

A FDID * <input type="text" value="33075"/> State * <input type="text" value="CA"/> Incident Date * MM <input type="text" value="3"/> DD <input type="text" value="30"/> YYYY <input type="text" value="2010"/> Station <input type="text" value="03"/> Incident Number * <input type="text" value="1006454"/> 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="text" value="3772"/> <input type="text" value=""/> <input type="text" value="Tibbetts"/> <input type="text" value=""/> <input type="text" value="047"/> - <input type="text" value=""/> Number Prefix Street or Highway Type Suffix Census tract <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=""/> <input type="text" value="Riverside"/> <input type="text" value="CA"/> <input type="text" value="92506"/> - <input type="text" value=""/> Apt/Suite City State Zip Code <input type="text" value="6950 BROCKTON AV & 6950 MAGNOL"/> Cross Street or directions, as applicable															
C Incident Type * <input type="text" value="311"/> <input type="text" value="Medical assist, assist EMS crew"/>		E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm date Alarm * MM <input type="text" value="3"/> DD <input type="text" value="30"/> YYYY <input type="text" value="2010"/> TIME <input type="text" value="10:50:35"/> ALARM Always Required Required if not canceled or did not arrive Arrival * MM <input type="text" value="3"/> DD <input type="text" value="30"/> YYYY <input type="text" value="2010"/> TIME <input type="text" value="10:58:18"/> Optional except for wildland fires Controlled <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Required except for wildland fires Last Unit Cleared MM <input type="text" value="3"/> DD <input type="text" value="30"/> YYYY <input type="text" value="2010"/> TIME <input type="text" value="11:09:44"/>													
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		E2 Shifts and Alarms Local Option <input type="text" value="B"/> <input type="text" value="1"/> <input type="text" value="F47"/> Shift or Alarms District Platoon E3 Special Studies Local Option <input type="text" value="33"/> <input type="text" value="3"/> Special Study ID# Special Study Value													
F Actions Taken * <input type="text" value="70"/> <input type="text" value="Assistance, other"/> Primary Action Taken (1) <input type="text" value=""/> <input type="text" value=""/> Additional Action Taken (2) <input type="text" value=""/> <input type="text" value=""/> 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;"> <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"/>
	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" value=""/> <input checked="" type="checkbox"/> Contents \$ <input type="text" value=""/> <input checked="" type="checkbox"/>															
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;"> <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"/>			
	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" value=""/> <input type="text" value=""/>		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

A FDID * <input type="text" value="33075"/> State * <input type="text" value="CA"/> Incident Date * <input type="text" value="3"/> <input type="text" value="30"/> <input type="text" value="2010"/> Station <input type="text" value="03"/> Incident Number * <input type="text" value="1006454"/> 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 * 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"/> <input type="text" value="3"/> <input type="text" value="30"/> <input type="text" value="2010"/> <input type="text" value="10:53:46"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="3"/> <input type="text" value="30"/> <input type="text" value="2010"/> <input type="text" value="10:58:18"/> Clear <input checked="" type="checkbox"/> <input type="text" value="3"/> <input type="text" value="30"/> <input type="text" value="2010"/> <input type="text" value="11:08:59"/>	<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="70"/> <input type="text"/> <input type="text"/> <input type="text"/>
2 ID <input type="text" value="MD342"/> Type <input type="text" value="76"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="3"/> <input type="text" value="30"/> <input type="text" value="2010"/> <input type="text" value="10:54:46"/> Arrival <input type="checkbox"/> Clear <input checked="" type="checkbox"/> <input type="text" value="3"/> <input type="text" value="30"/> <input type="text" value="2010"/> <input type="text" value="11:09:44"/>	<input checked="" type="checkbox"/>	<input type="text" value="0"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="34"/> <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
- 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="3"/> <input type="text" value="30"/> <input type="text" value="2010"/> <input type="text" value="03"/> <input type="text" value="1006454"/> <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 V MM DD YYYY Time		Sent <input 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"/> Arrival <input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/>	<input type="text" value="3"/> <input type="text" value="30"/> <input type="text" value="2010"/>	<input type="text" value="10:53:46"/> <input type="text" value="10:58:18"/> <input type="text" value="11:08:59"/>	<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="70"/> <input type="text"/> <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
F370	Rontero, Ron	Sworn / FF-PM	<input checked="" type="checkbox"/>				
F279	Scotti, Steven	Sworn / Engineer	<input checked="" type="checkbox"/>				
F296	Wilson, Scott H	Sworn / Captain	<input checked="" type="checkbox"/>				

