

A		FDID 25035 *	State MA *	Incident Date 03 12 2014 *	Station	Incident Number 14-0013829 *	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		01055		COMMONWEALTH			AV						
<input type="checkbox"/> Intersection		Number/Milepost	Prefix	Street or Highway			Street Type	Suffix					
<input type="checkbox"/> In front of				Boston			MA	02215					
<input type="checkbox"/> Rear of		Apt./Suite/Room	City				State	Zip Code					
<input type="checkbox"/> Adjacent to		Cross street or directions, as applicable											
<input type="checkbox"/> Directions													
C Incident Type *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms							
321 EMS call, excluding vehicle accident		Check boxes if dates are the same as Alarm Date. ALARM always required				Local Option							
Incident Type		Month Day Year Hr Min Sec				Shift or Alarms District Platoon							
D Aid Given or Received *		Alarm * 03 12 2014 09:39:27				11							
1 <input type="checkbox"/> Mutual aid received		ARRIVAL required, unless canceled or did not arrive											
2 <input type="checkbox"/> Automatic aid rcv.		Arrival * 03 12 2014 09:43:33				CONTROLLED Optional, Except for wildland fires							
3 <input type="checkbox"/> Mutual aid given		Controlled				LAST UNIT CLEARED, required except for wildland fires							
4 <input type="checkbox"/> Automatic aid given		Last Unit											
5 <input type="checkbox"/> Other aid given		Cleared 03 12 2014 09:52:15				E3 Special Studies							
N <input checked="" type="checkbox"/> None						Local Option							
F Actions Taken *		G1 Resources *				G2 Estimated Dollar Losses & Values							
30 Emergency medical services		<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							
Primary Action Taken (1)		Apparatus Personnel				Property \$ 000,000							
73 Provide manpower		Suppression				Contents \$ 000,000							
Additional Action Taken (2)		EMS				PRE-INCIDENT VALUE: Optional							
74 Provide apparatus		Other				Property \$ 000,000							
Additional Action Taken (3)		<input type="checkbox"/> Check box if resource counts include aid received resources.				Contents \$ 000,000							
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				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		H2 Detector				4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage				40 <input type="checkbox"/> Residential use			
<input type="checkbox"/> HazMat-7		Required for Confined Fires.				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		1 <input type="checkbox"/> Detector alerted occupants				6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only				53 <input type="checkbox"/> Enclosed mall			
<input checked="" type="checkbox"/> Apparatus-9		2 <input type="checkbox"/> Detector did not alert them				7 <input type="checkbox"/> Motor oil: from engine or portable container				58 <input type="checkbox"/> Bus. & Residential			
<input type="checkbox"/> Personnel-10		U <input type="checkbox"/> Unknown				8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons				59 <input type="checkbox"/> Office use			
<input type="checkbox"/> Arson-11						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				539 <input type="checkbox"/> Household goods, sales, repairs				63 <input type="checkbox"/> Military use			
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office				579 <input type="checkbox"/> Motor vehicle/boat sales/repair				65 <input type="checkbox"/> Farm use			
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile				571 <input type="checkbox"/> Gas or service station				66 <input type="checkbox"/> Other mixed use			
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							
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:				Property Use 340			
807 <input type="checkbox"/> Outdoor storage area		951 <input type="checkbox"/> Railroad right of way				Clinics, doctors offices, hospital							
919 <input type="checkbox"/> Dump or sanitary landfill		960 <input type="checkbox"/> Other street											
931 <input type="checkbox"/> Open land or field		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.

_____ Debbie _____ Avis
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

Pt under the care of doctors and nurses upon arrival. Pt was postictal and needed to be transported to the hospital. Members stood-by until arrival of BEMS A09 when pt care was transferred over to them.

L Authorization

053518 DiRocco, Carl FLT L14 03 12 2014
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. 053518 DiRocco, Carl FLT L14 03 12 2014
Member making report ID Signature Position or rank Assignment Month Day Year

25035
FDID *

MA
State *

MM DD
3 12
Incident Date *

YYYY
2014

Station

14-0013829
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

Pt under the care of doctors and nurses upon arrival. Pt was postictal and needed to be transported to the hospital. Members stood-by until arrival of BEMS A09 when pt care was transferred over to them.

A		FDID 25035 *	State MA *	Incident Date 06/23/2014 *	Station	Incident Number 14-2001431 *	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		Apt./Suite/Room	City BOSTON	State MA	Zip Code 02215								
<input type="checkbox"/> Adjacent to													
<input type="checkbox"/> Directions		Cross street or directions, as applicable											
C Incident Type *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms							
Incident Type 735 Alarm system sounded due to malfunction		Check boxes if dates are the same as Alarm Date. ALARM always required				Local Option							
		Month 06	Day 23	Year 2014	Hr 13	Min 04	Sec 37	Shift or Platoon	Alarms 11	District			
D Aid Given or Received *		<input checked="" type="checkbox"/> Arrival * 06/23/2014 13:08:06				E3 Special Studies							
1 <input type="checkbox"/> Mutual aid received		ARRIVAL required, unless canceled or did not arrive				Local Option							
2 <input type="checkbox"/> Automatic aid rcv.		<input type="checkbox"/> Controlled				Special Study ID#							
3 <input type="checkbox"/> Mutual aid given		CONTROLLED Optional, Except for wildland fires				Special Study Value							
4 <input type="checkbox"/> Automatic aid given		<input type="checkbox"/> Last Unit Cleared 06/23/2014 13:35:53											
5 <input type="checkbox"/> Other aid given		LAST UNIT CLEARED, required except for wildland fires											
N <input checked="" type="checkbox"/> None													
F Actions Taken *		G1 Resources *				G2 Estimated Dollar Losses & Values							
Primary Action Taken (1) 80 Information, investigation & enforcement, Other Apparatus		<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							
Additional Action Taken (2) 81 Incident command		Suppression 0002				Property \$ 000,000							
Additional Action Taken (3)		EMS				Contents \$ 000,000							
		Other				PRE-INCIDENT VALUE: Optional							
		<input type="checkbox"/> Check box if resource counts include aid received resources.				Property \$ 000,000							
						Contents \$ 000,000							
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				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				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 Required for Confined Fires.				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		1 <input type="checkbox"/> Detector alerted occupants				6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only				53 <input type="checkbox"/> Enclosed mall			
<input checked="" type="checkbox"/> Apparatus-9		2 <input type="checkbox"/> Detector did not alert them				7 <input type="checkbox"/> Motor oil: from engine or portable container				58 <input type="checkbox"/> Bus. & Residential			
<input type="checkbox"/> Personnel-10		U <input type="checkbox"/> Unknown				8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons				59 <input type="checkbox"/> Office use			
<input type="checkbox"/> Arson-11						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 checked="" type="checkbox"/> Clinic, clinic type infirmary				539 <input type="checkbox"/> Household goods, sales, repairs				63 <input type="checkbox"/> Military use			
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office				579 <input type="checkbox"/> Motor vehicle/boat sales/repair				65 <input type="checkbox"/> Farm use			
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile				571 <input type="checkbox"/> Gas or service station				66 <input type="checkbox"/> Other mixed use			
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 341				Clinic, clinic-type infirmary			
807 <input type="checkbox"/> Outdoor storage area		960 <input type="checkbox"/> Other street								NFIRS-1 Revision 03/11/99			
919 <input type="checkbox"/> Dump or sanitary landfill		961 <input type="checkbox"/> Highway/divided highway											
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 found that alarm system was accidentally activated. Ladder 14 investigated further and did not find any smoke, heat or fire.

