

<b>A</b>		MM DD YYYY									<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS -1 Basic
FDID * 05006		State * MI	Incident Date * 05 22 2020		Station 1		Incident Number * 20-0002103		Exposure * 000				
<b>B Location*</b> <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract <input type="checkbox"/> - <input type="checkbox"/> <input checked="" type="checkbox"/> Street address 15921 EIGHT MILE <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions Number/Milepost Prefix Street or Highway Street Type Suffix Apt./Suite/Room City State Zip Code Cross street or directions, as applicable													
<b>C Incident Type *</b> 320 Emergency medical service, Incident Type				<b>E1 Date &amp; Times</b> Midnight is 0000 Check boxes if dates are the same as Alarm ALARM always required Date Alarm * 05 22 2020 10:41:00 ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * 05 22 2020 10:47:00 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 05 22 2020 10:58:00						<b>E2 Shift &amp; Alarms</b> Local Option 1 IN Shift or Alarms District Platoon			
<b>D Aid Given or Received*</b> 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 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 Their FDID Their State Their Incident Number				<b>E3 Special Studies</b> Local Option Special Study ID# Special Study Value									
<b>F Actions Taken *</b> 33 Provide advanced life Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)				<b>G1 Resources *</b> <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression EMS 0002 0003 Other <input type="checkbox"/> Check box if resource counts include aid received resources.				<b>G2 Estimated Dollar Losses &amp; Values</b> 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					
<b>Completed Modules</b> <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		<b>H1* Casualties</b> <input type="checkbox"/> None Deaths Injuries Fire Service Civilian <b>H2 Detector</b> 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		<b>H3 Hazardous Materials Release</b> 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				<b>I Mixed Use Property</b> 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					
<b>J Property Use*</b> 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 Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		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 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		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 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, NFIRS-1 Revision 03/11/99									

K1

Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2

Owner

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

Same as person involved? Then check this box and skip The rest of this section.

L

Remarks

Local Option

Inc #: 200002103

Ag.: 90

Type: ME MEDICAL EMERGENCY

Address: 15921 8 MILE RD, EASTPOINTE MI

Location: EASTLAND WOMEN'S CLINIC

Call Dt.: 05/22/20 10:38:49

Disp. Dt.: 05/22/20 10:41:05

Enrt. Dt.: 05/22/20 10:42:27

Arrv. Dt.: 05/22/20 10:47:33

CLR. Dt.: 05/22/20 10:42:26

Unit Details:

Unit Cd.	Disp Dt.	Enrt Dt.	Arr Dt.	Enrt Hosp.	Arrv Hosp.	CLR Dt.	User Name
.EAFD1	05/22/20 10:41:05			05/22/20 10:42:26			SECICHOSKIS,SEPASCOM
EAE2	05/22/20 10:41:53	05/22/20 10:43:15		05/22/20 10:47:33			SECICHOSKIS,SEPASCOM
MSA1	05/22/20 10:41:18	05/22/20 10:42:27					SECICHOSKIS,SEPASCOM

Comments:

05/22/20 10:40:03 25 YOF PT IS UNCONSCIOUS THEY HAVE GIVEN HER NARCAN THERE IS A DOCTOR OR NURSE WITH THE PATIENT, PATIENT IS STILL UNCONSCIOUS SEREESMANM

05/22/20 10:40:10 SHE IS BREATHING SEREESMANM

05/22/20 10:40:14 EMERGENCY REPSONSE REQUESTED SEREESMANM

05/22/20 10:40:24 GOT O THE BACK DOOR SEREESMANM

05/22/20 10:40:31 NO COVID SYMPTOMS SEREESMANM

L

Authorization

LTLE01

LT. LEE, KIRK

LT

05

22

2020

Officer in charge ID

Signature

Position or rank

Assignment

Month

Day

Year

Check Box if same as Officer in charge.

LTLE01

LT. LEE, KIRK

LT

05

22

2020

Member making report ID

Signature

Position or rank

Assignment

Month

Day

Year

Fire Department

05006 05/22/2020 20-0002103

FDID 05006 *	State MI *	Incident Date MM DD YYYY 5 22 2020 *	Station 1	Incident Number 20-0002103 *	Exposure 000 *	Complete Narrative
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**Narrative:**

Inc #: 200002103  
 Ag.: 90  
 Type: ME MEDICAL EMERGENCY  
 Address: 15921 8 MILE RD, EASTPOINTE MI  
 Location: EASTLAND WOMEN'S CLINIC  
 Call Dt.: 05/22/20 10:38:49  
 Disp. Dt.: 05/22/20 10:41:05  
 Enrt. Dt.: 05/22/20 10:42:27  
 Arrv. Dt.: 05/22/20 10:47:33  
 CLR. Dt.: 05/22/20 10:42:26

Unit Details:

Unit Cd.	Disp Dt.	Enrt Dt.	Arr Dt.	Enrt Hosp.	Arrv Hosp.	CLR Dt.	User Name
.EAFD1	05/22/20 10:41:05			05/22/20 10:42:26			SECICHOSKIS,SEPASCOM
EAE2	05/22/20 10:41:53	05/22/20 10:43:15		05/22/20 10:47:33			SECICHOSKIS,S
EPASCOM							
MSA1	05/22/20 10:41:18	05/22/20 10:42:27					SECICHOSKIS,SEPASCOM

Comments:

05/22/20 10:40:03 25 YOF PT IS UNCONSCIOUS THEY HAVE GIVEN HER NARCAN THERE IS A DOCTOR OR NURSE WITH THE PATIENT, PATIENT IS STILL UNCONSCIOUS SEREESMANM

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05/22/20 10:40:24 GOT O THE BACK DOOR SEREESMANM

05/22/20 10:40:31 NO COVID SYMPTOMS SEREESMANM

A

05006

MI

5

22

2020

1

20-0002103

000

Delete

Change

FDID

State

Incident Date

Station

Incident Number

Exposure

NFIRS - 9  
Apparatus or  
Resources

B

Apparatus or \*  
Resource

Date and Times

Check if same as alarm date

Month

Day

Year

Hour

Min

Sent

X

Number  
of \*  
People

2

Use

Check ONE box for each  
apparatus to indicate  
its main use at the  
incident.

Suppression

EMS

Other

Actions Taken

1

ID EP-E-2

Dispatch

X

5

22

2020

10:41

Arrival

X

5

22

2020

10:47

Clear

X

5

22

2020

10:58

X

2

Suppression

EMS

Other

2

ID MEDSTR

Dispatch

X

5

22

2020

10:41

Arrival

X

5

22

2020

10:47

Clear

X

5

22

2020

10:58

X

1

Suppression

EMS

Other

3

ID

Dispatch

Arrival

Clear

4

ID

Dispatch

Arrival

Clear

5

ID

Dispatch

Arrival

Clear

6

ID

Dispatch

Arrival

Clear

7

ID

Dispatch

Arrival

Clear

8

ID

Dispatch

Arrival

Clear

9

ID

Dispatch

Arrival

Clear

Type of Apparatus or Resources

Ground Fire Suppression

11 Engine

12 Truck or aerial

13 Quint

14 Tanker & pumper combination

16 Brush truck

17 ARF (Aircraft Rescue and Firefighting)

10 Ground fire suppression, other

Heavy Ground Equipment

21 Dozer or plow

22 Tractor

24 Tanker or tender

20 Heavy equipment, other

Aircraft

41 Aircraft: fixed wing tanker

42 Helitanker

43 Helicopter

40 Aircraft, other

Marine Equipment

51 Fire boat with pump

52 Boat, no pump

50 Marine apparatus, other

Support Equipment

61 Breathing apparatus support

62 Light and air unit

60 Support apparatus, other

Medical & Rescue

71 Rescue unit

72 Urban Search & rescue unit

73 High angle rescue unit

75 BLS unit

76 ALS unit

70 Medical and rescue unit, other

More Apparatus?  
Use Additional  
Sheets

Other

91 Mobile command post

92 Chief officer car

93 HazMat unit

94 Type 1 hand crew

95 Type 2 hand crew

99 Privately owned vehicle

00 Other apparatus/resource

NN None

UU Undetermined

NFIRS-9 Revision 11/17/98

Fire Department 05006 05/22/2020 20-0002103

A

05006

MI

5

22

2020

1

20-0002103

000

☐Delete

☐Change

NFIRS - 10  
Personnel

B Apparatus or Resource \*

Date and Times  
Check if same as alarm date  
Month Day Year Hours/mins

Sent  
☒

Number of \* People  
2

Use  
Check ONE box for each apparatus to indicate its main use at the incident.  
☐Suppression  
☒EMS  
☐Other

Actions Taken  
List up to 4 actions for each apparatus and each personnel.

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
ADAMO LTLE01	ADAMO, MICHAEL LT. LEE, KIRK	FFP LT	X X				

2

ID MEDSTR

Dispatch ☒

5

22

2020

10:41

Arrival ☒

5

22

2020

10:47

Clear ☒

5

22

2020

10:58

Sent  
☒

1

☐Suppression  
☒EMS  
☐Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
MEDSTAR	MEDSTAR, PERSONNEL		X				

3

ID

Dispatch ☐

Arrival ☐

Clear ☐

Sent  
☐

☐Suppression  
☐EMS  
☐Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				



Patient Information				Clinical Impression			
Last		Address		Primary Impression	Altered Mental Status		
First		Address 2		Secondary Impression			
Middle		City		Protocol Used	Altered Mental Status		
Gender	Female	State	MI	Anatomic Position			
DOB	01/01/1995	Zip		Chief Complaint	ro overdose		
Age	25 Yrs, 4 Months, 21 Days	Country	US	Duration	2	Units	Minutes
Weight		Tel		Secondary Complaint			
Pedi Color		Physician		Duration		Units	
SSN		Ethnicity		Patient's Level of Distress			
Race	Black or African American			Signs & Symptoms	Cognitive Functions and Awareness - Altered mental status		
Advance Directives				Injury	--		
Resident Status				Medical/Trauma	Medical		
				Barriers of Care	Unconscious		
				Alcohol/Drugs	None Reported		
				Pregnancy	No		
				Initial Patient Acuity	Emergent (Yellow)		
				Final Patient Acuity	Emergent (Yellow)		
				Patient Activity			

