

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 -
 Street address
 Intersection Number/Milepost Prefix Street or Highway Street Type Suffix
 In front of
 Rear of -
 Adjacent to Apt./Suite/Room City State Zip Code
 Directions
Cross street or directions, as applicable

C Incident Type *
Incident Type

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

E2 Shift & Alarms Local Option

Shift or Alarms District
Platoon

D Aid Given or Received *

1 Mutual aid received
2 Automatic aid recvd.
3 Mutual aid given
4 Automatic aid given
5 Other aid given
N None Their Incident Number

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 <input type="checkbox"/> Church, place of worship	341 <input type="checkbox"/> Clinic, clinic type infirmary	539 <input type="checkbox"/> Household goods, sales, repairs
161 <input type="checkbox"/> Restaurant or cafeteria	342 <input type="checkbox"/> Doctor/dentist office	579 <input type="checkbox"/> Motor vehicle/boat sales/repair
162 <input type="checkbox"/> Bar/Tavern or nightclub	361 <input type="checkbox"/> Prison or jail, not juvenile	571 <input type="checkbox"/> Gas or service station
213 <input type="checkbox"/> Elementary school or kindergarten	419 <input type="checkbox"/> 1-or 2-family dwelling	599 <input type="checkbox"/> Business office
215 <input type="checkbox"/> High school or junior high	429 <input type="checkbox"/> Multi-family dwelling	615 <input type="checkbox"/> Electric generating plant
241 <input type="checkbox"/> College, adult education	439 <input type="checkbox"/> Rooming/boarding house	629 <input type="checkbox"/> Laboratory/science lab
311 <input type="checkbox"/> Care facility for the aged	449 <input type="checkbox"/> Commercial hotel or motel	700 <input type="checkbox"/> Manufacturing plant
331 <input type="checkbox"/> Hospital	459 <input type="checkbox"/> Residential, board and care	819 <input type="checkbox"/> Livestock/poultry storage (barn)
	464 <input type="checkbox"/> Dormitory/barracks	882 <input type="checkbox"/> Non-residential parking garage
	519 <input type="checkbox"/> Food and beverage sales	891 <input type="checkbox"/> Warehouse
	936 <input type="checkbox"/> Vacant lot	981 <input type="checkbox"/> Construction site
	938 <input type="checkbox"/> Graded/care for plot of land	984 <input type="checkbox"/> Industrial plant yard
	946 <input type="checkbox"/> Lake, river, stream	
	951 <input type="checkbox"/> Railroad right of way	
	960 <input type="checkbox"/> Other street	
	961 <input type="checkbox"/> Highway/divided highway	
	962 <input type="checkbox"/> Residential street/driveway	

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 4/28/2012, E3 was dispatched to a female with uncontrolled bleeding from a pregnancy related problem. Upon arrival, we found a female patient, in the care of a doctor, bleeding after a surgery. The doctor stated that the bleeding was slowly becoming controlled and he would know shortly if he would still need to transport the patient. AMR arrived on scene and stated that they could standby and wait for the doctors decision. We returned to service.

L Authorization

F411 Williams, Michael SWORN / CA E3 04 28 2012
 Officer in charge ID Signature Position or rank Assignment Month Day Year

F411 Williams, Michael SWORN / CA E3 04 28 2012
 Check Box if same as Officer Member making report ID in charge. Signature Position or rank Assignment Month Day Year

33075
FDID *

State *

MM DD YYYY
4 28 2012
Incident Date *

03
Station

1208954
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

On 4/28/2012, E3 was dispatched to a female with uncontrolled bleeding from a pregnancy related problem. Upon arrival, we found a female patient, in the care of a doctor, bleeding after a surgery. The doctor stated that the bleeding was slowly becoming controlled and he would know shortly if he would still need to transport the patient. AMR arrived on scene and stated that they could standby and wait for the doctors decision. We returned to service.

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 E3 Type 11	Dispatch <input type="checkbox"/>	4	28	2012	10:38	<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression	70	
	Arrival <input type="checkbox"/>	4	28	2012	10:42	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	4	28	2012	10:54			<input type="checkbox"/> Other		
2 ID MD335 Type 76	Dispatch <input type="checkbox"/>	4	28	2012	10:38	<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival <input type="checkbox"/>	4	28	2012	10:46	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> EMS		
	Clear <input type="checkbox"/>	4	28	2012	10:55			<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"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>					<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"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>					<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"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>					<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"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>					<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"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>					<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"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>					<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"/>		<input type="checkbox"/> EMS		
	Clear <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Other		

- Type of Apparatus or Resources**
- | | | | |
|--|--|--|--|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <p>More Apparatus?
Use Additional
Sheets</p> | <ul style="list-style-type: none"> 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 28 / 4 / 2012 *	Station 03	Incident Number 1208954 *	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 checked="" 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 / 28 / 2012	10:38	Sent			
	Type 11	Arrival <input type="checkbox"/>	4 / 28 / 2012	10:42	<input checked="" type="checkbox"/>	3	<input type="checkbox"/> Suppression	70 / <input type="checkbox"/>
		Clear <input type="checkbox"/>	4 / 28 / 2012	10:54			<input checked="" type="checkbox"/> EMS	<input type="checkbox"/> Other

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

2	ID MD335	Dispatch <input type="checkbox"/>	4 / 28 / 2012	10:38	Sent			
	Type 76	Arrival <input type="checkbox"/>	4 / 28 / 2012	10:46	<input checked="" type="checkbox"/>	0	<input type="checkbox"/> Suppression	<input type="checkbox"/> Other
		Clear <input type="checkbox"/>	4 / 28 / 2012	10:55			<input checked="" type="checkbox"/> EMS	

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

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

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			X				
			<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	10:38:48	10:38:48	10:42:15	10:54:26

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		

MD335 Unit MD335	10:38:48	10:38:48	10:46:52	10:55:20
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Staff ID\Staff Name	Activity	Rank	Position	Role
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33075 FDID *	State *	MM DD YYYY 4 28 2012 Incident Date *	03 Station	1208954 Incident Number *	000 Exposure *	Responding Personnel
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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.