L Authorization

|099454| |Hernandez, Jonathan H| |FLT| |L14| |06| |23| |2014|
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| |06| |23| |2014|
Member making report ID Signature Position or rank Assignment Month Day Year

25035
FDID *

MA
State *

MM DD
6 23
Incident Date *

YYYY
2014

Station

14-2001431
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

Ladder 14 found that alarm system was accidentally activated. Ladder 14 investigated further and did not find any smoke, heat or fire.

A		FDID 25035 *	State MA *	MM 09 DD 02 YYYY 2014 *	Station	Incident Number 14-2016597 *	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		Apt./Suite/Room	City BOSTON	State MA	Zip Code 02215					
<input type="checkbox"/> Adjacent to										
<input type="checkbox"/> Directions		Cross street or directions, as applicable								
C Incident Type *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms				
Incident Type 712 Direct tie to FD, malicious false alarm		Check boxes if dates are the same as Alarm Date. ALARM always required				Local Option				
		Month 09	Day 02	Year 2014	Hr 13	Min 20	Sec 03	11		
D Aid Given or Received *		ARRIVAL required, unless canceled or did not arrive				Shift or Alarms District Platoon				
1 <input type="checkbox"/> Mutual aid received		<input checked="" type="checkbox"/> Arrival * 09 02 2014 13:23:28				CONTROLLED Optional, Except for wildland fires				
2 <input type="checkbox"/> Automatic aid rcv.		<input type="checkbox"/> Controlled				LAST UNIT CLEARED, required except for wildland fires				
3 <input type="checkbox"/> Mutual aid given		<input type="checkbox"/> Last Unit Cleared 09 02 2014 13:29:59				E3 Special Studies				
4 <input type="checkbox"/> Automatic aid given						Local Option				
5 <input type="checkbox"/> Other aid given						Special Study ID# Special Study Value				
N <input checked="" type="checkbox"/> None										
F Actions Taken *		G1 Resources *			G2 Estimated Dollar Losses & Values					
Primary Action Taken (1) 86 Investigate		<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					
Additional Action Taken (2)		Apparatus 0002 Personnel			Property \$ 000,000					
Additional Action Taken (3)		EMS Other			Contents \$ 000,000					
		<input type="checkbox"/> Check box if resource counts include aid received resources.			PRE-INCIDENT VALUE: Optional					
					Property \$ 000,000					
					Contents \$ 000,000					
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			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		H2 Detector Required for Confined Fires.			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		1 <input type="checkbox"/> Detector alerted occupants			6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only			53 <input type="checkbox"/> Enclosed mall		
<input checked="" type="checkbox"/> Apparatus-9		2 <input type="checkbox"/> Detector did not alert them			7 <input type="checkbox"/> Motor oil: from engine or portable container			58 <input type="checkbox"/> Bus. & Residential		
<input type="checkbox"/> Personnel-10		U <input type="checkbox"/> Unknown			8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons			59 <input type="checkbox"/> Office use		
<input type="checkbox"/> Arson-11					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			539 <input type="checkbox"/> Household goods, sales, repairs			63 <input type="checkbox"/> Military use		
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office			579 <input type="checkbox"/> Motor vehicle/boat sales/repair			65 <input type="checkbox"/> Farm use		
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile			571 <input type="checkbox"/> Gas or service station			00 <input type="checkbox"/> Other mixed use		
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 500			Mercantile, business, Other		
807 <input type="checkbox"/> Outdoor storage area		960 <input type="checkbox"/> Other street								
919 <input type="checkbox"/> Dump or sanitary landfill		961 <input type="checkbox"/> Highway/divided highway								
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

ground fault on master box.

L Authorization

054000 Ellis, Patrick J FCP L14 09 03 2014
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. 054000 Ellis, Patrick J FCP L14 09 03 2014
Member making report ID Signature Position or rank Assignment Month Day Year

25035
FDID *

MA
State *

MM DD
9 2
Incident Date *

YYYY
2014

Station

14-2016597
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

ground fault on master box.

A		FDID 25035 *	State MA *	Incident Date 12/30/2014 *	Station	Incident Number 14-2042128 *	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 *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms				
Incident Type 735 Alarm system sounded due to malfunction		Check boxes if values are the same as Alarm Date. ALARM always required				Local Option				
D Aid Given or Received *		Month 12 Day 30 Year 2014 Hr 10 Min 04 Sec 33				Shift or Alarms 11 District				
1 <input type="checkbox"/> Mutual aid received		ARRIVAL required, unless canceled or did not arrive				Platoon				
2 <input type="checkbox"/> Automatic aid recv.		<input checked="" type="checkbox"/> Arrival * 12/30/2014 10:07:39				E3 Special Studies				
3 <input type="checkbox"/> Mutual aid given		CONTROLLED Optional, Except for wildland fires				Local Option				
4 <input type="checkbox"/> Automatic aid given		<input type="checkbox"/> Controlled				Special Study ID#				
5 <input type="checkbox"/> Other aid given		LAST UNIT CLEARED, required except for wildland fires				Special Study Value				
N <input checked="" type="checkbox"/> None		<input checked="" type="checkbox"/> Last Unit Cleared 12/30/2014 10:15:57								
F Actions Taken *		G1 Resources *			G2 Estimated Dollar Losses & Values					
Primary Action Taken (1) 86 Investigate		<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					
Additional Action Taken (2)		Apparatus 0002 Personnel			Property \$ 000,000					
Additional Action Taken (3)		EMS			Contents \$ 000,000					
		Other			PRE-INCIDENT VALUE: Optional					
		<input type="checkbox"/> Check box if resource counts include aid received resources.			Property \$ 000,000					
					Contents \$ 000,000					
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			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			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			539 <input type="checkbox"/> Household goods, sales, repairs			63 <input type="checkbox"/> Military use		
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office			579 <input type="checkbox"/> Motor vehicle/boat sales/repair			65 <input type="checkbox"/> Farm use		
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile			571 <input type="checkbox"/> Gas or service station			66 <input type="checkbox"/> Other mixed use		
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					
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, hospital					
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 _____

