

<b>A</b>		FDID <b>25035</b> *	State <b>MA</b> *	Incident Date <b>08/04/2016</b> *	Station	Incident Number <b>16-0050661</b> *	Exposure <b>000</b> *	<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		Number/Milepost <b>1055</b>	Prefix	Street or Highway <b>COMMONWEALTH</b>	Street Type <b>AVE</b>	Suffix			
<input type="checkbox"/> Intersection									
<input type="checkbox"/> In front of									
<input type="checkbox"/> Rear of		Apt./Suite/Room	City <b>BOSTON</b>	State <b>MA</b>	Zip Code <b>02215</b>				
<input type="checkbox"/> Adjacent to									
<input type="checkbox"/> Directions		Cross street or directions, as applicable							
<b>C Incident Type *</b>		Incident Type <b>900</b>   Special type of incident, Other		<b>E1 Date &amp; Times</b> Midnight is 0000				<b>E2 Shift &amp; Alarms</b>	
<b>D Aid Given or Received *</b>		1 <input type="checkbox"/> Mutual aid received		Check boxes if dates are the same as Alarm Date.				Local Option	
2 <input type="checkbox"/> Automatic aid rcv.		3 <input type="checkbox"/> Mutual aid given		Month <b>08</b> Day <b>04</b> Year <b>2016</b> Hr <b>11</b> Min <b>31</b> Sec <b>34</b>				Shift or Alarms District	
4 <input type="checkbox"/> Automatic aid given		5 <input type="checkbox"/> Other aid given		ARRIVAL required, unless canceled or did not arrive				Platoon	
N <input checked="" type="checkbox"/> None		Their FDID Their State		<input checked="" type="checkbox"/> Arrival * <b>08/04/2016 11:31:35</b>				<b>E3 Special Studies</b>	
		Their Incident Number		<input type="checkbox"/> Controlled				Local Option	
				LAST UNIT CLEARED, required except for wildland fires				Special Study ID# Special Study Value	
				<input checked="" type="checkbox"/> Last Unit Cleared <b>08/04/2016 11:49:19</b>					
<b>F Actions Taken *</b>		<b>G1 Resources *</b>		<b>G2 Estimated Dollar Losses &amp; Values</b>					
81 Incident command		Apparatus Personnel		LOSSES: Required for all fires if known. Optional for non fires. None					
Primary Action Taken (1)		Suppression <b>0001</b>		Property \$ _____, _____, _____ <input type="checkbox"/>					
Additional Action Taken (2)		EMS		Contents \$ _____, _____, _____ <input type="checkbox"/>					
Additional Action Taken (3)		Other		PRE-INCIDENT VALUE: Optional					
		<input type="checkbox"/> Check box if resource counts include aid received resources.		Property \$ _____, _____, _____ <input type="checkbox"/>					
				Contents \$ _____, _____, _____ <input type="checkbox"/>					
<b>Completed Modules</b>		<b>H1* Casualties</b> <input type="checkbox"/> None		<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 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	
								63 <input type="checkbox"/> Military use	
								65 <input type="checkbox"/> Farm use	
								00 <input type="checkbox"/> Other mixed use	
<b>J Property Use* Structures</b>		341 <input type="checkbox"/> Clinic, clinic type infirmary		539 <input type="checkbox"/> Household goods, sales, repairs					
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office		579 <input type="checkbox"/> Motor vehicle/boat sales/repair					
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile		571 <input type="checkbox"/> Gas or service station					
162 <input type="checkbox"/> Bar/Tavern or nightclub		419 <input type="checkbox"/> 1-or 2-family dwelling		599 <input type="checkbox"/> Business office					
213 <input type="checkbox"/> Elementary school or kindergarten		429 <input type="checkbox"/> Multi-family dwelling		615 <input type="checkbox"/> Electric generating plant					
215 <input type="checkbox"/> High school or junior high		439 <input type="checkbox"/> Rooming/boarding house		629 <input type="checkbox"/> Laboratory/science lab					
241 <input type="checkbox"/> College, adult education		449 <input type="checkbox"/> Commercial hotel or motel		700 <input type="checkbox"/> Manufacturing plant					
311 <input type="checkbox"/> Care facility for the aged		459 <input type="checkbox"/> Residential, board and care		819 <input type="checkbox"/> Livestock/poultry storage (barn)					
331 <input type="checkbox"/> Hospital		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					
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		Lookup and enter a Property Use code only if you have NOT checked a Property Use box:					
669 <input type="checkbox"/> Forest (timberland)		951 <input type="checkbox"/> Railroad right of way		Property Use <b>340</b>					
807 <input type="checkbox"/> Outdoor storage area		960 <input type="checkbox"/> Other street		<b>Clinics, doctors offices, hospital</b>					
919 <input type="checkbox"/> Dump or sanitary landfill		961 <input type="checkbox"/> Highway/divided highway		NFIRS-1 Revision 03/11/99					
931 <input type="checkbox"/> Open land or field		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**  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

