

A FDID State Incident Date Station Incident Number Exposure Delete Change

**NFIRS - 1
BASIC**

B Location Type 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

Street address
Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection -
 In front of Apt./Suite/Room City State ZIP Code

Rear of

Adjacent to

Directions

US National Grid

Cross Street, Directions or National Grid, as applicable

C IncidentType
Incident Type

E1 Dates and Times Midnight is 0000

Month Day Year Hour/Min

Alarm ALARM always required

Arrival ARRIVAL required, unless canceled or did not arrive

Controlled CONTROLLED optional, except for wildland fires

Last Unit Cleared LAST UNIT CLEARED, required except for wildland fires

E2 Shifts and Alarms Local option

Shift or Platoon Alarms District

D Aid Given or Received None

1 Mutual aid received

2 Auto. aid received

3 Mutual aid given

4 Auto. aid given

5 Other aid given

Their FDID Their State

Their Incident Number

E3 Special Studies Local option

Special Study ID# Special Study Value

F Actions Taken

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources

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

	Apparatus	Personnel
Suppression	<input type="text" value="1"/>	<input type="text" value="5"/>
EMS	<input type="text" value="1"/>	<input type="text" value="2"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses and Values

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

Property \$

Contents \$

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

	Deaths	Injuries
Fire Service	<input type="text" value="0"/>	<input type="text" value="0"/>
Civilian	<input type="text" value="0"/>	<input type="text" value="0"/>

H2 Detector Required for confined fires.

1 Detector alerted occupants

2 Detector did not alert them

U Unknown

H3 Hazardous Materials Release None

1 Natural gas: slow leak, no evacuation or HazMat actions

2 Propane gas: < 21 - lb tank (as in home BBQ grill)

3 Gasoline: vehicle fuel tank or portable container

4 Kerosene: fuel burning equipment or portable storage

5 Diesel fuel/fuel oil: vehicle fuel tank or portable storage

6 Household solvents: home/office spill, cleanup only

7 Motor oil: from engine or portable container

8 Paint: from paint cans totaling < 55 gallons

0 Other: special HazMat action required or spill > 55 gal
(Please complete the HazMat form.)

I Mixed Use Property Not mixed

10 Assembly use

20 Education use

30 Medical use

40 Residential use

51 Row of stores

53 Enclosed mall

58 Business & residential

59 Office use

60 Industrial use

63 Military use

65 Farm use

00 Other mixed use

J Property Use None

Structures

131	<input type="checkbox"/> Church, place of worship	341	<input type="checkbox"/> Clinic, clinic-type infirmary	539	<input type="checkbox"/> Household goods, sales, repairs
161	<input type="checkbox"/> Restaurant or cafeteria	342	<input type="checkbox"/> Doctor/dentist office	571	<input type="checkbox"/> Gas or service station
162	<input type="checkbox"/> Bar/tavern or nightclub	361	<input type="checkbox"/> Prison or jail, not juvenile	579	<input type="checkbox"/> Motor vehicle/boat sales/repairs
213	<input type="checkbox"/> Elementary school, kindergarten	419	<input type="checkbox"/> 1- or 2-family dwelling	599	<input type="checkbox"/> Business office
215	<input type="checkbox"/> High school, junior high	429	<input type="checkbox"/> Multifamily dwelling	615	<input type="checkbox"/> Electric-generation plant
241	<input type="checkbox"/> College, adult education	439	<input type="checkbox"/> Rooming/boarding house	629	<input type="checkbox"/> Laboratory/science laboratory
311	<input type="checkbox"/> Nursing home	449	<input type="checkbox"/> Commercial hotel or motel	700	<input type="checkbox"/> Manufacturing plant
331	<input type="checkbox"/> Hospital	459	<input type="checkbox"/> Residential, board and care	819	<input type="checkbox"/> Livestock/poultry storage (barn)
		464	<input type="checkbox"/> Dormitory/barracks	882	<input type="checkbox"/> Non-residential parking garage
		519	<input type="checkbox"/> Food and beverage sales	891	<input type="checkbox"/> Warehouse
		936	<input type="checkbox"/> Vacant lot	981	<input type="checkbox"/> Construction site
		938	<input type="checkbox"/> Graded/cared for plot of land	984	<input type="checkbox"/> Industrial plant yard
		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		

Outside

124 Playground or park

655 Crops or orchard

669 Forest (timberland)

807 Outdoor storage area

919 Dump or sanitary landfill

931 Open land or field

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

Property Use Property Use Description

A	<input type="text" value="19025"/> FDID	<input type="text" value="CA"/> State	<input type="text" value="04"/> MM	<input type="text" value="23"/> DD	<input type="text" value="2018"/> YYYY	<input type="text" value="ST1"/> Station	<input type="text" value="2018-00002423"/> Incident Number	<input type="text" value="000"/> Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 1 BASIC
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K2	Owner	<input type="checkbox"/> Same as person involved? Then check this box and skip the rest of this block.	<input type="text"/> Business Name (if applicable)	<input type="text"/> Area Code	<input type="text"/> Phone Number		
<input type="checkbox"/>	Check this box if same address as incident Location (Section B). then skip the three duplicate address lines.	<input type="text"/> Mr., Ms., Mrs.	<input type="text"/> First Name	<input type="text"/> MI	<input type="text"/> Last Name	<input type="text"/> Suffix	
		<input type="text"/> Number	<input type="text"/> Prefix	<input type="text"/> Street or Highway		<input type="text"/> Street Type	<input type="text"/> Suffix
		<input type="text"/> Post Office Box	<input type="text"/> Apt./Suite/Room	<input type="text"/> City			
		<input type="text"/> State	<input type="text"/> ZIP Code	-			

M	Authorization	<input type="checkbox"/> Check box if same as Officer in charge.	<input type="text" value="02545"/> Officer in charge ID	<input type="text"/> Signature	<input type="text" value="Kevin Kennedy"/> Kevin Kennedy	<input type="text" value="Fire Paramedi"/> Position or rank	<input type="text" value="Fire Suppress"/> Assignment	<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year
		<input checked="" type="checkbox"/>	<input type="text" value="02545"/> Member making report ID	<input type="text"/> Signature	<input type="text" value="Kevin Kennedy"/> Kevin Kennedy	<input type="text" value="Fire Paramedi"/> Position or rank	<input type="text" value="Fire Suppress"/> Assignment	<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year

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L	Remarks	Local Option
TK9 assisted R3 with a medical call. 1 Pt. transported to CSM.		