More Remarks? Check this box and attach Supplement Forms (NFIRS-1S) as Necessary

L Authorization

_____ 053116 Officer in charge ID	_____ Morrison, William K Signature	_____ FLT Position or rank	_____ E41 Assignment	_____ 12 Month	_____ 30 Day	_____ 2014 Year	
Check Box if <input checked="" type="checkbox"/> same as Officer in charge.	_____ 053116 Member making report ID	_____ Morrison, William K Signature	_____ FLT Position or rank	_____ E41 Assignment	_____ 12 Month	_____ 30 Day	_____ 2014 Year

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 *		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 01 Day 31 Year 2016 Hr 09 Min 59 Sec 18			Shift or Alarms 4 District 11			
4 <input type="checkbox"/> Automatic aid given		5 <input type="checkbox"/> Other aid given		Alarm * 01/31/2016 09:59:18			Platoon			
N <input checked="" type="checkbox"/> None		Their FDID Their State		ARRIVAL required, unless canceled or did not arrive			E3 Special Studies			
		Their Incident Number		<input checked="" type="checkbox"/> Arrival * 01/31/2016 10:02:46			Local Option			
				<input type="checkbox"/> Controlled			Special Study ID#			
				LAST UNIT CLEARED, required except for wildland fires			Special Study Value			
				<input checked="" type="checkbox"/> Last Unit Cleared 01/31/2016 10:22:44						
F Actions Taken *		G1 Resources *			G2 Estimated Dollar Losses & Values					
73 Provide manpower		<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					
74 Provide apparatus		Apparatus 0002 Personnel			Property \$ 000,000					
75 Provide equipment		EMS			Contents \$ 000,000					
		Other			PRE-INCIDENT VALUE: Optional					
		<input type="checkbox"/> Check box if resource counts include aid received resources.			Property \$ 000,000					
					Contents \$ 000,000					
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			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		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			539 <input type="checkbox"/> Household goods, sales, repairs			63 <input type="checkbox"/> Military use		
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office			579 <input type="checkbox"/> Motor vehicle/boat sales/repair			65 <input type="checkbox"/> Farm use		
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile			571 <input type="checkbox"/> Gas or service station			00 <input type="checkbox"/> Other mixed use		
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					
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, hospital					
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

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 YYYY
1 31 2016
Incident Date *

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 01/31/2016 *	Station	Incident Number 16-0006300 *	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		Apt./Suite/Room	City BOSTON	State MA	Zip Code 02215				
<input type="checkbox"/> Adjacent to									
<input type="checkbox"/> Directions		Cross street or directions, as applicable							
C Incident Type *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms			
Incident Type 600 Good intent call, Other		Check boxes if dates are the same as Alarm Date. ALARM always required				Local Option			
		Alarm *	Month 01	Day 31	Year 2016	Hr 11	Min 21	Sec 29	Shift or District 4 11
		ARRIVAL required, unless canceled or did not arrive							
D Aid Given or Received *		<input checked="" type="checkbox"/> Arrival * 01/31/2016 11:27:06				E3 Special Studies			
1 <input type="checkbox"/> Mutual aid received		CONTROLLED Optional, Except for wildland fires				Local Option			
2 <input type="checkbox"/> Automatic aid rcv.		<input type="checkbox"/> Controlled				Special Study ID#			
3 <input type="checkbox"/> Mutual aid given		LAST UNIT CLEARED, required except for wildland fires				Special Study Value			
4 <input type="checkbox"/> Automatic aid given		<input type="checkbox"/> Last Unit Cleared 01/31/2016 11:51:35							
5 <input type="checkbox"/> Other aid given									
N <input checked="" type="checkbox"/> None									
F Actions Taken *		G1 Resources *				G2 Estimated Dollar Losses & Values			
73 Provide manpower		<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			
74 Provide apparatus		Apparatus 0002	Personnel	Property \$ 000,000		Contents \$ 000,000		PRE-INCIDENT VALUE: Optional	
75 Provide equipment		EMS	Other	Property \$ 000,000		Contents \$ 000,000			
		<input type="checkbox"/> Check box if resource counts include aid received resources.							
Completed Modules		H1* Casualties <input type="checkbox"/> None				H3 Hazardous Materials Release			
<input type="checkbox"/> Fire-2		Deaths Injuries				N <input type="checkbox"/> None			
<input type="checkbox"/> Structure-3		Fire Service				1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions			
<input type="checkbox"/> Civil Fire Cas.-4		Civilian				2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)			
<input type="checkbox"/> Fire Serv. Cas.-5						3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container			
<input type="checkbox"/> EMS-6						4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage			
<input type="checkbox"/> HazMat-7		H2 Detector				5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable			
<input type="checkbox"/> Wildland Fire-8		Required for Confined Fires.				6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only			
<input checked="" type="checkbox"/> Apparatus-9		1 <input type="checkbox"/> Detector alerted occupants				7 <input type="checkbox"/> Motor oil: from engine or portable container			
<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			
<input type="checkbox"/> Arson-11		U <input type="checkbox"/> Unknown				0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form			
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/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 340			
807 <input type="checkbox"/> Outdoor storage area		960 <input type="checkbox"/> Other street				Clinics, doctors offices, hospital			
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							