Ladder 14 received a tour of the Planned Parenthood clinic by the building's security personnel. They showed the Ladder 14 crew the exits, stairwells, alarm panels, parking garage, boiler room, fire pump room, roof access, elevators and elevator machine rooms.

**L Authorization**

|099454| |Hernandez, Jonathan H| |FLT| |L14| |08| |04| |2016|  
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if  same as Officer in charge. |099454| |Hernandez, Jonathan H| |FLT| |L14| |08| |04| |2016|  
Member making report ID Signature Position or rank Assignment Month Day Year

25035  
FDID \*

MA  
State \*

MM DD  
8 4  
Incident Date \*

YYYY  
2016

Station

16-0050661  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

Ladder 14 received a tour of the Planned Parenthood clinic by the building's security personnel. They showed the Ladder 14 crew the exits, stairwells, alarm panels, parking garage, boiler room, fire pump room, roof access, elevators and elevator machine rooms.

<b>A</b>		FDID <b>25035</b> *	State <b>MA</b> *	MM <b>8</b> DD <b>4</b> YYYY <b>2016</b>	Station	Incident Number <b>16-0050661</b> *	Exposure <b>000</b> *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources
<b>B</b>	<b>Apparatus or * Resource</b>	<b>Date and Times</b> Check if same as alarm date Month Day Year Hour Min			<b>Sent</b> <input checked="" type="checkbox"/>	<b>Number of * People</b> 0	<b>Use</b> Check ONE box for each apparatus to indicate its main use at the incident.	<b>Actions Taken</b>	
1	ID <b>L14</b> Type <b>12</b>	Dispatch <input checked="" type="checkbox"/>	8	4	2016	11:31	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
		Arrival <input checked="" type="checkbox"/>	8	4	2016	11:31	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	
		Clear <input checked="" type="checkbox"/>	8	4	2016	11:49	<input type="checkbox"/> Other		
2	ID Type	Dispatch <input checked="" type="checkbox"/>	8	4	2016	11:31	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
		Arrival <input checked="" type="checkbox"/>	8	4	2016	11:31	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	
		Clear <input type="checkbox"/>					<input type="checkbox"/> Other		
	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
		Arrival <input type="checkbox"/>					<input type="checkbox"/> EMS	<input type="checkbox"/> Other	
		Clear <input type="checkbox"/>					<input type="checkbox"/> Other		
	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
		Arrival <input type="checkbox"/>					<input type="checkbox"/> EMS	<input type="checkbox"/> Other	
		Clear <input type="checkbox"/>					<input type="checkbox"/> Other		
	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
		Arrival <input type="checkbox"/>					<input type="checkbox"/> EMS	<input type="checkbox"/> Other	
		Clear <input type="checkbox"/>					<input type="checkbox"/> Other		
	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
		Arrival <input type="checkbox"/>					<input type="checkbox"/> EMS	<input type="checkbox"/> Other	
		Clear <input type="checkbox"/>					<input type="checkbox"/> Other		
	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
		Arrival <input type="checkbox"/>					<input type="checkbox"/> EMS	<input type="checkbox"/> Other	
		Clear <input type="checkbox"/>					<input type="checkbox"/> 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

**A** FDID 25035 \* State MA \* Incident Date 8 4 2016 \* Station            Incident Number 16-0050661 \* 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 L14 Dispatch  8 4 2016 11:31 Sent  0  Suppression  EMS  Other      

Type 12 Arrival  8 4 2016 11:31 Clear  8 4 2016 11:49

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"/>				

**2** 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"/>				

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

8 4  
Incident Date

2016

Station

16-0050661  
Incident Number

000  
Exposure

Responding  
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
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L14 Ladder 14	11:31:34	11:31:34	11:31:35	11:49:19
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Staff ID\Staff Name	Activity	Rank	Position	Role
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25035  
FDID \*

MA  
State \*

MM DD  
8 4  
Incident Date \*

YYYY  
2016

Station

16-005066100000000000  
Incident Number \* Exposure \*

NFIRS - Incident  
User Fields

Empty form area for incident details.