

**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 **E2 Shift & Alarms** Local Option   B

**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 **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  **G2 Estimated Dollar Losses & Values** LOSSES: Required for all fires if known. Optional for non fires. None  Property \$  ,  000 ,  000  Contents \$  ,  000 ,  000  PRE-INCIDENT VALUE: Optional  Property \$  ,  000 ,  000  Contents \$  ,  000 ,  000

**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  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 **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.

ANNA  MI  MANCIALLAS  Suffix

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

3772  TIBBETTS    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.  Area Code  -  -  Phone Number  -  -

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

MI    Suffix

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

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 high blood pressure at the above location on Upon arriving o scene T3 crew found a female patient laying on an exam table. Staff stated that the patient was hypertensive. T3 crew performed a primary and secondary survey on the patient T3 crew also assisted the AMR crew with packaging the patient for transport to RCH.

**L Authorization**

F296  Wilson, Scott  CPT  T3  04  08  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.  F296  Wilson, Scott  CPT  T3  04  08  2018

Signature Position or rank Assignment Month Day Year

33075  
FDID \*

State \*

MM DD YYYY  
4 5 2018  
Incident Date \*

03  
Station

18-0009912  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

T3 responded to a reported high blood pressure at the above location on Upon arriving o scene T3 crew found a female patient laying on an exam table. Staff stated that the patient was hypertensive. T3 crew performed a primary and secondary survey on the patient T3 crew also assisted the AMR crew with packaging the patient for transport to RCH.

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 T3 Type 12	Dispatch <input checked="" type="checkbox"/>	4	5	2018	17:05	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	33	
	Arrival <input checked="" type="checkbox"/>	4	5	2018	17:09	<input checked="" type="checkbox"/>	3	<input type="checkbox"/> EMS		
	Clear <input checked="" type="checkbox"/>	4	5	2018	17:32			<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> 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** MM DD YYYY  
 FDID \* 33075 State \* Incident Date \* 4 5 2018 Station 03 Incident Number \* 18-0009912 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 T3 Dispatch  4 5 2018 17:05 Sent  Number of \* People 3  
 Type 12 Arrival  4 5 2018 17:09  Suppression  
 Clear  4 5 2018 17:32  EMS  
 Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F296	Wilson, Scott	CPT	X				
F417	Milligan, William	FF	X				
F512	Revollo, David	ENG	X				

**2** ID \_\_\_\_\_ Dispatch  \_\_\_\_\_ Sent  \_\_\_\_\_  
 Type \_\_\_\_\_ Arrival  \_\_\_\_\_  Suppression  
 Clear  \_\_\_\_\_  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"/>				

**3** ID \_\_\_\_\_ Dispatch  \_\_\_\_\_ Sent  \_\_\_\_\_  
 Type \_\_\_\_\_ Arrival  \_\_\_\_\_  Suppression  
 Clear  \_\_\_\_\_  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
T3 TRUCK COMPANY	17:05:28	17:06:27	17:09:47	17:32:20

Staff ID\Staff Name	Activity	Rank	Position	Role
F296 Wilson, Scott	Incident Activit	Captain		
F417 Milligan, William	Incident Activit	Firefighter		
F512 Revollo, David	Incident Activit	Engineer		

33075  
FDID \*

State \*

MM DD YYYY  
4 5 2018  
Incident Date \*

03  
Station

18-0009912  
Incident Number \*

000  
Exposure \*

Responding  
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
F296 Wilson, Scott	T3	IA Incident		CPT		0.45	0.45	0.00
F417 Milligan, William	T3	IA Incident		FF		0.45	0.45	0.00
F512 Revollo, David	T3	IA Incident		ENG		0.45	0.45	0.00
<b>Total Participants: 3</b>				<b>Total Personnel Hours: 1.35</b>				

An 'X' next to the unit denotes driver.

33075  
FDID

State

MM DD  
4 5  
Incident Date

2018  
YYYY

03  
Station

18-0009912  
Incident Number

000  
Exposure

NFIRS - Involvement  
User Fields

**Involvement**

**Name:**  
MANCIALLAS, ANNA

**Involvement**

**Type:**  
Reporting Party

**Owner:**      **Occupant:**

33075  
FDID \*

State \*

MM DD YYYY  
4 5 2018  
Incident Date \*

03  
Station

18-0009912  
Incident Number \*

000  
Exposure \*

NFIRS - Incident  
User Fields

Large empty rectangular area for incident details.