

NFIRS - 1 BASIC

A FDID 19025 State CA Incident Date MM 06 DD 29 YYYY 2016 Station ST1 Incident Number 2016-00003597 Exposure 000 Delete Change

B Location Type Street address Intersection In front of Rear of Adjacent to Directions US National Grid 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 99 N LA CIENEGA BLVD Street Type Suffix 303 BEVERLY HILLS CA 90211 - ZIP Code

C IncidentType 320 EMS, other Incident Type

E1 Dates and Times Month Day Year Hour/Min Alarm 06 29 2016 1222 Arrival 06 29 2016 1227 Controlled LAST UNIT CLEARED, required except for wildland fires 06 29 2016 1312

E2 Shifts and Alarms Local option C 1 FRD Shift or Platoon Alarms District

E3 Special Studies Local option Special Study ID# Special Study Value

D Aid Given or Received Mutual aid received Auto. aid received Mutual aid given Auto. aid given Other aid given Their FDID Their State Their Incident Number

F Actions Taken 30 Emergency medical service 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 2 9 EMS 1 2 Other 0 0 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 Deaths Injuries Fire Service 0 0 Civilian 0 0

H2 Detector Required for confined fires. 1 Detector alerted occupants 2 Detector did not alert them U Unknown

H3 Hazardous Materials Release 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

I Mixed Use Property 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 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/boarded 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 340 Code Clinics, doctors off Property Use Description

A	<input type="text" value="19025"/> <small>FDID</small>	<input type="text" value="CA"/> <small>State</small>	<input type="text" value="06"/> <small>MM</small>	<input type="text" value="29"/> <small>DD</small>	<input type="text" value="2016"/> <small>YYYY</small>	<input type="text" value="ST1"/> <small>Station</small>	<input type="text" value="2016-00003597"/> <small>Incident Number</small>	<input type="text" value="000"/> <small>Exposure</small>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 1 BASIC
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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="02541"/> <small>Officer in charge ID</small>	<input type="text"/> <small>Signature</small>	David Griffin	<input type="text" value="Fire Engineer"/> <small>Position or rank</small>	<input type="text" value="Fire Suppress"/> <small>Assignment</small>	<input type="text"/> <small>Month</small>	<input type="text"/> <small>Day</small>	<input type="text"/> <small>Year</small>
<input type="text" value="02541"/> <small>Member making report ID</small>	<input type="text"/> <small>Signature</small>	David Griffin	<input type="text" value="Fire Engineer"/> <small>Position or rank</small>	<input type="text" value="Fire Suppress"/> <small>Assignment</small>	<input type="text"/> <small>Month</small>	<input type="text"/> <small>Day</small>	<input type="text"/> <small>Year</small>

A	<input type="text" value="19025"/> <small>FDID</small>	<input type="text" value="CA"/> <small>State</small>	<input type="text" value="06"/> <small>MM</small>	<input type="text" value="29"/> <small>DD</small>	<input type="text" value="2016"/> <small>YYYY</small>	<input type="text" value="ST1"/> <small>Station</small>	<input type="text" value="2016-00003597"/> <small>Incident Number</small>	<input type="text" value="000"/> <small>Exposure</small>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 1 BASIC
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L Remarks
Local Option

Responded to a doctors office for an OBGYN patient at 23 weeks of pregnancy.
See EMS report.

