

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

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

Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.

Census Tract: -

Apt./Suite/Room: City: State: Zip Code: Suffix:

Cross Street, Directions or National Grid, as applicable

C Incident Type

D Aid Given or Received

1 Mutual aid received

2 Automatic aid received

3 Mutual aid given

4 Automatic aid given

5 Other aid given

N None

E1 Dates and Times Midnight is 0000

Check boxes if dates are the same as Alarm Date.

Alarm: Month Day Year Hour Min Sec

Arrival:

Controlled:

Last Unit Cleared:

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

Primary Action Taken (1)

G1 Resources

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

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

Check box if resources counts include aid received resources.

G2 Estimated Dollar Losses and Values

LOSSES: Required for all fires if known. Optional for non-fires. None

Property \$ X

Contents \$ X

PRE-INCIDENT VALUE: Optional

Property \$

Contents \$

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

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

H2 Detector

Required for confined fires.

1 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	<input checked="" type="checkbox"/> 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	819	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	882	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: **419**
 Property Use Description: **1 or 2 family 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

5844	Denis Scanlon	CAPT	L18	12	10	2018
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
5844	Denis Scanlon	CAPT	L18	12	10	2018
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year

L Remarks

Local Option

ASSIST MEDIC #5 RUN #44758