

**A**         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 Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.       Street address  Intersection  In front of  Rear of  Adjacent to  Directions

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

**E1 Date & Times** Midnight is 0000  Check boxes if dates are the same as Alarm Date.  ALARM always required      Arrival      Controlled  Last Unit  Cleared

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

**D Aid Given or Received \***  Mutual aid received  Automatic aid recv.  Mutual aid given  Automatic aid given  Other aid given  None

ARRIVAL required, unless canceled or did not arrive  Controlled LAST UNIT CLEARED, required except for wildland fires

**E3 Special Studies** Local Option  Special Study ID#  Special Study Value

**F Actions Taken \***   Provide advanced life

**G1 Resources \***  Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus  Personnel  EMS  Other

**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.  Detector alerted occupants  Detector did not alert them  Unknown

**H3 Hazardous Materials Release**  None  Natural Gas: slow leak, no evaluation or HazMat actions  Propane gas: <21 lb. tank (as in home BBQ grill)  Gasoline: vehicle fuel tank or portable container  Kerosene: fuel burning equipment or portable storage  Diesel fuel/fuel oil: vehicle fuel tank or portable  Household solvents: home/office spill, cleanup only  Motor oil: from engine or portable container  Paint: from paint cans totaling < 55 gallons  Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

**I Mixed Use Property**  Not Mixed  Assembly use  Education use  Medical use  Residential use  Row of stores  Enclosed mall  Bus. & Residential  Office use  Industrial use  Military use  Farm use  Other mixed use

**J Property Use\* Structures**  Church, place of worship  Restaurant or cafeteria  Bar/Tavern or nightclub  Elementary school or kindergarten  High school or junior high  College, adult education  Care facility for the aged  Hospital  Playground or park  Crops or orchard  Forest (timberland)  Outdoor storage area  Dump or sanitary landfill  Open land or field

Clinic, clinic type infirmary  Doctor/dentist office  Prison or jail, not juvenile  1-or 2-family dwelling  Multi-family dwelling  Rooming/boarding house  Commercial hotel or motel  Residential, board and care  Dormitory/barracks  Food and beverage sales  Vacant lot  Graded/care for plot of land  Lake, river, stream  Railroad right of way  Other street  Highway/divided highway  Residential street/driveway  Household goods, sales, repairs  Motor vehicle/boat sales/repair  Gas or service station  Business office  Electric generating plant  Laboratory/science lab  Manufacturing plant  Livestock/poultry storage (barn)  Non-residential parking garage  Warehouse  Construction site  Industrial plant yard  Property Use   Clinic, clinic-type **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  **BONNIE** MI  Last Name  **PEREZ** Suffix

Number  Prefix  Street or Highway  Street Type  Suffix

Post Office Box  Apt./Suite/Room  City  **RIVERSIDE**

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

E3 dispatched to this location for a medical aid. Upon arrival, E3 found an adult female sitting in an exam room in no apparent distress and staff stating she had high blood pressure. Patient assessed by E3 paramedic Ellsworth and patient ambulated to gurney. Patient loaded and transported to the hospital via AMR. E3 AOR.

**L Authorization**

**F408**  **Navarro, Nick**  **CPT\***  **E3**  **03**  **07**  **2018**  
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer Member making report ID in charge.   **F408**  **Navarro, Nick**  **CPT\***  **E3**  **03**  **07**  **2018**  
 Signature Position or rank Assignment Month Day Year

33075  
FDID \*

State \*

MM DD YYYY  
3 7 2018  
Incident Date \*

03  
Station

18-0006932  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

E3 dispatched to this location for a medical aid. Upon arrival, E3 found an adult female sitting in an exam room in no apparent distress and staff stating she had high blood pressure. Patient assessed by E3 paramedic Ellsworth and patient ambulated to gurney. Patient loaded and transported to the hospital via AMR. E3 AOR.

B Apparatus or * Resource	Date and Times					Sent <input type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
	<small>Check if same as alarm date</small>									
	Month	Day	Year	Hour	Min					
1 ID <input type="text" value="E3"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input type="text" value="7"/>	<input type="text" value="2018"/>	<input type="text" value="09:57"/>	<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="33"/>	<input type="text"/>
2 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
3 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
4 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
5 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
6 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
7 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
8 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
9 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

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

**A** FDID **33075** \* State **03** \* Incident Date **3 7 2018** \* Station **03** Incident Number **18-0006932** \* Exposure **000** \*  Delete  Change **NFIRS - 10 Personnel**

**B Apparatus or Resource** \* **Date and Times** Check if same as alarm date  
 Use codes listed below **Month Day Year Hours/mins** **Sent** **Number of People** **Use** **Actions Taken**  
Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

**1** ID **E3** Dispatch  **3 7 2018 09:57** Sent  **3**  Suppression  EMS  Other **33**  
 Type **11** Arrival  **3 7 2018 10:01** Clear  **3 7 2018 10:22**

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F408	Navarro, Nick	CPT*	X				
F538	Ellsworth, Romney	FF*	X				
F585	Tronaas, Joshua	ENG	X				

**2** ID  Dispatch      Sent    Suppression  EMS  Other    
 Type  Arrival      Clear

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

**3** ID  Dispatch      Sent    Suppression  EMS  Other    
 Type  Arrival      Clear

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

33075  
FDID

State

3 7  
Incident Date

2018

03  
Station

18-0006932  
Incident Number

000  
Exposure

Responding  
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
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E3 ENGINE 3	09:57:50	09:58:19	10:01:24	10:22:51
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Staff ID\Staff Name	Activity	Rank	Position	Role
F408 Navarro, Nick	Incident Activit	Captain - P		
F538 Ellsworth, Romney	Incident Activit	Firefighter		
F585 Tronaas, Joshua	Incident Activit	Engineer		

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000  
Exposure \*

Responding  
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
F408 Navarro, Nick	E3	IA Incident		CPT*		0.42	0.42	0.00
F538 Ellsworth, Romney	E3	IA Incident		FF*		0.42	0.42	0.00
F585 Tronaas, Joshua	E3	IA Incident		ENG		0.42	0.42	0.00
<b>Total Participants: 3</b>				<b>Total Personnel Hours:</b>		1.26		

An 'X' next to the unit denotes driver.

33075  
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State

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Incident Date

2018  
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03  
Station

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000  
Exposure

NFIRS - Involvement  
User Fields

**Involvement**

**Name:**  
PEREZ, BONNIE

**Involvement**

**Type:**  
Reporting Party

**Owner:**      **Occupant:**

33075  
FDID \*

State \*

MM DD YYYY  
3 7 2018  
Incident Date \*

03  
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18-0006932  
Incident Number \*

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Exposure \*

NFIRS - Incident  
User Fields

Large empty rectangular area for incident details.