A FDID State Incident Date MM DD YYYY 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	
	Dispatch	Arrival	Clear	Month	Day	Year					Hour / Min
1 ID <input type="text" value="E2"/> ★ Type <input type="text" value="11"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="06"/>	<input type="text" value="29"/>	<input type="text" value="2016"/>	<input type="text" value="1222"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="06"/>	<input type="text" value="29"/>	<input type="text" value="2016"/>	<input type="text" value="1222"/>	<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" value="TK4"/> ★ Type <input type="text" value="12"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="06"/>	<input type="text" value="29"/>	<input type="text" value="2016"/>	<input type="text" value="1222"/>	<input checked="" type="checkbox"/>	<input type="text" value="05"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>Apparatus or Resource Type</p> <p>Ground Fire Suppression</p> <p>11 Engine 12 Truck or aerial 13 Quint 14 Tanker and pumper combination 16 Brush truck 17 ARFF (aircraft rescue and firefighting) 10 Ground fire suppression, other</p> <p>Heavy Ground Equipment</p> <p>21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy ground equipment, other</p>	<p>Aircraft</p> <p>41 Aircraft: fixed-wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other</p> <p>Marine Equipment</p> <p>51 Fire boat with pump 52 Boat, no pump 53 Marine equipment, other</p> <p>Support Equipment</p> <p>61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other</p>	<p>Medical and Rescue</p> <p>71 Rescue unit 72 Urban search and rescue unit 73 High-angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other</p> <p>Other</p> <p>91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type II hand crew 99 Privately owned vehicle 00 Other apparatus / resources</p>	<p>More Apparatus? Use additional</p> <p>NN None UU Undetermined</p>
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A	FDID <input type="text" value="19025"/>	State <input type="text" value="CA"/>	Incident Date MM <input type="text" value="06"/> DD <input type="text" value="29"/> YYYY <input type="text" value="2016"/>	Station <input type="text" value="ST1"/>	Incident Number <input type="text" value="2016-00003597"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 PERSONNEL
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B Apparatus or Resources Use codes listed below	Dates and Times Check if same date as Alarm date on the Basic Module (Block E1) ↓ Month Day Year Hour / Min Midnight is 0000	Sent <input type="checkbox"/>	Number of People <input type="text" value="04"/>	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
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1	ID <input type="text" value="E2"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="06"/>	<input type="text" value="29"/>	<input type="text" value="2016"/>	<input type="text" value="1222"/>			<input checked="" type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
		Arrival <input checked="" type="checkbox"/>	<input type="text" value="06"/>	<input type="text" value="29"/>	<input type="text" value="2016"/>	<input type="text" value="1227"/>	<input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	★ Type <input type="text" value="11"/>	Clear <input checked="" type="checkbox"/>	<input type="text" value="06"/>	<input type="text" value="29"/>	<input type="text" value="2016"/>	<input type="text" value="1228"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
4513	Austin R Hain	Fire Suppr	<input checked="" type="checkbox"/>				
04131	Matthew K Kranz	Fire Suppr	<input checked="" type="checkbox"/>				
03521	Dustin K Andrews	Fire Suppr	<input checked="" type="checkbox"/>				
01403	Dean M Viana	Fire Suppr	<input checked="" type="checkbox"/>				

2	ID <input type="text" value="R3"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="06"/>	<input type="text" value="29"/>	<input type="text" value="2016"/>	<input type="text" value="1222"/>			<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
		Arrival <input checked="" type="checkbox"/>	<input type="text" value="06"/>	<input type="text" value="29"/>	<input type="text" value="2016"/>	<input type="text" value="1227"/>	<input checked="" type="checkbox"/>	<input type="text" value="02"/>	<input checked="" type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	★ Type <input type="text" value="76"/>	Clear <input checked="" type="checkbox"/>	<input type="text" value="06"/>	<input type="text" value="29"/>	<input type="text" value="2016"/>	<input type="text" value="1311"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
03797	Joel E Dawson	Fire Suppr	<input checked="" type="checkbox"/>				
02731	Shane M Sennett	Fire Suppr	<input checked="" type="checkbox"/>				

3	ID <input type="text" value="TK4"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="06"/>	<input type="text" value="29"/>	<input type="text" value="2016"/>	<input type="text" value="1222"/>			<input checked="" type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
		Arrival <input checked="" type="checkbox"/>	<input type="text" value="06"/>	<input type="text" value="29"/>	<input type="text" value="2016"/>	<input type="text" value="1227"/>	<input checked="" type="checkbox"/>	<input type="text" value="05"/>	<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	★ Type <input type="text" value="12"/>	Clear <input checked="" type="checkbox"/>	<input type="text" value="06"/>	<input type="text" value="29"/>	<input type="text" value="2016"/>	<input type="text" value="1312"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
4661	Adam Meinhardt	Fire Suppr	<input checked="" type="checkbox"/>				
4512	John R Brown	Fire Suppr	<input checked="" type="checkbox"/>				
4250	Chad J Beery	Fire Suppr	<input checked="" type="checkbox"/>				
04132	Stephen J Hale	Fire Suppr	<input checked="" type="checkbox"/>				
02541	David L Griffin	Fire Suppr	<input checked="" type="checkbox"/>				