

**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      
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection     -   
 In front of Apt./Suite/Room City State ZIP Code

Rear of

Adjacent to

Directions

US National Grid

Cross Street, Directions or National Grid, as applicable

**C IncidentType**    None  
 Incident Type

**E1 Dates and Times** Midnight is 0000

Month Day Year Hour/Min

Alarm       
 Check boxes if dates are the same as Alarm Date. ALARM always required

Arrival       
 ARRIVAL required, unless canceled or did not arrive

Controlled      
 CONTROLLED optional, except for wildland fires

Last Unit Cleared      
 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

Special Study ID# Special Study Value

**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	<input type="text" value="2"/>	<input type="text" value="5"/>
EMS	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="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
Fire Service	<input type="text" value="0"/>	<input type="text" value="0"/>
Civilian	<input type="text" value="0"/>	<input type="text" value="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

*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, kindergarten
215	<input type="checkbox"/>	High school, junior high
241	<input type="checkbox"/>	College, adult education
311	<input type="checkbox"/>	Nursing home
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"/>	Multifamily 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
571	<input type="checkbox"/>	Gas or service station
579	<input type="checkbox"/>	Motor vehicle/boat sales/repairs
599	<input type="checkbox"/>	Business office
615	<input type="checkbox"/>	Electric-generation plant
629	<input type="checkbox"/>	Laboratory/science laboratory
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

*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
936	<input type="checkbox"/>	Vacant lot
938	<input type="checkbox"/>	Graded/cared 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

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

**A**          Delete  Change

FDID  State  Incident Date  Station  Incident Number  Exposure

**NFIRS - 1  
BASIC**

**K1 Person/Entity Involved**

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

**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.

Officer in charge ID Signature Darryl Curtis Position or rank Assignment Month Day Year

Member making report ID Signature Darryl Curtis Position or rank Assignment Month Day Year

**A**          Delete  Change

FDID  State  Incident Date  Station  Incident Number  Exposure

**NFIRS - 1  
BASIC**

**L Remarks** Local Option

SHSQ5, SHE5 responded emergency to 3810 17 MILE RD 1, Sterling Heights for a report of a medical emergency. Patient treated and transported. See ESO for further. DCUR1602

**A** FDID  State  Incident Date    Station  Incident Number  Exposure   Delete  Change

**NFIRS - 6 EMS**

**B** Number of Patients  Patient Number   Use a separate form for each patient

**C** Date/Time  Check if same date as Alarm date

Time Arrived at Patient	Month <input type="text" value="04"/>	Day <input type="text" value="05"/>	Year <input type="text" value="2022"/>	Hour/Min <input type="text" value="1749"/>
Time of Patient Transfer	Month <input type="text" value="04"/>	Day <input type="text" value="05"/>	Year <input type="text" value="2022"/>	Hour/Min <input type="text" value="1801"/>

**D** Provider Impression/Assessment  Check one box only  None/no patient or refused treatment

10 <input type="checkbox"/> Abdominal pain	18 <input type="checkbox"/> Chest pain	26 <input type="checkbox"/> Hypovolemia	34 <input type="checkbox"/> Sexual assault
11 <input type="checkbox"/> Airway obstruction	19 <input type="checkbox"/> Diabetic symptom	27 <input type="checkbox"/> Inhalation injury	35 <input type="checkbox"/> Sting/bite
12 <input type="checkbox"/> Allergic reaction	20 <input type="checkbox"/> Do not resuscitate	28 <input type="checkbox"/> Obvious death	36 <input type="checkbox"/> Stroke/CVA
13 <input type="checkbox"/> Altered LOC	21 <input type="checkbox"/> Electrocution	29 <input type="checkbox"/> OD/poisoning	37 <input type="checkbox"/> Syncope
14 <input type="checkbox"/> Behavioral/psych	22 <input type="checkbox"/> General illness	30 <input checked="" type="checkbox"/> Pregnancy/OB	38 <input type="checkbox"/> Trauma
15 <input type="checkbox"/> Burns	23 <input type="checkbox"/> Hemorrhaging/bleeding	31 <input type="checkbox"/> Respiratory arrest	00 <input type="checkbox"/> Other
16 <input type="checkbox"/> Cardiac arrest	24 <input type="checkbox"/> Hyperthermia	32 <input type="checkbox"/> Respiratory distress	
17 <input type="checkbox"/> Cardiac dysrhythmia	25 <input type="checkbox"/> Hypothermia	33 <input type="checkbox"/> Seizure	

