

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 Number Prefix Street or Highway Type Suffix Census tract

Intersection In Front Of Rear Of Adjacent To Directions

Apt/Suite City State Zip Code

Cross Street or directions, as applicable

C Incident Type * 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 Always Required

Alarm * MM DD YYYY TIME

Required if not canceled or did not arrive

Arrival * MM DD YYYY TIME

Optional except for wildland fires

Required except for wildland fires

Last Unit Cleared MM DD YYYY TIME

E2 Shifts and Alarms

Local Option

Shift or District Alarms 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

Arrival * MM DD YYYY TIME

Controlled

Last Unit Cleared

E3 Special Studies

Local Option

Special Study ID# Special Study Value

F Actions Taken *

Provide advanced life support (ALS)

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="0"/>
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 [Redacted] - [Redacted] - [Redacted]

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 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 [Redacted] - [Redacted] - [Redacted]

Local Option Business Name (if applicable) Area Code Phone Number

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 Inc #3320

Local Option Date Entered 02/21/2002 4:12:39 PM

On 02/21/2002, 2 apparatus(s) and 5 personnel responded to EMS call, excluding vehicle accident with injury at address of 3772 Tibbetts St. First unit was on scene at 11:11:04. Situation was controlled at 00:00:00. Last unit cleared scene at 11:28:28. Primary actions taken were Provide advanced life support (ALS); ; . Called to Planned Parenthood for a 26 year old female with vaginal hemorrhage post op. Patient recieved surgery 1 hour prior and continued to bleed so doctor called for transport to Parkview. Patient lying on exam table with IV in place with Pitocin drip. Patient already recieved 2 liters of fluid pta. AMR to parkview.

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 Forms (NFIRS-1S) as nece

M Authorization

Check the box if same as Officer in charge <input type="checkbox"/>	F138	Russell, John M	Captain	E3	2	21	2002
	Officer in charge ID	Signature	Position or Rank	Assg	MM	DD	YYYY
	F378	Siegel, Ryan	Firefighte	E3	2	21	2002
	Mbr Making Report ID	Signature	Position or Rank	Assg	MM	DD	YYYY

City of Riverside Fire Department

A FDID * <input type="text" value="33075"/> State * <input type="text" value="CA"/> Incident Date * MM <input type="text" value="2"/> DD <input type="text" value="21"/> YYYY <input type="text" value="2002"/> Station <input type="text" value="03"/> Incident Number * <input type="text" value="0203320"/> 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 * <input type="text" value="3"/>	Use * <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"/> 2 21 2002 11:06:41 Arrival <input checked="" type="checkbox"/> 2 21 2002 11:11:04 Clear <input checked="" type="checkbox"/> 2 21 2002 11:27:54	<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="MED2"/> Type <input type="text" value="76"/>	Dispatch <input checked="" type="checkbox"/> 2 21 2002 11:06:41 Arrival <input checked="" type="checkbox"/> 2 21 2002 11:13:02 Clear <input checked="" type="checkbox"/> 2 21 2002 11:28:28	<input checked="" type="checkbox"/>	<input type="text" value="2"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="33"/> <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="2"/> <input type="text" value="21"/> <input type="text" value="2002"/> <input type="text" value="03"/> <input type="text" value="0203320"/> <input type="text" value="0"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS-10 Personnel				
FDID State * Incident Date * Station Incident Number * Exposure *								
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 * <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	
1 ID <input type="text" value="E3"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="2"/> <input type="text" value="21"/> <input type="text" value="2002"/> <input type="text" value="11:08:41"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="2"/> <input type="text" value="21"/> <input type="text" value="2002"/> <input type="text" value="11:11:04"/> Clear <input checked="" type="checkbox"/> <input type="text" value="2"/> <input type="text" value="21"/> <input type="text" value="2002"/> <input type="text" value="11:27:54"/>		<input checked="" type="checkbox"/>			<input type="text" value="33"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Personnel ID *	Name ID	Rank or Grade	Attend <input checked="" type="checkbox"/> X	Action Taken	Action Taken	Action Taken	Action Taken	
F378	Siegel, Ryan	FireFighter	<input checked="" type="checkbox"/>	33				
F100	Luna, Charles R	Driver / Engineer	<input checked="" type="checkbox"/>	32				
F138	Russell, John M	Captain	<input checked="" type="checkbox"/>	32				

City of Riverside Fire Department

Entered BY: Ryan Siegel

Entered ON: 02/21/2002 4:12:39 PM

Title Inc #3320

On 02/21/2002, 2 apparatus(s) and 5 personnel responded to EMS call, excluding vehicle accident with injury at address of 3772 Tibbetts St. First unit was on scene at 11:11:04. Situation was controlled at 00:00:00. Last unit cleared scene at 11:28:28. Primary actions taken were Provide advanced life support (ALS); ; . Called to Planned Parenthood for a 26 year old female with vaginal hemorrhage post op. Patient recieved surgery 1 hour prior and continued to bleed so doctor called for transport to Parkview. Patient lying on exam table with IV in place with Pitocin drip. Patient already recieved 2 liters of fluid pta. AMR to parkview.