A FDID State Incident Date Station Incident Number Exposure Delete Change **NFIRS - 9 APPARATUS OR RESOURCES**

B Apparatus or Resources Use codes listed below	Dates and Times Midnight is 0000 Check if same date as Alarm date on the Basic Module (Block E1)					Sent	Number of People	Apparatus Use Check ONE box for each apparatus to indicate its main use at this incident	Actions Taken List up to 4 actions for each apparatus
	Month	Day	Year	Hour / Min					
1 ID <input type="text" value="R3"/> ★ Type <input type="text" value="76"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input type="text" value="23"/>	<input type="text" value="2018"/>	<input type="text" value="1403"/>	<input checked="" type="checkbox"/>	<input type="text" value="02"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
2 ID <input type="text" value="TK9"/> ★ Type <input type="text" value="12"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input type="text" value="23"/>	<input type="text" value="2018"/>	<input type="text" value="1403"/>	<input checked="" type="checkbox"/>	<input type="text" value="05"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
3 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
4 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
5 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
6 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
7 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
8 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
9 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>

<p>Apparatus or Resource Type</p> <p>Ground Fire Suppression</p> <ul style="list-style-type: none"> 11 Engine 12 Truck or aerial 13 Quint 14 Tanker and pumper combination 16 Brush truck 17 ARFF (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 ground 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 53 Marine equipment, 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 and Rescue</p> <ul style="list-style-type: none"> 71 Rescue unit 72 Urban search and 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 II hand crew 99 Privately owned vehicle 00 Other apparatus / resources 	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>More Apparatus? Use additional</p> </div> <p>NN None UU Undetermined</p>
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B Apparatus or Resources Use codes listed below	Dates and Times Midnight is 0000 Check if same date as Alarm date on the Basic Module (Block E1) ↓ Month Day Year Hour / Min	Sent	Number of People	Apparatus Use Check ONE box for each apparatus to indicate its main use at this incident	Actions Taken List up to 4 actions for each apparatus
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<input type="text" value="1"/>	ID <input type="text" value="R3"/>	Dispatch <input checked="" type="checkbox"/>	MM <input type="text" value="04"/>	DD <input type="text" value="23"/>	YYYY <input type="text" value="2018"/>	Hour / Min <input type="text" value="1403"/>	<input checked="" type="checkbox"/>	<input type="text" value="02"/>	<input type="checkbox"/> Suppression	<input type="text" value=""/>	<input type="text" value=""/>
★	Type <input type="text" value="76"/>	Arrival <input checked="" type="checkbox"/>	MM <input type="text" value="04"/>	DD <input type="text" value="23"/>	YYYY <input type="text" value="2018"/>	Hour / Min <input type="text" value="1406"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> EMS	<input type="text" value=""/>	<input type="text" value=""/>
		Clear <input checked="" type="checkbox"/>	MM <input type="text" value="04"/>	DD <input type="text" value="23"/>	YYYY <input type="text" value="2018"/>	Hour / Min <input type="text" value="1446"/>			<input type="checkbox"/> Other	<input type="text" value=""/>	<input type="text" value=""/>
Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken			
4365	Brenton T Weist	Fire Suppr	<input checked="" type="checkbox"/>								
4253	Humberto Covarrubias	Fire Suppr	<input checked="" type="checkbox"/>								

<input type="text" value="2"/>	ID <input type="text" value="TK9"/>	Dispatch <input checked="" type="checkbox"/>	MM <input type="text" value="04"/>	DD <input type="text" value="23"/>	YYYY <input type="text" value="2018"/>	Hour / Min <input type="text" value="1403"/>	<input checked="" type="checkbox"/>	<input type="text" value="05"/>	<input checked="" type="checkbox"/> Suppression	<input type="text" value=""/>	<input type="text" value=""/>
★	Type <input type="text" value="12"/>	Arrival <input checked="" type="checkbox"/>	MM <input type="text" value="04"/>	DD <input type="text" value="23"/>	YYYY <input type="text" value="2018"/>	Hour / Min <input type="text" value="1409"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text" value=""/>	<input type="text" value=""/>
		Clear <input checked="" type="checkbox"/>	MM <input type="text" value="04"/>	DD <input type="text" value="23"/>	YYYY <input type="text" value="2018"/>	Hour / Min <input type="text" value="1421"/>			<input type="checkbox"/> Other	<input type="text" value=""/>	<input type="text" value=""/>
Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken			
4999	Sean Guiney		<input checked="" type="checkbox"/>								
4661	Adam Meinhardt	Fire Suppr	<input checked="" type="checkbox"/>								
4515	Bryan J Miller	Fire Suppr	<input checked="" type="checkbox"/>								
03292	Selvin R Sotelo	Fire Suppr	<input checked="" type="checkbox"/>								
02545	Kevin L Kennedy	Fire Suppr	<input checked="" type="checkbox"/>								