T3 Assignment	<input type="text"/> 02 Month	<input type="text"/> 07 Day	<input type="text"/> 2015 Year
Check Box if same as Officer in charge. <input checked="" type="checkbox"/> <input type="checkbox"/> F408	<input type="text"/> Navarro, Nick Signature	<input type="text"/> SWORN / CA Position or rank	<input type="text"/> T3 Assignment	<input type="text"/> 02 Month	<input type="text"/> 07 Day	<input type="text"/> 2015 Year

33075  
FDID \*

State \*

MM DD YYYY  
2 7 2015  
Incident Date \*

03  
Station

1503440  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

T3 dispatched to this location for a medical aid. Upon arrival, AMR on scene with patient. T3 assisted with documentation and loading patient. Patient care provided by AMR. T3 AOR.

B Apparatus or * Resource	Date and Times					Sent	Number of * People	Use	Actions Taken	
	Check if same as alarm date								Check ONE box for each apparatus to indicate its main use at the incident.	
	Month	Day	Year	Hour	Min					
1 ID <u>MD342</u> Type <u>76</u>	Dispatch <input type="checkbox"/>	<u>2</u>	<u>7</u>	<u>2015</u>	<u>12:11</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression	<u>33</u>	<u>34</u>
	Arrival <input type="checkbox"/>	<u>2</u>	<u>7</u>	<u>2015</u>	<u>12:17</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input checked="" type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u>2</u>	<u>7</u>	<u>2015</u>	<u>12:31</u>			<input type="checkbox"/> Other		
2 ID <u>T3</u> Type <u>12</u>	Dispatch <input type="checkbox"/>	<u>2</u>	<u>7</u>	<u>2015</u>	<u>12:11</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression	<u>70</u>	
	Arrival <input type="checkbox"/>	<u>2</u>	<u>7</u>	<u>2015</u>	<u>12:17</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u>2</u>	<u>7</u>	<u>2015</u>	<u>12:30</u>			<input type="checkbox"/> Other		
3 ID <u></u> Type <u></u>	Dispatch <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> Other		
4 ID <u></u> Type <u></u>	Dispatch <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> Other		
5 ID <u></u> Type <u></u>	Dispatch <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> Other		
6 ID <u></u> Type <u></u>	Dispatch <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> Other		
7 ID <u></u> Type <u></u>	Dispatch <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> Other		
8 ID <u></u> Type <u></u>	Dispatch <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> Other		
9 ID <u></u> Type <u></u>	Dispatch <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>		<input type="checkbox"/> Other		

**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 <b>Heavy Ground Equipment</b> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other <b>Aircraft</b> 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other	<b>Marine Equipment</b> 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other <b>Support Equipment</b> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other <b>Medical &amp; Rescue</b> 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	<b>More Apparatus? Use Additional Sheets</b>	<b>Other</b> 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



Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
MD342 Unit MD342	12:11:55	12:11:55	12:17:34	12:31:07

  

Staff ID\Staff Name	Activity	Rank	Position	Role
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T3 TRUCK COMPANY	12:11:54	12:11:54	12:17:22	12:30:09
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Staff ID\Staff Name	Activity	Rank	Position	Role
F230 Hess, Wayne	Incident Activit	Firefighter		
F319 Mercer, Herbert	Incident Activit	Engineer		
F408 Navarro, Nick	Incident Activit	Captain - P		

33075  
FDID \*

State \*

MM DD YYYY  
2 7  
Incident Date \*

2015

03  
Station

1503440  
Incident Number \*

000  
Exposure \*

Responding  
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
F230 Hess, Wayne	T3	IA Incident		FF		0.00	0.00	0.00
F319 Mercer, Herbert	T3	IA Incident		ENG		0.00	0.00	0.00
F408 Navarro, Nick	T3	IA Incident		CPT*		0.00	0.00	0.00
<b>Total Participants: 3</b>				<b>Total Personnel Hours:</b>		0.00		

An 'X' next to the unit denotes driver.