A FDID * <input type="text" value="33075"/> State * <input type="text" value="CA"/> Incident Date * MM <input type="text" value="8"/> DD <input type="text" value="13"/> YYYY <input type="text" value="2002"/> Station <input type="text" value="03"/> Incident Number * <input type="text" value="0215337"/> Exposure * <input type="text" value="0"/> <div style="text-align: right;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity </div>		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="text" value="3772"/> <input type="text"/> <input type="text" value="Tibbetts"/> <input type="text" value="St"/> <input type="text"/> <input type="text" value="3"/> <input type="text"/> Number Prefix Street or Highway Type Suffix Census tract <input type="checkbox"/> Intersection <input type="text"/> <input type="text" value="Riverside"/> <input type="text" value="CA"/> <input type="text" value="92506"/> <input type="text"/> In Front Of Apt/Suite City State Zip Code <input type="checkbox"/> Rear Of <input type="text"/> <input type="text" value="btwn BROCKTON AV & MAGNOLIA AV"/> <input type="checkbox"/> Adjacent To Cross Street or directions, as applicable <input type="checkbox"/> Directions														
C Incident Type * <input type="text" value="321"/> 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="8"/> DD <input type="text" value="13"/> YYYY <input type="text" value="2002"/> TIME <input type="text" value="16:07:57"/> ALARM Always Required <input type="checkbox"/> Arrival * MM <input type="text" value="8"/> DD <input type="text" value="13"/> YYYY <input type="text" value="2002"/> TIME <input type="text" value="16:16:24"/> Required if not canceled or did not arrive Optional except for wildland fires <input type="checkbox"/> Controlled Required except for wildland fires <input type="checkbox"/> Last Unit Cleared MM <input type="text" value="8"/> DD <input type="text" value="13"/> YYYY <input type="text" value="2002"/> TIME <input type="text" value="16:36:59"/>	E2 Shifts and Alarms Local Option <input type="text" value="A"/> <input type="text" value="1"/> <input type="text" value="047"/> Shift or Alarms District Platoon												
D Aid Given or Received * <input type="checkbox"/> Mutual aid received <input type="checkbox"/> Automatic aid rcv. <input type="checkbox"/> Mutual aid given <input type="checkbox"/> Automatic aid given <input type="checkbox"/> Other aid given <input checked="" type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: fit-content;"> THEIR <input type="text"/> <input type="text"/> FDID State <input type="text"/> Incident Number </div>	E3 Special Studies Local Option <input type="text" value="321"/> <input type="text" value="3"/> Special Study ID# Special Study Value													
F Actions Taken * <input type="text" value="33"/> Provide advanced life support (ALS) Primary Action Taken (1) <input type="text" value="32"/> Provide basic life support (BLS) Additional Action Taken (2) <input type="text"/> Additional Action Taken (3)	G1 Resources * <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Apparatus</td> <td style="text-align: center;">Personnel</td> </tr> <tr> <td>Suppression</td> <td style="text-align: center;"><input type="text" value="0"/></td> <td style="text-align: center;"><input type="text" value="0"/></td> </tr> <tr> <td>EMS</td> <td style="text-align: center;"><input type="text" value="2"/></td> <td style="text-align: center;"><input type="text" value="3"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="text" value="0"/></td> <td style="text-align: center;"><input type="text" value="0"/></td> </tr> </table> <input type="checkbox"/> Check this box if resources counts include aid received resources		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"/>	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"/>
	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"/>												
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 style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Deaths</td> <td style="text-align: center;">Injuries</td> </tr> <tr> <td>Fire Service</td> <td style="text-align: center;"><input type="text" value="0"/></td> <td style="text-align: center;"><input type="text" value="0"/></td> </tr> <tr> <td>Civilian</td> <td style="text-align: center;"><input type="text" value="0"/></td> <td style="text-align: center;"><input type="text" value="0"/></td> </tr> </table> 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		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 <input type="text"/> H3 Mixed Use Property <input type="text"/>			
	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"/>												
J Property Use * Structures <input type="text" value="340"/> <input type="text" value="Clinics, Doctors offices, hemodialysis centers"/>														

City of Riverside Fire Department

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 []

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

Business Name (if applicable) [] Area Code [] Phone Number []

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

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

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

State [] Zip Code []

L Remarks Narrative Title 0215337

Local Option Date Entered 08/13/2002 5:52:37 PM

Dispatched to a reported medical aid at Planned Parenthood. This was reported as a patient who had come in and was starting to pass out. They stated that she was possibly on heroin, speed, and had been drinking. Upon our arrival we found the patient sitting in a chair in an examination room. She was alert and oriented and stated that she had received her Methadone 4 hours ago and that this always makes her drousey. The patient told us what medications she was on and also that she had been having abnormal vaginal bleeding for the last month.

AMR supervisor arrived onscene and the patient refused further treatment or transport. AMR med unit returned to service and we obtained AMA signature from patient. E3 instructed that patient and/or the clinic to call us back if the patients status changed. E3 returned to service.