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 08/04/2016 *	Station	Incident Number 16-0050661 *	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		Apt./Suite/Room	City BOSTON	State MA	Zip Code 02215					
<input type="checkbox"/> Adjacent to										
<input type="checkbox"/> Directions		Cross street or directions, as applicable								
C Incident Type *		E1 Date & Times		Midnight is 0000		E2 Shift & Alarms				
Incident Type 900 <u>Special type of incident, Other</u>		Check boxes if dates are the same as Alarm Date.		Month 08	Day 04	Year 2016	Hr 11	Min 31	Sec 34	Local Option
D Aid Given or Received *		ALARM always required		ARRIVAL required, unless canceled or did not arrive		Shift or Platoon 1		Alarms District 11		E3 Special Studies
1 <input type="checkbox"/> Mutual aid received		Arrival * 08/04/2016 11:31:35		CONTROLLED Optional, Except for wildland fires		Special Study ID#		Special Study Value		
2 <input type="checkbox"/> Automatic aid rcv.		Controlled		LAST UNIT CLEARED, required except for wildland fires						
3 <input type="checkbox"/> Mutual aid given		Last Unit Cleared 08/04/2016 11:49:19								
4 <input type="checkbox"/> Automatic aid given										
5 <input type="checkbox"/> Other aid given										
N <input checked="" type="checkbox"/> None										
F Actions Taken *		G1 Resources *		G2 Estimated Dollar Losses & Values						
81 <u>Incident command</u>		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 0001		Property \$, 000, 000		<input type="checkbox"/>		
Additional Action Taken (2)		Suppression		Contents \$, 000, 000		<input type="checkbox"/>		
Additional Action Taken (3)		EMS		PRE-INCIDENT VALUE: Optional						
		Other		Property \$, 000, 000		<input type="checkbox"/>		
		<input type="checkbox"/> Check box if resource counts include aid received resources.		Contents \$, 000, 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		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		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				0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form			63 <input type="checkbox"/> Military use			
131 <input type="checkbox"/> Church, place of worship		341 <input type="checkbox"/> Clinic, clinic type infirmary		539 <input type="checkbox"/> Household goods, sales, repairs			65 <input type="checkbox"/> Farm use			
161 <input type="checkbox"/> Restaurant or cafeteria		342 <input type="checkbox"/> Doctor/dentist office		579 <input type="checkbox"/> Motor vehicle/boat sales/repair			66 <input type="checkbox"/> Other mixed use			
162 <input type="checkbox"/> Bar/Tavern or nightclub		361 <input type="checkbox"/> Prison or jail, not juvenile		571 <input type="checkbox"/> Gas or service station						
213 <input type="checkbox"/> Elementary school or kindergarten		419 <input type="checkbox"/> 1-or 2-family dwelling		599 <input type="checkbox"/> Business office						
215 <input type="checkbox"/> High school or junior high		429 <input type="checkbox"/> Multi-family dwelling		615 <input type="checkbox"/> Electric generating plant						
241 <input type="checkbox"/> College, adult education		439 <input type="checkbox"/> Rooming/boarding house		629 <input type="checkbox"/> Laboratory/science lab						
311 <input type="checkbox"/> Care facility for the aged		449 <input type="checkbox"/> Commercial hotel or motel		700 <input type="checkbox"/> Manufacturing plant						
331 <input type="checkbox"/> Hospital		459 <input type="checkbox"/> Residential, board and care		819 <input type="checkbox"/> Livestock/poultry storage(barn)						
Outside		464 <input type="checkbox"/> Dormitory/barracks		882 <input type="checkbox"/> Non-residential parking garage						
124 <input type="checkbox"/> Playground or park		519 <input type="checkbox"/> Food and beverage sales		891 <input type="checkbox"/> Warehouse						
655 <input type="checkbox"/> Crops or orchard		936 <input type="checkbox"/> Vacant lot		981 <input type="checkbox"/> Construction site						
669 <input type="checkbox"/> Forest (timberland)		938 <input type="checkbox"/> Graded/care for plot of land		984 <input type="checkbox"/> Industrial plant yard						
807 <input type="checkbox"/> Outdoor storage area		946 <input type="checkbox"/> Lake, river, stream		Lookup and enter a Property Use code only if you have NOT checked a Property Use box:						
919 <input type="checkbox"/> Dump or sanitary landfill		951 <input type="checkbox"/> Railroad right of way		Property Use 340						
931 <input type="checkbox"/> Open land or field		960 <input type="checkbox"/> Other street		Clinics, doctors offices, hospital						
		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 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.

A		FDID * <u>25035</u>	State * <u>MA</u>	Incident Date * MM <u>09</u> DD <u>23</u> YYYY <u>2016</u>	Station <u> </u>	Incident Number * <u>16-0063235</u>	Exposure * <u>000</u>	<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		<u>1055</u>	<u> </u>	<u>COMMONWEALTH</u>			<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Intersection		Number/Milepost	Prefix	Street or Highway			Street Type	Suffix	
<input type="checkbox"/> In front of		<u> </u>			<u>BOSTON</u>	<u>MA</u>	<u>02215</u>	<u> </u>	
<input type="checkbox"/> Rear of		Apt./Suite/Room	City	State	Zip Code				
<input type="checkbox"/> Adjacent to		<u> </u>							
<input type="checkbox"/> Directions		Cross street or directions, as applicable							
C Incident Type *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms			
Incident Type <u>733</u> <u>Smoke detector activation due to malfunction</u>		Check boxes if same as Alarm Date. ALARM always required				Local Option			
		Month <u>09</u>	Day <u>23</u>	Year <u>2016</u>	Hr <u>18</u>	Min <u>19</u>	Sec <u>47</u>	<u>2</u>	<u>11</u>
D Aid Given or Received *		ARRIVAL required, unless canceled or did not arrive				Shift or Alarms District Platoon			
1 <input type="checkbox"/> Mutual aid received		<input checked="" type="checkbox"/> Arrival * <u>09</u> <u>23</u> <u>2016</u> <u>18:22:55</u>				CONTROLLED Optional, Except for wildland fires			
2 <input type="checkbox"/> Automatic aid rcv.		Their FDID <u> </u> Their State <u> </u>				LAST UNIT CLEARED, required except for wildland fires			
3 <input type="checkbox"/> Mutual aid given		<input type="checkbox"/> Controlled <u> </u> <u> </u> <u> </u> <u> </u>				E3 Special Studies			
4 <input type="checkbox"/> Automatic aid given		Their Incident Number <u> </u>				Local Option			
5 <input type="checkbox"/> Other aid given		<input checked="" type="checkbox"/> Last Unit Cleared <u>09</u> <u>23</u> <u>2016</u> <u>18:38:23</u>				Special Study ID# <u> </u> Special Study Value <u> </u>			
N <input checked="" type="checkbox"/> None									
F Actions Taken *		G1 Resources *				G2 Estimated Dollar Losses & Values			
<u>86</u> <u>Investigate</u>		<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			
Primary Action Taken (1)		Apparatus <u>0002</u> Personnel <u> </u>				Property \$ <u> </u> , <u>000</u> , <u>000</u> <input type="checkbox"/>			
<u> </u>		Suppression <u> </u> EMS <u> </u>				Contents \$ <u> </u> , <u>000</u> , <u>000</u> <input type="checkbox"/>			
Additional Action Taken (2)		Other <u> </u>				PRE-INCIDENT VALUE: Optional			
<u> </u>		<input type="checkbox"/> Check box if resource counts include aid received resources.				Property \$ <u> </u> , <u>000</u> , <u>000</u> <input type="checkbox"/>			
Additional Action Taken (3)						Contents \$ <u> </u> , <u>000</u> , <u>000</u> <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 <u> </u> Injuries <u> </u>		N <input type="checkbox"/> None				NN <input type="checkbox"/> Not Mixed	
<input type="checkbox"/> Structure-3		Fire Service <u> </u> <u> </u>		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 <u> </u> <u> </u>		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	
								63 <input type="checkbox"/> Military use	
								65 <input type="checkbox"/> Farm use	
								66 <input type="checkbox"/> Other mixed use	
								00 <input type="checkbox"/> Other mixed use	
J Property Use* Structures		341 <input checked="" 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							
669 <input type="checkbox"/> Forest (timberland)		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:			
807 <input type="checkbox"/> Outdoor storage area		960 <input type="checkbox"/> Other street				Property Use <u>341</u>			
919 <input type="checkbox"/> Dump or sanitary landfill		961 <input type="checkbox"/> Highway/divided highway				<u>Clinic, clinic-type infirmary</u>			
931 <input type="checkbox"/> Open land or field		962 <input type="checkbox"/> Residential street/driveway							

