

A FDID State Incident Date Station Incident Number Exposure Delete Change

NFIRS - 1 BASIC

B Location Type Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. Census Tract

Street address

Intersection

In front of

Rear of

Adjacent to

Directions

US National Grid

C IncidentType Incident Type

E1 Dates and Times Midnight is 0000

Month Day Year Hour/Min

Check boxes if dates are the same as Alarm Date. Alarm Arrival Controlled Last Unit Cleared

ARRIVAL required, unless canceled or did not arrive

CONTROLLED optional, except for wildland fires

LAST UNIT CLEARED, required except for wildland fires

E2 Shifts and Alarms Local option

Shift or Platoon Alarms District

D Aid Given or Received None

Mutual aid received

Auto. aid received

Mutual aid given

Auto. aid given

Other aid given

Their FDID Their State

Their Incident Number

E3 Special Studies Local option

F Actions Taken

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources

Check this box and skip this block if an Apparatus or Personnel Module is used.

Apparatus Personnel

Suppression

EMS

Other

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses and Values

LOSSES: Required for all fires if known. Optional for non-fires. None

Property \$

Contents \$

PRE-INCIDENT VALUE: Optional

Property \$

Contents \$

Completed Modules

Fire-2

Structure Fire-3

Civilian Fire Cas.-4

Fire Service Cas.-5

EMS-6

HazMat-7

Wildland Fire-8

Apparatus-9

Personnel-10

Arson-11

H1 Casualties None

Deaths Injuries

Fire Service

Civilian

H2 Detector Required for confined fires.

Detector alerted occupants

Detector did not alert them

Unknown

H3 Hazardous Materials Release None

Natural gas: slow leak, no evacuation or HazMat actions

Propane gas: < 21 - lb tank (as in home BBQ grill)

Gasoline: vehicle fuel tank or portable container

Kerosene: fuel burning equipment or portable storage

Diesel fuel/fuel oil: vehicle fuel tank or portable storage

Household solvents: home/office spill, cleanup only

Motor oil: from engine or portable container

Paint: from paint cans totaling < 55 gallons

Other: special HazMat action required or spill > 55 gal

(Please complete the HazMat form.)

I Mixed Use Property Not mixed

Assembly use

Education use

Medical use

Residential use

Row of stores

Enclosed mall

Business & residential

Office use

Industrial use

Military use

Farm use

Other mixed use

J Property Use None

Structures

131 Church, place of worship

161 Restaurant or cafeteria

162 Bar/tavern or nightclub

213 Elementary school, kindergarten

215 High school, junior high

241 College, adult education

311 Nursing home

331 Hospital

341 Clinic, clinic-type infirmary

342 Doctor/dentist office

361 Prison or jail, not juvenile

419 1- or 2-family dwelling

429 Multifamily dwelling

439 Rooming/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

571 Gas or service station

579 Motor vehicle/boat sales/repairs

599 Business office

615 Electric-generation plant

629 Laboratory/science laboratory

700 Manufacturing plant

819 Livestock/poultry storage (barn)

882 Non-residential parking garage

891 Warehouse

Outside

124 Playground or park

655 Crops or orchard

669 Forest (timberland)

807 Outdoor storage area

919 Dump or sanitary landfill

931 Open land or field

936 Vacant lot

938 Graded/cared for plot of land

946 Lake, river, stream

951 Railroad right-of-way

960 Other street

961 Highway/divided highway

962 Residential street/driveway

981 Construction site

984 Industrial plant yard

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box. Code

Property Use Description

A	<input type="text" value="19025"/> FDID	<input type="text" value="CA"/> State	<input type="text" value="08"/> MM	<input type="text" value="06"/> DD	<input type="text" value="2019"/> YYYY	<input type="text" value="ST3"/> Station	<input type="text" value="2019-00004892"/> Incident Number	<input type="text" value="000"/> Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 1 BASIC
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K2 Owner Same as person involved? Then check this box and skip the rest of this block.

Local Option Business Name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident Location (Section B). then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State ZIP Code -

M Authorization

Check box if same as Officer in charge.

<input type="text" value="01399"/> Officer in charge ID	<input type="text" value="Victor Gutierrez"/> Signature	<input type="text" value="Victor Gutierrez"/> Victor Gutierrez	<input type="text" value="Fire Engineer"/> Position or rank	<input type="text" value="Fire Suppress"/> Assignment	<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year
<input type="text" value="01399"/> Member making report ID	<input type="text" value="Victor Gutierrez"/> Signature	<input type="text" value="Victor Gutierrez"/> Victor Gutierrez	<input type="text" value="Fire Engineer"/> Position or rank	<input type="text" value="Fire Suppress"/> Assignment	<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year

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L Remarks

Local Option

E3 assisted R3 on medical aid.