City of Riverside Fire Department

Entered BY: Scott Wilson

Entered ON: 03/30/2010 2:47:19 PM

Title Incident #10-006454

Engine 3 responded to a reported unresponsive female at the above address. Upon arriving on scene E3 found a 17 year old female in the care of Doctors. The attending physician stated that she was about to leave after a procedure and fainted. The patient was assisted to the floor. E3 crew assisted AMR unit 342, who was already on scene, with packaging the patient for transport to RCH. E3 then cleared the call and returned to quarters.

A FDID <input type="text" value="33075"/> * State <input type="text" value="CA"/> * Incident Date <input type="text" value="5"/> <input type="text" value="16"/> <input type="text" value="2010"/> * Station <input type="text" value="03"/> Incident Number <input type="text" value="1009758"/> * 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="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.															
Number <input type="text" value="3772"/> Prefix <input type="text"/> Street or Highway <input type="text" value="Tibbetts"/> Type <input type="text"/> Suffix <input type="text" value="047"/> - <input type="text"/> Apt/Suite <input type="text"/> City <input type="text" value="Riverside"/> State <input type="text" value="CA"/> Zip Code <input type="text" value="92506"/> - <input type="text"/> <input type="text" value="6950 BROCKTON AV & 6950 MAGNOL"/> Cross Street or directions, as applicable															
C Incident Type * <input type="text" value="730"/> System malfunction, other		E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm date Alarm <input checked="" type="checkbox"/> * MM <input type="text" value="5"/> DD <input type="text" value="16"/> YYYY <input type="text" value="2010"/> TIME <input type="text" value="18:25:49"/> Required if not canceled or did not arrive Arrival <input checked="" type="checkbox"/> * MM <input type="text" value="5"/> DD <input type="text" value="16"/> YYYY <input type="text" value="2010"/> TIME <input type="text" value="18:31:04"/> Optional except for wildland fires Controlled <input type="checkbox"/> * MM <input type="text" value="5"/> DD <input type="text" value="16"/> YYYY <input type="text" value="2010"/> TIME <input type="text" value="18:46:53"/> Required except for wildland fires Last Unit Cleared <input type="checkbox"/> * MM <input type="text" value="5"/> DD <input type="text" value="16"/> YYYY <input type="text" value="2010"/> TIME <input type="text" value="18:46:53"/>													
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		E2 Shifts and Alarms Local Option <input type="text" value="C"/> <input type="text" value="1"/> <input type="text" value="F47"/> Shift or Alarms District Platoon													
THEIR <input type="text"/> <input type="text"/> FDID State <input type="text"/> <input type="text"/> Incident Number		E3 Special Studies Local Option <input type="text" value="33"/> <input type="text" value="1"/> Special Study ID# Special Study Value													
F Actions Taken * <input type="text" value="80"/> Information, investigation & enforcement, off 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;"> <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="1"/></td> <td style="text-align: center;"><input type="text" value="3"/></td> </tr> <tr> <td>EMS</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>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="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"/>
	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"/>													
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"/>															
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"/>													
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 Hazardous Material Release <input type="text"/>													
H3 Mixed Use Property <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 E3 #1009758

Local Option Date Entered 05/16/2010 7:03:08 PM

E3 responded to a box alarm at Planned Parenthood. Upon arrival E3 found nothing showing at the facility. E3 crew looked inside the front glass doors and did not see any sign of smoke or fire, although a strobe light was activating and there was an intermittent audible alarm. E3 captain called the alarm company and got the phone number of an RP in San Diego. E3 captain called and spoke to the RP who indicated that he was unable to contact a local RP to respond. As this has been a familiar, ongoing alarm problem, E3 captain issued and left a false alarm notice. Dispatch advised that an RP had called the alarm company and placed the system on "Test" mode until 0900 tomorrow. E3 went AOR.