A		FDID 25035 *	State MA *	Incident Date 03/28/2017 *	Station	Incident Number 17-0019175 *	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 *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms			
321 EMS call, excluding vehicle accident		Check boxes if dates are the same as Alarm Date. ALARM always required				Local Option			
Incident Type		Month 03	Day 28	Year 2017	Hr 09	Min 56	Sec 15	3	11
D Aid Given or Received *		Alarm *				Shift or Alarms District			
1 <input type="checkbox"/> Mutual aid received		ARRIVAL required, unless canceled or did not arrive				Platoon			
2 <input type="checkbox"/> Automatic aid recv.		<input checked="" type="checkbox"/> Arrival *				E3 Special Studies			
3 <input type="checkbox"/> Mutual aid given		CONTROLLED Optional, Except for wildland fires				Local Option			
4 <input type="checkbox"/> Automatic aid given		<input type="checkbox"/> Controlled				Special Study ID#			
5 <input type="checkbox"/> Other aid given		LAST UNIT CLEARED, required except for wildland fires				Special Study Value			
N <input checked="" type="checkbox"/> None		<input checked="" type="checkbox"/> Last Unit Cleared							
F Actions Taken *		G1 Resources *				G2 Estimated Dollar Losses & Values			
81 Incident command		<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			
Primary Action Taken (1)		Apparatus 0001				Property \$ 000,000			
31 Provide first aid & check		Suppression 0001				Contents \$ 000,000			
Additional Action Taken (2)		for injuries EMS				PRE-INCIDENT VALUE: Optional			
86 Investigate		Other				Property \$ 000,000			
Additional Action Taken (3)		<input type="checkbox"/> Check box if resource counts include aid received resources.				Contents \$ 000,000			
Completed Modules		H1* Casualties <input type="checkbox"/> None				H3 Hazardous Materials Release			
<input type="checkbox"/> Fire-2		Deaths Injuries				N <input type="checkbox"/> None			
<input type="checkbox"/> Structure-3		Fire Service				1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions			
<input type="checkbox"/> Civil Fire Cas.-4		Civilian				2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)			
<input type="checkbox"/> Fire Serv. Cas.-5						3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container			
<input type="checkbox"/> EMS-6						4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage			
<input type="checkbox"/> HazMat-7		H2 Detector				5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable			
<input type="checkbox"/> Wildland Fire-8		Required for Confined Fires.				6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only			
<input checked="" type="checkbox"/> Apparatus-9		1 <input type="checkbox"/> Detector alerted occupants				7 <input type="checkbox"/> Motor oil: from engine or portable container			
<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			
<input type="checkbox"/> Arson-11		U <input type="checkbox"/> Unknown				0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form			
J Property Use* Structures		341 <input checked="" type="checkbox"/> Clinic, clinic type infirmary				I Mixed Use Property			
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office				NN <input type="checkbox"/> Not Mixed			
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile				10 <input type="checkbox"/> Assembly use			
162 <input type="checkbox"/> Bar/Tavern or nightclub		419 <input type="checkbox"/> 1-or 2-family dwelling				20 <input type="checkbox"/> Education use			
213 <input type="checkbox"/> Elementary school or kindergarten		429 <input type="checkbox"/> Multi-family dwelling				33 <input type="checkbox"/> Medical use			
215 <input type="checkbox"/> High school or junior high		439 <input type="checkbox"/> Rooming/boarding house				40 <input type="checkbox"/> Residential use			
241 <input type="checkbox"/> College, adult education		449 <input type="checkbox"/> Commercial hotel or motel				51 <input type="checkbox"/> Row of stores			
311 <input type="checkbox"/> Care facility for the aged		459 <input type="checkbox"/> Residential, board and care				53 <input type="checkbox"/> Enclosed mall			
331 <input type="checkbox"/> Hospital		464 <input type="checkbox"/> Dormitory/barracks				58 <input type="checkbox"/> Bus. & Residential			
Outside		519 <input type="checkbox"/> Food and beverage sales				59 <input type="checkbox"/> Office use			
124 <input type="checkbox"/> Playground or park		936 <input type="checkbox"/> Vacant lot				60 <input type="checkbox"/> Industrial use			
655 <input type="checkbox"/> Crops or orchard		938 <input type="checkbox"/> Graded/care for plot of land				63 <input type="checkbox"/> Military use			
669 <input type="checkbox"/> Forest (timberland)		946 <input type="checkbox"/> Lake, river, stream				65 <input type="checkbox"/> Farm use			
807 <input type="checkbox"/> Outdoor storage area		951 <input type="checkbox"/> Railroad right of way				00 <input type="checkbox"/> Other mixed use			
919 <input type="checkbox"/> Dump or sanitary landfill		960 <input type="checkbox"/> Other street							
931 <input type="checkbox"/> Open land or field		961 <input type="checkbox"/> Highway/divided highway				Property Use 341			
		962 <input type="checkbox"/> Residential street/driveway				Clinic, clinic-type infirmary			
						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 UNK Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room Boston City

State MA Zip Code 02118

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

Eng ine 41 was called for a medical assist to the planned parenthood clinic. Upon arrival, we found a 34 Y/O female that had undergone a procedure that was hemorrhagic but the doctors at the clinic has it under control and the patient required transport to a hospital. Boston EMS arrived and assumed patient care.

