

A		MM DD YYYY 03 27 2015	1	15-0000577	000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
FDID * 18007		State * OH	Incident Date *	Station	Incident Number *	Exposure *	
B Location*							
<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract 1331 - 00 Module in Section B "Alternative Location Specification". Use only for Wildland Fires.							
<input checked="" type="checkbox"/> Street address		25350	Rockside E. of I-271	RD			
<input type="checkbox"/> Intersection		Number/Milepost	Prefix Street or Highway	Street Type	Suffix		
<input type="checkbox"/> In front of			Bedford Hts.	OH	44146		
<input type="checkbox"/> Rear of		Apt./Suite/Room	City	State	Zip Code		
<input type="checkbox"/> Adjacent to							
<input type="checkbox"/> Directions		Cross street or directions, as applicable					
C Incident Type *			E1 Date & Times			E2 Shift & Alarms	
321 EMS call, excluding vehicle			Midnight is 0000			Local Option	
Incident Type			Check boxes if dates are the same as Alarm Date. ALARM always required			Shift or Alarms District Platoon	
D Aid Given or Received*			Alarm * 03 27 2015 11:22:00			A 2	
1 <input type="checkbox"/> Mutual aid received			ARRIVAL required, unless canceled or did not arrive			Special Studies	
2 <input type="checkbox"/> Automatic aid recv.			X Arrival * 03 27 2015 11:25:00			Local Option	
3 <input type="checkbox"/> Mutual aid given			CONTROLLED Optional, except for wildland fires			Special Study ID# Special Study Value	
4 <input type="checkbox"/> Automatic aid given			<input type="checkbox"/> Controlled				
5 <input type="checkbox"/> Other aid given			LAST UNIT CLEARED, required except for wildland fires				
N X None			X Last Unit Cleared 03 27 2015 12:05:00				
F Actions Taken *			G1 Resources *			G2 Estimated Dollar Losses & Values	
33 Provide advanced life			X 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	
Primary Action Taken (1)			Apparatus Personnel			Property \$ 000,000	
Additional Action Taken (2)			Suppression			Contents \$ 000,000	
Additional Action Taken (3)			EMS 0001 0003			PRE-INCIDENT VALUE: Optional	
			Other			Property \$ 000,000	
			<input type="checkbox"/> Check box if resource counts include aid received resources.			Contents \$ 000,000	
Completed Modules		H1* Casualties		H3 Hazardous Materials Release		I Mixed Use Property	
<input type="checkbox"/> Fire-2		None		N None		NN Not Mixed	
<input type="checkbox"/> Structure-3		Deaths Injuries		1 Natural Gas: slow leak, no evacuation or HazMat actions		10 Assembly use	
<input type="checkbox"/> Civil Fire Cas.-4		Fire Service		2 Propane gas: <21 lb. tank (as in home BBQ grill)		20 Education use	
<input type="checkbox"/> Fire Serv. Cas.-5		Civilian		3 Gasoline: vehicle fuel tank or portable container		33 Medical use	
<input type="checkbox"/> EMS-6		H2 Detector		4 Kerosene: fuel burning equipment or portable storage		40 Residential use	
<input type="checkbox"/> HazMat-7		Required for Confined Fires.		5 Diesel fuel/fuel oil: vehicle fuel tank or portable		51 Row of stores	
<input type="checkbox"/> Wildland Fire-8		1 <input type="checkbox"/> Detector alerted occupants		6 Household solvents: home/office spill, cleanup only		53 Enclosed mall	
<input checked="" type="checkbox"/> Apparatus-9		2 <input type="checkbox"/> Detector did not alert them		7 Motor oil: from engine or portable container		58 Bus. & Residential	
<input checked="" type="checkbox"/> Personnel-10		U <input type="checkbox"/> Unknown		8 Paint: from paint cans totaling < 55 gallons		59 Office use	
<input type="checkbox"/> Arson-11				0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form		60 Industrial use	
						63 Military use	
						65 Farm use	
						00 Other mixed use	
J Property Use* Structures			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/boarded 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	
Outside			519 <input type="checkbox"/> Food and beverage sales			891 <input type="checkbox"/> Warehouse	
124 <input type="checkbox"/> Playground or park			936 <input type="checkbox"/> Vacant lot			981 <input type="checkbox"/> Construction site	
655 <input type="checkbox"/> Crops or orchard			938 <input type="checkbox"/> Graded/care for plot of land			984 <input type="checkbox"/> Industrial plant yard	
669 <input type="checkbox"/> Forest (timberland)			946 <input type="checkbox"/> Lake, river, stream			Lookup and enter a Property Use code only if you have NOT checked a Property Use box:	
807 <input type="checkbox"/> Outdoor storage area			951 <input type="checkbox"/> Railroad right of way			Property Use 340	
919 <input type="checkbox"/> Dump or sanitary landfill			960 <input type="checkbox"/> Other street			Clinics, doctors offices,	
931 <input type="checkbox"/> Open land or field			961 <input type="checkbox"/> Highway/divided highway			NFIRS-1 Revision 03/11/99	
			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

On 03/27/2015 at 11:22:00 dispatched To 25350 Rockside E. of I-271 RD /Bedford Hts., OH 44146. The location is a Clinics, doctors offices, hemodialysis cntr, other. The incident was determined to be a(n) EMS call, excluding vehicle accident with injury.

11:25:00 arrived on scene.

The following actions were performed on scene:

Provide advanced life support (ALS)

Units responding were:

Unit RS-6 responded.

12:05:00 all units back in service.