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

F270	Gooch, Todd	Sworn / Captain	E3	5	16	2010
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 * <input type="text" value="5"/> <input type="text" value="16"/> <input type="text" value="2010"/> Station <input type="text" value="03"/> Incident Number * <input type="text" value="1009758"/> 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 type="checkbox"/> X	Number Of People * <input type="text" value="3"/>	Use * Check to indicate apparatus usage <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <input type="text" value="80"/> <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="5"/> <input type="text" value="16"/> <input type="text" value="2010"/> <input type="text" value="18:27:05"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="16"/> <input type="text" value="2010"/> <input type="text" value="18:31:05"/> Clear <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="16"/> <input type="text" value="2010"/> <input type="text" value="18:46:53"/>	<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="80"/> <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
- 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="5"/> <input type="text" value="16"/> <input type="text" value="2010"/> <input type="text" value="03"/> <input type="text" value="1009758"/> <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 V MM DD YYYY Time		Sent <input 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"/> Arrival <input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 16 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 16 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 16 <input checked="" type="checkbox"/> 2010	<input type="text" value="18:27:05"/> <input type="text" value="18:31:05"/> <input type="text" value="18:46:53"/>	<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="80"/>	<input type="text"/>
Personnel ID *	Name ID	Rank or Grade	Attend <input type="checkbox"/> X	Action Taken	Action Taken	Action Taken	Action Taken	
F370	Rondero, Ron	Sworn / FF-PM	<input checked="" type="checkbox"/>	86				
F459	Estrada, Michael	Sworn / Engineer	<input checked="" type="checkbox"/>	86				
F270	Gooch, Todd	Sworn / Captain	<input checked="" type="checkbox"/>	80				

City of Riverside Fire Department

Entered BY: Todd Gooch

Entered ON: 05/16/2010 7:03:08 PM

Title E3 #1009758

E3 responded to a box alarm at Planned Parenthood. Upon arrival E3 found nothing showing at the facility. E3 crew looked inside the front glass doors and did not see any sign of smoke or fire, although a strobe light was activating and there was an intermittent audible alarm. E3 captain called the alarm company and got the phone number of an RP in San Diego. E3 captain called and spoke to the RP who indicated that he was unable to contact a local RP to respond. As this has been a familiar, ongoing alarm problem, E3 captain issued and left a false alarm notice. Dispatch advised that an RP had called the alarm company and placed the system on "Test" mode until 0900 tomorrow. E3 went AOR.

A FDID * <input type="text" value="33075"/> State * <input type="text" value="CA"/> Incident Date * MM <input type="text" value="7"/> DD <input type="text" value="23"/> YYYY <input type="text" value="2010"/> Station <input type="text" value="03"/> Incident Number * <input type="text" value="1014713"/> 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															
Number <input type="text" value="3772"/> Prefix <input type="text"/> Street or Highway <input type="text" value="Tibbetts"/> Type <input type="text"/> Suffix <input type="text" value="047"/> Census tract <input type="text"/> Apt/Suite <input type="text"/> City <input type="text" value="Riverside"/> State <input type="text" value="CA"/> Zip Code <input type="text" value="92506"/> - <input type="text"/> <input type="text" value="6950 BROCKTON AV & 6950 MAGNOL"/> 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 * MM <input type="text" value="7"/> DD <input type="text" value="23"/> YYYY <input type="text" value="2010"/> TIME <input type="text" value="11:11:32"/> Required if not canceled or did not arrive Arrival * <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Optional except for wildland fires Controlled <input type="text" value="7"/> <input type="text" value="23"/> <input type="text" value="2010"/> <input type="text" value="11:16:59"/> Required except for wildland fires Last Unit Cleared <input type="text" value="7"/> <input type="text" value="23"/> <input type="text" value="2010"/> <input type="text" value="11:16:59"/>													
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		E2 Shifts and Alarms Local Option <input type="text" value="C"/> <input type="text" value="1"/> <input type="text" value="F47"/> Shift or Alarms District Platoon E3 Special Studies Local Option <input type="text" value="33"/> <input type="text" value="2"/> 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;"><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="1"/></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> </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="1"/>	<input type="text" value="3"/>	Other	<input type="text" value="0"/>	<input type="text" value="0"/>
	Apparatus	Personnel													
Suppression	<input type="text" value="0"/>	<input type="text" value="0"/>													
EMS	<input type="text" value="1"/>	<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"/>															
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;"><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> </tbody> </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"/>			
	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"/>		H3 Mixed Use Property <input type="text" value="33"/> <input type="text" value="Medical use"/>													
J Property Use * Structures <input type="text" value="341"/> <input type="text" value="Clinic, clinic-type infirmary"/>															

