

A FDID: State: Incident Date: MM DD YYYY Station: Incident Number: Exposure: **NFIRS-1 Basic**

B Location Type
 Street address
 Intersection: Ave
 In front of:
 Rear of:
 Adjacent to: _____
 Directions: _____
 US National Grid: _____

C Incident Type
 Medical assist, assist EMS crew

D Aid Given or Received

1 Mutual aid received	<input type="text"/>	<input type="text"/>
2 Automatic aid received	<input type="text"/>	<input type="text"/>
3 Mutual aid given	<input type="text"/>	<input type="text"/>
4 Automatic aid given	<input type="text"/>	<input type="text"/>
5 Other aid given	<input type="text"/>	<input type="text"/>

N None

E1 Dates and Times Midnight is 0000

Alarm	Month <input type="text" value="08"/>	Day <input type="text" value="18"/>	Year <input type="text" value="2016"/>	Hour <input type="text" value="00"/>	Min <input type="text" value="03"/>	Sec <input type="text" value="29"/>
Arrival	Month <input type="text" value="08"/>	Day <input type="text" value="18"/>	Year <input type="text" value="2016"/>	Hour <input type="text" value="00"/>	Min <input type="text" value="09"/>	Sec <input type="text" value="07"/>
Controlled	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>	Hour <input type="text"/>	Min <input type="text"/>	Sec <input type="text"/>
Last Unit Cleared	Month <input type="text" value="08"/>	Day <input type="text" value="18"/>	Year <input type="text" value="2016"/>	Hour <input type="text" value="01"/>	Min <input type="text" value="27"/>	Sec <input type="text" value="53"/>

E2 Shifts and Alarms

Local Option: Shift or Platoon: Alarms: District:

E3 Special Studies

Local Option: Special Study ID#: Special Study Value:

F Actions Taken

Forcible entry

Primary Action Taken (1): _____

G1 Resources

Check this box and test this block if an Apparatus or Personnel Module is used.

Suppression	Apparatus <input type="text" value="1"/>	Personnel <input type="text" value="0"/>
EMS	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="1"/>	<input type="text" value="0"/>

Check box if resources counts include aid received resources.

G2 Estimated Dollar Losses and Values

LOTTESSES: Required for all fires if known. Optional for non-fires.

Property \$	<input type="text" value="0"/>	None <input checked="" type="checkbox"/>
Contents \$	<input type="text" value="0"/>	X

PRE-INCIDENT VALUE: Optional

Property \$	<input type="text" value="0"/>
Contents \$	<input type="text" value="0"/>

Completed Modules

- Fire-2
- Structure Fire-3
- Civilian Fire Cas.-4
- Fire Service Cas.-5
- EMS-6
- HazMat-7
- WildLand Fire-8
- Apparatus-9
- Personnel-10
- Arson-11

H1 Casualties None

Fire	Death <input type="text" value="0"/>	Injury <input type="text" value="0"/>
Service	<input type="text"/>	<input type="text"/>
Civilian	<input type="text"/>	<input type="text"/>

H2 Detector

1 Required for confined fires. Detector alerted occupants

2 Detector did not alert occupants

U Unknown

H3 Hazardous Materials Release

- 0 Special HazMat actions required or spill >= 55 gal.
- 1 Natural gas: slow leak, no evac. or HazMat actions
- 2 Propane gas - Less than a 21 lb. tank
- 3 Gasoline - vehicle fuel tank or portable container
- 4 Kerosene - fuel-burning equipment/portable storage
- 5 Diesel fuel/fuel oil - vehicle fuel tank/portable
- 6 Household/office solvent or chemical spill
- 7 Motor oil - from engine or portable container
- 8 Paint - spills less than 55 gallons
- N None

I Mixed Use Property

- 00 Mixed use, other
- 10 Assembly use
- 20 Educational use
- 33 Medical use
- 40 Residential use
- 51 Row of stores
- 53 Enclosed mall
- 58 Business and residential use
- 59 Office use
- 60 Industrial use
- 63 Military use
- 65 Farm use
- NN Not mixed use

J Property Use Structures					
419	1 or 2 family dwelling	341	Clinic, clinic-type infirmary	629	Laboratory or science laboratory
311	24-hour care Nursing homes, 4 or more persons	342	Doctor, dentist or oral surgeon office	818	Livestock, poultry storage
241	Adult education center, college classroom	615	Electric-generating plant	700	Manufacturing, processing
162	Bar or nightclub	213	Elementary school, including kindergarten	579	Motor vehicle or boat sales, services, repair
464	Barracks, dormitory	519	Food and beverage sales, grocery store	429	Multifamily dwelling
439	Boarding/rooming house, residential hotels	215	High school/junior high school/middle school	862	Parking garage, general vehicle
599	Business office	331	Hospital - medical or psychiatric	459	Residential board and care
131	Church, mosque, synagogue, temple, chapel	449	Hotel/motel, commercial	161	Restaurant or cafeteria
		539	Household goods, sales, repairs	571	Service station, gas station
		361	Jail, prison (not juvenile)	891	Warehouse
		984	Industrial plant yard - area	960	Street, other
		946	Lake, river, stream	936	Vacant lot
		931	Open land or field		
		807	Outside material storage area		
		124	Playground		
		951	Railroad right-of-way		
		962	Residential street, road or residential driveway		

Look up and enter a Property Use code and description only if you have NOT checked a Property Use Box.

Property Use Code: **429**
Property Use Description: **Multifamily dwelling**

K1 Person/Entity Involved

Local Option

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable) _____ Area Code _____ Phone Number _____

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 _____

K2 Owner

Same as person involved? Then check this box and skip the rest of this block.

Local Option

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable) _____ Area Code _____ Phone Number _____

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 _____

M Authorization

9259	Richard Hinrichs	CAPT	S2	08	18	2016
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
9259	Richard Hinrichs	CAPT	S2	08	18	2016
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year

L Remarks

Local Option

WE ASSISTED MEDIC #5'S CREW ON SCENE WITH FORCIBLE ENTRY INTO A LOCKED APARTMENT TO GAIN ACCESS TO A DOWNED IMOBILE PATIENT. MEDIC #5'S CREW CONTACTED DISPATCH TO ADVISE BUILDING MANAGEMENT OF THE DAMAGED UNSECURED DOOR OF THE UNIT.