

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 Month Day Year Hr Min Sec
Date. Alarm *

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

E2 Shift & Alarms Local Option

Shift or Alarms District Platoon
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
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

On 4/21/2012, E3 was dispatched to a person bleeding after surgery. Upon arrival with AMR 342, we found a female patient lying on the medical bed bleeding as a result of surgery. AMR assessed the patient and coordinated with the doctor on scene for transportation to KHR. AMR indicated that they could handle the call. Patient care remained with AMR and we returned to service.

L Authorization

F411 Williams, Michael SWORN / CA E3 04 21 2012
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer Member making report ID in charge. F411 Williams, Michael SWORN / CA E3 04 21 2012
 Signature Position or rank Assignment Month Day Year

33075
FDID *

State *

MM DD YYYY
4 21 2012
Incident Date *

03
Station

1208468
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

On 4/21/2012, E3 was dispatched to a person bleeding after surgery. Upon arrival with AMR 342, we found a female patient lying on the medical bed bleeding as a result of surgery. AMR assessed the patient and coordinated with the doctor on scene for transportation to KHR. AMR indicated that they could handle the call. Patient care remained with AMR and we returned to service.

B Apparatus or Resource	Date and Times					Sent	Number of People	Use	Actions Taken	
	Check if same as alarm date								Month Day Year Hour Min	
1 ID <u>E3</u> Type <u>11</u>	Dispatch <input type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2012</u>	<u>13:12</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression	<u>70</u>	
	Arrival <input type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2012</u>	<u>13:16</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2012</u>	<u>13:21</u>			<input type="checkbox"/> Other		
2 ID <u>MD342</u> Type <u>76</u>	Dispatch <input type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2012</u>	<u>13:12</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2012</u>	<u>13:16</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input checked="" type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u>4</u>	<u>21</u>	<u>2012</u>	<u>13:22</u>			<input type="checkbox"/> Other		
3 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> Other		
4 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> Other		
5 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> Other		
6 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> Other		
7 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> Other		
8 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> Other		
9 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/> Other		

- Type of Apparatus or Resources**
- | | | | |
|--|--|---|--|
| Ground Fire Suppression
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
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 & Rescue
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 | More Apparatus?
Use Additional
Sheets | 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
NN None
UU Undetermined |
|--|--|---|--|

A	FDID 33075 *	State 4 *	Incident Date 21 / 4 / 2012 *	Station 03	Incident Number 1208468 *	Exposure 000 *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel
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B Apparatus or Resource *	Date and Times	Sent	Number of * People	Use	Actions Taken
Use codes listed below	Check if same as alarm date Month Day Year Hours/mins	<input type="checkbox"/>		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 E3	Dispatch <input type="checkbox"/>	4	21	2012	13:12	Sent		<input type="checkbox"/> Suppression			
	Type 11	Arrival <input type="checkbox"/>	4	21	2012	13:16	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> EMS			
		Clear <input type="checkbox"/>	4	21	2012	13:21			<input type="checkbox"/> Other			

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
F350	Habib, Peter	ENG*	<input checked="" type="checkbox"/>	70			
F411	Williams, Michael	CPT	<input checked="" type="checkbox"/>	70			
F486	Calvillo, Hector	FF*	<input checked="" type="checkbox"/>	70			

2	ID MD342	Dispatch <input type="checkbox"/>	4	21	2012	13:12	Sent		<input type="checkbox"/> Suppression			
	Type 76	Arrival <input type="checkbox"/>	4	21	2012	13:16	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> EMS			
		Clear <input type="checkbox"/>	4	21	2012	13:22			<input type="checkbox"/> Other			

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
			<input checked="" type="checkbox"/>				

3	ID	Dispatch <input type="checkbox"/>					Sent		<input type="checkbox"/> Suppression			
	Type	Arrival <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> EMS			
		Clear <input type="checkbox"/>							<input type="checkbox"/> Other			

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
			<input checked="" 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	13:12:35	13:12:35	13:16:23	13:21:43

Staff ID\Staff Name	Activity	Rank	Position	Role
F350 Habib, Peter	Incident Activit	Engineer -		
F411 Williams, Michael	Incident Activit	Captain		
F486 Calvillo, Hector	Incident Activit	Firefighter		

MD342 Unit MD342	13:12:35	13:12:35	13:16:36	13:22:06
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Staff ID\Staff Name	Activity	Rank	Position	Role
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33075
FDID *

State *

MM DD YYYY
4 21 2012
Incident Date *

03
Station

1208468
Incident Number *

000
Exposure *

Responding
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
F350 Habib, Peter	E3	IA Incident		ENG*		0.00	0.00	0.00
F411 Williams, Michael	E3	IA Incident		CPT		0.00	0.00	0.00
F486 Calvillo, Hector	E3	IA Incident		FF*		0.00	0.00	0.00
Total Participants: 3				Total Personnel Hours:		0.00		

An 'X' next to the unit denotes driver.