

A SB111 IL 11 19 2020 08 2020-00017258 000 Delete Change **NFIRS - 1 BASIC**

FDID State Incident Date Station Incident Number Exposure

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 02.01

Street address
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions
 US National Grid

601 BRUNS LN 62702
 Number/Milepost Prefix Street or Highway Street Type Suffix
 Apt./Suite/Room City State ZIP Code

SPRINGFIELD IL 62702
 City State ZIP Code

Cross Street, Directions or National Grid, as applicable

C IncidentType 321 EMS call, excluding vehi
 Incident Type

E1 Dates and Times Midnight is 0000

Month Day Year Hour/Min
 11 19 2020 1241
 11 19 2020 1246
 11 19 2020 1256

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

ALARM always required
 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 1 Alarms 8B District

D Aid Given or Received None

1 Mutual aid received
 2 Auto. aid received
 3 Mutual aid given
 4 Auto. aid given
 5 Other aid given

Their FDID Their State
 Their Incident Number

E3 Special Studies Local option

Special Study ID# Special Study Value

F Actions Taken

00 Action taken, other
 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.

Suppression	1	3
EMS	0	0
Other	0	0

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses and Values

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

Property \$
 Contents \$
 PRE-INCIDENT VALUE: Optional
 Property \$
 Contents \$

Completed Modules

Fire-2
 Structure Fire-3
 Civilian Fire Cas.-4
 Fire Service Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1 Casualties None

Deaths	Injuries
0	0
0	0

H2 Detector Required for confined fires.

1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release 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 storage
 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 action required or spill > 55 gal
 (Please complete the HazMat form.)

I Mixed Use Property Not mixed

10 Assembly use
 20 Education use
 30 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Business & residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use None

131 <input type="checkbox"/> Church, place of worship	341 <input checked="" type="checkbox"/> Clinic, clinic-type infirmary	539 <input type="checkbox"/> Household goods, sales, repairs
161 <input type="checkbox"/> Restaurant or cafeteria	342 <input type="checkbox"/> Doctor/dentist office	571 <input type="checkbox"/> Gas or service station
162 <input type="checkbox"/> Bar/tavern or nightclub	361 <input type="checkbox"/> Prison or jail, not juvenile	579 <input type="checkbox"/> Motor vehicle/boat sales/repairs
213 <input type="checkbox"/> Elementary school, kindergarten	419 <input type="checkbox"/> 1-or 2-family dwelling	599 <input type="checkbox"/> Business office
215 <input type="checkbox"/> High school, junior high	429 <input type="checkbox"/> Multifamily dwelling	615 <input type="checkbox"/> Electric-generation plant
241 <input type="checkbox"/> College, adult education	439 <input type="checkbox"/> Rooming/boarding house	629 <input type="checkbox"/> Laboratory/science laboratory
311 <input type="checkbox"/> Nursing home	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)
	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/cared 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	
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	

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

Property Use Code
 Property Use Description

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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.

10128 Officer in charge ID Signature Adam Crowder Position or rank Captain Assignment Captain Month Day Year
 10128 Member making report ID Signature Adam Crowder Position or rank Captain Assignment Captain Month Day Year

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L Remarks
Local Option

Female patient possible [REDACTED] Arrived on scene with ALS unit.
 Assisted in loading patient who was transported to [REDACTED]

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**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
	Month	Day	Year	Hour / Min					
1 ID E08 Type 11	Dispatch <input checked="" type="checkbox"/>	11	19	2020	1242	<input checked="" type="checkbox"/>	03	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	32
2 ID Type	Dispatch <input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
3 ID Type	Dispatch <input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
4 ID Type	Dispatch <input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
5 ID Type	Dispatch <input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
6 ID Type	Dispatch <input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
7 ID Type	Dispatch <input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
8 ID Type	Dispatch <input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
9 ID Type	Dispatch <input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	

Apparatus or Resource Type Ground Fire Suppression 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 Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy ground 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 53 Marine equipment, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other	Medical and Rescue 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 Other 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;"> More Apparatus? Use additional </div> <p> NN None UU Undetermined </p>
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**NFIRS - 10
PERSONNEL**

B Apparatus or Resources **Dates and Times** **Sent** **Number of People** **Apparatus Use** **Actions Taken**

Use codes listed below Midnight is 0000 Check if same date as Alarm date on the Basic Module (Block E1) Check ONE box for each apparatus to indicate its main use at this incident List up to 4 actions for each apparatus

Month Day Year Hour / Min

ID Dispatch Suppression

Arrival EMS

Clear Other

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
10967	Jeffrey S Heubner	Firefighte	<input checked="" type="checkbox"/>	00			
10178	James P Holt	Driver Eng	<input checked="" type="checkbox"/>	00			
10128	Adam R Crowder	Captain	<input checked="" type="checkbox"/>				

CAD Narrative

11/19/2020 : 12:42:49 etsd\oconnor Narrative
11/19/2020 : 12:42:37 etsd\oconnor Narrative
11/19/2020 : 12:42:22 etsd\oconnor Narrative
11/19/2020 : 12:42:07 etsd\oconnor Narrative
11/19/2020 : 12:42:04 etsd\oconnor Narrative
11/19/2020 : 12:41:41 etsd\oconnor Narrative

