

**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    
 Their FDID Their State

Auto. aid received

Mutual aid given    
 Their Incident Number

Auto. aid given

Other aid given

**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

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
<i>Outside</i>	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

**A**          Delete  Change

FDID Star State Star Incident Date Star Station Incident Number Star Exposure Star

**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 Philip loco Position or rank Assignment Month Day Year

Member making report ID Signature Philip loco Position or rank Assignment Month Day Year

**A**          Delete  Change

FDID Star State Star Incident Date Star Station Incident Number Star Exposure Star

**NFIRS - 1  
BASIC**

**L Remarks** Local Option

SHSQ5, SHE5 responded non-emergency to 3810 17 MILE RD, Sterling Heights for a report of a medical emergency, patient treated and transported to the hospital.

PIOC2685

**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  Day  Year  Hour/Min

Time of Patient Transfer Month  Day  Year  Hour/Min

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

10 <input type="checkbox"/> Abdominal pain		26 <input type="checkbox"/> Hypovolemia	34 <input type="checkbox"/> Sexual assault
11 <input type="checkbox"/> Airway obstruction		27 <input type="checkbox"/> Inhalation injury	35 <input type="checkbox"/> Sting/bite
12 <input type="checkbox"/> Allergic reaction		28 <input type="checkbox"/> Obvious death	36 <input type="checkbox"/> Stroke/CVA
13 <input type="checkbox"/> Altered LOC		29 <input type="checkbox"/> OD/poisoning	37 <input type="checkbox"/> Syncope
14 <input type="checkbox"/> Behavioral/psych		30 <input type="checkbox"/> Pregnancy/OB	38 <input type="checkbox"/> Trauma
15 <input type="checkbox"/> Burns		31 <input type="checkbox"/> Respiratory arrest	00 <input type="checkbox"/> Other
16 <input type="checkbox"/> Cardiac arrest		32 <input type="checkbox"/> Respiratory distress	
17 <input type="checkbox"/> Cardiac dysrhythmia		33 <input type="checkbox"/> Seizure	

**E1** Age or Date of Birth  HIPAA Protected

Months (for infants)  OR  Age

Month  Day  Year

**F1** Race  HIPAA Protected

1  White  
2  Black, African American  
3  Am. Indian, Alaska Native  
4  Asian  
5  Native Hawaiian, Other Pacific Islander  
0  Other, multiracial  
U  Undetermined

**G1** Human Factors Contributing to Injury  None

Check all applicable boxes

1  Asleep  
2  Unconscious  
3  Possibly impaired by alcohol  
4  Possibly impaired by drug  
5  Possibly mentally disabled  
6  Physically disabled  
7  Physically restrained  
8  Unattended person

**G2** Other Factors  None

If an illness, not an injury, skip G2 and go to H3

1  Accidental  
2  Self-inflicted  
3  Inflicted, not self

**E2** Gender  HIPAA Protected

1  Male 2  Female

**F2** Ethnicity  HIPAA Protected

1  Hispanic or Latino  
0  Non Hispanic or Latino

**H1** Body Site of Injury  List up to five body sites

**H2** Injury Type  List one injury type for each body site listed under H1

**H3** Cause of Illness/Injury

**I** Procedures Used  Check all applicable boxes  No treatment

01 <input type="checkbox"/> Airway insertion	14 <input type="checkbox"/> Intubation (EGTA)
02 <input type="checkbox"/> Anti-shock trousers	15 <input type="checkbox"/> Intubation (ET)
03 <input type="checkbox"/> Assist ventilation	16 <input checked="" type="checkbox"/> IO/IV therapy
04 <input type="checkbox"/> Bleeding control	17 <input type="checkbox"/> Medications therapy
05 <input type="checkbox"/> Burn care	18 <input type="checkbox"/> Oxygen therapy
06 <input type="checkbox"/> Cardiac pacing	19 <input type="checkbox"/> OB care/delivery
07 <input type="checkbox"/> Cardioversion (defib) manual	20 <input type="checkbox"/> Prearrival instructions
08 <input type="checkbox"/> Chest/abdominal thrust	21 <input type="checkbox"/> Restrain patient
09 <input type="checkbox"/> CPR	22 <input type="checkbox"/> Spinal immobilization
10 <input type="checkbox"/> Cricothyroidotomy	23 <input type="checkbox"/> Splinted extremities
11 <input type="checkbox"/> Defibrillation by AED	24 <input type="checkbox"/> Suction/aspirate
12 <input type="checkbox"/> EKG monitoring	00 <input checked="" type="checkbox"/> Other
13 <input type="checkbox"/> Extrication	

**J** Safety Equipment  None

Used or deployed by patient. Check all applicable boxes.

1  Safety/seat belts  
2  Child safety seat  
3  Airbag  
4  Helmet  
5  Protective clothing  
6  Flotation device  
0  Other  
U  Undetermined

**K** Cardiac Arrest

Check all applicable boxes.

