

<b>A</b>		MM DD YYYY 05006 MI 03 04 2016	Station 16-000742	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic	
<b>B Location*</b>							
<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							
15921		E 8 MILE		RD			
Number/Milepost		Prefix		Street or Highway		Suffix	
<input type="checkbox"/> Intersection							
<input type="checkbox"/> In front of							
<input type="checkbox"/> Rear of							
LOWR		EASTPOINTE		MI		48021	
Apt./Suite/Room		City		State		Zip Code	
<input type="checkbox"/> Adjacent to							
<input type="checkbox"/> Directions							
Cross street or directions, as applicable							
<b>C Incident Type *</b>			<b>E1 Date &amp; Times</b>		<b>E2 Shift &amp; Alarms</b>		
320 Emergency medical service			Midnight is 0000		Local Option		
Incident Type			Check boxes if dates are the same as Alarm Date.		Shift or Platoon		
			ALARM always required		Alarms District		
			Alarm * 03 04 2016 13:52:29		3 IN		
			ARRIVAL required, unless canceled or did not arrive				
<b>D Aid Given or Received*</b>			Arrival * 03 04 2016 14:00:59		<b>E3 Special Studies</b>		
1 <input type="checkbox"/> Mutual aid received			CONTROLLED Optional, Except for wildland fires		Local Option		
2 <input type="checkbox"/> Automatic aid recv.			LAST UNIT CLEARED, required except for wildland fires		Special Study ID#		
3 <input type="checkbox"/> Mutual aid given			Last Unit Cleared 03 04 2016 14:10:41		Special Study Value		
4 <input type="checkbox"/> Automatic aid given							
5 <input type="checkbox"/> Other aid given							
N <input checked="" type="checkbox"/> None							
<b>F Actions Taken *</b>			<b>G1 Resources *</b>		<b>G2 Estimated Dollar Losses &amp; Values</b>		
34 Transport person			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.		
Primary Action Taken (1)			Apparatus Personnel		Property \$ [ ] , [ ] 000 , [ ] 000		
Additional Action Taken (2)			Suppression [ ] [ ]		Contents \$ [ ] , [ ] 000 , [ ] 000		
Additional Action Taken (3)			EMS 0001 0003		PRE-INCIDENT VALUE: Optional		
			Other [ ] [ ]		Property \$ [ ] , [ ] 000 , [ ] 000		
			<input type="checkbox"/> Check box if resource counts include aid received resources.		Contents \$ [ ] , [ ] 000 , [ ] 000		
<b>Completed Modules</b>		<b>H1* Casualties</b>		<b>H3 Hazardous Materials Release</b>		<b>I Mixed Use Property</b>	
<input type="checkbox"/> Fire-2		Deaths Injuries		N <input type="checkbox"/> None		NN <input type="checkbox"/> Not Mixed	
<input type="checkbox"/> Structure-3		Fire Service [ ] [ ]		1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions		10 <input type="checkbox"/> Assembly use	
<input type="checkbox"/> Civil Fire Cas.-4		Civilian [ ] [ ]		2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)		20 <input type="checkbox"/> Education use	
<input type="checkbox"/> Fire Serv. Cas.-5				3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container		33 <input type="checkbox"/> Medical use	
<input type="checkbox"/> EMS-6				4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage		40 <input type="checkbox"/> Residential use	
<input type="checkbox"/> HazMat-7		<b>H2 Detector</b>		5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable		51 <input type="checkbox"/> Row of stores	
<input type="checkbox"/> Wildland Fire-8		Required for Confined Fires.		6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only		53 <input type="checkbox"/> Enclosed mall	
<input checked="" type="checkbox"/> Apparatus-9		1 <input type="checkbox"/> Detector alerted occupants		7 <input type="checkbox"/> Motor oil: from engine or portable container		58 <input type="checkbox"/> Bus. & Residential	
<input checked="" type="checkbox"/> Personnel-10		2 <input type="checkbox"/> Detector did not alert them		8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons		59 <input type="checkbox"/> Office use	
<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		60 <input type="checkbox"/> Industrial use	
						63 <input type="checkbox"/> Military use	
						65 <input type="checkbox"/> Farm use	
						66 <input type="checkbox"/> Other mixed use	
						00	
<b>J Property Use*</b>			341 <input type="checkbox"/> Clinic, clinic type infirmary		539 <input type="checkbox"/> Household goods, sales, repairs		
Structures			342 <input checked="" type="checkbox"/> Doctor/dentist office		579 <input type="checkbox"/> Motor vehicle/boat sales/repair		
131 <input type="checkbox"/> Church, place of worship			361 <input type="checkbox"/> Prison or jail, not juvenile		571 <input type="checkbox"/> Gas or service station		
161 <input type="checkbox"/> Restaurant or cafeteria			419 <input type="checkbox"/> 1- or 2-family dwelling		599 <input type="checkbox"/> Business office		
162 <input type="checkbox"/> Bar/Tavern or nightclub			429 <input type="checkbox"/> Multi-family dwelling		615 <input type="checkbox"/> Electric generating plant		
213 <input type="checkbox"/> Elementary school or kindergarten			439 <input type="checkbox"/> Rooming/boarding house		629 <input type="checkbox"/> Laboratory/science lab		
215 <input type="checkbox"/> High school or junior high			449 <input type="checkbox"/> Commercial hotel or motel		700 <input type="checkbox"/> Manufacturing plant		
241 <input type="checkbox"/> College, adult education			459 <input type="checkbox"/> Residential, board and care		819 <input type="checkbox"/> Livestock/poultry storage (barn)		
311 <input type="checkbox"/> Care facility for the aged			464 <input type="checkbox"/> Dormitory/barracks		882 <input type="checkbox"/> Non-residential parking garage		
331 <input type="checkbox"/> Hospital			519 <input type="checkbox"/> Food and beverage sales		891 <input type="checkbox"/> Warehouse		
Outside			936 <input type="checkbox"/> Vacant lot		981 <input type="checkbox"/> Construction site		
124 <input type="checkbox"/> Playground or park			938 <input type="checkbox"/> Graded/care for plot of land		984 <input type="checkbox"/> Industrial plant yard		
655 <input type="checkbox"/> Crops or orchard			946 <input type="checkbox"/> Lake, river, stream				
669 <input type="checkbox"/> Forest (timberland)			951 <input type="checkbox"/> Railroad right of way		Lookup and enter a Property Use code only if you have NOT checked a Property Use box:		
807 <input type="checkbox"/> Outdoor storage area			960 <input type="checkbox"/> Other street		Property Use 342		
919 <input type="checkbox"/> Dump or sanitary landfill			961 <input type="checkbox"/> Highway/divided highway		Doctor, dentist or oral		
931 <input type="checkbox"/> Open land or field			962 <input type="checkbox"/> Residential street/driveway		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  
 [3/4/2016 13:53:12 : posl : sbuffa]  
 Cross streets: UNIVERSAL//VIRGINIA  
 female 35 y/o  
 vaginal bleed/severe / emergency response

