

**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.  
 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 \***  
  EMS call, party transported by  
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 recv. Their FDID Their State  
3  Mutual aid given  
4  Automatic aid given  
5  Other aid given Their Incident Number  
N  None

ARRIVAL required, unless canceled or did not arrive  
 Arrival \*      
CONTROLLED Optional, Except for wildland fires  
 Controlled  
LAST UNIT CLEARED, required except for wildland fires  
 Last Unit Cleared

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

**F Actions Taken \***  
  Action taken, Other  
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  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

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

**Outside**  
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

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

T3 responded with AMR to a report of patient with an injured leg at the address given. Upon arrival, AMR was already on scene and waved us off. T3 closed the call and returned to service.

**L Authorization**

F306 \_\_\_\_\_ DeLaurie, Jeffrey \_\_\_\_\_ SWORN / CA \_\_\_\_\_ T3 \_\_\_\_\_ 10 24 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.  F306 \_\_\_\_\_ DeLaurie, Jeffrey \_\_\_\_\_ SWORN / CA \_\_\_\_\_ T3 \_\_\_\_\_ 10 24 2012  
 Signature Position or rank Assignment Month Day Year

33075  
FDID \*

State \*

MM DD YYYY  
10 24 2012  
Incident Date \*

03  
Station

1223230  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

T3 responded with AMR to a report of patient with an injured leg at the address given. Upon arrival, AMR was already on scene and waved us off. T3 closed the call and returned to service.

B Apparatus or * Resource	Date and Times					Sent <input type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken	
	Check if same as alarm date Month Day Year Hour Min									
1 ID MD316 Type 76	Dispatch <input type="checkbox"/>	10	24	2012	16:38	<input checked="" type="checkbox"/>	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other		
2 ID T3 Type 12	Dispatch <input type="checkbox"/>	10	24	2012	16:38	<input checked="" type="checkbox"/>	4	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	00	
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<br>11 Engine<br>12 Truck or aerial<br>13 Quint<br>14 Tanker & pumper combination<br>16 Brush truck<br>17 ARF (Aircraft Rescue and Firefighting)<br>10 Ground fire suppression, other<br><b>Heavy Ground Equipment</b><br>21 Dozer or plow<br>22 Tractor<br>24 Tanker or tender<br>20 Heavy equipment, other<br><b>Aircraft</b><br>41 Aircraft: fixed wing tanker<br>42 Helitanker<br>43 Helicopter<br>40 Aircraft, other | <b>Marine Equipment</b><br>51 Fire boat with pump<br>52 Boat, no pump<br>50 Marine apparatus, other<br><b>Support Equipment</b><br>61 Breathing apparatus support<br>62 Light and air unit<br>60 Support apparatus, other<br><b>Medical &amp; Rescue</b><br>71 Rescue unit<br>72 Urban Search & rescue unit<br>73 High angle rescue unit<br>75 BLS unit<br>76 ALS unit<br>70 Medical and rescue unit, other | <b>More Apparatus?<br/>         Use Additional<br/>         Sheets</b> | <b>Other</b><br>91 Mobile command post<br>92 Chief officer car<br>93 HazMat unit<br>94 Type 1 hand crew<br>95 Type 2 hand crew<br>99 Privately owned vehicle<br>00 Other apparatus/resource<br>NN None<br>UU Undetermined |
|--|---|--|---|

<b>A</b>	FDID <b>33075</b> *	State *	MM <b>10</b> DD <b>24</b> YYYY <b>2012</b> *	Station <b>03</b>	Incident Number <b>1223230</b> *	Exposure <b>000</b> *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 10 Personnel</b>
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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 <b>MD316</b>	Dispatch <input type="checkbox"/>	10	24	2012	16:38	Sent		<input type="checkbox"/> Suppression		
	Type <b>76</b>	Arrival <input type="checkbox"/>	10	24	2012	16:43	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> EMS		
		Clear <input type="checkbox"/>	10	24	2012	16:43			<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"/>				

2	ID <b>T3</b>	Dispatch <input type="checkbox"/>	10	24	2012	16:38	Sent		<input type="checkbox"/> Suppression		
	Type <b>12</b>	Arrival <input type="checkbox"/>	10	24	2012	16:42	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> EMS		
		Clear <input type="checkbox"/>	10	24	2012	16:46			<input type="checkbox"/> Other		

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
F235	Bluma, Gregory	ENG	X	00			
F306	DeLaurie, Jeffrey	BC	X	00			
F454	Mathis, Matthew	CPT	X	00			
F486	Calvillo, Hector	FF*	X	00			

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
MD316 Unit MD316	16:38:23	16:38:23	16:43:04	16:43:12

Staff ID\Staff Name	Activity	Rank	Position	Role
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T3 TRUCK COMPANY	16:38:23	16:38:23	16:42:26	16:46:24
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Staff ID\Staff Name	Activity	Rank	Position	Role
F235 Bluma, Gregory	Incident Activit	Engineer		
F306 DeLaurie, Jeffrey	Incident Activit	Battalion C		
F454 Mathis, Matthew	Incident Activit	Captain		
F486 Calvillo, Hector	Incident Activit	Firefighter		

33075  
FDID \*

State \*

MM DD YYYY  
10 24  
Incident Date \*

2012

03  
Station

1223230  
Incident Number \*

000  
Exposure \*

Responding  
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
F235 Bluma, Gregory	T3	IA Incident		ENG		0.00	0.00	0.00
F306 DeLaurie, Jeffrey	T3	IA Incident		BC		0.00	0.00	0.00
F454 Mathis, Matthew	T3	IA Incident		CPT		0.00	0.00	0.00
F486 Calvillo, Hector	T3	IA Incident		FF*		0.00	0.00	0.00
<b>Total Participants: 4</b>				<b>Total Personnel Hours:</b>		0.00		

An 'X' next to the unit denotes driver.