L Authorization

081905 Kelly, Robert K FLT E41 03 29 2017
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. 081905 Kelly, Robert K FLT E41 03 29 2017
Member making report ID Signature Position or rank Assignment Month Day Year

25035
FDID *

MA
State *

MM DD
3 28
Incident Date *

YYYY
2017

Station

17-0019175
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

Eng ine 41 was called for a medical assist to the planned parenthood clinic. Upon arrival, we found a 34 Y/O female that had undergone a procedure that was hemorrhagic but the doctors at the clinic has it under control and the patient required transport to a hospital. Boston EMS arrived and assumed patient care.

A		FDID 25035 *	State MA *	MM 04 DD 04 YYYY 2017	Station	Incident Number 17-0020829 *	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 *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms							
Incident Type 712 Direct tie to FD, malicious false alarm		Check boxes if dates are the same as Alarm Date. ALARM always required				Local Option							
		Month 04	Day 04	Year 2017	Hr 10	Min 54	Sec 56	1	11				
D Aid Given or Received *		ARRIVAL required, unless canceled or did not arrive				Shift or Alarms District Platoon							
1 <input type="checkbox"/> Mutual aid received		<input checked="" type="checkbox"/> Arrival * 04 04 2017 10:58:38				CONTROLLED Optional, Except for wildland fires							
2 <input type="checkbox"/> Automatic aid rcv.		<input type="checkbox"/> Controlled				LAST UNIT CLEARED, required except for wildland fires							
3 <input type="checkbox"/> Mutual aid given		<input type="checkbox"/> Last Unit Cleared 04 04 2017 11:04:25				E3 Special Studies							
4 <input type="checkbox"/> Automatic aid given						Local Option							
5 <input type="checkbox"/> Other aid given						Special Study ID#							
N <input checked="" type="checkbox"/> None						Special Study Value							
F Actions Taken *		G1 Resources *				G2 Estimated Dollar Losses & Values							
Primary Action Taken (1) 86 Investigate		<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							
Additional Action Taken (2)		Apparatus 0002 Personnel				Property \$ 000,000							
Additional Action Taken (3)		EMS				Contents \$ 000,000							
		Other				PRE-INCIDENT VALUE: Optional							
		<input type="checkbox"/> Check box if resource counts include aid received resources.				Property \$ 000,000							
						Contents \$ 000,000							
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				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		H2 Detector Required for Confined Fires.				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		1 <input type="checkbox"/> Detector alerted occupants				6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only				53 <input type="checkbox"/> Enclosed mall			
<input checked="" type="checkbox"/> Apparatus-9		2 <input type="checkbox"/> Detector did not alert them				7 <input type="checkbox"/> Motor oil: from engine or portable container				58 <input type="checkbox"/> Bus. & Residential			
<input type="checkbox"/> Personnel-10		<input type="checkbox"/> Unknown				8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons				59 <input type="checkbox"/> Office use			
<input type="checkbox"/> Arson-11						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				539 <input type="checkbox"/> Household goods, sales, repairs				63 <input type="checkbox"/> Military use			
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office				579 <input type="checkbox"/> Motor vehicle/boat sales/repair				65 <input type="checkbox"/> Farm use			
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile				571 <input type="checkbox"/> Gas or service station				66 <input type="checkbox"/> Other mixed use			
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							
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:				Property Use 340			
807 <input type="checkbox"/> Outdoor storage area		951 <input type="checkbox"/> Railroad right of way				Clinics, doctors offices, hospital							
919 <input type="checkbox"/> Dump or sanitary landfill		960 <input type="checkbox"/> Other street											
931 <input type="checkbox"/> Open land or field		961 <input type="checkbox"/> Highway/divided highway											
		962 <input type="checkbox"/> Residential street/driveway											

A		FDID 25035 *	State MA *	Incident Date 05/21/2017 *	Station	Incident Number 17-0031777 *	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		1055		COMMONWEALTH			AVE			
<input type="checkbox"/> Intersection		Number/Milepost	Prefix	Street or Highway			Street Type	Suffix		
<input type="checkbox"/> In front of				BOSTON			MA	02215		
<input type="checkbox"/> Rear of		Apt./Suite/Room	City				State	Zip Code		
<input type="checkbox"/> Adjacent to		Cross street or directions, as applicable								
<input type="checkbox"/> Directions										
C Incident Type *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms				
321 EMS call, excluding vehicle accident		Check boxes if Date and Time are the same as Alarm Date. ALARM always required				Local Option				
Incident Type		Month Day Year Hr Min Sec				Shift or Alarms District Platoon				
D Aid Given or Received *		Alarm * 05/21/2017 15:51:26				2 11				
1 <input type="checkbox"/> Mutual aid received		ARRIVAL required, unless canceled or did not arrive				Special Studies				
2 <input type="checkbox"/> Automatic aid recv.		<input checked="" type="checkbox"/> Arrival * 05/21/2017 15:54:19				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 <input checked="" type="checkbox"/> None		<input checked="" type="checkbox"/> Last Unit Cleared 05/21/2017 16:01:11								
F Actions Taken *		G1 Resources *			G2 Estimated Dollar Losses & Values					
30 Emergency medical services		<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					
Primary Action Taken (1)		Apparatus Personnel			Property \$ 000,000					
Additional Action Taken (2)		Suppression 0001			Contents \$ 000,000					
Additional Action Taken (3)		EMS			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 <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			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			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		H2 Detector			4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage			40 <input type="checkbox"/> Residential use		
<input type="checkbox"/> HazMat-7		Required for Confined Fires.			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		1 <input type="checkbox"/> Detector alerted occupants			6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only			53 <input type="checkbox"/> Enclosed mall		
<input checked="" type="checkbox"/> Apparatus-9		2 <input type="checkbox"/> Detector did not alert them			7 <input type="checkbox"/> Motor oil: from engine or portable container			58 <input type="checkbox"/> Bus. & Residential		
<input type="checkbox"/> Personnel-10		U <input type="checkbox"/> Unknown			8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons			59 <input type="checkbox"/> Office use		
<input type="checkbox"/> Arson-11					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			539 <input type="checkbox"/> Household goods, sales, repairs			63 <input type="checkbox"/> Military use		
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office			579 <input type="checkbox"/> Motor vehicle/boat sales/repair			65 <input type="checkbox"/> Farm use		
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile			571 <input type="checkbox"/> Gas or service station			66 <input type="checkbox"/> Other mixed use		
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					
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 900					
919 <input type="checkbox"/> Dump or sanitary landfill		960 <input type="checkbox"/> Other street			Outside or special property, other					
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. Betty MI burgin 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. MI Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