Note: Patient was unable to give us her address. She stated that they had just moved into a house near the intersection of Brockton and Mary and she could not recall what the address was.

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 Forms (NFIRS-1S) as nece

M Authorization

Check the box if same as Officer in charge

F138	Russell, John M	Captain	E3	8	13	2002
Officer in charge ID	Signature	Position or Rank	Assg	MM	DD	YYYY
Mbr Making Report ID	Signature	Position or Rank	Assg			

City of Riverside Fire Department

A FDID * <input type="text" value="33075"/> State * <input type="text" value="CA"/> Incident Date * MM <input type="text" value="8"/> DD <input type="text" value="13"/> YYYY <input type="text" value="2002"/> Station <input type="text" value="03"/> Incident Number * <input type="text" value="0215337"/> 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"/> 8 13 2002 16:07:57 Arrival <input checked="" type="checkbox"/> 8 13 2002 16:16:24 Clear <input checked="" type="checkbox"/> 8 13 2002 16:36:17	<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="MED3"/> Type <input type="text" value="76"/>	Dispatch <input checked="" type="checkbox"/> 8 13 2002 16:07:57 Arrival <input checked="" type="checkbox"/> 8 13 2002 16:16:24 Clear <input checked="" type="checkbox"/> 8 13 2002 16:36:59	<input checked="" type="checkbox"/>	<input type="text" value="2"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="00"/> <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 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 93 Hazmat unit 95 Type 2 hand crew 92 Chief officer car 94 Type 1 hand crew 99 Privately owned vehicle 00 Other apparatus / resource	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> More apparatus? Use additional sheets. </div> NN None UU Undetermined
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City of Riverside Fire Department

A <input type="text" value="33075"/> <input type="text" value="CA"/> <input type="text" value="8"/> <input type="text" value="13"/> <input type="text" value="2002"/> <input type="text" value="03"/> <input type="text" value="0215337"/> <input type="text" value="0"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS-10 Personnel			
FDID State * Incident Date * Station Incident Number * Exposure *							
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1 ID <input type="text" value="E3"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="8"/> <input type="text" value="13"/> <input type="text" value="2002"/> <input type="text" value="16:07:57"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="8"/> <input type="text" value="13"/> <input type="text" value="2002"/> <input type="text" value="16:16:24"/> Clear <input checked="" type="checkbox"/> <input type="text" value="8"/> <input type="text" value="13"/> <input type="text" value="2002"/> <input type="text" value="16:36:17"/>	<input checked="" type="checkbox"/>	<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"/> X	Action Taken	Action Taken	Action Taken	Action Taken
F378	Siegel, Ryan	FireFighter	<input checked="" type="checkbox"/>	33			
F058	Feinberg, Greg A	Driver / Engineer	<input checked="" type="checkbox"/>	32			
F138	Russell, John M	Captain	<input checked="" type="checkbox"/>	32			

City of Riverside Fire Department

Entered BY: John M Russell

Entered ON: 08/13/2002 5:52:37 PM

Title 0215337

Dispatched to a reported medical aid at Planned Parenthood. This was reported as a patient who had come in and was starting to pass out. They stated that she was possibly on heroin, speed, and had been drinking. Upon our arrival we found the patient sitting in a chair in an examination room. She was alert and oriented and stated that she had received her Methadone 4 hours ago and that this always makes her drousey. The patient told us what medications she was on and also that she had been having abnormal vaginal bleeding for the last month.

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A FDID * <input type="text" value="33075"/> State * <input type="text" value="CA"/> Incident Date * MM <input type="text" value="8"/> DD <input type="text" value="29"/> YYYY <input type="text" value="2002"/> Station <input type="text" value="03"/> Incident Number * <input type="text" value="0216320"/> 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		<input type="text" value="3772"/> <input type="text"/> <input type="text" value="Tibbetts"/>		<input type="text" value="St"/> <input type="text"/> <input type="text" value="3"/> - <input type="text"/>		<input type="text" value="CA"/> <input type="text" value="92506"/> - <input type="text"/>		<input type="text" value="Riverside"/>												
Cross Street or directions, as applicable <input type="text" value="btwn BROCKTON AV & MAGNOLIA AV"/>																				
C Incident Type * <input type="text" value="611"/> <input type="text" value="Dispatched & canceled en route"/>				E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm date Alarm * MM <input type="text" value="8"/> DD <input type="text" value="29"/> YYYY <input type="text" value="2002"/> TIME <input type="text" value="08:18:47"/> ALARM Always Required Required if not canceled or did not arrive Arrival * MM <input type="text" value="8"/> DD <input type="text" value="29"/> YYYY <input type="text" value="2002"/> TIME <input type="text" value="08:23:28"/> 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="8"/> DD <input type="text" value="29"/> YYYY <input type="text" value="2002"/> TIME <input type="text" value="08:24:42"/>				E2 Shifts and Alarms Local Option <input type="text" value="C"/> <input type="text" value="1"/> <input type="text" value="047"/> Shift or Alarms District Platoon												
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				THEIR <input type="text"/> <input type="text"/> FDID State <input type="text"/> Incident Number		E3 Special Studies Local Option <input type="text" value="321"/> <input type="text" value="3"/> Special Study ID# Special Study Value														
F Actions Taken * <input type="text" value="93"/> <input type="text" value="Cancelled enroute"/> Primary Action Taken (1) <input type="text"/> Additional Action Taken (2) <input type="text"/> Additional Action Taken (3)			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="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Apparatus</th> <th>Personnel</th> </tr> </thead> <tbody> <tr> <td>Suppression</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>EMS</td> <td><input type="text" value="2"/></td> <td><input type="text" value="3"/></td> </tr> <tr> <td>Other</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> </tbody> </table> <input type="checkbox"/> Check this box if resources counts include aid received resources				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"/>	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"/>		
	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"/>																		
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="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Deaths</th> <th>Injuries</th> </tr> </thead> <tbody> <tr> <td>Fire Service</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Civilian</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> </tbody> </table>			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 <input type="text"/> <input type="text"/>							
	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"/>																		
		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 Mixed Use Property <input type="text"/> <input type="text"/>																
J Property Use * Structures <input type="text" value="963"/> <input type="text" value="Street or road in commercial area"/>																				