<b>E1</b> Age or Date of Birth <input type="text"/> <input type="checkbox"/> Months (for infants) Age <b>OR</b> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	<b>F1</b> Race 1 <input type="checkbox"/> White 2 <input checked="" type="checkbox"/> Black, African American 3 <input type="checkbox"/> Am. Indian, Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian, Other Pacific Islander 0 <input type="checkbox"/> Other, multiracial U <input type="checkbox"/> Undetermined	<b>G1</b> Human Factors Contributing to Injury <input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	<b>G2</b> Other Factors <input type="checkbox"/> None If an illness, not an injury, skip G2 and go to H3 1 <input type="checkbox"/> Accidental 2 <input type="checkbox"/> Self-inflicted 3 <input type="checkbox"/> Inflicted, not self
<b>E2</b> Gender 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female	<b>F2</b> Ethnicity 1 <input type="checkbox"/> Hispanic or Latino 0 <input type="checkbox"/> Non Hispanic or Latino		

<b>H1</b> Body Site of Injury List up to five body sites <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>H2</b> Injury Type List one injury type for each body site listed under H1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>H3</b> Cause of Illness/Injury <input type="text"/> <input type="text"/>
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<b>I</b> Procedures Used <input type="checkbox"/> Check all applicable boxes <input type="checkbox"/> No treatment 01 <input type="checkbox"/> Airway insertion 02 <input type="checkbox"/> Anti-shock trousers 03 <input type="checkbox"/> Assist ventilation 04 <input type="checkbox"/> Bleeding control 05 <input type="checkbox"/> Burn care 06 <input type="checkbox"/> Cardiac pacing 07 <input type="checkbox"/> Cardioversion (defib) manual 08 <input type="checkbox"/> Chest/abdominal thrust 09 <input type="checkbox"/> CPR 10 <input type="checkbox"/> Cricothyroidotomy 11 <input type="checkbox"/> Defibrillation by AED 12 <input checked="" type="checkbox"/> EKG monitoring 13 <input type="checkbox"/> Extrication 14 <input type="checkbox"/> Intubation (EGTA) 15 <input type="checkbox"/> Intubation (ET) 16 <input checked="" type="checkbox"/> IO/IV therapy 17 <input checked="" type="checkbox"/> Medications therapy 18 <input checked="" type="checkbox"/> Oxygen therapy 19 <input type="checkbox"/> OB care/delivery 20 <input type="checkbox"/> Prearrival instructions 21 <input type="checkbox"/> Restrain patient 22 <input type="checkbox"/> Spinal immobilization 23 <input type="checkbox"/> Splinted extremities 24 <input type="checkbox"/> Suction/aspirate 00 <input checked="" type="checkbox"/> Other	<b>J</b> Safety Equipment <input type="checkbox"/> None Used or deployed by patient. Check all applicable boxes. 1 <input type="checkbox"/> Safety/seat belts 2 <input type="checkbox"/> Child safety seat 3 <input type="checkbox"/> Airbag 4 <input type="checkbox"/> Helmet 5 <input type="checkbox"/> Protective clothing 6 <input type="checkbox"/> Flotation device 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>K</b> Cardiac Arrest Check all applicable boxes. 1 <input type="checkbox"/> Pre-arrival arrest? If pre-arrival arrest, was it: 1 <input type="checkbox"/> Witnessed? 2 <input type="checkbox"/> Bystander CPR? 2 <input type="checkbox"/> Post-arrival arrest? <b>Initial Arrest Rhythm</b> 1 <input type="checkbox"/> V-Fib/V-Tach 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
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<b>L1</b> Initial Level of Provider <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> First Responder 2 <input type="checkbox"/> EMT - B (Basic) 3 <input type="checkbox"/> EMT - I (Intermediate) 4 <input checked="" type="checkbox"/> EMT - P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No Training	<b>L2</b> Highest Level of Care Provided On Scene <input type="checkbox"/> None 1 <input type="checkbox"/> First Responder 2 <input type="checkbox"/> EMT - B (Basic) 3 <input type="checkbox"/> EMT - I (Intermediate) 4 <input checked="" type="checkbox"/> EMT - P (Paramedic) 0 <input type="checkbox"/> Other provider	<b>M</b> Patient Status 1 <input type="checkbox"/> Improved 2 <input type="checkbox"/> Remained same 3 <input type="checkbox"/> Worsened Check if: 1 <input checked="" type="checkbox"/> Pulse on transfer 2 <input type="checkbox"/> No pulse on transfer	<b>N</b> EMS Disposition <input type="checkbox"/> Not transported 1 <input type="checkbox"/> FD transport to ECF 2 <input type="checkbox"/> Non-FD transport 3 <input type="checkbox"/> Non-FD trans/FD attend 4 <input type="checkbox"/> Non-emergency transfer 0 <input type="checkbox"/> Other
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**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
	Month	Day	Year	Hour / Min					
1 ID <input type="text" value="SHE5"/> ★ Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input type="text" value="05"/>	<input type="text" value="2022"/>	<input type="text" value="1743"/>	<input checked="" type="checkbox"/>	<input type="text" value="03"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="33"/> <input type="text"/>
2 ID <input type="text" value="SHSQ5"/> ★ Type <input type="text" value="71"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input type="text" value="05"/>	<input type="text" value="2022"/>	<input type="text" value="1743"/>	<input checked="" type="checkbox"/>	<input type="text" value="02"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="33"/> <input type="text" value="34"/>
3 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<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"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<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"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<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"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<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"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<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"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<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"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>

