

A		FDID 25035 *	State MA *	Incident Date 03/28/2017 *	Station	Incident Number 17-0019175 *	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		Number/Milepost 1055	Prefix	Street or Highway COMMONWEALTH	Street Type AVE	Suffix			
<input type="checkbox"/> Intersection									
<input type="checkbox"/> In front of									
<input type="checkbox"/> Rear of									
<input type="checkbox"/> Adjacent to		Apt./Suite/Room	City BOSTON	State MA	Zip Code 02215				
<input type="checkbox"/> Directions		Cross street or directions, as applicable							
C Incident Type *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms			
321 EMS call, excluding vehicle accident		Check boxes if dates are the same as Alarm Date. ALARM always required				Local Option			
Incident Type		Month 03	Day 28	Year 2017	Hr 09	Min 56	Sec 15	<input type="checkbox"/> Shift or District <input type="checkbox"/> Alarms <input type="checkbox"/> Platoon 11	
D Aid Given or Received *		E3 Special Studies				Local Option			
1 <input type="checkbox"/> Mutual aid received		ARRIVAL required, unless canceled or did not arrive				Special Study ID#			
2 <input type="checkbox"/> Automatic aid recv.		<input checked="" type="checkbox"/> Arrival * 03/28/2017 10:00:27				Special Study Value			
3 <input type="checkbox"/> Mutual aid given		CONTROLLED Optional, Except for wildland fires							
4 <input type="checkbox"/> Automatic aid given		<input type="checkbox"/> Controlled				LAST UNIT CLEARED, required except for wildland fires			
5 <input type="checkbox"/> Other aid given		<input type="checkbox"/> Last Unit							
N <input checked="" type="checkbox"/> None		<input checked="" type="checkbox"/> Cleared 03/28/2017 10:05:30							
F Actions Taken *		G1 Resources *				G2 Estimated Dollar Losses & Values			
81 Incident command		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.				LOSSES: Required for all fires if known. Optional for non fires. None			
Primary Action Taken (1)		Apparatus 0001				Property \$ 000,000			
31 Provide first aid & check		Suppression 0001				Contents \$ 000,000			
Additional Action Taken (2)		for injuries EMS				PRE-INCIDENT VALUE: Optional			
86 Investigate		Other				Property \$ 000,000			
Additional Action Taken (3)		<input type="checkbox"/> Check box if resource counts include aid received resources.				Contents \$ 000,000			
Completed Modules		H1* Casualties <input type="checkbox"/> None				H3 Hazardous Materials Release			
<input type="checkbox"/> Fire-2		Deaths Injuries				N <input type="checkbox"/> None			
<input type="checkbox"/> Structure-3		Fire Service				1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions			
<input type="checkbox"/> Civil Fire Cas.-4		Civilian				2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)			
<input type="checkbox"/> Fire Serv. Cas.-5						3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container			
<input type="checkbox"/> EMS-6						4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage			
<input type="checkbox"/> HazMat-7		H2 Detector				5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable			
<input type="checkbox"/> Wildland Fire-8		Required for Confined Fires.				6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only			
<input checked="" type="checkbox"/> Apparatus-9		1 <input type="checkbox"/> Detector alerted occupants				7 <input type="checkbox"/> Motor oil: from engine or portable container			
<input type="checkbox"/> Personnel-10		2 <input type="checkbox"/> Detector did not alert them				8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons			
<input type="checkbox"/> Arson-11		U <input type="checkbox"/> Unknown				0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form			
J Property Use* Structures		341 <input checked="" type="checkbox"/> Clinic, clinic type infirmary				I Mixed Use Property			
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office				NN <input type="checkbox"/> Not Mixed			
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile				10 <input type="checkbox"/> Assembly use			
162 <input type="checkbox"/> Bar/Tavern or nightclub		419 <input type="checkbox"/> 1-or 2-family dwelling				20 <input type="checkbox"/> Education use			
213 <input type="checkbox"/> Elementary school or kindergarten		429 <input type="checkbox"/> Multi-family dwelling				33 <input type="checkbox"/> Medical use			
215 <input type="checkbox"/> High school or junior high		439 <input type="checkbox"/> Rooming/boarding house				40 <input type="checkbox"/> Residential use			
241 <input type="checkbox"/> College, adult education		449 <input type="checkbox"/> Commercial hotel or motel				51 <input type="checkbox"/> Row of stores			
311 <input type="checkbox"/> Care facility for the aged		459 <input type="checkbox"/> Residential, board and care				53 <input type="checkbox"/> Enclosed mall			
331 <input type="checkbox"/> Hospital		464 <input type="checkbox"/> Dormitory/barracks				58 <input type="checkbox"/> Bus. & Residential			
Outside		519 <input type="checkbox"/> Food and beverage sales				59 <input type="checkbox"/> Office use			
124 <input type="checkbox"/> Playground or park		936 <input type="checkbox"/> Vacant lot				60 <input type="checkbox"/> Industrial use			
655 <input type="checkbox"/> Crops or orchard		938 <input type="checkbox"/> Graded/care for plot of land				63 <input type="checkbox"/> Military use			
669 <input type="checkbox"/> Forest (timberland)		946 <input type="checkbox"/> Lake, river, stream				65 <input type="checkbox"/> Farm use			
807 <input type="checkbox"/> Outdoor storage area		951 <input type="checkbox"/> Railroad right of way				00 <input type="checkbox"/> Other mixed use			
919 <input type="checkbox"/> Dump or sanitary landfill		960 <input type="checkbox"/> Other street							
931 <input type="checkbox"/> Open land or field		961 <input type="checkbox"/> Highway/divided highway				Property Use 341			
		962 <input type="checkbox"/> Residential street/driveway				Clinic, clinic-type infirmary			
						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 UNK Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room Boston City