City of Riverside Fire Department

A <input type="text" value="33075"/> <input type="text" value="CA"/> <input type="text" value="7"/> <input type="text" value="23"/> <input type="text" value="2010"/> <input type="text" value="03"/> <input type="text" value="1014713"/> <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 V 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"/> 7 23 2010 11:12:22 Arrival <input type="checkbox"/> Clear <input checked="" type="checkbox"/> 7 23 2010 11:16:59	<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="93"/>		
Personnel ID *	Name ID	Rank or Grade	Attend <input checked="" type="checkbox"/> X	Action Taken	Action Taken	Action Taken	Action Taken
F361	Beeler, Timothy W	Engineer (Paramedic)	<input checked="" type="checkbox"/>	93			
F491	Richmond, Daniel	Sworn / FF-PM	<input checked="" type="checkbox"/>	93			
F155	Valdez I, Robert M	Sworn / Captain	<input checked="" type="checkbox"/>	93			

City of Riverside Fire Department

A										<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS-9 Apparatus / Resources		
33075 FDID *		CA State *		7 23 2010 Incident Date *			03 Station		1014713 Incident Number *		0 Exposure *			
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 type="checkbox"/> X	Number Of People *	Use * Check to indicate apparatus usage		Actions Taken			
1 ID E3 Type 11	Dispatch <input checked="" type="checkbox"/> Arrival <input type="checkbox"/> Clear <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 7 23 2010 <input type="checkbox"/> <input checked="" type="checkbox"/> 7 23 2010	11:12:22 11:16:59	<input checked="" type="checkbox"/>	3	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	93							

Type of Apparatus or Resource	
Ground Fire Suppression	Aircraft
11 Engine	41 Aircraft: fixed wing tanker
12 Truck or Aerial	42 Helitanker
13 Quint	43 Helicopter
14 Tanker and Pumper combination	40 Aircraft, other
16 Brush Truck	Marine Equipment
17 ARF (Aircraft Rescue and Firefighting)	51 Fire boat with pump
10 Ground fire suppression, other	52 Boat, no pump
Heavy Ground Equipment	50 Marine apparatus, other
21 Dozer or Plow	Support Equipment
22 Tractor	61 Breathing apparatus support
24 Tanker or Tender	62 Light and air unit
20 Heavy equipment, other	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

Entered BY: Robert Valdez

Entered ON: 07/23/2010 2:24:52 PM

Title Incident Summary 101471

On 7/23/2010, E3 responded to a reported fire alarm, while responding we were advised we could cancel, there was no problem. E3 went into investigate and while continuing in, there was another call, ALS, near our unit. E3 responded to the ALS call and canceled T3.