City of Riverside Fire Department

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

Business Name (if applicable) [] - [] - [] Area Code Phone Number

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 Inc 16320

Local Option Date Entered 08/29/2002 9:56:11 AM

On 08/29/2002, 2 apparatus(s) and 5 personnel responded to a reported medical aid at address of 3772 Tibbetts St. While enroute E3 was notified by dispatch that AMR was on scene and E3 could cancel. E3 cleared.

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 Forms (NFIRS-1S) as nece

M Authorization

Check the box if same as Officer in charge

F228	Bakas, David V	Captain	E3	8	29	2002
Officer in charge ID	Signature	Position or Rank	Assg	MM	DD	YYYY
Mbr Making Report ID	Signature	Position or Rank	Assg	MM	DD	YYYY

City of Riverside Fire Department

A FDID * <input type="text" value="33075"/> State * <input type="text" value="CA"/> Incident Date * MM <input type="text" value="8"/> DD <input type="text" value="29"/> YYYY <input type="text" value="2002"/> Station <input type="text" value="03"/> Incident Number * <input type="text" value="0216320"/> 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 V MM DD YYYY Time	Sent <input checked="" type="checkbox"/> X	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"/> 8 29 2002 08:18:47 Arrival <input checked="" type="checkbox"/> 8 29 2002 08:23:28 Clear <input checked="" type="checkbox"/> 8 29 2002 08:24:42	<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"/> <input type="text"/> <input type="text"/>
2 ID <input type="text" value="MED2"/> Type <input type="text" value="76"/>	Dispatch <input checked="" type="checkbox"/> 8 29 2002 08:18:47 Arrival <input checked="" type="checkbox"/> 8 29 2002 08:24:29 Clear <input checked="" type="checkbox"/> 8 29 2002 08:24:29	<input checked="" type="checkbox"/>	<input type="text" value="2"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <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 93 Hazmat unit 95 Type 2 hand crew 00 Other apparatus / resource	
			NN None UU Undetermined

City of Riverside Fire Department

A FDID: <input type="text" value="33075"/> State: <input type="text" value="CA"/> Incident Date: MM <input type="text" value="8"/> DD <input type="text" value="29"/> YYYY <input type="text" value="2002"/> Station: <input type="text" value="03"/> Incident Number: <input type="text" value="0216320"/> Exposure: <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 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"/> 8 29 2002 08:18:47 Arrival: <input checked="" type="checkbox"/> 8 29 2002 08:23:28 Clear: <input checked="" type="checkbox"/> 8 29 2002 08:24:42	<input checked="" type="checkbox"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<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
F370	Rondero, Ron	FireFighter	<input checked="" type="checkbox"/>				
F319	Mercer, Herbert A	Driver / Engineer	<input checked="" type="checkbox"/>				
F228	Bakas, David V	Captain	<input checked="" type="checkbox"/>				

City of Riverside Fire Department

Entered BY: David Bakas

Entered ON: 08/29/2002 9:56:11 AM

Title Inc 16320

On 08/29/2002, 2 apparatus(s) and 5 personnel responded to a reported medical aid at address of 3772 Tibbetts St. While enroute E3 was notified by dispatch that AMR was on scene and E3 could cancel. E3 cleared.

