

A		MM DD YYYY	Delete		NFIRS -1	
05006	MI	04 27	1	19-0001681	000	Basic
FDID *	State *	Incident Date *	Station	Incident Number *	Exposure *	
						<input type="checkbox"/> Change
						<input type="checkbox"/> No Activity
B Location*						
<input type="checkbox"/> 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 [] - []						
<input checked="" type="checkbox"/> Street address						
15921 EIGHT MILE						
Number/Milepost Prefix Street or Highway						
<input type="checkbox"/> Intersection						
<input type="checkbox"/> In front of						
<input type="checkbox"/> Rear of						
<input type="checkbox"/> Adjacent to						
<input type="checkbox"/> Directions						
Eastpointe MI 48021						
Apt./Suite/Room City State Zip Code						
Cross street or directions, as applicable						
C Incident Type *						
311 Medical assist, assist EMS crew						
Incident Type						
D Aid Given or Received*						
1 <input type="checkbox"/> Mutual aid received						
2 <input type="checkbox"/> Automatic aid recv.						
3 <input type="checkbox"/> Mutual aid given						
4 <input type="checkbox"/> Automatic aid given						
5 <input type="checkbox"/> Other aid given						
N <input checked="" type="checkbox"/> None						
Their FDID Their State						
Their Incident Number						
E1 Date & Times						
Midnight is 0000						
Check boxes if dates are the same as Alarm						
ALARM always required						
Date. Alarm * 04 27 2019 16:24:00						
ARRIVAL required, unless canceled or did not arrive						
<input checked="" type="checkbox"/> Arrival * 04 27 2019 16:30:00						
CONTROLLED Optional, Except for wildland fires						
<input type="checkbox"/> Controlled						
LAST UNIT CLEARED, required except for wildland fires						
<input checked="" type="checkbox"/> Last Unit						
Cleared 04 27 2019 16:40:00						
E2 Shift & Alarms						
Local Option						
2 IN						
Shift or Alarms District						
Platoon						
E3 Special Studies						
Local Option						
Special Study ID# Special Study Value						
F Actions Taken *						
33 Provide advanced life						
Primary Action Taken (1)						
Additional Action Taken (2)						
Additional Action Taken (3)						
G1 Resources *						
<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.						
Apparatus Personnel						
Suppression						
EMS 0002 0004						
Other						
<input type="checkbox"/> Check box if resource counts include aid received resources.						
G2 Estimated Dollar Losses & Values						
LOSSES: Required for all fires if known. Optional for non fires. None						
Property \$ 000,000						
Contents \$ 000,000						
PRE-INCIDENT VALUE: Optional						
Property \$ 000,000						
Contents \$ 000,000						
Completed Modules						
<input type="checkbox"/> Fire-2						
<input type="checkbox"/> Structure-3						
<input type="checkbox"/> Civil Fire Cas.-4						
<input type="checkbox"/> Fire Serv. Cas.-5						
<input type="checkbox"/> EMS-6						
<input type="checkbox"/> HazMat-7						
<input type="checkbox"/> Wildland Fire-8						
<input checked="" type="checkbox"/> Apparatus-9						
<input checked="" type="checkbox"/> Personnel-10						
<input type="checkbox"/> Arson-11						
H1* Casualties						
Deaths Injuries						
Fire Service						
Civilian						
H2 Detector						
Required for Confined Fires.						
1 <input type="checkbox"/> Detector alerted occupants						
2 <input type="checkbox"/> Detector did not alert them						
U <input type="checkbox"/> Unknown						
H3 Hazardous Materials Release						
N <input type="checkbox"/> None						
1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions						
2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)						
