

A MM DD YYYY 33075 08 01 2019 03 19-0022685 000 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 3772 TIBBETTS RIVERSIDE CA 92501

C Incident Type * 321 EMS call, excluding vehicle **E1 Date & Times** Month Day Year Hr Min Sec 08 01 2019 13:45:30 **E2 Shift & Alarms** Local Option A 03

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

E1 Date & Times Alarm * 08 01 2019 13:45:30 Arrival * 08 01 2019 13:48:51 **E3 Special Studies** Local Option

E3 Special Studies Local Option

F Actions Taken * 33 Provide advanced life Primary Action Taken (1)

G1 Resources * Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus 0001 Personnel 0003

G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. 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 **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 33 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 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

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 981 Construction site 984 Industrial plant yard

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 981 Construction site 984 Industrial plant yard

K1 Person/Entity Involved Local Option

Business name (if applicable) _____ Area Code 909 - 382 - 87 Phone Number

Check This Box if same address as incident location. Then skip the three duplicate address lines.

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

Number _____ Prefix EMP Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City RIVERSIDE

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

Engine 3 responded to a reported medical aid at Planned Parenthood. On arrival we found the patient sitting on a recliner, appearing to be in minor to moderate distress. The patient was evaluated and treatment was initiated by Engine 3 Paramedic, with assistance from Engine 3 Crew. The patient requested transport to Riverside Community Hospital. The patient was assisted to the gurney and care was transferred to AMR without further incident. The scene was left in care of staff.

L Authorization

F537 Tasker, Charles CPT* E3 08 01 2019
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer Member making report ID in charge. F537 Tasker, Charles CPT* E3 08 01 2019
 in charge. Signature Position or rank Assignment Month Day Year

33075
FDID *

State *

MM DD YYYY
8 1 2019
Incident Date *

03
Station

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000
Exposure *

Complete
Narrative

Narrative:

Engine 3 responded to a reported medical aid at Planned Parenthood. On arrival we found the patient sitting on a recliner, appearing to be in minor to moderate distress. The patient was evaluated and treatment was initiated by Engine 3 Paramedic, with assistance from Engine 3 Crew. The patient requested transport to Riverside Community Hospital. The patient was assisted to the gurney and care was transferred to AMR without further incident. The scene was left in care of staff.

B Apparatus or * Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken	
	Check if same as alarm date Month Day Year Hour Min									
1 ID E3 Type 11	Dispatch <input checked="" type="checkbox"/>	8	1	2019	13:45	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	33	
	Arrival <input checked="" type="checkbox"/>	8	1	2019	13:48	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input checked="" type="checkbox"/>	8	1	2019	14:01			<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
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 |
|--|---|--|---|
- NFIRS-9 Revision 11/17/98

A FDID **33075** * State **8** * Incident Date **1** **2019** * Station **03** Incident Number **19-0022685** * Exposure **000** * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**
 Check if same as alarm date
 Use codes listed below Month Day Year Hours/mins
 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 **8** **1** **2019** **13:45** Sent **3** Suppression EMS Other
 Type **11** Arrival **8** **1** **2019** **13:48** Clear **8** **1** **2019** **14:01**

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F503	Ferchaw, Andrea	ENG	X				
F537	Tasker, Charles	CPT*	X				
F652	Dobyns, Michael	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"/>				

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E3 ENGINE 3	13:45:30	13:46:22	13:48:51	14:01:33

Staff ID\Staff Name	Activity	Rank	Position	Role
F503 Ferchaw, Andrea	Incident Activit	Engineer		
F537 Tasker, Charles	Incident Activit	Captain - P		
F652 Dobyys, Michael	Incident Activit	Firefighter		

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Responding
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
F503 Ferchaw, Andrea	E3	IA Incident		ENG		0.27	0.27	0.00
F537 Tasker, Charles	E3	IA Incident		CPT*		0.27	0.27	0.00
F652 Dobyys, Michael	E3	IA Incident		FF*		0.27	0.27	0.00
Total Participants: 3				Total Personnel Hours:		0.81		

An 'X' next to the unit denotes driver.

33075
FDID

State

MM DD
8 1
Incident Date

YYYY
2019

03
Station

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000
Exposure

NFIRS - Involvement
User Fields

Involvement
Name:

Involvement
Type:
Reporting Party

Owner: **Occupant:**

33075
FDID *

State *

MM DD YYYY
8 1 2019
Incident Date *

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Exposure *

NFIRS - Incident
User Fields

Large empty rectangular area for incident details.