A FDID * <input type="text" value="33075"/> State * <input type="text" value="CA"/> Incident Date * MM <input type="text" value="10"/> DD <input type="text" value="26"/> YYYY <input type="text" value="2002"/> Station <input type="text" value="03"/> Incident Number * <input type="text" value="0220359"/> Exposure * <input type="text" value="0"/> <div style="float: right; text-align: right;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity </div>						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" value="ST"/> Suffix <input type="text" value="3"/> - <input type="text"/> Apt/Suite <input type="text" value="A"/> City <input type="text" value="Riverside"/> State <input type="text" value="CA"/> Zip Code <input type="text" value="92506"/> - <input type="text"/> Cross Street or directions, as applicable <input type="text" value="btwn BROCKTON AV & MAGNOLIA AV"/>																	
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="10"/> DD <input type="text" value="26"/> YYYY <input type="text" value="2002"/> TIME <input type="text" value="10:29:24"/> ALARM Always Required Required if not canceled or did not arrive Arrival * MM <input type="text" value="10"/> DD <input type="text" value="26"/> YYYY <input type="text" value="2002"/> TIME <input type="text" value="10:34:15"/> 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="10"/> DD <input type="text" value="26"/> YYYY <input type="text" value="2002"/> TIME <input type="text" value="11:02:07"/>		E2 Shifts and Alarms Local Option <input type="text" value="B"/> <input type="text" value="1"/> <input type="text" value="047"/> Shift or Alarms District Platoon												
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			THEIR <input type="text"/> <input type="text"/> FDID State <input type="text"/> Incident Number		E3 Special Studies Local Option <input type="text" value="321"/> <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)			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="width:100%; text-align: center;"> <tr> <td></td> <td>Apparatus</td> <td>Personnel</td> </tr> <tr> <td>Suppression</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>EMS</td> <td><input type="text" value="2"/></td> <td><input type="text" value="3"/></td> </tr> <tr> <td>Other</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> </table> <input type="checkbox"/> Check this box if resources counts include aid received resources			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"/>	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"/>
	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"/>															
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="width:100%; text-align: center;"> <tr> <td></td> <td>Deaths</td> <td>Injuries</td> </tr> <tr> <td>Fire Service</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Civilian</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> </table>			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 <input type="text"/> <input type="text"/>			
	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"/>															
			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 Mixed Use Property <input type="text"/> <input type="text"/>												
J Property Use * Structures <input type="text" value="342"/> <input type="text" value="Doctor, dentist or oral surgeon's office"/>																	

City of Riverside Fire Department

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 []

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 Number

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 Highway [] Street Type [] Suffix []

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

State [] Zip Code []

L Remarks Narrative Title Inc #20359

Local Option Date Entered 10/26/2002 11:04:29 AM

On 10/26/2002, E3 responded to a Planned Parenthood office for a 28 year old female with seizure activity after the clinic doctor started an abortion procedure. Patient found with AMR lying supine on an operating table. Patient appears post ictal with repetitive questioning. Patient spanish speaking only. Patient started to seize after receiving 1 mg. Verced and 100 mcg. Sublimace with Atropine cocktail IV. Patient also received 10 cc. Lidocaine with Pitossin cocktail Vaginally. Medications had been administered by clinic doctor prior to RFD and AMR arrival. Patient was found with the doctors speculum still in her cervex and doctor states he started the abortion procedure by poking the embryo. Patient with some spotting vaginally. IV already established by clinic. Patient transferred to guerney and loaded into unit. FD attendant rode in to RCH with AMR and turned over to MD in bed #1.

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 113-116	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

F138	Russell, John M	Captain	E3	10	26	2002
Officer in charge ID	Signature	Position or Rank	Aseg	MM	DD	YYYY
F378	Siegel, Ryan	FireFighte	E3	10	26	2002
Mbr Making Report ID	Signature	Position or Rank	Aseg	MM	DD	YYYY

City of Riverside Fire Department

A		MM	DD	YYYY			<input type="checkbox"/> Delete	NFIRS-9 Apparatus / Resources		
FDID *	State *	Incident Date *	Station	Incident Number *	Exposure *		<input type="checkbox"/> Change			
B Apparatus or Resource *		Dates and Times			Sent	Number Of People *	Use *	Actions Taken		
Use codes listed below		Check if same date as alarm date			<input checked="" type="checkbox"/>		Check to indicate apparatus usage			
		MM	DD	YYYY	Time					
1 ID	E3	Dispatch	<input checked="" type="checkbox"/>	10	26	2002	10:29:24	<input type="checkbox"/> Suppression	33	
Type	11	Arrival	<input checked="" type="checkbox"/>	10	26	2002	10:34:15	<input checked="" type="checkbox"/> EMS		
		Clear	<input checked="" type="checkbox"/>	10	26	2002	10:59:37	<input type="checkbox"/> Other		
2 ID	MED2	Dispatch	<input checked="" type="checkbox"/>	10	26	2002	10:29:24	<input type="checkbox"/> Suppression	33	
Type	76	Arrival	<input checked="" type="checkbox"/>	10	26	2002	10:39:20	<input checked="" type="checkbox"/> EMS		
		Clear	<input checked="" type="checkbox"/>	10	26	2002	11:02:07	<input type="checkbox"/> Other		