State MA Zip Code 02118

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.

Check this box if same address as incident location. Then skip the three duplicate address lines.

Local Option 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

L Remarks
Local Option

Eng ine 41 was called for a medical assist to the planned parenthood clinic. Upon arrival, we found a 34 Y/O female that had undergone a procedure that was hemorrhagic but the doctors at the clinic has it under control and the patient required transport to a hospital. Boston EMS arrived and assumed patient care.

L Authorization

081905 Kelly, Robert K FLT E41 03 29 2017
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. 081905 Kelly, Robert K FLT E41 03 29 2017
Member making report ID Signature Position or rank Assignment Month Day Year

25035
FDID *

MA
State *

MM DD
3 28
Incident Date *

YYYY
2017

Station

17-0019175
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

Eng ine 41 was called for a medical assist to the planned parenthood clinic. Upon arrival, we found a 34 Y/O female that had undergone a procedure that was hemorrhagic but the doctors at the clinic has it under control and the patient required transport to a hospital. Boston EMS arrived and assumed patient care.

A FDID 25035 * State MA * Incident Date 3 28 2017 * Station 17-0019175 * Incident Number * Exposure 000 * Delete Change NFIRS - 9 Apparatus or Resources

B Apparatus or * Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People <u>0</u>	Use Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken	
	Dispatch	Arrival	Clear	Month	Day				Year	Hour
<u>1</u> ID <u>E41</u> Type <u>11</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>3</u>	<u>28</u>	<u>2017</u>	<u>09:56</u>	<input checked="" type="checkbox"/>		
				<u>3</u>	<u>28</u>	<u>2017</u>	<u>10:00</u>	<input checked="" type="checkbox"/>		
				<u>3</u>	<u>28</u>	<u>2017</u>	<u>10:05</u>	<input checked="" type="checkbox"/>		
<u>2</u> ID <u> </u> Type <u> </u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>3</u>	<u>28</u>	<u>2017</u>	<u>09:56</u>	<input checked="" type="checkbox"/>		
				<u>3</u>	<u>28</u>	<u>2017</u>	<u>10:00</u>	<input checked="" type="checkbox"/>		
								<input type="checkbox"/>		
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								<input type="checkbox"/>		
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								<input type="checkbox"/>		
								<input type="checkbox"/>		

Type of Apparatus or Resources

<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>More Apparatus? Use Additional Sheets</p>	<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
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NFIRS-9 Revision 11/17/98

A

FDID * 25035 State * MA Incident Date * MM 3 DD 28 YYYY 2017 Station 17-0019175 Incident Number * 000 Exposure * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource *

Date and Times
Check if same as alarm date
Month Day Year Hours/mins

Sent X

Number of * People 0

Use
Check ONE box for each apparatus to indicate its main use at the incident.
 Suppression
 EMS
 Other

Actions Taken
List up to 4 actions for each apparatus and each personnel.

