



NFIRS-1 Basic

A

CN161		IL		02		20		2023		23-0007695		0
FDID		State		Month		Day		Year		Station Number		Exposure

B Location Type

Census tract:

Street Address
 Intersection
 In Front Of
 Rear Of
 Adjacent To
 Directions
 US National Grid

110		S-South		Des Plaines River		RD-Road		
Number		Prefix		Street or Highway		Street Type		Suffix

	DES PLAINES		IL		60016
Apt./Suite/Room	City		State		Zip Code

Cross Street

<p>C Incident Type</p> <div style="background-color: black; width: 100%; height: 15px;"></div>	<p>E1 Dates and Times</p> <p>Alarm <input style="width: 20px;" type="text"/>02 <input style="width: 20px;" type="text"/>20 <input style="width: 20px;" type="text"/>2023 <input style="width: 40px;" type="text"/>12:34</p> <p>Arrival <input style="width: 20px;" type="text"/>02 <input style="width: 20px;" type="text"/>20 <input style="width: 20px;" type="text"/>2023 <input style="width: 40px;" type="text"/>12:36</p> <p>Controlled <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> </p> <p>Last Unit Cleared <input style="width: 20px;" type="text"/>02 <input style="width: 20px;" type="text"/>20 <input style="width: 20px;" type="text"/>2023 <input style="width: 40px;" type="text"/>14:08</p>	<p>E2 Shifts and Alarms</p> <p>Black Shift <input style="width: 20px;" type="text"/>1 <input style="width: 40px;" type="text"/>6183</p> <p>Shift or Alarms District Platoon</p>
<p>D Aid Given Or Received</p> <p>Their FDID <input style="width: 40px;" type="text"/> Their State <input style="width: 40px;" type="text"/></p> <p>Their Incident Number <input style="width: 100%; height: 20px;" type="text"/></p> <p> <input type="checkbox"/> 1 Mutual Aid Received <input type="checkbox"/> 2 Auto. Aid Received <input type="checkbox"/> 3 Mutual Aid Given <input type="checkbox"/> 4 Auto. Aid Given <input type="checkbox"/> 5 Other Aid Given <input checked="" type="checkbox"/> None </p>		<p>E3 Special Studies</p> <p>ID# <input style="width: 40px;" type="text"/> Value <input style="width: 80px;" type="text"/></p>

<p>F Actions Taken</p> <p>Primary Action Taken <div style="background-color: black; width: 100%; height: 15px;"></div></p> <p>Additional Action Taken <div style="background-color: black; width: 100%; height: 15px;"></div></p>	<p>G1 Resources</p> <p><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Apparatus</td> <td style="text-align: center;">Personnel</td> </tr> <tr> <td>Suppression</td> <td style="text-align: center;"><input style="width: 40px;" type="text"/>0</td> <td style="text-align: center;"><input style="width: 40px;" type="text"/>0</td> </tr> <tr> <td>EMS</td> <td style="text-align: center;"><input style="width: 40px;" type="text"/>4</td> <td style="text-align: center;"><input style="width: 40px;" type="text"/>9</td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input style="width: 40px;" type="text"/>0</td> <td style="text-align: center;"><input style="width: 40px;" type="text"/>0</td> </tr> </table> <p><input type="checkbox"/> Resource counts include aid received resources.</p>		Apparatus	Personnel	Suppression	<input style="width: 40px;" type="text"/> 0	<input style="width: 40px;" type="text"/> 0	EMS	<input style="width: 40px;" type="text"/> 4	<input style="width: 40px;" type="text"/> 9	Other	<input style="width: 40px;" type="text"/> 0	<input style="width: 40px;" type="text"/> 0	<p>G2 Estimated Dollar Losses and Values</p> <p>Losses: Required for all fires if known. Optional for all non-fires. None</p> <p>Property: \$ <input style="width: 80px;" type="text"/> <input checked="" type="checkbox"/></p> <p>Contents: \$ <input style="width: 80px;" type="text"/> <input checked="" type="checkbox"/></p> <p>Pre-Incident Values: Optional None</p> <p>Property: \$ <input style="width: 80px;" type="text"/> <input checked="" type="checkbox"/></p> <p>Contents: \$ <input style="width: 80px;" type="text"/> <input checked="" type="checkbox"/></p>
	Apparatus	Personnel												
Suppression	<input style="width: 40px;" type="text"/> 0	<input style="width: 40px;" type="text"/> 0												
EMS	<input style="width: 40px;" type="text"/> 4	<input style="width: 40px;" type="text"/> 9												
Other	<input style="width: 40px;" type="text"/> 0	<input style="width: 40px;" type="text"/> 0												