<p><b>Apparatus or Resource Type</b></p> <p><b>Ground Fire Suppression</b></p> <ul style="list-style-type: none"> <li>11 Engine</li> <li>12 Truck or aerial</li> <li>13 Quint</li> <li>14 Tanker and pumper combination</li> <li>16 Brush truck</li> <li>17 ARFF (aircraft rescue and firefighting)</li> <li>10 Ground fire suppression, other</li> </ul> <p><b>Heavy Ground Equipment</b></p> <ul style="list-style-type: none"> <li>21 Dozer or plow</li> <li>22 Tractor</li> <li>24 Tanker or tender</li> <li>20 Heavy ground equipment, other</li> </ul>	<p><b>Aircraft</b></p> <ul style="list-style-type: none"> <li>41 Aircraft: fixed-wing tanker</li> <li>42 Helitanker</li> <li>43 Helicopter</li> <li>40 Aircraft, other</li> </ul> <p><b>Marine Equipment</b></p> <ul style="list-style-type: none"> <li>51 Fire boat with pump</li> <li>52 Boat, no pump</li> <li>53 Marine equipment, other</li> </ul> <p><b>Support Equipment</b></p> <ul style="list-style-type: none"> <li>61 Breathing apparatus support</li> <li>62 Light and air unit</li> <li>60 Support apparatus, other</li> </ul>	<p><b>Medical and Rescue</b></p> <ul style="list-style-type: none"> <li>71 Rescue unit</li> <li>72 Urban search and rescue unit</li> <li>73 High-angle rescue unit</li> <li>75 BLS unit</li> <li>76 ALS unit</li> <li>70 Medical and rescue unit, other</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>91 Mobile command post</li> <li>92 Chief officer car</li> <li>93 HazMat unit</li> <li>94 Type 1 hand crew</li> <li>95 Type II hand crew</li> <li>99 Privately owned vehicle</li> <li>00 Other apparatus / resources</li> </ul>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>More Apparatus? Use additional</p> </div> <p>NN None UU Undetermined</p>
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<b>A</b>	FDID <input type="text" value="05019"/>	State <input type="text" value="MI"/>	Incident Date MM <input type="text" value="04"/> DD <input type="text" value="05"/> YYYY <input type="text" value="2022"/>	Station <input type="text" value="5"/>	Incident Number <input type="text" value="2022-00004566"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 10 PERSONNEL</b>
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B Apparatus or Resources <small>Use codes listed below</small>	Dates and Times <small>Midnight is 0000</small> Check if same date as Alarm date on the Basic Module (Block E1) ↓ Month    Day    Year    Hour / Min	Sent	Number of People	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at this incident</small>	Actions Taken <small>List up to 4 actions for each apparatus</small>
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1	ID <input type="text" value="SHE5"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input type="text" value="05"/>	<input type="text" value="2022"/>	<input type="text" value="1743"/>			<input checked="" type="checkbox"/> Suppression	<input type="text" value="33"/>	<input type="text"/>
★	Type <input type="text" value="11"/>	Arrival <input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input type="text" value="05"/>	<input type="text" value="2022"/>	<input type="text" value="1747"/>	<input checked="" type="checkbox"/>	<input type="text" value="03"/>	<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
		Clear <input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input type="text" value="05"/>	<input type="text" value="2022"/>	<input type="text" value="1800"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
6014	Henry John Schuchard	Fire Param	<input checked="" type="checkbox"/>				
4167	Matthew Alexander Lukas	Fire Serge	<input checked="" type="checkbox"/>				
1602	Darryl J Curtis	Fire Lieut	<input checked="" type="checkbox"/>				