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 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 93 Hazmat unit 95 Type 2 hand crew 92 Chief officer car 94 Type 1 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 FDID: <input type="text" value="33075"/> State*: <input type="text" value="CA"/> Incident Date: <input type="text" value="10"/> <input type="text" value="26"/> <input type="text" value="2002"/> Station: <input type="text" value="03"/> Incident Number*: <input type="text" value="0220359"/> Exposure*: <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 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		
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="26"/> <input type="text" value="2002"/> <input type="text" value="10:29:24"/> Arrival: <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="28"/> <input type="text" value="2002"/> <input type="text" value="10:34:15"/> Clear: <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="26"/> <input type="text" value="2002"/> <input type="text" value="10:59:37"/>	Attend <input checked="" type="checkbox"/>	Action Taken <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"/>		
Personnel ID *	Name ID	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F378	Segel, Ryan	FireFighter	<input checked="" type="checkbox"/>	33			
F100	Luna, Charles R	Driver / Engineer	<input checked="" type="checkbox"/>	32			
F138	Russell, John M	Captain	<input checked="" type="checkbox"/>	32			

City of Riverside Fire Department

Entered BY: Ryan Siegel

Entered ON: 10/26/2002 11:04:29 AM

Title Inc #20359

On 10/26/2002, E3 responded to a Planned Parenthood office for a 28 year old female with seizure activity after the clinic doctor started an abortion procedure. Patient found with AMR lying supine on an operating table. Patient appears post ictal with repetitive questioning. Patient spanish speaking only. Patient started to seize after receiving 1 mg. Verced and 100 mcg. Sublimace with Atropine cocktail IV. Patient also received 10 cc. Lidocaine with Pitossin cocktail Vaginally. Medications had been administered by clinic doctor prior to RFD and AMR arrival. Patient was found with the doctors speculum still in her cervix and doctor states he started the abortion procedure by poking the embryo. Patient with some spotting vaginally. IV already established by clinic. Patient transferred to guernsey and loaded into unit. FD attendant rode in to RCH with AMR and turned over to MD in bed #1.

A FDID * <input type="text" value="33075"/> State * <input type="text" value="CA"/> Incident Date * <input type="text" value="11"/> <input type="text" value="12"/> <input type="text" value="2002"/> Station <input type="text" value="99"/> Incident Number * <input type="text" value="0221583"/> 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		<input type="text" value="3772"/> <input type="text"/> <input type="text" value="Tibbetts"/> Number Prefix Street or Highway		<input type="text" value="ST"/> <input type="text" value="3"/> <input type="text"/> Type Suffix Census tract		<input type="text" value="CA"/> <input type="text" value="92506"/> <input type="text"/> State Zip Code		<input type="text" value="btwn BROCKTON AV & MAGNOLIA AV"/> Cross Street or directions, as applicable	
C Incident Type * <input type="text" value="651"/> <input type="text" value="Smoke scare, odor of smoke"/>			E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm date Alarm * <input type="text" value="11"/> <input type="text" value="12"/> <input type="text" value="2002"/> <input type="text" value="16:05:51"/> TIME ALARM Always Required			E2 Shifts and Alarms Local Option <input type="text" value="B"/> <input type="text" value="1"/> <input type="text" value="047"/> Shift or Alarms District Platoon			
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			<input type="checkbox"/> Arrival * <input type="text" value="11"/> <input type="text" value="12"/> <input type="text" value="2002"/> <input type="text" value="16:11:23"/> Required if not canceled or did not arrive Optional except for wildland fires			E3 Special Studies Local Option <input type="text" value="651"/> <input type="text" value="3"/> Special Study ID# Special Study Value			
F Actions Taken * <input type="text" value="86"/> <input type="text" value="Investigate"/> Primary Action Taken (1)			G1 Resources * <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used			G2 Estimated Dollar Losses and Values LOSSES: required for all fires. Non fires Option None			
Additional Action Taken (2) <input type="text"/> <input type="text"/>			Apparatus Personnel Suppression <input type="text" value="1"/> <input type="text" value="3"/> EMS <input type="text" value="0"/> <input type="text" value="0"/> Other <input type="text" value="0"/> <input type="text" value="0"/>			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"/>			
Additional Action Taken (3) <input type="text"/> <input type="text"/>			<input type="checkbox"/> Check this box if resources counts include aid received resources						
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 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 * 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 <input type="text"/> <input type="text"/>			
			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 Mixed Use Property <input type="text" value="NN"/> <input type="text" value="Not mixed use"/>			
J Property Use * Structures <input type="text" value="340"/> <input type="text" value="Clinics, Doctors offices, hemodialysis centers"/>									

City of Riverside Fire Department

K1 Person / Entity Involved

Local Option Business Name (if applicable) [REDACTED] Area Code [REDACTED] Phone Number [REDACTED]

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

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

Number [REDACTED] Prefix [REDACTED] Street or Highway [REDACTED] Street Type [REDACTED] Suffix [REDACTED]

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

State [REDACTED] Zip Code [REDACTED]

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

K2 Owner

Local Option Business Name (if applicable) [REDACTED] Area Code [REDACTED] Phone Number [REDACTED]

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

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

Number [REDACTED] Prefix [REDACTED] Street or Highway [REDACTED] Street Type [REDACTED] Suffix [REDACTED]

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

State [REDACTED] Zip Code [REDACTED]

L Remarks Narrative Title Incident # 02-21583 E5

Local Option Date Entered 11/12/2002 5:30:38 PM

E5 responded to a reported smell of smoke. Upon arrival, there was no smoke or fire seen and E5 crew investigated the building. E5 crew was unable to locate a smell of smoke in the business. We checked the attic area and all rooms. The building was undergoing remodeling, and we were able to get a good view of the attic area. We notified the occupant to call back if they found anything else. No further action was taken.

