

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 Module in Section B "Alternative Location Specification". Use only for Wildland fires. Cross street or directions, as applicable

C Incident Type * EMS call, excluding vehicle

E1 Date & Times Midnight is 0000 Check boxes if dates are the same as Alarm ALARM always required **Alarm ***

E2 Shift & Alarms Local Option Shift or Alarms District Platoon

D Aid Given or Received * 1 Mutual aid received 2 Automatic aid recv. 3 Mutual aid given 4 Automatic aid given 5 Other aid given **N** None

Arrival * Controlled Last Unit Cleared

E3 Special Studies Local Option

F Actions Taken * Provide advanced life 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 EMS Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. None Property \$, , Contents \$, , PRE-INCIDENT VALUE: Optional Property \$, , Contents \$, ,

Completed Modules Fire-2 Structure-3 Civil Fire Cas.-4 Fire Serv. Cas.-5 EMS-6 HazMat-7 Wildland Fire-8 Apparatus-9 Personnel-10 Arson-11

H1* Casualties None Deaths Injuries Fire Service **H2 Detector** Required for Confined Fires. 1 Detector alerted occupants 2 Detector did not alert them U Unknown

H3 Hazardous Materials Release None 1 Natural Gas: slow leak, no evaluation or HazMat actions 2 Propane gas: <21 lb. tank (as in home BBQ grill) 3 Gasoline: vehicle fuel tank or portable container 4 Kerosene: fuel burning equipment or portable storage 5 Diesel fuel/fuel oil: vehicle fuel tank or portable 6 Household solvents: home/office spill, cleanup only 7 Motor oil: from engine or portable container 8 Paint: from paint cans totaling < 55 gallons 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property Not Mixed 10 Assembly use 20 Education use 30 Medical use 40 Residential use 50 Row of stores 53 Enclosed mall 58 Bus. & Residential 59 Office use 60 Industrial use 63 Military use 65 Farm use 00 Other mixed use

J Property Use* Structures 131 Church, place of worship 161 Restaurant or cafeteria 162 Bar/Tavern or nightclub 213 Elementary school or kindergarten 215 High school or junior high 241 College, adult education 311 Care facility for the aged 331 Hospital

341 Clinic, clinic type infirmary 342 Doctor/dentist office 361 Prison or jail, not juvenile 419 1-or 2-family dwelling 429 Multi-family dwelling 439 Rooming/boarding house 449 Commercial hotel or motel 459 Residential, board and care 464 Dormitory/barracks 519 Food and beverage sales

539 Household goods, sales, repairs 579 Motor vehicle/boat sales/repair 571 Gas or service station 599 Business office 615 Electric generating plant 629 Laboratory/science lab 700 Manufacturing plant 819 Livestock/poultry storage (barn) 882 Non-residential parking garage 891 Warehouse

Outside 124 Playground or park 655 Crops or orchard 669 Forest (timberland) 807 Outdoor storage area 919 Dump or sanitary landfill 931 Open land or field

936 Vacant lot 938 Graded/care for plot of land 946 Lake, river, stream 951 Railroad right of way 960 Other street 961 Highway/divided highway 962 Residential street/driveway

981 Construction site 984 Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use **Clinics, doctors offices,** **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 **ELIZABETH** MI Last Name Suffix

Number **3772** Prefix Street or Highway **TIBBETTS** Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code -

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

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

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

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code -

L Remarks Local Option

RSQ3 dispatched to this location for a medical aid. E3 took call for RSQ3. Upon arrival, E3 found a 35 y/o female employee lying on the floor on the employee side of the reception area. Patient assessed by E3 paramedic Dobyns and assisted up to the gurney. Patient loaded and transported to the hospital via AMR. E3 AOR.

