

**A**      NFIRS - 1  
Basic

FDID State Incident Date Station Incident Number Exposure

**B Location**

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

Apt./Suite/Room City State Zip Code

Census Tract Cross street or directions, as applicable

<b>C Incident Type</b> <input type="text" value="142 - Brush, or brush ar"/> Incident Type	<b>E1 Dates &amp; Times</b> Midnight is 0000 Month Day Year Hour Min Seconds Alarm <input type="text" value="04/09/2005"/> <input type="text" value="14:37"/> Arrival <input type="text" value="04/09/2005"/> <input type="text" value="14:48"/> Controlled <input type="text" value="04/09/2005"/> <input type="text" value="15:00"/> Last Unit Cleared <input type="text" value="04/09/2005"/> <input type="text" value="15:16"/>	<b>E2 Shifts &amp; Alarms</b> Local Option <input type="text"/> <input type="text"/> <input type="text"/> Shift or platoon Alarms District
		<b>E3 Special Studies</b> Local Option <input type="text"/> <input type="text"/> Special Study ID# Special Study Value
<b>D Aid Given or Received</b> <input type="text"/> <input type="text"/> <input type="text"/> Their FDID Their State Their Incident Number <input type="text" value="N - None"/> Type Aid Given or Received		

<b>F Actions Taken</b> <input type="text" value="11 - Extinguish"/> <input type="text" value="14 - Contain fire (wildland)"/> Actions Taken	<b>G1 Resources</b> <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression <input type="text" value="2"/> <input type="text" value="11"/> EMS <input type="text" value="0"/> <input type="text" value="0"/> Other <input type="text" value="0"/> <input type="text" value="0"/> <input checked="" type="checkbox"/> Check box if resource counts include aid received resources.	<b>G2 Estimated Dollar Losses &amp; Values</b> LOSSES: Required for all fires if known. Optional for non fires. Property \$ <input type="text" value="0"/> Contents \$ <input type="text" value="0"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text" value="0"/> Contents \$ <input type="text" value="0"/>
--	---	--

<b>H1 Casualties</b> 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"/>	<b>H2 Detector</b> <input type="text"/>	<b>H3 Hazardous Materials Release</b> <input type="text"/>	<b>I Mixed Use Property</b> <input type="text"/>
	<b>J Property Use</b> <input type="text" value="931 - Open land or field"/>		

**K1 Person/Entity Involved**

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 Business name (if applicable) Area Code Phone Number

**K2 Owner**

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 Business name (if applicable) Area Code Phone Number