

A		MM DD YYYY 09 04 2016	FDID * 52003	State * IA	Incident Date *	Station 2	Incident Number * 16-0004688	Exposure * 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic					
B Location*		<input type="checkbox"/> 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.													
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions		850 ORCHARD ST IOWA CITY IA 52240 <small>Number/Milepost Prefix Street or Highway Street Type Suffix</small> <small>Apt./Suite/Room City State Zip Code</small> Cross street or directions, as applicable													
C Incident Type *		E1 Date & Times <small>Midnight is 0000</small>				E2 Shift & Alarms									
311 Medical assist, assist EMS crew <small>Incident Type</small>		Check boxes if dates are the same as Alarm Date. ALARM always required Alarm * 09 04 2016 02:45:11 <small>ARRIVAL required, unless canceled or did not arrive</small>				Local Option Shift or Alarms District Platoon B 01 2-1									
D Aid Given or Received *		<input checked="" type="checkbox"/> Arrival * 09 04 2016 02:52:08 <small>CONTROLLED Optional, Except for wildland fires</small>				E3 Special Studies									
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid rcv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None		<input type="checkbox"/> Controlled <small>LAST UNIT CLEARED, required except for wildland fires</small> Last Unit Cleared 09 04 2016 02:54:59				Local Option Special Study ID# Special Study Value									
F Actions Taken *		G1 Resources *				G2 Estimated Dollar Losses & Values									
30 Emergency medical services, Other <small>Primary Action Taken (1)</small>		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus 0001 Personnel 0003 Suppression EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.				LOSSES: Required for all fires if known. Optional for non fires. None Property \$ 000,000 Contents \$ 000,000 PRE-INCIDENT VALUE: Optional Property \$ 000,000 Contents \$ 000,000									
Completed Modules		H1* Casualties <input type="checkbox"/> None			H3 Hazardous Materials Release			I Mixed Use Property							
<input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		Deaths Injuries Fire Service Civilian H2 Detector <small>Required for Confined Fires.</small> 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown			N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form			NN <input checked="" type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use							
J Property Use* Structures		341 <input checked="" type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales			539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse			124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway				981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 341 Clinic, clinic-type infirmary NFIRS-1 Revision 03/11/99			

K1 Person/Entity Involved Local Option JCAS 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. Cory First Name MI Last Name Bonnett Suffix
Number Prefix JCAS Street or Highway Street Type Suffix
Post Office Box Apt./Suite/Room City IOWA CITY
State IA Zip Code 52240 -

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. 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

CFS NUMBER: 16143896

Q2 was dispatched to the above location for a medical emergency. Q2 responded code 3, arriving w/o incident or delay. JCAS and ICPD on scene prior to our arrival. Q2 assisted w/ Pt packaging and loading. Q2 was released and returned to service.
09/04/2016 03:07:09 JROCKENSIES

L Authorization

ROCKENSIES Officer in charge ID ROCKENSIES, JOHN F Signature LT Position or rank Assignment 09 Month 04 Day 2016 Year

Check Box if same as Officer in charge. ROCKENSIES Member making report ID ROCKENSIES, JOHN F Signature LT Position or rank Assignment 09 Month 04 Day 2016 Year

52003
FDID *

IA
State *

MM DD
9 4
Incident Date *

YYYY
2016

2
Station

16-0004688
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

CFS NUMBER: 16143896

Q2 was dispatched to the above location for a medical emergency. Q2 responded code 3 , arriving w/o incident or delay. JCAS and ICPD on scene prior to our arrival. Q2 assisted w/ Pt packaging and loading. Q2 was released and returned to service.