A FDID State Incident Date Station Incident Number Exposure Delete Change **NFIRS - 9 APPARATUS OR RESOURCES**

B Apparatus or Resources Use codes listed below	Dates and Times Midnight is 0000 Check if same date as Alarm date on the Basic Module (Block E1)					Sent	Number of People	Apparatus Use Check ONE box for each apparatus to indicate its main use at this incident	Actions Taken List up to 4 actions for each apparatus
	Dispatch	Arrival	Clear	Month	Day				
1 ID <input type="text" value="E3"/> ★ Type <input type="text" value="11"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="08"/>	<input type="text" value="06"/>	<input type="text" value="2019"/>	<input type="text" value="1228"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
2 ID <input type="text" value="R3"/> ★ Type <input type="text" value="76"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="08"/>	<input type="text" value="06"/>	<input type="text" value="2019"/>	<input type="text" value="1232"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
3 ID <input type="text"/> ★ Type <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
4 ID <input type="text"/> ★ Type <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
5 ID <input type="text"/> ★ Type <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
6 ID <input type="text"/> ★ Type <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
7 ID <input type="text"/> ★ Type <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
8 ID <input type="text"/> ★ Type <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
9 ID <input type="text"/> ★ Type <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>

<p>Apparatus or Resource Type</p> <p>Ground Fire Suppression</p> <ul style="list-style-type: none"> 11 Engine 12 Truck or aerial 13 Quint 14 Tanker and pumper combination 16 Brush truck 17 ARFF (aircraft rescue and firefighting) 10 Ground fire suppression, other <p>Heavy Ground Equipment</p> <ul style="list-style-type: none"> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy ground equipment, other 	<p>Aircraft</p> <ul style="list-style-type: none"> 41 Aircraft: fixed-wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other <p>Marine Equipment</p> <ul style="list-style-type: none"> 51 Fire boat with pump 52 Boat, no pump 53 Marine equipment, other <p>Support Equipment</p> <ul style="list-style-type: none"> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other 	<p>Medical and Rescue</p> <ul style="list-style-type: none"> 71 Rescue unit 72 Urban search and rescue unit 73 High-angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other <p>Other</p> <ul style="list-style-type: none"> 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type II hand crew 99 Privately owned vehicle 00 Other apparatus / resources 	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>More Apparatus? Use additional</p> </div> <p>NN None UU Undetermined</p>
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B Apparatus or Resources Use codes listed below	Dates and Times Midnight is 0000 Check if same date as Alarm date on the Basic Module (Block E1) ↓ Month Day Year Hour / Min	Sent	Number of People	Apparatus Use Check ONE box for each apparatus to indicate its main use at this incident	Actions Taken List up to 4 actions for each apparatus
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<input type="text" value="1"/>	ID <input type="text" value="E3"/>	Dispatch <input checked="" type="checkbox"/>	MM <input type="text" value="08"/>	DD <input type="text" value="06"/>	YYYY <input type="text" value="2019"/>	Hour / Min <input type="text" value="1228"/>	<input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input checked="" type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
★	Type <input type="text" value="11"/>	Arrival <input checked="" type="checkbox"/>	MM <input type="text" value="08"/>	DD <input type="text" value="06"/>	YYYY <input type="text" value="2019"/>	Hour / Min <input type="text" value="1237"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
		Clear <input checked="" type="checkbox"/>	MM <input type="text" value="08"/>	DD <input type="text" value="06"/>	YYYY <input type="text" value="2019"/>	Hour / Min <input type="text" value="1248"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken			
4813	Kevin Lawson	Fire Suppr	<input checked="" type="checkbox"/>								
02616	James J Core	Fire Suppr	<input checked="" type="checkbox"/>								
01399	Victor M Gutierrez	Fire Suppr	<input checked="" type="checkbox"/>								
03422	Matthew R Gwaltney	Fire Suppr	<input checked="" type="checkbox"/>								

<input type="text" value="2"/>	ID <input type="text" value="R3"/>	Dispatch <input checked="" type="checkbox"/>	MM <input type="text" value="08"/>	DD <input type="text" value="06"/>	YYYY <input type="text" value="2019"/>	Hour / Min <input type="text" value="1228"/>	<input checked="" type="checkbox"/>	<input type="text" value="02"/>	<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
★	Type <input type="text" value="76"/>	Arrival <input checked="" type="checkbox"/>	MM <input type="text" value="08"/>	DD <input type="text" value="06"/>	YYYY <input type="text" value="2019"/>	Hour / Min <input type="text" value="1232"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
		Clear <input checked="" type="checkbox"/>	MM <input type="text" value="08"/>	DD <input type="text" value="06"/>	YYYY <input type="text" value="2019"/>	Hour / Min <input type="text" value="1312"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken			
4659	Derek Guapo	Fire Suppr	<input checked="" type="checkbox"/>								
4251	Mike Stanley	Fire Suppr	<input checked="" type="checkbox"/>								