L Remarks Local Option

On arrival L14 investigated reports of an unknown illness. After further investigation we noticed an elderly female sitting in the doorway at 1055 Comm Ave with her niece and great niece. A primary assessment was completed witpateint, that was conversational, and her niece. The patient stated that this event had never happened before. She says that she had heart issues but had taken her medicine for it. BEMS arrived on scene for a secondary assessment. No further assistance was needed and the patient remained in BEMS care

L Authorization

076765 Freeman, Clydies FLT L11 05 21 2017
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. 076765 Freeman, Clydies FLT L11 05 21 2017
Member making report ID Signature Position or rank Assignment Month Day Year

25035
FDID *

MA
State *

MM DD
5 21
Incident Date *

YYYY
2017

Station

17-0031777
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

On arrival L14 investigated reports of an unknown illness. After further investigation we noticed an elderly female sitting in the doorway at 1055 Comm Ave with her niece and great niece. A primary assessment was completed with patient, that was conversational, and her niece. The patient stated that this event had never happened before. She says that she had heart issues but had taken her medicine for it. BEMS arrived on scene for a secondary assessment. No further assistance was needed and the patient remained in BEMS care

A FDID 25035 * State MA * Incident Date 09 05 2017 * Station _____ Incident Number 17-0058174 * Exposure 000 * Delete Change No Activity **NFIRS -1 Basic**

B Location* 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.

Street address 1055 COMMONWEALTH AVE
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection
 In front of
 Rear of
 Adjacent to
 Directions

BOSTON MA 02215
 Apt./Suite/Room City State Zip Code

 Cross street or directions, as applicable

C Incident Type *
511 Lock-out
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm ALARM always required
 Date. Alarm * 09 05 2017 18:02:59
 Month Day Year Hr Min Sec

E2 Shift & Alarms
 Local Option
2 11
 Shift or Alarms District
 Platoon

D Aid Given or Received *

1 Mutual aid received
 2 Automatic aid recv.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None

Their FDID Their State

 Their Incident Number

Arrival * 09 05 2017 18:07:10
 ARRIVAL required, unless canceled or did not arrive
 CONTROLLED Optional, Except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared 09 05 2017 18:21:24

E3 Special Studies
 Local Option
 Special Study ID# _____
 Special Study Value _____

F Actions Taken *

73 Provide manpower
 Primary Action Taken (1)

 Additional Action Taken (2)

 Additional Action Taken (3)

G1 Resources *

Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel
 Suppression 0001 _____
 EMS _____
 Other _____

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & 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-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1* Casualties None

Deaths Injuries
 Fire Service _____
 Civilian _____

H2 Detector
 Required for Confined Fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release

N None

1 Natural Gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21 lb. tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling < 55 gallons
 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN Not Mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Bus. & Residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use* Structures

131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school or kindergarten
 215 High school or junior high
 241 College, adult education
 311 Care facility for the aged
 331 Hospital

341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1-or 2-family dwelling
 429 Multi-family dwelling
 439 Rooming/boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales

539 Household goods, sales, repairs
 579 Motor vehicle/boat sales/repair
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 629 Laboratory/science lab
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

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/care 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

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 Property Use 963
Street or road in commercial area

A		FDID 25035 *	State MA *	Incident Date 09/10/2017 *	Station	Incident Number 17-0059365 *	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 721 Bomb scare - no bomb			E1 Date & Times Midnight is 0000			E2 Shift & Alarms	
D Aid Given or Received *		1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid rcv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None			Check boxes if dates are the same as Alarm Date. ALARM always required Alarm * 09/10/2017 08:03:35 ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * 09/10/2017 08:06:26 CONTROLLED Optional, Except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit Cleared 09/10/2017 08:46:17			Local Option Shift or Alarms 2 District 11 Platoon	
F Actions Taken *		82 <input type="checkbox"/> Notify other agencies. 84 <input type="checkbox"/> Refer to proper authority 86 <input type="checkbox"/> Investigate			G1 Resources * <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus 0003 Personnel Suppression EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.			G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. None Property \$ 000,000 Contents \$ 000,000 PRE-INCIDENT VALUE: Optional Property \$ 000,000 Contents \$ 000,000	
Completed Modules		H1* Casualties <input type="checkbox"/> None Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown			H3 Hazardous Materials Release N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form			I Mixed Use Property NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 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	
J Property Use* Structures		131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital 341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 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 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard			Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 340 Clinics, doctors offices, hospital				

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 _____

More Remarks? Check this box and attach Supplement Forms (NFIRS-1S) as Necessary

L Authorization

|056064| |Heelen, Brian P| |DIS| |D11| |09| |11| |2017|
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. |054000| |Ellis, Patrick J| |FCP| |L14| |09| |11| |2017|
Member making report ID Signature Position or rank Assignment Month Day Year

