

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 Date. ALARM always required Arrival Controlled Last Unit Cleared

E2 Shift & Alarms Local Option Shift or Alarms District Platoon

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

ARRIVAL required, unless canceled or did not arrive Controlled LAST UNIT CLEARED, required except for wildland fires

E3 Special Studies Local Option Special Study ID# Special Study Value

F Actions Taken * Provide advanced life 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 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

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

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

Outside Playground or park Crops or orchard Forest (timberland) Outdoor storage area Dump or sanitary landfill Open land or field

Vacant lot Graded/care for plot of land Lake, river, stream Railroad right of way Other street Highway/divided highway Residential street/driveway

Construction site Industrial plant yard Property Use Clinics, doctors offices, **NFIRS-1 Revision 03/11/99**

K1 Person/Entity Involved Local Option Business name (if applicable) 949 - 295 - 09
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 RIVERSIDE 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

T3 responded to a medical aid for a patient with generalized weakness. Patient was found at location in mild distress with complaint of generalized weakness. Patient vitals and assessment were done by RFD personnel with no secondary changes or complications. Patient was transferred to AMR post assessment and vitals. Patient care continued with AMR with transport to hospital. Patient had no complications on scene and no negative changes in status.

L Authorization

F394 Peniata, Eric CPT* T3 10 17 2017
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. Member making report ID in charge.

F394 Peniata, Eric CPT* T3 10 17 2017
Signature Position or rank Assignment Month Day Year

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FDID *

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MM DD YYYY
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Exposure *

Complete
Narrative

Narrative:

T3 responded to a medical aid for a patient with generalized weakness. Patient was found at location in mild distress with complaint of generalized weakness. Patient vitals and assessment were done by RFD personnel with no secondary changes or complications. Patient was transferred to AMR post assessment and vitals. Patient care continued with AMR with transport to hospital. Patient had no complications on scene and no negative changes in status.

B Apparatus or * Resource		Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min				Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
<input type="text" value="1"/>	ID <input type="text" value="T3"/> Type <input type="text" value="12"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="16"/>	<input type="text" value="2017"/>	<input type="text" value="13:54"/>	<input checked="" type="checkbox"/>	Suppression	<input type="text" value="33"/>
		Arrival <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="16"/>	<input type="text" value="2017"/>	<input type="text" value="13:58"/>	<input checked="" type="checkbox"/>	EMS	
		Clear <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="16"/>	<input type="text" value="2017"/>	<input type="text" value="14:07"/>		Other	
<input type="text" value="2"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Suppression	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	EMS	<input type="text"/>
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Other	<input type="text"/>
<input type="text" value="3"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Suppression	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	EMS	<input type="text"/>
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Other	<input type="text"/>
<input type="text" value="4"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Suppression	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	EMS	<input type="text"/>
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Other	<input type="text"/>
<input type="text" value="5"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Suppression	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	EMS	<input type="text"/>
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Other	<input type="text"/>
<input type="text" value="6"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Suppression	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	EMS	<input type="text"/>
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Other	<input type="text"/>
<input type="text" value="7"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Suppression	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	EMS	<input type="text"/>
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Other	<input type="text"/>
<input type="text" value="8"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Suppression	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	EMS	<input type="text"/>
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Other	<input type="text"/>
<input type="text" value="9"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Suppression	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	EMS	<input type="text"/>
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Other	<input type="text"/>

- 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 **10** * Incident Date **10** **16** **2017** * Station **03** Incident Number **17-0030194** * 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 **T3** Dispatch **10** **16** **2017** **13:54** Sent **3** Suppression EMS Other
 Type **12** Arrival **10** **16** **2017** **13:58** Clear **10** **16** **2017** **14:07**

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F230	Hess, Wayne	FF	X				
F292	Arias, Greg	ENG	X				
F394	Peniata, Eric	CPT*	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"/>				

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10 16
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Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
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T3 TRUCK COMPANY	13:54:50	13:55:12	13:58:03	14:07:51
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Staff ID\Staff Name	Activity	Rank	Position	Role
F230 Hess, Wayne	Incident Activit	Firefighter		
F292 Arias, Greg	Incident Activit	Engineer		
F394 Peniata, Eric	Incident Activit	Captain - P		

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Responding
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
F230 Hess, Wayne	T3	IA Incident		FF		0.22	0.22	0.00
F292 Arias, Greg	T3	IA Incident		ENG		0.22	0.22	0.00
F394 Peniata, Eric	T3	IA Incident		CPT*		0.22	0.22	0.00
Total Participants: 3				Total Personnel Hours:		0.66		

An 'X' next to the unit denotes driver.

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NFIRS - Involvement
User Fields

Involvement
Name:

Involvement
Type:
Reporting Party

Owner: **Occupant:**

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NFIRS - Incident
User Fields

Empty form area for incident details.