09/04/2016 03:07:09 JROCKENSIES

A		FDID <input type="text" value="52003"/> *	State <input type="text" value="IA"/> *	Incident Date <input type="text" value="9"/> <input type="text" value="4"/> <input type="text" value="2016"/> *	Station <input type="text" value="2"/>	Incident Number <input type="text" value="16-0004688"/> *	Exposure <input type="text" value="000"/> *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources	
		B Apparatus or * Resource		Date and Times <small>Check if same as alarm date</small>			Sent	Number of * People		Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>
<input type="checkbox"/>	1	ID <input type="text" value="Q02"/>	Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="9"/> <input type="text" value="4"/> <input type="text" value="2016"/> <input type="text" value="02:45"/>	Arrival <input checked="" type="checkbox"/> <input type="text" value="9"/> <input type="text" value="4"/> <input type="text" value="2016"/> <input type="text" value="02:52"/>	Clear <input checked="" type="checkbox"/> <input type="text" value="9"/> <input type="text" value="4"/> <input type="text" value="2016"/> <input type="text" value="02:55"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
<input type="checkbox"/>	2	ID <input type="text"/>	Type <input type="text"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="9"/> <input type="text" value="4"/> <input type="text" value="2016"/> <input type="text" value="02:45"/>	Arrival <input checked="" type="checkbox"/> <input type="text" value="9"/> <input type="text" value="4"/> <input type="text" value="2016"/> <input type="text" value="02:52"/>	Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
<input type="checkbox"/>		ID <input type="text"/>	Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
<input type="checkbox"/>		ID <input type="text"/>	Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
<input type="checkbox"/>		ID <input type="text"/>	Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
<input type="checkbox"/>		ID <input type="text"/>	Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
<input type="checkbox"/>		ID <input type="text"/>	Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
<input type="checkbox"/>		ID <input type="text"/>	Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
<input type="checkbox"/>		ID <input type="text"/>	Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>

Type of Apparatus or Resources		More Apparatus? Use Additional Sheets
<p>Ground Fire Suppression</p> <ul style="list-style-type: none"> 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 <p>Heavy Ground Equipment</p> <ul style="list-style-type: none"> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other <p>Aircraft</p> <ul style="list-style-type: none"> 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other 	<p>Marine Equipment</p> <ul style="list-style-type: none"> 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other <p>Support Equipment</p> <ul style="list-style-type: none"> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other <p>Medical & Rescue</p> <ul style="list-style-type: none"> 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>Other</p> <ul style="list-style-type: none"> 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 52003 * State IA * Incident Date 9 4 2016 * Station 2 Incident Number 16-0004688 * 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 Q02 Dispatch 9 4 2016 02:45 Sent 3 Suppression EMS Other

Type 11 Arrival 9 4 2016 02:52 Clear 9 4 2016 02:54

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
HARDING	HARDING, JON	FF	X				
IRWIN	IRWIN, TODD	FF	X				
ROCKENSIES	ROCKENSIES, JOHN	LT	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"/>				

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"/>				

52003
FDID

IA
State

9 4
Incident Date

2016

2
Station

16-0004688
Incident Number

000
Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
Q02 QUINT 2	02:45:11	02:47:10	02:52:08	02:54:59

Staff ID\Staff Name	Activity	Rank	Position	Role
HARDING HARDING, JON M	Medical Incident	Firefighter	Driver Opera	
IRWIN IRWIN, TODD B	Medical Incident	Firefighter	Firefighter/	
ROCKENSIES ROCKENSIES, JOHN F	Medical Incident	Lieutenant	Lieutenant	

FDID * 52003	State * IA	MM 9	DD 4	YYYY 2016	Station 2	Incident Number * 16-0004688	Exposure * 000	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
HARDING HARDING, JON M	Q02	MED Medical Incident	DR	Response	FF	0.16	0.00	0.00
IRWIN IRWIN, TODD B	Q02	MED Medical Incident	EF	Response	FF	0.16	0.00	0.00
ROCKENSIES ROCKENSIES, JOHN	Q02	MED Medical Incident	LT	Response	LT	0.16	0.00	0.00
Total Participants: 3						Total Personnel Hours: 0.48		

An 'X' next to the unit denotes driver.