A		FDID 25035 *	State MA *	Incident Date 10/12/2017 *	Station	Incident Number 17-0067618 *	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 *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms			
Incident Type 745 Alarm system activation, no fire		Check boxes if dates are the same as Alarm Date. ALARM always required				Local Option			
		Month 10	Day 12	Year 2017	Hr 13	Min 33	Sec 53	Shift or Platoon 2	Alarms District 11
D Aid Given or Received *		E3 Special Studies							
1 <input type="checkbox"/> Mutual aid received		ARRIVAL required, unless canceled or did not arrive				Local Option			
2 <input type="checkbox"/> Automatic aid rcv.		<input checked="" type="checkbox"/> Arrival * 10/12/2017 13:37:17				Special Study ID#			
3 <input type="checkbox"/> Mutual aid given		CONTROLLED Optional, Except for wildland fires				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 <input checked="" type="checkbox"/> None		<input checked="" type="checkbox"/> Last Unit Cleared 10/12/2017 13:56:08							
F Actions Taken *		G1 Resources *				G2 Estimated Dollar Losses & Values			
Primary Action Taken (1) 86 Investigate		<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			
Additional Action Taken (2)		Apparatus 0002 Personnel				Property \$ 000,000			
Additional Action Taken (3)		EMS				Contents \$ 000,000			
		Other				PRE-INCIDENT VALUE: Optional			
		<input type="checkbox"/> Check box if resource counts include aid received resources.				Property \$ 000,000			
						Contents \$ 000,000			
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		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		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				0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form				63 <input type="checkbox"/> Military use	
131 <input type="checkbox"/> Church, place of worship		341 <input type="checkbox"/> Clinic, clinic type infirmary		539 <input type="checkbox"/> Household goods, sales, repairs				65 <input type="checkbox"/> Farm use	
161 <input type="checkbox"/> Restaurant or cafeteria		342 <input type="checkbox"/> Doctor/dentist office		579 <input type="checkbox"/> Motor vehicle/boat sales/repair				66 <input type="checkbox"/> Other mixed use	
162 <input type="checkbox"/> Bar/Tavern or nightclub		361 <input type="checkbox"/> Prison or jail, not juvenile		571 <input type="checkbox"/> Gas or service station					
213 <input type="checkbox"/> Elementary school or kindergarten		419 <input type="checkbox"/> 1-or 2-family dwelling		599 <input type="checkbox"/> Business office					
215 <input type="checkbox"/> High school or junior high		429 <input type="checkbox"/> Multi-family dwelling		615 <input type="checkbox"/> Electric generating plant					
241 <input type="checkbox"/> College, adult education		439 <input type="checkbox"/> Rooming/boarding house		629 <input type="checkbox"/> Laboratory/science lab					
311 <input type="checkbox"/> Care facility for the aged		449 <input type="checkbox"/> Commercial hotel or motel		700 <input type="checkbox"/> Manufacturing plant					
331 <input type="checkbox"/> Hospital		459 <input type="checkbox"/> Residential, board and care		819 <input type="checkbox"/> Livestock/poultry storage (barn)					
Outside		464 <input type="checkbox"/> Dormitory/barracks		882 <input type="checkbox"/> Non-residential parking garage					
124 <input type="checkbox"/> Playground or park		519 <input type="checkbox"/> Food and beverage sales		891 <input type="checkbox"/> Warehouse					
655 <input type="checkbox"/> Crops or orchard		936 <input type="checkbox"/> Vacant lot		981 <input type="checkbox"/> Construction site					
669 <input type="checkbox"/> Forest (timberland)		938 <input type="checkbox"/> Graded/care for plot of land		984 <input type="checkbox"/> Industrial plant yard					
807 <input type="checkbox"/> Outdoor storage area		946 <input type="checkbox"/> Lake, river, stream		Lookup and enter a Property Use code only if you have NOT checked a Property Use box:					
919 <input type="checkbox"/> Dump or sanitary landfill		951 <input type="checkbox"/> Railroad right of way		Property Use 300					
931 <input type="checkbox"/> Open land or field		960 <input type="checkbox"/> Other street		Health care, detention, & correction					
		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

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

Investigated to find HVAC worker working on the system. He accidentally set off duct smoke detector. No smoke or fire condition found.

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 YYYY
10 12 2017
Incident Date *

Station

17-0067618
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

Investigated to find HVAC worker working on the system. He accidentally set off duct smoke detector. No smoke or fire condition found.

A		FDID 25035 *	State MA *	Incident Date 10/12/2017 *	Station	Incident Number 17-0067627 *	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		Apt./Suite/Room	City BOSTON	State MA	Zip Code 02215				
<input type="checkbox"/> Adjacent to									
<input type="checkbox"/> Directions		Cross street or directions, as applicable							
C Incident Type *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms			
Incident Type 651 Smoke scare, odor of smoke		Check boxes if dates are the same as Alarm Date. ALARM always required				Local Option			
		Month 10	Day 12	Year 2017	Hr 14	Min 03	Sec 47	Shift or Platoon 2	Alarms District 01 11
D Aid Given or Received *		<input checked="" type="checkbox"/> Arrival * 10/12/2017 14:06:53				E3 Special Studies			
1 <input type="checkbox"/> Mutual aid received		ARRIVAL required, unless canceled or did not arrive				Local Option			
2 <input type="checkbox"/> Automatic aid rcv.		<input type="checkbox"/> Controlled				Special Study ID#			
3 <input type="checkbox"/> Mutual aid given		CONTROLLED Optional, Except for wildland fires				Special Study Value			
4 <input type="checkbox"/> Automatic aid given		<input type="checkbox"/> Last Unit Cleared 10/12/2017 14:26:10							
5 <input type="checkbox"/> Other aid given									
N <input checked="" type="checkbox"/> None									
F Actions Taken *		G1 Resources *				G2 Estimated Dollar Losses & Values			
Primary Action Taken (1) 86 Investigate		<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			
Additional Action Taken (2)		Apparatus 0009 Personnel				Property \$ 000,000			
Additional Action Taken (3)		EMS				Contents \$ 000,000			
		Other				PRE-INCIDENT VALUE: Optional			
		<input type="checkbox"/> Check box if resource counts include aid received resources.				Property \$ 000,000			
						Contents \$ 000,000			
Completed Modules		H1* Casualties <input type="checkbox"/> None				H3 Hazardous Materials Release			
<input type="checkbox"/> Fire-2		Deaths Injuries				N <input type="checkbox"/> None			
<input type="checkbox"/> Structure-3		Fire Service				1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions			
<input type="checkbox"/> Civil Fire Cas.-4		Civilian				2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)			
<input type="checkbox"/> Fire Serv. Cas.-5						3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container			
<input type="checkbox"/> EMS-6						4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage			
<input type="checkbox"/> HazMat-7		H2 Detector				5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable			
<input type="checkbox"/> Wildland Fire-8		Required for Confined Fires.				6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only			
<input checked="" type="checkbox"/> Apparatus-9		1 <input type="checkbox"/> Detector alerted occupants				7 <input type="checkbox"/> Motor oil: from engine or portable container			
<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			
<input type="checkbox"/> Arson-11		U <input type="checkbox"/> Unknown				0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form			
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/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							
669 <input type="checkbox"/> Forest (timberland)		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:			
807 <input type="checkbox"/> Outdoor storage area		960 <input type="checkbox"/> Other street				Property Use 340			
919 <input type="checkbox"/> Dump or sanitary landfill		961 <input type="checkbox"/> Highway/divided highway				Clinics, doctors offices, hospital			
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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room	City			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.

Business name (if Applicable)

Area Code

Phone Number

Local Option

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room	City			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State	Zip Code				

L Remarks

Local Option

Companies investigated roof area where a contractor was working. A thermal imager was used and there was no heat at area of work. All companies returned

L Authorization 056064

Officer in charge ID

 Heelen, Brian P

Signature

 DIS

Position or rank

 D11

Assignment

 10

Month

 23

Day

 2017

Year

Check Box if same as Officer in charge.

 056064

Member making report ID

 Heelen, Brian P

Signature

 DIS

Position or rank

 D11

Assignment

 10

Month

 23

Day

 2017

Year

25035
FDID *

MA
State *

MM DD
10 12
Incident Date *

YYYY
2017

Station

17-0067627
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

Companies investigated roof area where a contractor was working. A thermal imager was used and there was no heat at area of work. All companies returned