2	ID <input type="text" value="SHSQ5"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input type="text" value="05"/>	<input type="text" value="2022"/>	<input type="text" value="1743"/>			<input checked="" type="checkbox"/> Suppression	<input type="text" value="33"/>	<input type="text" value="34"/>
★	Type <input type="text" value="71"/>	Arrival <input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input type="text" value="05"/>	<input type="text" value="2022"/>	<input type="text" value="1748"/>	<input checked="" type="checkbox"/>	<input type="text" value="02"/>	<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
		Clear <input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input type="text" value="05"/>	<input type="text" value="2022"/>	<input type="text" value="1825"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
5090	Ryan William Krichiver	Fire Param	<input checked="" type="checkbox"/>				
5061	Nicholas David White	Fire Param	<input checked="" type="checkbox"/>				

Name: [REDACTED]

Incident #: 2022-00004566

Date: 04/05/2022

Patient 1 of 1

Patient Information				Clinical Impression			
Last	[REDACTED]	Address	[REDACTED]	Primary Impression	[REDACTED]		
First	[REDACTED]	Address 2	[REDACTED]	Secondary Impression	[REDACTED]		
Middle	[REDACTED]	City	[REDACTED]	Protocol Used	[REDACTED]		
Gender	[REDACTED]	State	[REDACTED]	Anatomic Position	[REDACTED]		
DOB	[REDACTED]	Zip	[REDACTED]	Onset Time	[REDACTED]		
Age	[REDACTED]	Country	[REDACTED]	Last Known Well	[REDACTED]		
Weight	[REDACTED]	Tel	[REDACTED]	Chief Complaint	[REDACTED]		
Pedi Color	[REDACTED]	Physician	[REDACTED]	Duration	[REDACTED]	Units	[REDACTED]
SSN	[REDACTED]	Ethnicity	[REDACTED]	Secondary Complaint	[REDACTED]		
Race	[REDACTED]			Duration	[REDACTED]	Units	[REDACTED]
Advance Directives	[REDACTED]			Patient's Level of Distress	[REDACTED]		
Resident Status	[REDACTED]			Signs & Symptoms	[REDACTED]		
Patient Resides in Service Area	[REDACTED]			Injury	[REDACTED]		
Temporary Residence Type	[REDACTED]			Additional Injury	[REDACTED]		
				Mechanism of Injury	[REDACTED]		
				Medical/Trauma	[REDACTED]		
				Barriers of Care	[REDACTED]		
				Alcohol/Drugs	[REDACTED]		
				Pregnancy	[REDACTED]		
				Initial Patient Acuity	[REDACTED]		
				Final Patient Acuity	[REDACTED]		
				Patient Activity	[REDACTED]		

Medications/Allergies/History/Immunizations	
Medications	[REDACTED]
Allergies	[REDACTED]
History	[REDACTED]
Immunizations	[REDACTED]
Last Oral Intake	[REDACTED]