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 Forms (NFIRS-1S) as nece

M Authorization

Check the box if same as Officer in charge

F314	Rappaport, Robert B	Captain	E5	11	12	2002
Officer in charge ID	Signature	Position or Rank	Assg	MM	DD	YYYY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mbr Making Report ID	Signature	Position or Rank	Assg	MM	DD	YYYY

City of Riverside Fire Department

A <input type="text" value="33075"/> <input type="text" value="CA"/> <input type="text" value="11"/> <input type="text" value="12"/> <input type="text" value="2002"/> <input type="text" value="99"/> <input type="text" value="0221583"/> <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 * <input type="text" value="3"/>	Use * <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <input type="text" value="86"/> <input type="text"/>
1 ID <input type="text" value="E5"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="11"/> <input type="text" value="12"/> <input type="text" value="2002"/> <input type="text" value="16:05:51"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="11"/> <input type="text" value="12"/> <input type="text" value="2002"/> <input type="text" value="16:11:23"/> Clear <input checked="" type="checkbox"/> <input type="text" value="11"/> <input type="text" value="12"/> <input type="text" value="2002"/> <input type="text" value="16:22:28"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="86"/> <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 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 93 Hazmat unit 95 Type 2 hand crew 92 Chief officer car 94 Type 1 hand crew 99 Privately owned vehicle 00 Other apparatus / resource	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> More apparatus? Use additional sheets. </div> NN None UU Undetermined
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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="11"/> <input type="text" value="12"/> <input type="text" value="2002"/> Station: <input type="text" value="99"/> Incident Number: <input type="text" value="0221583"/> Exposure: <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 MM DD YYYY Time		Sent <input type="checkbox"/> X	Number Of People *	Use * Check to indicate apparatus usage	Actions Taken
1 ID: <input type="text" value="E5"/> Type: <input type="text" value="11"/>	Dispatch: <input checked="" type="checkbox"/> 11 12 2002 16:05:51 Arrival: <input checked="" type="checkbox"/> 11 12 2002 16:11:23 Clear: <input checked="" type="checkbox"/> 11 12 2002 16:22:28	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="86"/>	<input type="text"/>	<input type="text"/>
Personnel ID *	Name ID	Rank or Grade	Attend <input type="checkbox"/> X	Action Taken	Action Taken	Action Taken	Action Taken
F393	Garcia, Tony R	FireFighter	<input checked="" type="checkbox"/>	86			
F256	Bayer, Frederic J	Driver / Engineer	<input checked="" type="checkbox"/>	86	58		
F314	Rappaport, Robert B	Captain	<input checked="" type="checkbox"/>	86			

City of Riverside Fire Department

Entered BY: Robert B Rappaport

Entered ON: 11/12/2002 5:30:38 PM

Title Incident # 02-21583 E5

E5 responded to a reported smell of smoke. Upon arrival, there was no smoke or fire seen and E5 crew investigated the building. E5 crew was unable to locate a smell of smoke in the business. We checked the attic area and all rooms. The building was undergoing remodeling, and we were able to get a good view of the attic area. We notified the occupant to call back if they found anything else. No further action was taken.

