

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

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

C Incident Type *

Incident Type

E1 Date & Times Midnight is 0000
Check boxes if dates are the same as Alarm ALARM always required
Date. Alarm *
Month Day Year Hr Min Sec

E2 Shift & Alarms
Local Option

Shift or Alarms District
Platoon

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

ARRIVAL required, unless canceled or did not arrive
 Arrival *
CONTROLLED Optional, Except for wildland fires
 Controlled
LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared

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

F Actions Taken *

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources *
 Check this box and skip this section if an Apparatus or Personnel form is used.
Apparatus Personnel
Suppression
EMS
Other
 Check box if resource counts include aid received resources.

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

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

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

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

I Mixed Use Property
NN Not Mixed
10 Assembly use
20 Education use
30 Residential use
40 Residential use
51 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

NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved Local Option

Business name (if applicable) _____ Area Code _____ Phone Number _____

Check This Box if same address as incident location. Then skip the three duplicate address lines.

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

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

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

K2 Owner Same as person involved? Then check this box and skip the rest of this section.

Local Option _____ Business name (if Applicable) _____ Area Code _____ Phone Number _____

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

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

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

L Remarks Local Option

T3 responded to a reported medical aid finding a 37 y/o female with a chief complaint of General Weakness. The patient was found supine after an abortion with minor bleeding, prior to the arrival of T3. T3 crew assisted with General Weakness Protocol = vitals, EKG, and loading the patient onto gurney. AMR M-339 transported to RCH, and T3 was placed available. The patient was stable upon transport. PCR# (EMS Mobile)

L Authorization

<input type="checkbox"/> F448 Officer in charge ID	<input type="checkbox"/> Reynolds, Tyler Signature	<input type="checkbox"/> SWORN / CA Position or rank	<input type="checkbox"/> T3 Assignment	<input type="checkbox"/> 03 Month	<input type="checkbox"/> 15 Day	<input type="checkbox"/> 2015 Year
<input checked="" type="checkbox"/> F448 Check Box if same as Officer in charge. Member making report ID in charge.	<input type="checkbox"/> Reynolds, Tyler Signature	<input type="checkbox"/> SWORN / CA Position or rank	<input type="checkbox"/> T3 Assignment	<input type="checkbox"/> 03 Month	<input type="checkbox"/> 15 Day	<input type="checkbox"/> 2015 Year

33075
FDID *

State *

MM DD YYYY
3 14 2015
Incident Date *

03
Station

1506635
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

T3 responded to a reported medical aid finding a 37 y/o female with a chief complaint of General Weakness. The patient was found supine after an abortion with minor bleeding, prior to the arrival of T3. T3 crew assisted with General Weakness Protocol = vitals, EKG, and loading the patient onto gurney. AMR M-339 transported to RCH, and T3 was placed available. The patient was stable upon transport. PCR# (EMS Mobile)

A		Date and Times				Sent	Number of People	Use	Actions Taken
33075		3 14 2015				03	1506635	000	
Apparatus or Resource		Check if same as alarm date				<input checked="" type="checkbox"/>		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 type="checkbox"/>	3	14	2015	16:22	<input checked="" type="checkbox"/>	93
		Arrival	<input type="checkbox"/>					<input checked="" type="checkbox"/>	
		Clear	<input type="checkbox"/>	3	14	2015	16:22	<input type="checkbox"/>	
2	ID MD339 Type 76	Dispatch	<input type="checkbox"/>	3	14	2015	16:22	<input checked="" type="checkbox"/>	
		Arrival	<input type="checkbox"/>	3	14	2015	16:33	<input checked="" type="checkbox"/>	
		Clear	<input type="checkbox"/>	3	14	2015	16:40	<input type="checkbox"/>	
3	ID T3 Type 12	Dispatch	<input type="checkbox"/>	3	14	2015	16:22	<input checked="" type="checkbox"/>	33
		Arrival	<input type="checkbox"/>	3	14	2015	16:24	<input checked="" type="checkbox"/>	
		Clear	<input type="checkbox"/>	3	14	2015	16:40	<input type="checkbox"/>	
4	ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>	
		Arrival	<input type="checkbox"/>					<input type="checkbox"/>	
		Clear	<input type="checkbox"/>					<input type="checkbox"/>	
5	ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>	
		Arrival	<input type="checkbox"/>					<input type="checkbox"/>	
		Clear	<input type="checkbox"/>					<input type="checkbox"/>	
6	ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>	
		Arrival	<input type="checkbox"/>					<input type="checkbox"/>	
		Clear	<input type="checkbox"/>					<input type="checkbox"/>	
7	ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>	
		Arrival	<input type="checkbox"/>					<input type="checkbox"/>	
		Clear	<input type="checkbox"/>					<input type="checkbox"/>	
8	ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>	
		Arrival	<input type="checkbox"/>					<input type="checkbox"/>	
		Clear	<input type="checkbox"/>					<input type="checkbox"/>	
9	ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>	
		Arrival	<input type="checkbox"/>					<input type="checkbox"/>	
		Clear	<input type="checkbox"/>					<input type="checkbox"/>	

- 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 |
|--|--|--|--|

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E3 ENGINE 3	16:22:08	16:22:08		16:22:59

Staff ID\Staff Name	Activity	Rank	Position	Role
F379 Wilmer, Eric	Incident Activit	Captain - P		
F408 Navarro, Nick	Incident Activit	Captain - P		
F545 Mollicone, Brandon	Incident Activit	Engineer -		

MD339 Unit MD339	16:22:08	16:22:08	16:33:52	16:40:52
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Staff ID\Staff Name	Activity	Rank	Position	Role
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T3 TRUCK COMPANY	16:22:59	16:22:59	16:24:52	16:40:35
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Staff ID\Staff Name	Activity	Rank	Position	Role
F230 Hess, Wayne	Incident Activit	Firefighter		
F319 Mercer, Herbert	Incident Activit	Engineer		
F448 Reynolds, Tyler	Incident Activit	Captain - P		

33075
FDID *

State *

MM DD YYYY
3 14 2015
Incident Date *

03
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000
Exposure *

Responding
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
F379 Wilmer, Eric	E3	IA Incident		CPT*		0.00	0.00	0.00
F408 Navarro, Nick	E3	IA Incident		CPT*		0.00	0.00	0.00
F545 Mollicone, Brandon	E3	IA Incident		ENG*		0.00	0.00	0.00
F230 Hess, Wayne	T3	IA Incident		FF		0.00	0.00	0.00
F319 Mercer, Herbert	T3	IA Incident		ENG		0.00	0.00	0.00
F448 Reynolds, Tyler	T3	IA Incident		CPT*		0.00	0.00	0.00
Total Participants: 7						Total Personnel Hours: 0.00		

An 'X' next to the unit denotes driver.