Vital Signs															
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifiers	RTS	PTS
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Flow Chart			
Time	Treatment	Description	Provider
PTA	[REDACTED]	[REDACTED]	
PTA	[REDACTED]	[REDACTED]	
PTA	[REDACTED]	[REDACTED]	
PTA	[REDACTED]	[REDACTED]	
17:57	[REDACTED]	[REDACTED]	KRICHIVER, RYAN
17:59	[REDACTED]	[REDACTED]	KRICHIVER, RYAN

Assessments			
Assessment Time: 04/05/2022 17:50:25			
Category	Comments	Subcategory	
Mental Status	[REDACTED]	[REDACTED]	[REDACTED]
Skin	[REDACTED]	[REDACTED]	[REDACTED]



Name: [REDACTED]

Incident #: 2022-00004566

Date: 04/05/2022

Patient 1 of 1

Incident Details		Destination Details		Incident Times	
Address	3810 17 MILE RD	Transported To	Beaumont - Troy	Call Received	17:42:22
Address 2	1	Requested By	Physician	Dispatched	17:43:28
Mile Marker		Destination	Hospital	En Route	17:45:09
City	Sterling Heights	Department	Emergency Room	Staged	
County	Macomb	Address	44201 Dequindre Rd	Resp on Scene	
State	MI	Address 2		On Scene	17:48:04
Zip	48310	City	Troy	At Patient	17:49:52
Country	US	County	Oakland	Care Transferred	
Medic Unit	SHSQ5	State	MI	Depart Scene	18:01:33
Medic Vehicle	Squad 5	Zip	48085	At Destination	18:05:19
Run Type	911 Response	Country	US	Pt. Transferred	18:06:25
Response Mode	[REDACTED]	Zone		Call Closed	18:25:28
Shift	Battalion 1	Condition at Destination	[REDACTED]	In District	
Zone	Station 5	Destination Record #		At Landing Area	
Level of Service	[REDACTED]	Trauma Registry ID			
EMD Complaint	[REDACTED]	STEMI Registry ID			
EMD Card Number		Stroke Registry ID			
Dispatch Priority	[REDACTED]				

Crew Members		
Personnel	Role	Certification Level
WHITE, NICHOLAS	Lead	EMT-Paramedic (Michigan) - 1947467
KRICHIVER, RYAN	Driver	EMT-Paramedic (Michigan) - 1707153
SCHUCHARD, HENRY	Other	EMT-Paramedic (Michigan) - 1975566
CURTIS, DARRYL	Other	EMT-Paramedic (Michigan) - 493945
LUKAS, MATTHEW	Other	EMT-Paramedic (Michigan) - 1733143

Insurance Details			
Insured's Name	Primary Payer	Dispatch Nature	
	Medicare	Response Urgency	
Relationship	Medicaid	Job Related Injury	
Insured SSN	Primary Insurance	Employer	
Insured DOB	Policy #	Contact	
Address1	Primary Insurance Group Name	Phone	
Address2	Group #	Mileage to Closest Hospital	
Address3	Secondary Ins		
City	Policy #		
State	Secondary Insurance Group Name		
Zip	Group #		
Country			

Mileage		Delays		Additional Agencies	
Scene	1.0	Category	Delays		
Destination	4.9	Dispatch Delays	None/No Delay		
Loaded Miles	3.9	Response Delays	None/No Delay		
Start		Scene Delays	None/No Delay		
End		Transport Delays	None/No Delay		
Total Miles		Turn Around Delays	None/No Delay		

Next of Kin			
Next of Kin Name	Address1	City	
Relationship to Patient	Address2	State	
Phone	Address3	Zip	
		Country	US

Consumables					
Description	Qty	Description	Qty	Description	Qty
[REDACTED]	1	[REDACTED]	1	[REDACTED]	1
[REDACTED]	1	[REDACTED]	1	[REDACTED]	1





Name:

Incident #: 2022-00004566

Date: 04/05/2022

Patient 1 of 1

**Patient Transport Details**

<b>How was Patient Moved to Ambulance</b>		<b>How was Patient Moved From Ambulance</b>	
<b>Patient Position During Transport</b>		<b>Condition of Patient at Destination</b>	