Completed Modules <input type="checkbox"/> 2 - Fire <input type="checkbox"/> 3 - Structure Fire <input type="checkbox"/> 4 - Civilian Fire Cas. <input type="checkbox"/> 5 - Fire Service Cas. <input type="checkbox"/> 6 - EMS <input type="checkbox"/> 7 - HazMat <input type="checkbox"/> 8 - Wildland Fire <input type="checkbox"/> 9 - Apparatus <input type="checkbox"/> 10 - Personnel <input type="checkbox"/> 11 - Arson	H1 Casualties <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td>Deaths</td> <td>Injuries</td> </tr> <tr> <td>Fire Service</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Civilian</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> </table>		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"/>	H3 Hazardous Materials Release <input type="checkbox"/> 1 - Natural Gas <input type="checkbox"/> 2 - Propane Gas <input type="checkbox"/> 3 - Gasoline <input type="checkbox"/> 4 - Kerosene <input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil <input type="checkbox"/> 6 - Household Solvents <input type="checkbox"/> 7 - Motor Oil <input type="checkbox"/> 8 - Paint <input type="checkbox"/> 0 - Other <input checked="" type="checkbox"/> None	I Mixed Use Property <input type="checkbox"/> Not Mixed <input type="checkbox"/> 10 - Assembly Use <input type="checkbox"/> 20 - Education Use <input type="checkbox"/> 33 - Medical Use <input type="checkbox"/> 40 - Residential Use <input type="checkbox"/> 51 - Row Of Stores <input type="checkbox"/> 53 - Enclosed Mall <input type="checkbox"/> 58 - Business and Residential <input type="checkbox"/> 59 - Office Use <input type="checkbox"/> 60 - Industrial Use <input type="checkbox"/> 63 - Military Use <input type="checkbox"/> 65 - Farm Use <input type="checkbox"/> 00 - Other Mixed Use
		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 <input type="checkbox"/> 1 - Detector Alerted Occupants <input type="checkbox"/> 2 - Detector Did Not Alert Them <input type="checkbox"/> 3 - Unknown												

J Property Use None

<input type="checkbox"/> 131 Church, Place of Worship <input type="checkbox"/> 161 Restaurant or Cafeteria <input type="checkbox"/> 162 Bar/Tavern or Nightclub <input type="checkbox"/> 213 Elementary School, Kindergarten <input type="checkbox"/> 215 High School, Junior High <input type="checkbox"/> 241 College, Adult Education <input type="checkbox"/> 311 Nursing Home <input type="checkbox"/> 331 Hospital	<input type="checkbox"/> 341 Clinic, Clinic-Type Infirmary <input type="checkbox"/> 342 Doctor/Dentist Office <input type="checkbox"/> 361 Prison or Jail, Not Juvenile <input type="checkbox"/> 419 1- or 2-Family Dwelling <input type="checkbox"/> 429 MultiFamily Dwelling <input type="checkbox"/> 439 Rooming/Boarding House <input type="checkbox"/> 449 Commerical Hotel or Motel <input type="checkbox"/> 459 Residential, Board and Care <input type="checkbox"/> 464 Dormitory/Barracks <input type="checkbox"/> 519 Food and Beverage Sales	<input type="checkbox"/> 539 Household Goods, Sales, Repairs <input type="checkbox"/> 571 Gas or Service Station <input type="checkbox"/> 579 Motor Vehicle/Boat Sales/Repairs <input type="checkbox"/> 599 Business Office <input type="checkbox"/> 615 Electric-Generating Plant <input type="checkbox"/> 629 Laboratory/Science Laboratory <input type="checkbox"/> 700 Manufacturing Plant <input type="checkbox"/> 819 Livestock/Poultry Storage (Barn) <input type="checkbox"/> 882 Non-Residential Parking Garage <input type="checkbox"/> 891 Warehouse
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Outside Structures

<input type="checkbox"/> 124 Playground or Park <input type="checkbox"/> 655 Crops or Orchard <input type="checkbox"/> 669 Forest (Timberland) <input type="checkbox"/> 807 Outdoor Storage Area <input type="checkbox"/> 919 Dump or Sanitary Landfill <input type="checkbox"/> 931 Open Land or Field <input type="checkbox"/> 936 Vacant Lot	<input type="checkbox"/> 938 Graded/Cared for Plot of Land <input type="checkbox"/> 946 Lake, River, Stream <input type="checkbox"/> 951 Railroad Right-of-Way <input type="checkbox"/> 960 Other Street <input type="checkbox"/> 961 Highway/Divided Highway <input type="checkbox"/> 962 Residential Street/Driveway <input type="checkbox"/> 981 Construction Site <input type="checkbox"/> 984 Industrial Plant Yard	Property Use: <input type="text" value="340-Clinics, doctors offices, hemodialysis cntr, other"/> Description Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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K2

Owner

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type
<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"/>	
State	Zip Code		
<input type="text"/>	<input type="text"/>		

L Remarks:

A61, E61 dispatched to 110 S Des Plaines River Rd [REDACTED]

[REDACTED]

M Authorization

2166	Berndt, Steve	Lieutenant		02/20/2023
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
2238	Scialabba, Bret	FF/Paramedic		02/20/2023
Member Making Report ID	Signature	Position or Rank	Assignment	Date

