

**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**    
 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 Alarms District  
 Platoon

**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="1"/>	<input type="text" value="4"/>
EMS	<input type="text" value="1"/>	<input type="text" value="2"/>
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	341 <input 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**

124 <input type="checkbox"/> Playground or park	936 <input type="checkbox"/> Vacant lot	981 <input type="checkbox"/> Construction site
655 <input type="checkbox"/> Crops or orchard	938 <input type="checkbox"/> Graded/cared for plot of land	984 <input type="checkbox"/> Industrial plant yard
669 <input type="checkbox"/> Forest (timberland)	946 <input type="checkbox"/> Lake, river, stream	
807 <input type="checkbox"/> Outdoor storage area	951 <input type="checkbox"/> Railroad right-of-way	
919 <input type="checkbox"/> Dump or sanitary landfill	960 <input type="checkbox"/> Other street	
931 <input type="checkbox"/> Open land or field	961 <input type="checkbox"/> Highway/divided highway	
	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.  Code  
 Property Use Description

<b>A</b>	FDID 19025	State CA	Incident Date MM 09 DD 11 YYYY 2019	Station ST1	Incident Number 2019-00005710	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 1 BASIC</b>
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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.

Officer in charge ID	Signature	Ettore Berardinelli	Position or rank	Fire Captain	Assignment	Fire Suppress	Month	Day	Year
02797									
Member making report ID	Signature	Ettore Berardinelli	Position or rank	Fire Captain	Assignment	Fire Suppress	Month	Day	Year
02797									

<b>A</b>	FDID 19025	State CA	Incident Date MM 09 DD 11 YYYY 2019	Station ST1	Incident Number 2019-00005710	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 1 BASIC</b>
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**L Remarks**

Local Option

Assist R1; ALS TR

**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	Month	Day	Year	Hour / Min				
1 ID <input type="text" value="E1"/> ★ Type <input type="text" value="11"/>	<input checked="" type="checkbox"/>	<input type="text" value="09"/>	<input type="text" value="11"/>	<input type="text" value="2019"/>	<input type="text" value="1429"/>	<input checked="" type="checkbox"/>	<input type="text" value="04"/>	<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="R1"/> ★ Type <input type="text" value="76"/>	<input checked="" type="checkbox"/>	<input type="text" value="09"/>	<input type="text" value="11"/>	<input type="text" value="2019"/>	<input type="text" value="1429"/>	<input checked="" type="checkbox"/>	<input type="text" value="02"/>	<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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>		<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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>		<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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>		<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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>		<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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>		<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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>		<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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>		<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; width: fit-content;"> <p>More Apparatus? Use additional</p> </div> <p>NN None UU Undetermined</p>
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**A** FDID  State  Incident Date    Station  Incident Number  Exposure   Delete  Change

**NFIRS - 10 PERSONNEL**

**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**  Suppression  EMS  Other  
 Check ONE box for each apparatus to indicate its main use at this incident

**Actions Taken** List up to 4 actions for each apparatus

ID  Dispatch       
 Arrival         
 Clear

☆ Type

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
4648	Will Pridy	Fire Suppr	<input checked="" type="checkbox"/>				
4512	John R Brown	Fire Suppr	<input checked="" type="checkbox"/>				
02797	Ettore A Berardinelli	Fire Suppr	<input checked="" type="checkbox"/>				
02796	Kurt R Beeson	Fire Suppr	<input checked="" type="checkbox"/>				

ID  Dispatch       
 Arrival         
 Clear

☆ Type

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
4366	Jacob C Morrow	Fire Suppr	<input checked="" type="checkbox"/>				
03521	Dustin K Andrews	Fire Suppr	<input checked="" type="checkbox"/>				