A FDID * <input type="text" value="33075"/> State * <input type="text" value="CA"/> Incident Date * MM <input type="text" value="12"/> DD <input type="text" value="19"/> YYYY <input type="text" value="2002"/> Station <input type="text" value="03"/> Incident Number * <input type="text" value="0224196"/> 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		<input type="text" value="3772"/> <input type="text"/> <input type="text" value="Tibbetts"/> <input type="text" value="St"/> <input type="text"/> <input type="text" value="3"/> - <input type="text"/>		<input type="text"/> <input type="text" value="Riverside"/> <input type="text" value="CA"/> <input type="text" value="92506"/> - <input type="text"/>																
		<input type="text" value="btwn BROCKTON AV & MAGNOLIA AV"/>		Cross Street or directions, as applicable																
C Incident Type * <input type="text" value="611"/> <input type="text" value="Dispatched & canceled en route"/>			E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm date Alarm * <input type="text" value="12"/> <input type="text" value="19"/> <input type="text" value="2002"/> <input type="text" value="11:30:44"/>			E2 Shifts and Alarms Local Option <input type="text" value="B"/> <input type="text" value="1"/> <input type="text" value="047"/>														
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			THEIR <input type="text"/> <input type="text"/> FDID State <input type="text"/> Incident Number			Required if not canceled or did not arrive <input checked="" type="checkbox"/> Arrival * <input type="text" value="12"/> <input type="text" value="19"/> <input type="text" value="2002"/> <input type="text" value="11:30:44"/> Optional except for wildland fires <input type="checkbox"/> Controlled <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Required except for wildland fires <input type="checkbox"/> Last Unit Cleared <input type="text" value="12"/> <input type="text" value="19"/> <input type="text" value="2002"/> <input type="text" value="11:36:05"/>			E3 Special Studies Local Option <input type="text" value="611"/> <input type="text" value="3"/> Special Study ID# Special Study Value											
F Actions Taken * <input type="text" value="93"/> <input type="text" value="Cancelled enroute"/> Primary Action Taken (1) <input type="text"/> <input type="text"/> Additional Action Taken (2) <input type="text"/> <input type="text"/> Additional Action Taken (3)			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="width:100%; border-collapse: collapse;"> <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	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"/>		
	Apparatus	Personnel																		
Suppression	0	0																		
EMS	2	3																		
Other	0	0																		
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="width:100%; border-collapse: collapse;"> <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	H3 Hazardous Material Release <input type="checkbox"/> <input type="text"/>					
	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 Mixed Use Property <input type="checkbox"/> <input type="text"/>														
J Property Use * Structures <input type="text" value="342"/> <input type="text" value="Doctor, dentist or oral surgeon's office"/>																				

City of Riverside Fire Department

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 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 Number

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 Inc #24198

Local Option Date Entered 12/19/2002 2:38:03 PM

On 12/19/2002, E3 called for medical aid. Cancelled enroute by AMR. Available on radio.

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 Forms (NFIRS-1S) as nece

M Authorization

Check the box if same as Officer in charge

F138	Russell, John M	Captain	E3	12	19	2002
Officer in charge ID	Signature	Position or Rank	Assg	MM	DD	YYYY
F378	Siegel, Ryan	FireFighte	E3	12	19	2002
Mbr Making Report ID	Signature	Position or Rank	Assg	MM	DD	YYYY

City of Riverside Fire Department

A FDID * <input type="text" value="33075"/> State * <input type="text" value="CA"/> Incident Date * <input type="text" value="12"/> <input type="text" value="19"/> <input type="text" value="2002"/> Station <input type="text" value="03"/> Incident Number * <input type="text" value="0224196"/> 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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="12"/> <input type="text" value="19"/> <input type="text" value="2002"/> <input type="text" value="11:30:44"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="12"/> <input type="text" value="19"/> <input type="text" value="2002"/> <input type="text" value="11:35:06"/> Clear <input checked="" type="checkbox"/> <input type="text" value="12"/> <input type="text" value="19"/> <input type="text" value="2002"/> <input type="text" value="11:35:06"/>	<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"/> <input type="text"/> <input type="text"/> <input type="text"/>
2 ID <input type="text" value="MED1"/> Type <input type="text" value="76"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="12"/> <input type="text" value="19"/> <input type="text" value="2002"/> <input type="text" value="11:30:44"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="12"/> <input type="text" value="19"/> <input type="text" value="2002"/> <input type="text" value="11:36:05"/> Clear <input checked="" type="checkbox"/> <input type="text" value="12"/> <input type="text" value="19"/> <input type="text" value="2002"/> <input type="text" value="11:36:05"/>	<input checked="" type="checkbox"/>	<input type="text" value="2"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <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 93 Hazmat unit 95 Type 2 hand crew 00 Other apparatus / resource	
			NN None UU Undetermined
			92 Chief officer car 94 Type 1 hand crew 99 Privately owned vehicle

City of Riverside Fire Department

A FDID <input type="text" value="33075"/> State * <input type="text" value="CA"/>		MM <input type="text" value="12"/> DD <input type="text" value="19"/> YYYY <input type="text" value="2002"/>		Station <input type="text" value="03"/>	Incident Number * <input type="text" value="0224196"/>	Exposure * <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 ↓ 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 checked="" type="checkbox"/> 12 <input checked="" type="checkbox"/> 12 <input checked="" type="checkbox"/> 12	<input type="checkbox"/> 19 <input type="checkbox"/> 19 <input type="checkbox"/> 19	<input type="checkbox"/> 2002 <input type="checkbox"/> 2002 <input type="checkbox"/> 2002	<input type="checkbox"/> 11:30:44 <input checked="" type="checkbox"/> 11:35:06 <input type="checkbox"/> 11:35:06	<input checked="" type="checkbox"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<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	
F378	Siegel, Ryan	FireFighter	<input checked="" type="checkbox"/>					
F100	Luna, Charles R	Driver / Engineer	<input checked="" type="checkbox"/>					
F138	Russell, John M	Captain	<input checked="" type="checkbox"/>					

City of Riverside Fire Department

Entered BY: Ryan Siegel

Entered ON: 12/19/2002 2:38:03 PM

Title Inc #24196

On 12/19/2002, E3 called for medical aid. Cancelled enroute by AMR. Available on radio.