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="13"/> YYYY <input type="text" value="2010"/> Station <input type="text" value="03"/> Incident Number * <input type="text" value="1025449"/> 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="text" value="3772"/> <input type="text"/> <input type="text" value="Tibbetts"/> <input type="text"/> <input type="text"/> <input type="text" value="047"/> - <input type="text"/> Number Prefix Street or Highway Type Suffix Census tract <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="Riverside"/> <input type="text" value="CA"/> <input type="text" value="92506"/> - <input type="text"/> Apt/Suite City State Zip Code <input type="text" value="6950 BROCKTON AV & 6950 MAGNOL"/> Cross Street or directions, as applicable			
C Incident Type * <input type="text" value="735"/> <input type="text" value="Alarm system sounded due to malfunction"/>		E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm date Alarm * MM <input type="text" value="12"/> DD <input type="text" value="13"/> YYYY <input type="text" value="2010"/> TIME <input type="text" value="01:10:31"/> ALARM Always Required Required if not canceled or did not arrive <input type="checkbox"/> Arrival * <input type="text" value="12"/> <input type="text" value="13"/> <input type="text" value="2010"/> <input type="text" value="01:16:27"/> <input type="checkbox"/> Controlled <input type="text" value="12"/> <input type="text" value="13"/> <input type="text" value="2010"/> <input type="text" value="01:38:39"/> Optional except for wildland fires <input type="checkbox"/> Last Unit Cleared <input type="text" value="12"/> <input type="text" value="13"/> <input type="text" value="2010"/> <input type="text" value="01:38:39"/> Required except for wildland fires	
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		E2 Shifts and Alarms Local Option <input type="text" value="B"/> <input type="text" value="1"/> <input type="text" value="F47"/> Shift or Alarms District Platoon	
F Actions Taken * <input type="text" value="86"/> <input type="text" value="Investigate"/> Primary Action Taken (1) <input type="text"/> <input type="text"/> Additional Action Taken (2) <input type="text"/> <input type="text"/> Additional Action Taken (3)		E3 Special Studies Local Option <input type="text" value="33"/> <input type="text" value="3"/> Special Study ID# Special Study Value	
G1 Resources * <input checked="" type="checkbox"/> 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="1"/> <input type="text" value="3"/> Other <input type="text" value="0"/> <input type="text" value="0"/> <input type="checkbox"/> 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 \$ <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"/>	
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 * 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 Hazardous Material Release <input type="text"/> <input type="text"/>	
J Property Use * Structures <input type="text" value="340"/> <input type="text" value="Clinics, Doctors offices, hemodialysis centers"/>		H3 Mixed Use Property <input type="text" value="NN"/> <input type="text" value="Not mixed use"/>	

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="13"/> <input type="text" value="2010"/> Station <input type="text" value="03"/> Incident Number * <input type="text" value="1025449"/> 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 <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <input type="text" value="86"/> <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="13"/> <input type="text" value="2010"/> <input type="text" value="01:11:45"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="12"/> <input type="text" value="13"/> <input type="text" value="2010"/> <input type="text" value="01:16:28"/> Clear <input checked="" type="checkbox"/> <input type="text" value="12"/> <input type="text" value="13"/> <input type="text" value="2010"/> <input type="text" value="01:38:40"/>	<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="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
- 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

Entered BY: Scott Wilson

Entered ON: 12/13/2010 6:56:03 AM

Title Incident #10-25449

Engine 3 responded to a reported box alarm at the above location. Upon arriving on scene E3 crew found a large family planning clinic with both audio and visual alarms sounding. There was no smoke or fire. E3 crew stood by until we were let into the building to check each room, still no fire was found. The alarm panel was blank as if it had no power. Once the FACP was opened the unit seemed to power up allowing me to reset the unit. E3 then cleared the call and returned to quarters.

City of Riverside Fire Department

Entered BY: Scott Wilson

Entered ON: 12/13/2010 6:56:52 AM

Title Incident #10-25449

Engine 3 responded to a reported box alarm at the above location. Upon arriving on scene E3 crew found a large family planning clinic with both audio and visual alarms sounding. There was no smoke or fire. E3 crew stood by until we were let into the building to check each room, still no fire was found. The alarm panel was blank as if it had no power. Once the FACP was opened the unit seemed to power up allowing me to reset the unit. E3 then cleared the call and returned to quarters.