**L Authorization**

<input type="text" value="LEE"/>	<input type="text" value="LEE, KIRK"/>	<input type="text" value="FFP"/>	<input type="text"/>	<input type="text" value="03"/>	<input type="text" value="04"/>	<input type="text" value="2016"/>
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year

  

Check Box if same as Officer in charge. <input checked="" type="checkbox"/>	<input type="text" value="LEE"/>	<input type="text" value="LEE, KIRK"/>	<input type="text" value="FFP"/>	<input type="text"/>	<input type="text" value="03"/>	<input type="text" value="04"/>	<input type="text" value="2016"/>
Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year	

05006  
FDID \*

MI  
State \*

MM DD YYYY  
3 4 2016  
Incident Date \*

Station

16-0000742  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

[3/4/2016 13:53:12 : pos1 : sbuffa]

Cross streets: UNIVERSAL//VIRGINIA

female 35 y/o vaginal bleed/severe / emergency response

<b>A</b>	FDID * <u>05006</u>	State * <u>MI</u>	Incident Date * MM <u>3</u> DD <u>4</u> YYYY <u>2016</u>	Station <u>          </u>	Incident Number * <u>16-0000742</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources
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B Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min	Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
1 ID <u>EP-E-2</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/> <u>3</u> <u>4</u> <u>2016</u> <u>13:52</u> Arrival <input checked="" type="checkbox"/> <u>3</u> <u>4</u> <u>2016</u> <u>14:00</u> Clear <input checked="" type="checkbox"/> <u>3</u> <u>4</u> <u>2016</u> <u>14:10</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<u>  </u> <u>  </u> <u>  </u> <u>  </u>
2 ID <u>          </u> Type <u>          </u>	Dispatch <input checked="" type="checkbox"/> <u>3</u> <u>4</u> <u>2016</u> <u>13:52</u> Arrival <input checked="" type="checkbox"/> <u>3</u> <u>4</u> <u>2016</u> <u>14:00</u> Clear <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	<input checked="" type="checkbox"/>	<u>3</u>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<u>  </u> <u>  </u> <u>  </u> <u>  </u>
<input type="checkbox"/> ID <u>          </u> Type <u>          </u>	Dispatch <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u> Arrival <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u> Clear <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	<input type="checkbox"/>	<u>  </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>  </u> <u>  </u> <u>  </u> <u>  </u>
<input type="checkbox"/> ID <u>          </u> Type <u>          </u>	Dispatch <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u> Arrival <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u> Clear <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	<input type="checkbox"/>	<u>  </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>  </u> <u>  </u> <u>  </u> <u>  </u>
<input type="checkbox"/> ID <u>          </u> Type <u>          </u>	Dispatch <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u> Arrival <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u> Clear <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	<input type="checkbox"/>	<u>  </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>  </u> <u>  </u> <u>  </u> <u>  </u>
<input type="checkbox"/> ID <u>          </u> Type <u>          </u>	Dispatch <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u> Arrival <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u> Clear <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	<input type="checkbox"/>	<u>  </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>  </u> <u>  </u> <u>  </u> <u>  </u>
<input type="checkbox"/> ID <u>          </u> Type <u>          </u>	Dispatch <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u> Arrival <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u> Clear <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	<input type="checkbox"/>	<u>  </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>  </u> <u>  </u> <u>  </u> <u>  </u>
<input type="checkbox"/> ID <u>          </u> Type <u>          </u>	Dispatch <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u> Arrival <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u> Clear <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	<input type="checkbox"/>	<u>  </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>  </u> <u>  </u> <u>  </u> <u>  </u>
<input type="checkbox"/> ID <u>          </u> Type <u>          </u>	Dispatch <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u> Arrival <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u> Clear <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	<input type="checkbox"/>	<u>  </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>  </u> <u>  </u> <u>  </u> <u>  </u>