3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container						
4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage						
5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable						
6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only						
7 <input type="checkbox"/> Motor oil: from engine or portable container						
8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons						
0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form						
I Mixed Use Property						
NN <input type="checkbox"/> Not Mixed						
10 <input type="checkbox"/> Assembly use						
20 <input type="checkbox"/> Education use						
33 <input type="checkbox"/> Medical use						
40 <input type="checkbox"/> Residential use						
51 <input type="checkbox"/> Row of stores						
53 <input type="checkbox"/> Enclosed mall						
58 <input type="checkbox"/> Bus. & Residential						
59 <input type="checkbox"/> Office use						
60 <input type="checkbox"/> Industrial use						
63 <input type="checkbox"/> Military use						
65 <input type="checkbox"/> Farm use						
00 <input type="checkbox"/> Other mixed use						
J Property Use*						
Structures						
131 <input type="checkbox"/> Church, place of worship						
161 <input type="checkbox"/> Restaurant or cafeteria						
162 <input type="checkbox"/> Bar/Tavern or nightclub						
213 <input type="checkbox"/> Elementary school or kindergarten						
215 <input type="checkbox"/> High school or junior high						
241 <input type="checkbox"/> College, adult education						
311 <input type="checkbox"/> Care facility for the aged						
331 <input type="checkbox"/> Hospital						
Outside						
124 <input type="checkbox"/> Playground or park						
655 <input type="checkbox"/> Crops or orchard						
669 <input type="checkbox"/> Forest (timberland)						
807 <input type="checkbox"/> Outdoor storage area						
919 <input type="checkbox"/> Dump or sanitary landfill						
931 <input type="checkbox"/> Open land or field						
341 <input type="checkbox"/> Clinic, clinic type infirmary						
342 <input type="checkbox"/> Doctor/dentist office						
361 <input type="checkbox"/> Prison or jail, not juvenile						
419 <input type="checkbox"/> 1-or 2-family dwelling						
429 <input type="checkbox"/> Multi-family dwelling						
439 <input type="checkbox"/> Rooming/boarding house						
449 <input type="checkbox"/> Commercial hotel or motel						
459 <input type="checkbox"/> Residential, board and care						
464 <input type="checkbox"/> Dormitory/barracks						
519 <input type="checkbox"/> Food and beverage sales						
936 <input type="checkbox"/> Vacant lot						
938 <input type="checkbox"/> Graded/care for plot of land						
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						
539 <input type="checkbox"/> Household goods, sales, repairs						
579 <input type="checkbox"/> Motor vehicle/boat sales/repair						
571 <input type="checkbox"/> Gas or service station						
599 <input type="checkbox"/> Business office						
615 <input type="checkbox"/> Electric generating plant						
629 <input type="checkbox"/> Laboratory/science lab						
700 <input type="checkbox"/> Manufacturing plant						
819 <input type="checkbox"/> Livestock/poultry storage (barn)						
882 <input type="checkbox"/> Non-residential parking garage						
891 <input type="checkbox"/> Warehouse						
981 <input type="checkbox"/> Construction site						
984 <input type="checkbox"/> Industrial plant yard						
Lookup and enter a Property Use code only if you have NOT checked a Property Use box:						
Property Use 340						
Clinics, doctors offices,						
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

