

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

**E1 Date & Times** Midnight is 0000  
Check boxes if dates are the same as Alarm ALARM always required  
Date. Alarm \*     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 \*     Hr Min Sec  
CONTROLLED Optional, Except for wildland fires  
 Controlled  
LAST UNIT CLEARED, required except for wildland fires  
 Last Unit Cleared     Hr Min Sec

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

**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  
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  Medical 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   
 24-hour care Nursing homes,  
NFIRS-1 Revision 03/11/99

**K1 Person/Entity Involved**  Local Option  Same as person involved? Then check this box and skip the rest of this section.

Business name (if applicable) \_\_\_\_\_ Area Code 951 - 223 - 11 Phone Number

Mr., Ms., Mrs. First Name BONNIE MI \_\_\_\_\_ Last Name \_\_\_\_\_ 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**  Local Option  Same as person involved? Then check this box and skip the rest of this 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 \_\_\_\_\_

Post Office Box \_\_\_\_\_ Apt./Suite/Room \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**L Remarks** Local Option

R3 responded to a medical aid for a patient with abdomen pain. Patient was found at location in mild distress with complaint of abdomen pain. Patient vitals and assessment were done by RFD paramedic and EMT's with no secondary changes or complications. Patient was transferred to AMR post assessment and vitals. Patient care continued with AMR with transport to hospital. Patient had no complications on scene and no negative changes in status.

**L Authorization**

F394 Peniata, Eric CPT\* RSQ3 03 16 2019  
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge.  F394 Peniata, Eric CPT\* RSQ3 03 16 2019  
 Member making report ID Signature Position or rank Assignment Month Day Year

33075  
FDID \*

State \*

MM DD YYYY  
3 15 2019  
Incident Date \*

03  
Station

19-0007809  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

R3 responded to a medical aid for a patient with abdomen pain. Patient was found at location in mild distress with complaint of abdomen pain. Patient vitals and assessment were done by RFD paramedic and EMT's with no secondary changes or complications. Patient was transferred to AMR post assessment and vitals. Patient care continued with AMR with transport to hospital. Patient had no complications on scene and no negative changes in status.

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 RSQ3 Type 72	Dispatch <input checked="" type="checkbox"/>	3	15	2019	14:50	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	33	
	Arrival <input checked="" type="checkbox"/>	3	15	2019	14:55	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input checked="" type="checkbox"/>	3	15	2019	15:10			<input type="checkbox"/> Other		
2 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>							<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>							<input type="checkbox"/> Other		
3 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>							<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>							<input type="checkbox"/> Other		
4 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>							<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>							<input type="checkbox"/> Other		
5 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>							<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>							<input type="checkbox"/> Other		
6 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>							<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>							<input type="checkbox"/> Other		
7 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>							<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>							<input type="checkbox"/> Other		
8 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>							<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>							<input type="checkbox"/> Other		
9 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>							<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>							<input type="checkbox"/> Other		

- 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 | <div style="border: 1px solid black; padding: 5px; display: inline-block;">         More Apparatus?<br/>         Use Additional<br/>         Sheets       </div><br>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 **3** \* Incident Date **15** **3** **2019** \* Station **03** Incident Number **19-0007809** \* 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 **RSQ3** Dispatch  **3** **15** **2019** **14:50** Sent  **4**  Suppression  EMS  Other **33**

Type **72** Arrival  **3** **15** **2019** **14:55** Clear  **3** **15** **2019** **15:10**

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F230	Hess, Wayne	FF	X				
F394	Peniata, Eric	CPT*	X				
F538	Ellsworth, Romney	FF*	X				
F566	Lavin, 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"/>				

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
RSQ3 HEAVY RESCUE	14:50:07	14:51:13	14:55:22	15:10:34

Staff ID\Staff Name	Activity	Rank	Position	Role
F230 Hess, Wayne	Incident Activit	Firefighter		
F394 Peniata, Eric	Incident Activit	Captain - P		
F538 Ellsworth, Romney	Incident Activit	Firefighter		
F566 Lavin, Joshua	Incident Activit	Engineer		

33075  
FDID \*

State \*

MM DD YYYY  
3 15 2019  
Incident Date \*

03  
Station

19-0007809  
Incident Number \*

000  
Exposure \*

Responding  
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
F230 Hess, Wayne	RSQ3	IA Incident		FF		0.34	0.34	0.00
F394 Peniata, Eric	RSQ3	IA Incident		CPT*		0.34	0.34	0.00
F538 Ellsworth, Romney	RSQ3	IA Incident		FF*		0.34	0.34	0.00
F566 Lavin, Joshua	RSQ3	IA Incident		ENG		0.34	0.34	0.00
<b>Total Participants: 4</b>				<b>Total Personnel Hours:</b>		1.36		

An 'X' next to the unit denotes driver.

33075  
FDID

State

MM DD YYYY  
3 15  
Incident Date

2019

03  
Station

19-0007809  
Incident Number

000  
Exposure

NFIRS - Involvement  
User Fields

**Involvement**  
Name:

**Involvement**  
Type:  
Reporting Party

**Owner:**      **Occupant:**

33075  
FDID \*

State \*

MM DD YYYY  
3 15 2019  
Incident Date \*

03  
Station

19-0007809  
Incident Number \*

000  
Exposure \*

NFIRS - Incident  
User Fields

Empty form area for incident details.