

<b>A</b>		FDID <b>25035</b> *	State <b>MA</b> *	Incident Date <b>01/31/2016</b> *	Station	Incident Number <b>16-0006300</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										
<input type="checkbox"/> Adjacent to		Apt./Suite/Room	City <b>BOSTON</b>	State <b>MA</b>	Zip Code <b>02215</b>					
<input type="checkbox"/> Directions		Cross street or directions, as applicable								
<b>C Incident Type *</b>		Incident Type <b>600</b> <b>Good intent call, Other</b>		<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.		Month <b>01</b>	Day <b>31</b>	Year <b>2016</b>	Hr <b>11</b> Min <b>21</b> Sec <b>29</b>	Local Option
2 <input type="checkbox"/> Automatic aid rcv.		3 <input type="checkbox"/> Mutual aid given		ALARM always required				ARRIVAL required, unless canceled or did not arrive		Shift or Alarms
4 <input type="checkbox"/> Automatic aid given		5 <input type="checkbox"/> Other aid given		Date.				CONTROLLED Optional, Except for wildland fires		Platoon
N <input checked="" type="checkbox"/> None		Their FDID		Arrival * <input checked="" type="checkbox"/>				LAST UNIT CLEARED, required except for wildland fires		<b>E3 Special Studies</b>
		Their State		Controlled <input type="checkbox"/>				Special Study ID#		Local Option
		Their Incident Number		Last Unit Cleared <input checked="" type="checkbox"/>				Special Study Value		
<b>F Actions Taken *</b>		<b>G1 Resources *</b>		<b>G2 Estimated Dollar Losses &amp; Values</b>						
73 <input type="checkbox"/> Provide manpower		Apparatus		LOSSES: Required for all fires if known. Optional for non fires.				None		
74 <input type="checkbox"/> Provide apparatus		Personnel		Property \$				000,000		
75 <input type="checkbox"/> Provide equipment		Suppression		Contents \$				000,000		
		EMS		PRE-INCIDENT VALUE: Optional						
		Other		Property \$				000,000		
		<input type="checkbox"/> Check box if resource counts include aid received resources.		Contents \$				000,000		
<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		
<b>J Property Use* Structures</b>				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				88 <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						
215 <input type="checkbox"/> High school or junior high				439 <input type="checkbox"/> Rooming/boarding house						
241 <input type="checkbox"/> College, adult education				449 <input type="checkbox"/> Commercial hotel or motel						
311 <input type="checkbox"/> Care facility for the aged				459 <input type="checkbox"/> Residential, board and care						
331 <input type="checkbox"/> Hospital				464 <input type="checkbox"/> Dormitory/barracks						
				519 <input type="checkbox"/> Food and beverage sales						
Outside				539 <input type="checkbox"/> Household goods, sales, repairs						
124 <input type="checkbox"/> Playground or park				579 <input type="checkbox"/> Motor vehicle/boat sales/repair						
655 <input type="checkbox"/> Crops or orchard				599 <input type="checkbox"/> Business office						
669 <input type="checkbox"/> Forest (timberland)				615 <input type="checkbox"/> Electric generating plant						
807 <input type="checkbox"/> Outdoor storage area				629 <input type="checkbox"/> Laboratory/science lab						
919 <input type="checkbox"/> Dump or sanitary landfill				700 <input type="checkbox"/> Manufacturing plant						
931 <input type="checkbox"/> Open land or field				819 <input type="checkbox"/> Livestock/poultry storage (barn)						
				891 <input type="checkbox"/> Warehouse						
				936 <input type="checkbox"/> Vacant lot				981 <input type="checkbox"/> Construction site		
				938 <input type="checkbox"/> Graded/care for plot of land				984 <input type="checkbox"/> Industrial plant yard		
				946 <input type="checkbox"/> Lake, river, stream						
				951 <input type="checkbox"/> Railroad right of way				Lookup and enter a Property Use code only if you have NOT checked a Property Use box:		
				960 <input type="checkbox"/> Other street				Property Use <b>340</b>		
				961 <input type="checkbox"/> Highway/divided highway				<b>Clinics, doctors offices, hospital</b>		
				962 <input type="checkbox"/> Residential street/driveway				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.

Check this box if same address as incident location. Then skip the three duplicate address lines.

Local Option  Business name (if Applicable)  Area Code  Phone Number

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

NBFA, BPD requested BFD to check the freight elevator.  
 E41 checked both elevators for trapped person.  
 Both elevators clear.  
 No one in the elevators.  
 Transferred command to BPD.

**L Authorization**

054823  Bergdoll, David J  FCP  E41  01  31  2016  
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if  same as Officer in charge.  054823  Bergdoll, David J  FCP  E41  01  31  2016  
 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

16-0006300  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

NBFA, BPD requested BFD to check the freight elevator.  
E41 checked both elevators for trapped person.  
Both elevators clear.  
No one in the elevators.  
Transferred command to BPD.

**A** FDID 25035 \* State MA \* Incident Date 1 / 31 / 2016 Station 16-0006300 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>11</u>	<u>21</u>		
<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>11</u>	<u>21</u>		
ID <u></u> Type <u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
ID <u></u> Type <u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
ID <u></u> Type <u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
ID <u></u> Type <u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
ID <u></u> Type <u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
ID <u></u> Type <u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
ID <u></u> Type <u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
ID <u></u> Type <u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

**Type of Apparatus or Resources**

<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 &amp; pumper combination</li> <li>16 Brush truck</li> <li>17 ARF (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 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>50 Marine apparatus, 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 &amp; Rescue</b></p> <ul style="list-style-type: none"> <li>71 Rescue unit</li> <li>72 Urban Search &amp; 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>More Apparatus? Use Additional Sheets</p>	<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 2 hand crew</li> <li>99 Privately owned vehicle</li> <li>00 Other apparatus/resource</li> <li>NN None</li> <li>UU Undetermined</li> </ul>
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NFIRS-9 Revision 11/17/98

**A** FDID 25035 \* State MA \* Incident Date 1 31 2016 \* Station 16-0006300 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 11:21 Sent  0  Suppression  EMS  Other      

Type 11 Arrival  1 31 2016 11:27 Clear  1 31 2016 11:41      

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 L14 Dispatch  1 31 2016 11:21 Sent  0  Suppression  EMS  Other      

Type 12 Arrival  1 31 2016 11:30 Clear  1 31 2016 11:51      

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"/>				

**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

16-0006300  
Incident Number

000  
Exposure

Responding  
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
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E41 Engine 41	11:21:29	11:21:43	11:27:06	11:41:29
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Staff ID\Staff Name	Activity	Rank	Position	Role
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L14 Ladder 14	11:21:29	11:21:45	11:30:21	11:51:35
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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

16-0006300000000000  
Incident Number \* Exposure \*

NFIRS - Incident  
User Fields

Empty form area for incident details.