

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 -
 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 Apt./Suite/Room City State Zip Code
 Adjacent to
 Directions Cross street or directions, as applicable

C Incident Type * EMS call, excluding vehicle
 Incident Type

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

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

E2 Shift & Alarms Local Option

 Shift or Alarms District Platoon

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
 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
Clinics, doctors offices,
NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved Local Option Business name (if applicable) Area Code - - Phone Number - - 951 - 589 - 15

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

Mr., Ms., Mrs. First Name **NICOLE** MI Last Name Suffix

Number Prefix **CELL** 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

E3 dispatched to this location for a medical aid. Upon arrival, E3 found a 30 y/o female lying on an exam table complaining of abdominal pain. Patient assessed by E3 paramedic Ellsworth and assisted to gurney. Patient loaded and transported to RCH via AMR. E3 AOR.

L Authorization

F408 **Navarro, Nick** **CPT*** **E3** **11** **02** **2017**
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. **F408** **Navarro, Nick** **CPT*** **E3** **11** **02** **2017**
 Member making report ID Signature Position or rank Assignment Month Day Year

33075
FDID *

State *

MM DD YYYY
11 2 2017
Incident Date *

03
Station

17-0032030
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

E3 dispatched to this location for a medical aid. Upon arrival, E3 found a 30 y/o female lying on an exam table complaining of abdominal pain. Patient assessed by E3 paramedic Ellsworth and assisted to gurney. Patient loaded and transported to RCH via AMR. E3 AOR.

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 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"/>	11	2	2017	11:40	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	33	
	Arrival <input checked="" type="checkbox"/>	11	2	2017	11:45	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input checked="" type="checkbox"/>	11	2	2017	11:58			<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 | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 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 |
|--|--|---|
- NFIRS-9 Revision 11/17/98

A FDID **33075** * State **11** * Incident Date **11** **2** **2017** * Station **03** Incident Number **17-0032030** * 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 **11** **2** **2017** **11:40** Sent **3** Suppression EMS Other
 Type **11** Arrival **11** **2** **2017** **11:45** Clear **11** **2** **2017** **11:58**

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F408	Navarro, Nick	CPT*	X				
F538	Ellsworth, Romney	FF*	X				
F545	Mollicone, Brandon	ENG*	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	11:40:45	11:42:00	11:45:05	11:58:27

Staff ID\Staff Name	Activity	Rank	Position	Role
F408 Navarro, Nick	Incident Activit	Captain - P		
F538 Ellsworth, Romney	Incident Activit	Firefighter		
F545 Mollicone, Brandon	Incident Activit	Engineer -		

33075
FDID *

State *

MM DD YYYY
11 2 2017
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Responding
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
F408 Navarro, Nick	E3	IA Incident		CPT*		0.30	0.30	0.00
F538 Ellsworth, Romney	E3	IA Incident		FF*		0.30	0.30	0.00
F545 Mollicone, Brandon	E3	IA Incident		ENG*		0.30	0.30	0.00
Total Participants: 3				Total Personnel Hours:		0.90		

An 'X' next to the unit denotes driver.

33075
FDID

State

MM DD
11 2
Incident Date

YYYY
2017

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000
Exposure

NFIRS - Involvement
User Fields

Involvement

Name:

Involvement

Type:
Reporting Party

Owner: Occupant:

33075
FDID *

State *

MM DD YYYY
11 2 2017
Incident Date *

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Station

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000
Exposure *

NFIRS - Incident
User Fields

Large empty rectangular area for incident details.