

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 * Emergency medical service, **E1 Date & Times** Midnight is 0000 **E2 Shift & Alarms** Local Option

D Aid Given or Received * 1 Mutual aid received 2 Automatic aid recv. 3 Mutual aid given 4 Automatic aid given 5 Other aid given **N** None **E1** Check boxes if dates are the same as Alarm **Alarm *** **Arrival *** **Controlled** **Last Unit** **Cleared**

F Actions Taken * Provide advanced life **G1 Resources *** Check this box and skip this section if an Apparatus or Personnel form is used. **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 **H2 Detector** Detector alerted occupants Detector did not alert them Unknown **H3 Hazardous Materials Release** None **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 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) _____ Area Code 951 - 223 - 09 Phone Number

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

Mr., Ms., Mrs. First Name JOSIE MI _____ Last Name VARGAS Suffix _____

Number _____ Prefix _____ Street or Highway CELL 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. Upon arrival, we found a female standing in a procedure room, crying. The person was alert and oriented and did not want help from EMS. E3 discussed the situation with the facility and assisted the female with leaving. The female was originally being told that she could not leave. Engine 3 cancelled AMR, closed the call and returned to service.

L Authorization

F485 Fudge, Joshua CPT* E3 11 09 2017
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. F485 Fudge, Joshua CPT* E3 11 09 2017
 Member making report ID Signature Position or rank Assignment Month Day Year

33075
FDID *

State *

MM DD YYYY
11 8 2017
Incident Date *

03
Station

17-0032659
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

Engine 3 responded to a reported medical aid. Upon arrival, we found a female standing in a procedure room, crying. The person was alert and oriented and did not want help from EMS. E3 discussed the situation with the facility and assisted the female with leaving. The female was originally being told that she could not leave. Engine 3 cancelled AMR, 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 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	8	2017	15:52	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	86	
	Arrival <input checked="" type="checkbox"/>	11	8	2017	15:56	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS		
	Clear <input checked="" type="checkbox"/>	11	8	2017	16:06			<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 |
|--|---|--|---|

A FDID **33075** * State **11** * Incident Date **11** **8** **2017** * Station **03** Incident Number **17-0032659** * Exposure **000** * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date 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.

Month Day Year Hours/mins

1 ID **E3** Dispatch **11** **8** **2017** **15:52** Sent **3** Suppression **86** EMS Other

Type **11** Arrival **11** **8** **2017** **15:56** Clear **11** **8** **2017** **16:06**

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F376	Jackson, Michelle	ENG*	X				
F485	Fudge, Joshua	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	15:52:49	15:54:13	15:56:42	16:06:00

Staff ID\Staff Name	Activity	Rank	Position	Role
F376 Jackson, Michelle	Incident Activit	Engineer -		
F485 Fudge, Joshua	Incident Activit	Captain - P		
F652 Dobyys, Michael	Incident Activit	Firefighter		

33075
FDID *

State *

MM DD YYYY
11 8 2017
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Responding
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
F376 Jackson, Michelle	E3	IA Incident		ENG*		0.22	0.22	0.00
F485 Fudge, Joshua	E3	IA Incident		CPT*		0.22	0.22	0.00
F652 Dobyys, Michael	E3	IA Incident		FF*		0.22	0.22	0.00
Total Participants: 3				Total Personnel Hours:		0.66		

An 'X' next to the unit denotes driver.

33075
FDID

State

MM DD
11 8
Incident Date

YYYY
2017

03
Station

17-0032659
Incident Number

000
Exposure

NFIRS - Involvement
User Fields

Involvement

Name:
VARGAS, JOSIE

Involvement

Type:
Reporting Party

Owner: **Occupant:**

33075
FDID *

State *

MM DD YYYY
11 8 2017
Incident Date *

03
Station

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Incident Number *

000
Exposure *

NFIRS - Incident
User Fields

Large empty rectangular area for incident details.