1  Pre-arrival arrest?  
If pre-arrival arrest, was it:  
1  Witnessed?  
2  Bystander CPR?  
2  Post-arrival arrest?  
**Initial Arrest Rhythm**  
1  V-Fib/V-Tach  
0  Other  
U  Undetermined

**L1** Initial Level of Provider  Star

1  First Responder  
2  EMT - B (Basic)  
3  EMT - I (Intermediate)  
4  EMT - P (Paramedic)  
0  Other provider  
N  No Training

**L2** Highest Level of Care Provided On Scene  None

1  First Responder  
2  EMT - B (Basic)  
3  EMT - I (Intermediate)  
4  EMT - P (Paramedic)  
0  Other provider

**M** Patient Status

1  Improved  
2  Remained same  
3  Worsened  
Check if:  
1  Pulse on transfer  
2  No pulse on transfer

**N** EMS Disposition  Not transported

1  FD transport to ECF  
2  Non-FD transport  
3  Non-FD trans/FD attend  
4  Non-emergency transfer  
0  Other

**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="08"/>	<input type="text" value="19"/>	<input type="text" value="2021"/>	<input type="text" value="1338"/>	<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="08"/>	<input type="text" value="19"/>	<input type="text" value="2021"/>	<input type="text" value="1338"/>	<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="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="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="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="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="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="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="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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<b>A</b>	FDID <input type="text" value="05019"/>	State <input type="text" value="MI"/>	Incident Date MM <input type="text" value="08"/> DD <input type="text" value="19"/> YYYY <input type="text" value="2021"/>	Station <input type="text" value="5"/>	Incident Number <input type="text" value="2021-00010418"/>	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="08"/> <input type="text" value="19"/> <input type="text" value="2021"/> <input type="text" value="1338"/>			<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="08"/> <input type="text" value="19"/> <input type="text" value="2021"/> <input type="text" value="1343"/>	<input checked="" type="checkbox"/>	<input type="text" value="03"/>	<input type="checkbox"/> EMS	<input type="text"/>
	Clear <input checked="" type="checkbox"/> <input type="text" value="08"/> <input type="text" value="19"/> <input type="text" value="2021"/> <input type="text" value="1350"/>			<input type="checkbox"/> Other	<input type="text"/>

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
4438	Kori Alexander Sinauskas	Fire Param	<input checked="" type="checkbox"/>				
4341	Stephen Michael Cloos	Fire Equip	<input checked="" type="checkbox"/>				
2685	Philip M Ioco	Fire Lieut	<input checked="" type="checkbox"/>				

2 ID <input type="text" value="SHSQ5"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="08"/> <input type="text" value="19"/> <input type="text" value="2021"/> <input type="text" value="1338"/>			<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="08"/> <input type="text" value="19"/> <input type="text" value="2021"/> <input type="text" value="1343"/>	<input checked="" type="checkbox"/>	<input type="text" value="02"/>	<input type="checkbox"/> EMS	<input type="text"/>
	Clear <input checked="" type="checkbox"/> <input type="text" value="08"/> <input type="text" value="19"/> <input type="text" value="2021"/> <input type="text" value="1404"/>			<input type="checkbox"/> Other	<input type="text"/>

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
5047	Alex Wayne Gross	Fire Param	<input checked="" type="checkbox"/>				
5025	Kevin Alan Cranston	Fire Param	<input checked="" type="checkbox"/>				

Name: [REDACTED]

Incident #: 2021-00010418

Date: 08/19/2021

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]	Units	Minutes
Pedi Color	[REDACTED]	Physician	[REDACTED]	Duration	[REDACTED]	Units	Minutes
SSN	[REDACTED]	Ethnicity	[REDACTED]	Secondary Complaint	[REDACTED]		
Race	[REDACTED]			Duration	[REDACTED]	Units	Minutes
Advance Directives	[REDACTED]			Patient's Level of Distress	[REDACTED]	[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	Medical		
				Barriers of Care	[REDACTED]		
				Alcohol/Drugs	[REDACTED]		
				Pregnancy	[REDACTED]		
				Initial Patient Acuity	[REDACTED]	[REDACTED]	[REDACTED]
				Final Patient Acuity	[REDACTED]	[REDACTED]	[REDACTED]
				Patient Activity	[REDACTED]		

Medication/Allergies/History			
Medications	[REDACTED]		
Allergies	[REDACTED]		
History	[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
13:48	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
13:49	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Flow Chart			
Time	Treatment	Description	Provider
PTA	[REDACTED]	[REDACTED]	[REDACTED]
13:54	[REDACTED]	[REDACTED]	GROSS, ALEX

Assessments			
Assessment Time: 08/19/2021 13:54:58			
Category	Comments	Subcategory	
Mental Status		Mental Status	[REDACTED]
Skin		Skin	
HEENT		Head	
		Face	
		Eyes	
		Neck	
Chest		Chest	
		Heart Sounds	
		Lung Sounds	
Abdomen		Left Upper	
		Right Upper	
		Left Lower	
		Right Lower	
Back		Back	
Pelvis/GU/GI	[REDACTED]	Pelvis/GU/GI	

