

A		FDID 25035 *	State MA *	Incident Date 01/31/2016 *	Station	Incident Number 16-0006286 *	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 *		Incident Type 600 Good intent call, Other		E1 Date & Times Midnight is 0000				E2 Shift & Alarms	
D Aid Given or Received *		Their FDID Their State		Check boxes if dates are the same as Alarm Date. ALARM always required				Local Option	
1 <input type="checkbox"/> Mutual aid received				Month Day Year Hr Min Sec				<input type="checkbox"/> <input type="checkbox"/> 11	
2 <input type="checkbox"/> Automatic aid recv.				Alarm * 01/31/2016 09:59:18				Shift or Alarms District	
3 <input type="checkbox"/> Mutual aid given				ARRIVAL required, unless canceled or did not arrive				Platoon	
4 <input type="checkbox"/> Automatic aid given				<input checked="" type="checkbox"/> Arrival * 01/31/2016 10:02:46				E3 Special Studies	
5 <input type="checkbox"/> Other aid given		Their Incident Number		<input type="checkbox"/> Controlled				Local Option	
N <input checked="" type="checkbox"/> None				LAST UNIT CLEARED, required except for wildland fires				Special Study ID# Special Study Value	
F Actions Taken *		Primary Action Taken (1) 73 Provide manpower		G1 Resources *				G2 Estimated Dollar Losses & Values	
Additional Action Taken (2) 74 Provide apparatus		Additional Action Taken (3) 75 Provide equipment		<input 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	
				Apparatus Personnel				Property \$ <input type="checkbox"/> , <input type="checkbox"/> 000 , <input type="checkbox"/> 000 <input type="checkbox"/>	
				Suppression 0002				Contents \$ <input type="checkbox"/> , <input type="checkbox"/> 000 , <input type="checkbox"/> 000 <input type="checkbox"/>	
				EMS				PRE-INCIDENT VALUE: Optional	
				Other				Property \$ <input type="checkbox"/> , <input type="checkbox"/> 000 , <input type="checkbox"/> 000 <input type="checkbox"/>	
				<input type="checkbox"/> Check box if resource counts include aid received resources.				Contents \$ <input type="checkbox"/> , <input type="checkbox"/> 000 , <input type="checkbox"/> 000 <input type="checkbox"/>	
Completed Modules		H1* Casualties <input type="checkbox"/> None		H3 Hazardous Materials Release				I Mixed Use Property	
<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 <input type="checkbox"/> <input type="checkbox"/>		1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions				10 <input type="checkbox"/> Assembly use	
<input type="checkbox"/> Civil Fire Cas.-4		Civilian <input type="checkbox"/> <input type="checkbox"/>		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		H2 Detector		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 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		9 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form				60 <input type="checkbox"/> Industrial use	
J Property Use* Structures				341 <input type="checkbox"/> Clinic, clinic type infirmary				63 <input type="checkbox"/> Military use	
131 <input type="checkbox"/> Church, place of worship				342 <input type="checkbox"/> Doctor/dentist office				65 <input type="checkbox"/> Farm use	
161 <input type="checkbox"/> Restaurant or cafeteria				361 <input type="checkbox"/> Prison or jail, not juvenile				882 <input type="checkbox"/> Non-residential parking garage	
162 <input type="checkbox"/> Bar/Tavern or nightclub				419 <input type="checkbox"/> 1-or 2-family dwelling				891 <input type="checkbox"/> Warehouse	
213 <input type="checkbox"/> Elementary school or kindergarten				429 <input type="checkbox"/> Multi-family dwelling				981 <input type="checkbox"/> Construction site	
215 <input type="checkbox"/> High school or junior high				439 <input type="checkbox"/> Rooming/boarding house				984 <input type="checkbox"/> Industrial plant yard	
241 <input type="checkbox"/> College, adult education				449 <input type="checkbox"/> Commercial hotel or motel				Lookup and enter a Property Use code only if you have NOT checked a Property Use box:	
311 <input type="checkbox"/> Care facility for the aged				459 <input type="checkbox"/> Residential, board and care				Property Use 340	
331 <input type="checkbox"/> Hospital				464 <input type="checkbox"/> Dormitory/barracks				Clinics, doctors offices, hospital	
Outside				519 <input type="checkbox"/> Food and beverage sales				NFIRS-1 Revision 03/11/99	
124 <input type="checkbox"/> Playground or park				539 <input type="checkbox"/> Household goods, sales, repairs					
655 <input type="checkbox"/> Crops or orchard				579 <input type="checkbox"/> Motor vehicle/boat sales/repair					
669 <input type="checkbox"/> Forest (timberland)				599 <input type="checkbox"/> Gas or service station					
807 <input type="checkbox"/> Outdoor storage area				615 <input type="checkbox"/> Electric generating plant					
919 <input type="checkbox"/> Dump or sanitary landfill				629 <input type="checkbox"/> Laboratory/science lab					
931 <input type="checkbox"/> Open land or field				700 <input type="checkbox"/> Manufacturing plant					
				819 <input type="checkbox"/> Livestock/poultry storage (barn)					
				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					

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

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

L14 and E41 investigated elevator.
 No one in elevator. Elevator clear.
 Transferred command to BPD.

L Authorization

Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. Member making report ID Signature Position or rank Assignment Month Day Year

25035
FDID *

MA
State *

MM DD
1 31
Incident Date *

YYYY
2016

Station

16-0006286
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

L14 and E41 investigated elevator.
No one in elevator. Elevator clear.
Transferred command to BPD.

A FDID 25035 * State MA * Incident Date 1 31 2016 * Station 16-0006286 * 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>1</u>	<u>31</u>	<u>2016</u>	<u>09:59</u>	<input checked="" type="checkbox"/>		
				<u>1</u>	<u>31</u>	<u>2016</u>	<u>10:02</u>	<input checked="" type="checkbox"/>		
				<u>1</u>	<u>31</u>	<u>2016</u>	<u>10:20</u>	<input checked="" type="checkbox"/>		
<u>2</u> ID <u>L14</u> Type <u> </u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1</u>	<u>31</u>	<u>2016</u>	<u>09:59</u>	<input checked="" type="checkbox"/>		
				<u>1</u>	<u>31</u>	<u>2016</u>	<u>10:02</u>	<input checked="" type="checkbox"/>		
								<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 1 31 2016 * Station 16-0006286 Incident Number * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

Month Day Year Hours/mins

1 ID E41 Dispatch 1 31 2016 09:59 Sent 0 Suppression EMS Other

Type 11 Arrival 1 31 2016 10:02 Clear 1 31 2016 10:20

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"/>				

2 ID L14 Dispatch 1 31 2016 09:59 Sent 0 Suppression EMS Other

Type 12 Arrival 1 31 2016 10:02 Clear 1 31 2016 10:22

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"/>				

3 ID Dispatch Sent Suppression EMS Other

Type Arrival Clear

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"/>				

25035
FDID

MA
State

1 31
Incident Date

2016

Station

16-0006286
Incident Number

000
Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
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E41 Engine 41	09:59:18	10:00:40	10:02:57	10:20:51
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Staff ID\Staff Name	Activity	Rank	Position	Role
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L14 Ladder 14	09:59:18	10:00:28	10:02:46	10:22:44
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Staff ID\Staff Name	Activity	Rank	Position	Role
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25035
FDID *

MA
State *

MM DD
1 31
Incident Date *

YYYY
2016

Station

16-0006286000000000
Incident Number * Exposure *

NFIRS - Incident
User Fields

Empty form area for incident details.