

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 ALARM always required **Alarm ***

E2 Shift & Alarms Local Option Shift or Alarms District Platoon

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

Arrival * Controlled Last Unit Cleared

E3 Special Studies Local Option

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. 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

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

E3 responded to a reported medical aid for a possible miscarriage. Upon arrival E3 found a 34 year old female who was lying on a hospital bed at a Planned Parenthood clinic. She was alert and oriented X4 and staff stated from there test they had ran on the patient she may have an ectopic pregnancy. E3 assessed the patient, took vital signs, and assisted AMR 384 with loading the patient for transport to RCH. E3 released the patient to AMR, closed the incident and returned to service.

L Authorization

F459 Estrada, Michael CPT E3 11 19 2015
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer Member making report ID in charge. F459 Estrada, Michael CPT E3 11 19 2015
Signature Position or rank Assignment Month Day Year

33075
FDID *

State *

MM DD YYYY
11 19 2015
Incident Date *

03
Station

15-0030698
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

E3 responded to a reported medical aid for a possible miscarriage. Upon arrival E3 found a 34 year old female who was lying on a hospital bed at a Planned Parenthood clinic. She was alert and oriented X4 and staff stated from there test they had ran on the patient she may have an ectopic pregnancy. E3 assessed the patient, took vital signs, and assisted AMR 384 with loading the patient for transport to RCH. E3 released the patient to AMR, closed the incident and returned to service.

B Apparatus or * Resource	Date and Times					Sent	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
	<small>Check if same as alarm date</small>								<input checked="" type="checkbox"/>	
	Month	Day	Year	Hour	Min					
1 ID E3 Type 11	Dispatch <input checked="" type="checkbox"/>	11	19	2015	14:59	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	33	
	Arrival <input checked="" type="checkbox"/>	11	19	2015	15:03	<input checked="" type="checkbox"/>	3	<input type="checkbox"/> EMS		
	Clear <input checked="" type="checkbox"/>	11	19	2015	17:13			<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 |
|--|---|--|---|

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E3 ENGINE 3	14:59:30	15:00:49	15:03:43	17:13:00

Staff ID\Staff Name	Activity	Rank	Position	Role
F292 Arias, Greg	Incident Activit	Engineer		
F459 Estrada, Michael	Incident Activit	Captain		
F486 Calvillo, Hector	Incident Activit	Firefighter		

33075
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State *

MM DD YYYY
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Responding
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
F292 Arias, Greg	E3	IA Incident		ENG		2.23	2.23	0.00
F459 Estrada, Michael	E3	IA Incident		CPT		2.23	2.23	0.00
F486 Calvillo, Hector	E3	IA Incident		FF*		2.23	2.23	0.00
Total Participants: 3				Total Personnel Hours:		6.69		

An 'X' next to the unit denotes driver.

33075
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NFIRS - Incident
User Fields

Large empty rectangular area for incident details.