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

☐

Same as person involved? Then check this box and skip The rest of this section.

L

Remarks

Local Option

04/27/19 16:23:39

ASSIST MEDSTAR WITH PT CARE.

L

Authorization

LTSA01

LT. SAVALLE, WILLIAM

LT

04

27

2019

Officer in charge ID

Signature

Position or rank

Assignment

Month

Day

Year

☒

Check Box if same as Officer in charge.

LTSA01

LT. SAVALLE, WILLIAM

LT

04

27

2019

Member making report ID

Signature

Position or rank

Assignment

Month

Day

Year

05006	MI	MM	DD	YYYY	1	19-0001681	000
FDID *	State *	Incident	Date *		Station	Incident Number *	Exposure *

Complete
Narrative

Narrative:

04/27/19 16:23:39

25 YO FEMALE, CONSC/BREATHING. TACHACARDIA, POSS UTERIAN PERFERIATION.

ASSIST MEDSTAR WITH PT CARE.

A

05006

MI

4

27

2019

1

19-0001681

000

Delete

Change

FDID

State

Incident Date

Station

Incident Number

Exposure

NFIRS - 9
Apparatus or
Resources

B

Apparatus or *
Resource

Date and Times
Check if same as alarm date
Month Day Year Hour Min

Sent
☒

Number
of *
People
4

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

Actions Taken

1

ID
Type

Dispatch ☒ 4 27 2019 16:24
Arrival ☒ 4 27 2019 16:30
Clear ☒ 4 27 2019 16:45

☒

4

☐ Suppression
☒ EMS
☐ Other

2

ID
Type

Dispatch ☒ 4 27 2019 16:24
Arrival ☒ 4 27 2019 16:30
Clear ☒ 4 27 2019 16:45

☒

0

☐ Suppression
☒ EMS
☐ Other

3

ID
Type

Dispatch ☐
Arrival ☐
Clear ☐

☐

☐ Suppression
☐ EMS
☐ Other

4

ID
Type

Dispatch ☐
Arrival ☐
Clear ☐

☐

☐ Suppression
☐ EMS
☐ Other

5

ID
Type

Dispatch ☐
Arrival ☐
Clear ☐

☐

☐ Suppression
☐ EMS
☐ Other

6

ID
Type

Dispatch ☐
Arrival ☐
Clear ☐

☐

☐ Suppression
☐ EMS
☐ Other

7

ID
Type

Dispatch ☐
Arrival ☐
Clear ☐

☐

☐ Suppression
☐ EMS
☐ Other

8

ID
Type

Dispatch ☐
Arrival ☐
Clear ☐

☐

☐ Suppression
☐ EMS
☐ Other

9

ID
Type

Dispatch ☐
Arrival ☐
Clear ☐

☐

☐ Suppression
☐ EMS
☐ Other

Type of Apparatus or Resources

Ground Fire Suppression

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

Heavy Ground Equipment

21 Dozer or plow

22 Tractor

24 Tanker or tender

20 Heavy equipment, other

Aircraft

41 Aircraft: fixed wing tanker

42 Helitanker

43 Helicopter

40 Aircraft, other

Marine Equipment

51 Fire boat with pump

52 Boat, no pump

50 Marine apparatus, other

Support Equipment

61 Breathing apparatus support

62 Light and air unit

60 Support apparatus, other

Medical & Rescue

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

More Apparatus?
Use Additional
Sheets

Other

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

NFIRS-9 Revision 11/17/98

Fire Department 05006 04/27/2019 19-0001681

A

FDID

05006

*

State

MI

*

Incident Date

MM

4

DD

27

YYYY

2019

*

Station

1

Incident Number

19-0001681

*

Exposure

000

*

☐ Delete
 ☐ Change

NFIRS - 10
Personnel

B Apparatus or Resource

Use codes listed below

ID

E-1

Type

11

Date and Times
 Check if same as alarm date
 Month Day Year Hours/mins
 Dispatch ☒ 4 27 2019 16:24
 Arrival ☒ 4 27 2019 16:30
 Clear ☒ 4 27 2019 16:45

Sent ☒

Number of People 4

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.

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
FRATTINI LTSA01 RUTH SGTC01	FRATTINI, JASON LT. SAVALLE, WILLIAM RUTH, JAKE SGT. CLARK, JASON	FFP LT PR SGT	X X X X				

2

ID

MEDSTR

Type

76

Dispatch ☒ 4 27 2019 16:24
 Arrival ☒ 4 27 2019 16:30
 Clear ☒ 4 27 2019 16:45

Sent ☒

Number of People 0

☐ Suppression
☒ EMS
☐ Other

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

3

ID

Type

Dispatch ☐ ☐ ☐ ☐ ☐
 Arrival ☐ ☐ ☐ ☐ ☐
 Clear ☐ ☐ ☐ ☐ ☐

Sent ☐

☐ Suppression
☐ EMS
☐ Other

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"/>				