1

ID E41 Dispatch 3 28 2017 09:56

Type 11 Arrival 3 28 2017 10:00

Clear 3 28 2017 10:05

Sent X

Suppression X
EMS
Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/> X	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"/>				

2

ID Dispatch

Type Arrival

Clear

Sent

Suppression
EMS
Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/> X	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

Type Arrival

Clear

Sent

Suppression
EMS
Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/> X	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"/>				

25035
FDID

MA
State

3 28
Incident Date

2017

Station

17-0019175
Incident Number

000
Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
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E41 Engine 41	09:56:15	09:56:59	10:00:27	10:05:30
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Staff ID\Staff Name	Activity	Rank	Position	Role
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FDID	25035	State	MA	Incident Date	MM	DD	YYYY	3	28	2017	Station	Incident Number	Exposure	17-001917500000000000	NFIRS - Involvement User Fields
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**Involvement
Name:**

**Involvement
Type:**
Patient

Owner: Occupant:

25035
FDID *

MA
State *

MM DD
3 28
Incident Date *

YYYY
2017

Station

17-0019175000000
Incident Number * Exposure *

NFIRS - Incident
User Fields

Empty form area for incident details.

BFD FORM 13-C
Medical Contact Report Form

BFD Time of Arrival: 10:00:27 Time of Departure: 10:05:30
Date: 03/28/2017 Incident #: 17-0019175 Time: 09:56:15 Incident Type: 321
Incident Address: 1055 COMMONWEALTH AVE /BOSTON, MA 02215 M: F:
Patient Name: UNK Age: 0
Home Address: Boston, MA 02118 Involvement Type: PT

Patient Assessment: Pt. Released to: Transported to:
Patient Under Care of EMS on Arrival-No Assist

Vital Signs:	Level of Consciousness:	Pupils:	Skin Conditions:
Resp: BP: Pulse:			

Allergies:

Treatment Administered? N

Assist EMS-Pt Care: <input type="checkbox"/>	Extrication: <input type="checkbox"/>	02 via BVM: <input type="checkbox"/>	Defib Used:
Assist EMS-Pt Transf: <input type="checkbox"/>	Forced Entry: <input type="checkbox"/>	02 via NRB: <input type="checkbox"/>	
Bandage Applied: <input type="checkbox"/>	Heimlich Maneuver: <input type="checkbox"/>	OB Care / Delivery: <input type="checkbox"/>	SAED Downloaded?
Burn Care: <input type="checkbox"/>	Insert Oral Airway: <input type="checkbox"/>	Splinting: <input type="checkbox"/>	
C - Collar: <input type="checkbox"/>	KED Applied: <input type="checkbox"/>	Suction Airway: <input type="checkbox"/>	
Controlled Bleeding: <input type="checkbox"/>	Long Board: <input type="checkbox"/>	Other: <input type="checkbox"/>	
CPR: <input type="checkbox"/>	Monitor Pt Condition: <input type="checkbox"/>		
CPR Defib: <input type="checkbox"/>			

Location of Injury:

Head: <input type="checkbox"/>	Chest: <input type="checkbox"/>	Right Hand: <input type="checkbox"/>	Left Hand: <input type="checkbox"/>
Face: <input type="checkbox"/>	Abdomen: <input type="checkbox"/>	Right Arm: <input type="checkbox"/>	Left Arm: <input type="checkbox"/>
Neck: <input type="checkbox"/>	Back: <input type="checkbox"/>	Right Foot: <input type="checkbox"/>	Left Foot: <input type="checkbox"/>
		Right Leg: <input type="checkbox"/>	Left Leg: <input type="checkbox"/>

Notes

Member Making Report
FLT Robert Kelly E41