

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. Cross street or directions, as applicable

C Incident Type * EMS call, excluding vehicle

E1 Date & Times Midnight is 0000 Check boxes if dates are the same as Alarm ALARM always required **Alarm ***

E2 Shift & Alarms Local Option Shift or Alarms District Platoon

D Aid Given or Received * Mutual aid received Automatic aid recv. Mutual aid given Automatic aid given Other aid given None

Arrival * Controlled Last Unit Cleared

E3 Special Studies Local Option

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 **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. Detector alerted occupants Detector did not alert them Unknown

H3 Hazardous Materials Release None Natural Gas: slow leak, no evaluation or HazMat actions Propane gas: <21 lb. tank (as in home BBQ grill) Gasoline: vehicle fuel tank or portable container Kerosene: fuel burning equipment or portable storage Diesel fuel/fuel oil: vehicle fuel tank or portable Household solvents: home/office spill, cleanup only Motor oil: from engine or portable container Paint: from paint cans totaling < 55 gallons Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property Not Mixed Assembly use Education use Medical use Residential use Row of stores Enclosed mall Bus. & Residential Office use Industrial use Military use Farm use Other mixed use

J Property Use* Structures Church, place of worship Restaurant or cafeteria Bar/Tavern or nightclub Elementary school or kindergarten High school or junior high College, adult education Care facility for the aged Hospital Outside Playground or park Crops or orchard Forest (timberland) Outdoor storage area Dump or sanitary landfill Open land or field

Clinic, clinic type infirmary Doctor/dentist office Prison or jail, not juvenile 1-or 2-family dwelling Multi-family dwelling Rooming/boarding house Commercial hotel or motel Residential, board and care Dormitory/barracks Food and beverage sales Vacant lot Graded/care for plot of land Lake, river, stream Railroad right of way Other street Highway/divided highway Residential street/driveway

Household goods, sales, repairs Motor vehicle/boat sales/repair Gas or service station Business office Electric generating plant Laboratory/science lab Manufacturing plant Livestock/poultry storage (barn) Non-residential parking garage Warehouse Construction site Industrial plant yard Property Use Street or road in commercial **NFIRS-1 Revision 03/11/99**

K1 Person/Entity Involved Local Option Business name (if applicable) 619 - 784 - 84
 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 ALBERTO 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

Squad 5 (S5) responded to a report of a medical aid with American Medical Response (AMR) to reported address. Upon arrival the patient was found. A patient assessment was performed under the direction of the fire fighter paramedic at which time all pertinent patient information was obtained. AMR arrived on scene, was given a brief patient report, and was transferred patient care. We then assisted with loading the patient onto the gurney, Squad 5 cleared the scene and returned to available on radio.

L Authorization

F661 Lookerse, Mark FF S5 06 25 2018
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. F661 Lookerse, Mark FF S5 06 25 2018
 Member making report ID Signature Position or rank Assignment Month Day Year

33075
FDID *

State *

MM DD YYYY
6 25 2018
Incident Date *

03
Station

18-0018190
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

Squad 5 (S5) responded to a report of a medical aid with American Medical Response (AMR) to reported address. Upon arrival the patient was found. A patient assessment was performed under the direction of the fire fighter paramedic at which time all pertinent patient information was obtained. AMR arrived on scene, was given a brief patient report, and was transferred patient care. We then assisted with loading the patient onto the gurney, Squad 5 cleared the scene and returned to available on radio.

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 S5 Type 71	Dispatch <input checked="" type="checkbox"/>	6	25	2018	16:36	<input checked="" type="checkbox"/>	2	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	33	
2 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
3 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
4 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
5 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
6 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
7 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
8 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
9 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <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 | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> More Apparatus?
Use Additional
Sheets </div> 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 **6** * Incident Date **25** **6** **2018** * Station **03** Incident Number **18-0018190** * Exposure **000** * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** Check if same as alarm date **Sent** **Number of People** **Use** **Actions Taken**

Use codes listed below **Month** **Day** **Year** **Hours/mins** X **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 **S5** Dispatch **6** **25** **2018** **16:36** Sent **2** Suppression EMS Other **33**

Type **71** Arrival **6** **25** **2018** **16:41** Clear **6** **25** **2018** **16:57**

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F660	McIntire, Daniel	FF	X				
F661	Lookerse, Mark	FF	X				

2 ID Dispatch Sent Suppression EMS Other

Type Arrival Clear

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

3 ID Dispatch Sent Suppression EMS Other

Type Arrival Clear

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

33075

FDID

State

6

25

2018

Incident Date

03

Station

18-0018190

Incident Number

000

Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
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S5 SQUAD	16:36:11	16:36:49	16:41:00	16:57:01
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Staff ID\Staff Name	Activity	Rank	Position	Role
F660 McIntire, Daniel	Incident Activit	Firefighter		
F661 Lookerse, Mark	Incident Activit	Firefighter		

33075
FDID *

State *

MM DD YYYY
6 25 2018
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Responding
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
F660 McIntire, Daniel	S5	IA Incident		FF		0.35	0.35	0.00
F661 Lookerse, Mark	S5	IA Incident		FF		0.35	0.35	0.00
Total Participants: 2				Total Personnel Hours:				0.70

An 'X' next to the unit denotes driver.

33075
FDID

State

MM DD YYYY
6 25 2018
Incident Date

03
Station

18-0018190
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000
Exposure

NFIRS - Involvement
User Fields

Involvement
Name:

Involvement
Type:
Reporting Party

Owner: **Occupant:**

33075
FDID *

State *

MM DD YYYY
6 25 2018
Incident Date *

03
Station

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000
Exposure *

NFIRS - Incident
User Fields

Large empty rectangular area for incident details.