L Authorization

F408 **Navarro, Nick** **CPT*** **E3** **03** **12** **2019**
 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** **12** **2019**
 Signature Position or rank Assignment Month Day Year

33075
FDID *

State *

MM DD YYYY
3 12 2019
Incident Date *

03
Station

19-0007465
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

RSQ3 dispatched to this location for a medical aid. E3 took call for RSQ3. Upon arrival, E3 found a 35 y/o female employee lying on the floor on the employee side of the reception area. Patient assessed by E3 paramedic Dobyns and assisted up to the gurney. Patient loaded and transported to the hospital via AMR. E3 AOR.

B Apparatus or Resource	Date and Times					Sent	Number of People	Use	Actions Taken	
	Check if same as alarm date								Check ONE box for each apparatus to indicate its main use at the incident.	
	Month	Day	Year	Hour	Min					
1 ID E3 Type 11	Dispatch <input checked="" type="checkbox"/>	3	12	2019	13:29	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	33	
2 ID RSQ3 Type 72	Dispatch <input checked="" type="checkbox"/>	3	12	2019	13:27	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	93	
3 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
4 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
5 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
6 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
7 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
8 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
9 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		

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

A MM DD YYYY
 FDID * 33075 State * Incident Date * 3 12 2019 Station 03 Incident Number * 19-0007465 Exposure * 000
 Delete Change **NFIRS - 10 Personnel**

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

1 ID E3 Dispatch 3 12 2019 13:29 Sent 3
 Type 11 Arrival 3 12 2019 13:30 Suppression
 Clear 3 12 2019 13:42 EMS
 Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F408	Navarro, Nick	CPT*	X				
F503	Ferchaw, Andrea	ENG	X				
F652	Dobyns, Michael	FF*	X				

2 ID RSQ3 Dispatch 3 12 2019 13:27 Sent 4
 Type 72 Arrival Suppression
 Clear 3 12 2019 13:29 EMS
 Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F411	Williams, Michael	CPT	X				
F538	Ellsworth, Romney	FF*	X				
F545	Mollicone, Brandon	ENG*	X				
F611	Phillips, Kyle	FF	X				

3 ID Dispatch Sent
 Type Arrival
 Clear
 Suppression EMS Other

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"/>				

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E3 ENGINE 3	13:29:04	13:29:07	13:30:49	13:42:30

Staff ID\Staff Name	Activity	Rank	Position	Role
F408 Navarro, Nick	Incident Activit	Captain - P		
F503 Ferchaw, Andrea	Incident Activit	Engineer		
F652 Dobyys, Michael	Incident Activit	Firefighter		

Unit Narrative
see main

RSQ3 HEAVY RESCUE	13:27:16			13:29:01
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Staff ID\Staff Name	Activity	Rank	Position	Role
F411 Williams, Michael	Incident Activit	Captain		
F538 Ellsworth, Romney	Incident Activit	Firefighter		
F545 Mollicone, Brandon	Incident Activit	Engineer -		
F611 Phillips, Kyle	Incident Activit	Firefighter		

33075
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Responding
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
F408 Navarro, Nick	E3	IA Incident		CPT*		0.22	0.22	0.00
F503 Ferchaw, Andrea	E3	IA Incident		ENG		0.22	0.22	0.00
F652 Dobyys, Michael	E3	IA Incident		FF*		0.22	0.22	0.00
F411 Williams, Michael	RSQ3	IA Incident		CPT		0.03	0.03	0.00
F538 Ellsworth, Romney	RSQ3	IA Incident		FF*		0.03	0.03	0.00
F545 Mollicone, Brandon	RSQ3	IA Incident		ENG*		0.03	0.03	0.00
F611 Phillips, Kyle	RSQ3	IA Incident		FF		0.03	0.03	0.00
Total Participants: 7				Total Personnel Hours:		0.78		

An 'X' next to the unit denotes driver.

33075
FDID

State

MM DD YYYY
3 12 2019
Incident Date

03
Station

19-0007465
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000
Exposure

NFIRS - Involvement
User Fields

Involvement
Name:

Involvement
Type:
Reporting Party

Owner: **Occupant:**

33075
FDID *

State *

MM DD YYYY
3 12 2019
Incident Date *

03
Station

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Exposure *

NFIRS - Incident
User Fields

Large empty rectangular area for incident details.