Name: [REDACTED]

Incident #: 2021-00010418

Date: 08/19/2021

Patient 1 of 1

**Assessments**

Assessment Time: 08/19/2021 13:54:58

Category	Comments	Subcategory	
Extremities		Left Arm	[REDACTED]
		Right Arm	[REDACTED]
		Left Leg	[REDACTED]
		Right Leg	[REDACTED]
Neurological		Neurological	[REDACTED]

**Narrative**

Sterling SQ5 and E5 dispatched to the above location for a 35 y/o F with [REDACTED]. SQ5 arrived to find the pt sitting on an examination table in no obvious distress. Initial vitals and assessments are conducted. Pt received a [REDACTED] this afternoon and is now [REDACTED]. Dr on scene states that they gave the pt [REDACTED] given prior to FD arrival. At time of assessment pt has no complaints. Pt is ALS assessed. Pt denies any recent trauma. Pt denies head, neck, and back pain. Skin is pink, warm, and dry. Pupils are PERRL. Pt denies chest pain, shortness of breath, and difficulty in breathing. Lungs are CTAB. Pt denies nausea, vomiting, diarrhea, and abdomen pain. Abdomen is soft, non-distended with no noted pain or grimace upon palpation. Pt has normal motor function and sensation in all extremities with strong equal pulses. Pt is able to stand and pivot onto stretcher with minimal assistance. Pt is secured with 2 rails and 5 belts. Pt is moved to ambulance without incident. Pt is continually monitored and assessed en route to BTR with no change in condition. Full report is called to BTR via SQ5 radio with no further orders received. Upon arrival to BTR pt is moved from ambulance and sheet slid onto hospital bed without incident. Full report is given to BTR RN in written and verbal form. Signatures are obtained from BTR RN and pt. Pt care is transferred to BTR. Sterling SQ5 is available. AGRO5047

**Specialty Patient - Outbreak Screening**

Unable to Obtain - Not Indicated

Incident Details		Destination Details		Incident Times	
Location Type	Doctor's Office / Clinic	Disposition	Transported No Lights/Siren	PSAP Call	13:37:46
Location	SERENDIPITY OFFICE BUILDING SH 17 ML	Transport Due To	Closest Facility	Dispatch Notified	
Address	3810 17 MILE RD	Transported To	Beaumont - Troy	Call Received	13:37:46
Address 2		Requested By	Patient	Dispatched	13:38:35
Mile Marker		Destination	Hospital	En Route	13:39:59
City	Sterling Heights	Department	Emergency Room	Staged	
County	Macomb	Address	44201 Dequindre Rd	Resp on Scene	
State	MI	Address 2		On Scene	13:43:13
Zip	48310	City	Troy	At Patient	13:43:45
Country	US	County	Oakland	Care Transferred	
Medic Unit	SHSQ5	State	MI	Depart Scene	13:49:08
Medic Vehicle	Squad 5	Zip	48085	At Destination	13:57:24
Run Type	911 Response	Country	US	Pt. Transferred	14:00:00
Response Mode	Emergent	Zone		Call Closed	14:04:01
Shift	Battalion 2	Condition at Destination	[REDACTED]	In District	
Zone	Station 5	Destination Record #		At Landing Area	
Level of Service	Advanced Life Support	Trauma Registry ID			
EMD Complaint	[REDACTED]	STEMI Registry ID			
EMD Card Number		Stroke Registry ID			
Dispatch Priority	Priority 3 (Lower Acuity)				

**Crew Members**

Personnel	Role	Certification Level
GROSS, ALEX	Lead	EMT-Paramedic (Michigan) - 1941791
CRANSTON, KEVIN	Driver	EMT-Paramedic (Michigan) - 1694384
SINAUSKAS, KORI	Other	EMT-Paramedic (Michigan) - 1840702
CLOOS, STEPHEN	Other	EMT-Paramedic (Michigan) - 1674118
IOCO, PHILIP	Other	EMT-Paramedic (Michigan) - 515717

**Insurance Details**

Insured's Name	Primary Payer	Dispatch Nature
		[REDACTED]
Relationship	Medicare	Response Urgency
		Immediate
Insured SSN	Medicaid	Job Related Injury
Insured DOB	Primary Insurance	Employer
Address1	Policy #	Contact
Address2	Primary Insurance Group Name	Phone
Address3	Group #	Mileage to Closest Hospital



Name: [REDACTED]

Incident #: 2021-00010418

Date: 08/19/2021

Patient 1 of 1

**Insurance Details**

City		Secondary Ins			
State		Policy #			
Zip		Secondary Insurance Group Name			
Country		Group #			

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	
	geo-verified	Scene Delays	None/No Delay	
Start		Transport Delays	None/No Delay	
End		Turn Around Delays	None/No Delay	
Total Miles				

**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

**Patient Transport Details**

How was Patient Moved to Ambulance	Stretcher	How was Patient Moved From Ambulance	Stretcher
Patient Position During Transport	Semi-Fowlers	Condition of Patient at Destination	Unchanged