

**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

Intersection

In front of

Rear of

Adjacent to

Directions

US National Grid

**C IncidentType**

Incident Type

**E1 Dates and Times** Midnight is 0000

Month Day Year Hour/Min

Check boxes if dates are the same as Alarm Date. Alarm  ALARM always required

Arrival  ARRIVAL required, unless canceled or did not arrive

Controlled

Last Unit Cleared

CONTROLLED optional, except for wildland fires

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

Mutual aid received

Auto. aid received

Mutual aid given

Auto. aid given

Other aid given

Their FDID  Their State

Their Incident Number

**E3 Special Studies** Local option

**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

EMS

Other

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

Civilian

**H2 Detector** Required for confined fires.

Detector alerted occupants

Detector did not alert them

Unknown

**H3 Hazardous Materials Release**  None

Natural gas: slow leak, no evacuation or HazMat actions

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

Gasoline: vehicle fuel tank or portable container

Kerosene: fuel burning equipment or portable storage

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

Household solvents: home/office spill, cleanup only

Motor oil: from engine or portable container

Paint: from paint cans totaling < 55 gallons

Other: special HazMat action required or spill > 55 gal

(Please complete the HazMat form.)

**I Mixed Use Property**  Not mixed

Assembly use

Education use

Medical use

Residential use

Row of stores

Enclosed mall

Business & residential

Office use

Industrial use

Military use

Farm use

Other mixed use

**J Property Use**  None

**Structures**

131  Church, place of worship

161  Restaurant or cafeteria

162  Bar/tavern or nightclub

213  Elementary school, kindergarten

215  High school, junior high

241  College, adult education

311  Nursing home

331  Hospital

341  Clinic, clinic-type infirmary

342  Doctor/dentist office

361  Prison or jail, not juvenile

419  1- or 2-family dwelling

429  Multifamily dwelling

439  Rooming/boarding house

449  Commercial hotel or motel

459  Residential, board and care

464  Dormitory/barracks

519  Food and beverage sales

539  Household goods, sales, repairs

571  Gas or service station

579  Motor vehicle/boat sales/repairs

599  Business office

615  Electric-generation plant

629  Laboratory/science laboratory

700  Manufacturing plant

819  Livestock/poultry storage (barn)

882  Non-residential parking garage

891  Warehouse

**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

936  Vacant lot

938  Graded/cared for plot of land

946  Lake, river, stream

951  Railroad right-of-way

960  Other street

961  Highway/divided highway

962  Residential street/driveway

981  Construction site

984  Industrial plant yard

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

Property Use  Code

Property Use Description

<b>A</b>	<input type="text" value="19025"/> FDID	<input type="text" value="CA"/> State	<input type="text" value="11"/> MM	<input type="text" value="04"/> DD	<input type="text" value="2015"/> YYYY	<input type="text" value="ST3"/> Station	<input type="text" value="2015-00006100"/> Incident Number	<input type="text" value="000"/> Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 1 BASIC</b>
----------	--	--	---------------------------------------	---------------------------------------	---	---	---	--	--	----------------------------

**K2 Owner**  Same as person involved? Then check this box and skip the rest of this block.

Local Option  Business Name (if applicable) \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Check this box if same address as incident Location (Section B). 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  -

**M Authorization**

Check box if same as Officer in charge.

<input type="text" value="01514"/> Officer in charge ID	<input type="text"/> Signature	David Perusse	<input type="text" value="Fire Captain"/> Position or rank	<input type="text" value="Fire Suppress"/> Assignment	<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year
<input type="text" value="01514"/> Member making report ID	<input type="text"/> Signature	David Perusse	<input type="text" value="Fire Captain"/> Position or rank	<input type="text" value="Fire Suppress"/> Assignment	<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year

<b>A</b>	<input type="text" value="19025"/> FDID	<input type="text" value="CA"/> State	<input type="text" value="11"/> MM	<input type="text" value="04"/> DD	<input type="text" value="2015"/> YYYY	<input type="text" value="ST3"/> Station	<input type="text" value="2015-00006100"/> Incident Number	<input type="text" value="000"/> Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 1 BASIC</b>
----------	--	--	---------------------------------------	---------------------------------------	---	---	---	--	--	----------------------------

**L Remarks**

Local Option

See EMS report for details

**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="E3"/> ★ Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="11"/>	<input type="text" value="04"/>	<input type="text" value="2015"/>	<input type="text" value="2349"/>	<input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
2 ID <input type="text" value="R3"/> ★ Type <input type="text" value="76"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="11"/>	<input type="text" value="04"/>	<input type="text" value="2015"/>	<input type="text" value="2349"/>	<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"/>
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><b>Apparatus or Resource Type</b></p> <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 and pumper combination</li> <li>16 Brush truck</li> <li>17 ARFF (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 ground 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>53 Marine equipment, 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 and Rescue</b></p> <ul style="list-style-type: none"> <li>71 Rescue unit</li> <li>72 Urban search and 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> <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 II hand crew</li> <li>99 Privately owned vehicle</li> <li>00 Other apparatus / resources</li> </ul>	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>More Apparatus? Use additional</p> </div> <p>NN None UU Undetermined</p>
--	--	--	--

**A** FDID  State  Incident Date    Station  Incident Number  Exposure   Delete  Change

**NFIRS - 10 PERSONNEL**

**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**  Suppression  EMS  Other  
 Check ONE box for each apparatus to indicate its main use at this incident

**Actions Taken** List up to 4 actions for each apparatus

ID  Dispatch       
 Arrival         
 Clear

☆ Type

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
03690	Karen Gutierrez	Fire Admin	<input checked="" type="checkbox"/>				
03688	Mitch A Furman	Fire Suppr	<input checked="" type="checkbox"/>				
03255	Geoffrey R Ertel	Fire Suppr	<input checked="" type="checkbox"/>				
01514	David J Perusse	Fire Suppr	<input checked="" type="checkbox"/>				

ID  Dispatch       
 Arrival         
 Clear

☆ Type

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
03004	Scott H Marquez	Fire Suppr	<input checked="" type="checkbox"/>				
02731	Shane M Sennett	Fire Suppr	<input checked="" type="checkbox"/>				