Medication/Allergies/History	
Medications	None Reported
Allergies	No known allergies
History	None Reported

Vital Signs															
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifier	RTS	PTS
10:50	Alert			158/98	46	16	100			125			13=4+4+5	12	

Flow Chart				Provider
Time	Treatment	Description		
10:53	IV Therapy	20 ga; Hand-Left; Normal Saline (.9% NaCl); Total Fluid 100 ml; Patient Response: Unchanged; Successful;		ADAMO, MICHAEL

Initial Assessment			
Category	Comments	Abnormalities	
Mental Status		Mental Status	+ Confused, Other
			- Event Oriented, Person Oriented, Place Oriented, Time Oriented
Skin		Skin	No Abnormalities
HEENT		Head/Face	No Abnormalities
		Eyes	No Abnormalities
		Neck/Airway	No Abnormalities
		Chest	No Abnormalities
Chest		Heart Sounds	No Abnormalities
		Lung Sounds	No Abnormalities
		General	No Abnormalities
		Left Upper	No Abnormalities
Abdomen		Right Upper	No Abnormalities
		Left Lower	No Abnormalities
		Right Lower	No Abnormalities
		Cervical	No Abnormalities
Back		Thoracic	No Abnormalities
		Lumbar/Sacral	No Abnormalities
		Pelvis/GU/GI	No Abnormalities
		Pelvis/GU/GI	No Abnormalities
Extremities		Left Arm	No Abnormalities
		Right Arm	No Abnormalities
		Left Leg	No Abnormalities
		Right Leg	No Abnormalities
		Pulse	Not Assessed
		Capillary Refill	Not Assessed

Name: MCCOY, DOMINIQUE

Incident #: 200002103

Date: 05/22/2020

Patient 1 of 1

Initial Assessment			
Category	Comments	Abnormalities	
Neurological		Neurological	+ Other

Assessment Time: 05/22/2020 10:49:22

Narrative	
ENGINE 2 WAS DISPATCHED TO A FEMALE WITH ALTERED MENTAL STATUS AT THE DR'S OFFICE. ENGINE TWO FOUND A FEMALE GCS OF 13 ALREADY IN THE CARE OF MEDSTAR. PT WAS IN THE DR'S OFFICE FOR A PROCEDURE AND WAS GIVEN SEDATIVES AND IS NOT RESPONDING WELL. PT WAS GIVEN 2MG OF NARCAN IM PRIOR TO FD ARRIVAL. MEDSTAR CONTINUED PT CARE THROUGH OUT ENTIRE CALL. PT WAS LOADED UP INTO MEDSTAR AND TRANSPORTED BY AMBULANCE THROUGH OUT TRANSPORT	
EOR NOT OFFICIAL CARE REPORT FOR ABOVE PT.	

Incident Details		Destination Details		Incident Times	
Location Type	Hospital	Disposition	Assist, Agency - EMS Provider (Ground) - MedStar Ambulance	PSAP Call	10:38:49
Location		Transport Due To	Closest Facility	Dispatch Notified	
Address	15921 8 MILE RD	Transported To		Call Received	10:38:49
Address 2		Requested By	Physician	Dispatched	10:41:53
Mile Marker		Destination	Hospital	En Route	10:43:15
City	Eastpointe	Department		Resp on Scene	
County	Macomb	Address		On Scene	10:47:33
State	MI	Address 2		At Patient	10:48:00
Zip	48021	City		Care Transferred	
Medic Unit	EAE2	County		Depart Scene	11:00:10
Medic Vehicle	EAE2	State		At Destination	11:00:10
Run Type	911 Response	Zip		Pt. Transferred	11:00:10
Priority Scene	Emergent	Zone		Call Closed	11:01:51
Shift		Condition at Destination		In District	
Zone		Destination Record #		At Landing Area	
Level of Service	Advanced Life Support	Trauma Registry ID			
EMD Complaint	Altered Mental Status	STEMI Registry ID			
EMD Card Number		Stroke Registry ID			

Crew Members		
Personnel	Role	Certification Level
ADAMO, MICHAEL	Lead	2009 Paramedic - 3201012802
HEINZMAN, JAMES	Driver	EMT-Paramedic (Michigan) - 00000
LEE, KIRK	Other	

Mileage		Delays		Additional Agencies
Scene	Category	Delays		
Destination	Dispatch Delays	None/No Delay		
Loaded Miles	Response Delays	None/No Delay		
Start	Scene Delays	None/No Delay		
End				
Total Miles				

Patient Transport Details			
How was Patient Moved to Ambulance	Stretcher	How was Patient Moved From Ambulance	
Patient Position During Transport		Condition of Patient at Destination	