NFIRS-9 Apparatus or Resources

A

CN161		IL		02		20		2023				23-0007695		0
FDID		State		Month		Day		Year		Station		Number		Exposure

B Apparatus/Resource	Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken
ID: <input type="text" value="A61"/> Type: <input type="text" value="76-ALS unit"/>	Dispatch: <input type="text" value="02/20/2023"/> <input type="text" value="12:34"/> Arrival: <input type="text" value="02/20/2023"/> <input type="text" value="12:39"/> Clear: <input type="text" value="02/20/2023"/> <input type="text" value="14:08"/>	<input type="checkbox"/> Sent	<input type="text" value="2"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="30-Emergency medical services, other"/>
ID: <input type="text" value="A64"/> Type: <input type="text" value="76-ALS unit"/>	Dispatch: <input type="text" value="02/20/2023"/> <input type="text" value="12:36"/> Arrival: <input type="text" value=""/> <input type="text" value=""/> Clear: <input type="text" value="02/20/2023"/> <input type="text" value="12:39"/>	<input type="checkbox"/> Sent	<input type="text" value="2"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="93-Cancelled en route"/>
ID: <input type="text" value="BAT61"/> Type: <input type="text" value="92-Chief officer car"/>	Dispatch: <input type="text" value="02/20/2023"/> <input type="text" value="12:35"/> Arrival: <input type="text" value="02/20/2023"/> <input type="text" value="12:36"/> Clear: <input type="text" value="02/20/2023"/> <input type="text" value="12:43"/>	<input type="checkbox"/> Sent	<input type="text" value="2"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="30-Emergency medical services, other"/>
ID: <input type="text" value="E61"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="02/20/2023"/> <input type="text" value="12:34"/> Arrival: <input type="text" value="02/20/2023"/> <input type="text" value="12:39"/> Clear: <input type="text" value="02/20/2023"/> <input type="text" value="13:11"/>	<input type="checkbox"/> Sent	<input type="text" value="3"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="30-Emergency medical services, other"/>

NFIRS-10 Personnel

A

CN161	IL	02	20	2023		23-0007695	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Apparatus/Resource		Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken	
ID:	A61	Dispatch:	02/20/2023 12:34	<input checked="" type="checkbox"/> Sent	2	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	30- Emergency medical services, other
Type:	76-ALS unit	Arrival:	02/20/2023 12:39				
		Clear:	02/20/2023 14:08				
Personnel ID	Name	Rank	Role	Attend	Actions Taken		
2219	Oelslager (D), Nathan	FF/Paramedic	5588003M-Emergency Medical Duty	<input type="checkbox"/>	<input type="checkbox"/>		
2238	Scialabba, Bret	FF/Paramedic	5588003M-Emergency Medical Duty	<input type="checkbox"/>	<input type="checkbox"/>		
ID:	A64	Dispatch:	02/20/2023 12:36	<input checked="" type="checkbox"/> Sent	2	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	93-Cancelled en route
Type:	76-ALS unit	Arrival:	<input type="checkbox"/> <input type="checkbox"/>				
		Clear:	02/20/2023 12:39				
Personnel ID	Name	Rank	Role	Attend	Actions Taken		
2215	Baltazar, Benny	FF/Paramedic	5588003S-Emergency Medical Support	<input type="checkbox"/>	<input type="checkbox"/>	30- Emergency medical services, other	
2229	Bourke, Darren	FF/Paramedic	5588003M-Emergency Medical Duty	<input type="checkbox"/>	<input type="checkbox"/>	30- Emergency medical services, other	
ID:	BAT61	Dispatch:	02/20/2023 12:35	<input checked="" type="checkbox"/> Sent	2	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	30- Emergency medical services, other
Type:	92-Chief officer car	Arrival:	02/20/2023 12:36				
		Clear:	02/20/2023 12:43				
Personnel ID	Name	Rank	Role	Attend	Actions Taken		
2166	Berndt, Steve	Lieutenant	5588003S-Emergency Medical Support	<input type="checkbox"/>	<input type="checkbox"/>		
2116	Rice, Bill	Batallion Chief	5588003S-Emergency Medical Support	<input type="checkbox"/>	<input type="checkbox"/>		
ID:	E61	Dispatch:	02/20/2023 12:34	<input checked="" type="checkbox"/> Sent	3	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	30- Emergency medical services, other
Type:	11-Engine	Arrival:	02/20/2023 12:39				
		Clear:	02/20/2023 13:11				
Personnel ID	Name	Rank	Role	Attend	Actions Taken		
2167	Zack (D), Eric	Lieutenant	5588003S-Emergency Medical Support	<input type="checkbox"/>	<input type="checkbox"/>		
2187	Mordell (HM), Joseph	FF/Paramedic/En gr	5588003S-Emergency Medical Support	<input type="checkbox"/>	<input type="checkbox"/>		
2223	Lehnert, William	FF/Paramedic	5588003S-Emergency Medical Support	<input type="checkbox"/>	<input type="checkbox"/>		