**Type of Apparatus or Resources**

<p><b>Ground Fire Suppression</b></p> <ul style="list-style-type: none"> <li>11 Engine</li> <li>12 Truck or aerial</li> <li>13 Quint</li> <li>14 Tanker &amp; pumper combination</li> <li>16 Brush truck</li> <li>17 ARF (Aircraft Rescue and Firefighting)</li> <li>10 Ground fire suppression, other</li> </ul> <p><b>Heavy Ground Equipment</b></p> <ul style="list-style-type: none"> <li>21 Dozer or plow</li> <li>22 Tractor</li> <li>24 Tanker or tender</li> <li>20 Heavy equipment, other</li> </ul> <p><b>Aircraft</b></p> <ul style="list-style-type: none"> <li>41 Aircraft: fixed wing tanker</li> <li>42 Helitanker</li> <li>43 Helicopter</li> <li>40 Aircraft, other</li> </ul>	<p><b>Marine Equipment</b></p> <ul style="list-style-type: none"> <li>51 Fire boat with pump</li> <li>52 Boat, no pump</li> <li>50 Marine apparatus, other</li> </ul> <p><b>Support Equipment</b></p> <ul style="list-style-type: none"> <li>61 Breathing apparatus support</li> <li>62 Light and air unit</li> <li>60 Support apparatus, other</li> </ul> <p><b>Medical &amp; Rescue</b></p> <ul style="list-style-type: none"> <li>71 Rescue unit</li> <li>72 Urban Search &amp; rescue unit</li> <li>73 High angle rescue unit</li> <li>75 BLS unit</li> <li>76 ALS unit</li> <li>70 Medical and rescue unit, other</li> </ul>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p><b>More Apparatus? Use Additional Sheets</b></p> </div> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>91 Mobile command post</li> <li>92 Chief officer car</li> <li>93 HazMat unit</li> <li>94 Type 1 hand crew</li> <li>95 Type 2 hand crew</li> <li>99 Privately owned vehicle</li> <li>00 Other apparatus/resource</li> </ul> <p>NN None UU Undetermined</p>
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NFIRS-9 Revision 11/17/98

**A** FDID 05006 \* State MI \* Incident Date 3 4 2016 \* Station            Incident Number 16-0000742 \* Exposure 000 \*  Delete  Change **NFIRS - 10 Personnel**

**B Apparatus or Resource** \* **Date and Times** Check if same as alarm date  
 Use codes listed below Month Day Year Hours/mins  
 Sent  Number of \* People 3 Use  Suppression  EMS  Other  Actions Taken

**1** ID EP-E-2 Dispatch  3 4 2016 13:52 Sent   Suppression  EMS  Other  Actions Taken    
 Type 11 Arrival  3 4 2016 14:00 Sent  3  EMS  Other  Actions Taken    
 Clear  3 4 2016 14:10 Sent   Suppression  EMS  Other  Actions Taken

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
CLARK	CLARK, JASON	FFP	X				
DENMARK	DENMARK, KEVIN	PR	X				
LEE	LEE, KIRK	FFP	X				

**2** ID            Dispatch                 Sent   Suppression  EMS  Other  Actions Taken    
 Type    Arrival                 Sent      Suppression  EMS  Other  Actions Taken    
 Clear                 Sent      Suppression  EMS  Other  Actions Taken

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  Actions Taken    
 Type    Arrival                 Sent      Suppression  EMS  Other  Actions Taken    
 Clear                 Sent      Suppression  EMS  Other  Actions Taken

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"/>				