L Authorization

2730 | Suhay, Dennis | FF/P | | 03 | 27 | 2015
 Officer in charge ID | Signature | Position or rank | Assignment | Month | Day | Year

Check Box if same as Officer in charge. 2730 | Suhay, Dennis | FF/P | | 03 | 27 | 2015
 Member making report ID | Signature | Position or rank | Assignment | Month | Day | Year

A		MM DD YYYY 05 11 2015	1	15-000845	000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic	
18007 FDID *	OH State *	Incident Date *	Station	Incident Number *	Exposure *			
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.								
<input checked="" type="checkbox"/> Street address		25350	Rockside E. of I-271	RD		Census Tract 1331 - 00		
<input type="checkbox"/> Intersection	Number/Milepost Prefix		Street or Highway	Street Type		Suffix		
<input type="checkbox"/> In front of			Bedford Hts.	OH	44146			
<input type="checkbox"/> Rear of	Apt./Suite/Room		City	State	Zip Code			
<input type="checkbox"/> Adjacent to								
<input type="checkbox"/> Directions	Cross street or directions, as applicable							
C Incident Type *			E1 Date & Times			E2 Shift & Alarms		
321 EMS call, excluding vehicle			Midnight is 0000			Local Option		
Incident Type			Check boxes if dates are the same as Alarm Date.			Shift or Platoon		
D Aid Given or Received*			ALARM always required			Alarms District		
1 <input type="checkbox"/> Mutual aid received			Month Day Year Hr Min Sec			A 2		
2 <input type="checkbox"/> Automatic aid recv.			Alarm * 05 11 2015 11:25:00			ARRIVAL required, unless canceled or did not arrive		
3 <input type="checkbox"/> Mutual aid given			<input checked="" type="checkbox"/> Arrival * 05 11 2015 11:27:00			CONTROLLED Optional, Except for wildland fires		
4 <input type="checkbox"/> Automatic aid given			<input checked="" type="checkbox"/> Controlled 05 11 2015 11:51:00			LAST UNIT CLEARED, required except for wildland fires		
5 <input type="checkbox"/> Other aid given			<input checked="" type="checkbox"/> Last Unit			E3 Special Studies		
N <input checked="" type="checkbox"/> None			<input checked="" type="checkbox"/> Cleared 05 11 2015 11:51:00			Local Option		
						Special Study ID# Special Study Value		
F Actions Taken *			G1 Resources *			G2 Estimated Dollar Losses & Values		
33 Provide advanced life			<input checked="" 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		
Primary Action Taken (1)			Apparatus Personnel			Property \$ 000,000		
Additional Action Taken (2)			Suppression			Contents \$ 000,000		
Additional Action Taken (3)			EMS 0001 0003			PRE-INCIDENT VALUE: Optional		
			Other			Property \$ 000,000		
			<input type="checkbox"/> Check box if resource counts include aid received resources.			Contents \$ 000,000		
Completed Modules		H1* Casualties		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		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		H2 Detector		3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container		33 <input type="checkbox"/> Medical use		
<input type="checkbox"/> EMS-6		Required for Confined Fires.		4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage		40 <input type="checkbox"/> Residential use		
<input type="checkbox"/> HazMat-7		1 <input type="checkbox"/> Detector alerted occupants		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		2 <input type="checkbox"/> Detector did not alert them		6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only		53 <input type="checkbox"/> Enclosed mall		
<input checked="" type="checkbox"/> Apparatus-9		U <input type="checkbox"/> Unknown		7 <input type="checkbox"/> Motor oil: from engine or portable container		58 <input type="checkbox"/> Bus. & Residential		
<input checked="" type="checkbox"/> Personnel-10				8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons		59 <input type="checkbox"/> Office use		
<input type="checkbox"/> Arson-11				0 <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		
						66 <input type="checkbox"/> Other mixed use		
						00		
J Property Use*			Structures			Outside		
131 <input type="checkbox"/> Church, place of worship			341 <input type="checkbox"/> Clinic, clinic type infirmary			936 <input type="checkbox"/> Vacant lot		
161 <input type="checkbox"/> Restaurant or cafeteria			342 <input type="checkbox"/> Doctor/dentist office			938 <input type="checkbox"/> Graded/care for plot of land		
162 <input type="checkbox"/> Bar/Tavern or nightclub			361 <input type="checkbox"/> Prison or jail, not juvenile			946 <input type="checkbox"/> Lake, river, stream		
213 <input type="checkbox"/> Elementary school or kindergarten			419 <input type="checkbox"/> 1-or 2-family dwelling			951 <input type="checkbox"/> Railroad right of way		
215 <input type="checkbox"/> High school or junior high			429 <input type="checkbox"/> Multi-family dwelling			960 <input type="checkbox"/> Other street		
241 <input type="checkbox"/> College, adult education			439 <input type="checkbox"/> Rooming/boarding house			961 <input type="checkbox"/> Highway/divided highway		
311 <input type="checkbox"/> Care facility for the aged			449 <input type="checkbox"/> Commercial hotel or motel			962 <input type="checkbox"/> Residential street/driveway		
331 <input type="checkbox"/> Hospital			459 <input type="checkbox"/> Residential, board and care			981 <input type="checkbox"/> Construction site		
			464 <input type="checkbox"/> Dormitory/barracks			984 <input type="checkbox"/> Industrial plant yard		
			491 <input type="checkbox"/> Food and beverage sales			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

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

We were called to the scene for a medical emergency and responded from Ronan Rd. We transported to UH BMC ER and returned to quarters without incident.

L Authorization

1069 Astalos, William CP/P _____ 05 12 2015
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. 1069 Astalos, William CP/P _____ 05 12 2015
 Member making report ID Signature Position or rank Assignment Month Day Year