

**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

<p><b>C Incident Type</b></p> <p><input type="text" value="142 - Brush, or brush ar"/></p> <p>Incident Type</p>	<p><b>E1 Dates &amp; Times</b> <small>Midnight is 0000</small></p> <p>Month Day Year Hour Min Seconds</p>	<p><b>E2 Shifts &amp; Alarms</b> <small>Local Option</small></p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Shift or platoon Alarms District</p>
<p><b>D Aid Given or Received</b></p> <p><input type="text" value="1709"/> <input type="text" value="MI"/> <input type="text" value="0001709"/></p> <p>Their FDID Their State Their Incident Number</p> <p><input type="text" value="3 - Mutual aid given"/></p> <p>Type Aid Given or Received</p>	<p>Alarm <input type="text" value="04/15/2005"/> <input type="text" value="16:42"/></p> <p>Arrival <input type="text" value="04/15/2005"/> <input type="text" value="16:49"/></p> <p>Controlled <input type="text" value="04/15/2005"/> <input type="text" value="17:10"/></p> <p>Last Unit Cleared <input type="text" value="04/15/2005"/> <input type="text" value="17:23"/></p>	<p><b>E3 Special Studies</b> <small>Local Option</small></p> <p><input type="text"/> <input type="text"/></p> <p>Special Study ID# Special Study Value</p>

<p><b>F Actions Taken</b></p> <p><input type="text" value="11 - Extinguish"/></p> <p>Actions Taken</p>	<p><b>G1 Resources</b></p> <p><input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.</p> <table border="1"> <tr> <td></td> <td>Apparatus</td> <td>Personnel</td> </tr> <tr> <td>Suppression</td> <td><input type="text" value="3"/></td> <td><input type="text" value="7"/></td> </tr> <tr> <td>EMS</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Other</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> </table> <p><input checked="" type="checkbox"/> Check box if resource counts include aid received resources.</p>		Apparatus	Personnel	Suppression	<input type="text" value="3"/>	<input type="text" value="7"/>	EMS	<input type="text" value="0"/>	<input type="text" value="0"/>	Other	<input type="text" value="0"/>	<input type="text" value="0"/>	<p><b>G2 Estimated Dollar Losses &amp; Values</b></p> <p><b>LOSSES:</b> Required for all fires if known. Optional for non fires.</p> <p>Property \$ <input type="text" value="0"/></p> <p>Contents \$ <input type="text" value="0"/></p> <p><b>PRE-INCIDENT VALUE:</b> Optional</p> <p>Property \$ <input type="text" value="0"/></p> <p>Contents \$ <input type="text" value="0"/></p>
	Apparatus	Personnel												
Suppression	<input type="text" value="3"/>	<input type="text" value="7"/>												
EMS	<input type="text" value="0"/>	<input type="text" value="0"/>												
Other	<input type="text" value="0"/>	<input type="text" value="0"/>												

<p><b>H1 Casualties</b></p> <p>Deaths Injuries</p> <p>Fire Service <input type="text" value="0"/> <input type="text" value="0"/></p> <p>Civilian <input type="text" value="0"/> <input type="text" value="0"/></p>	<p><b>H2 Detector</b> <input type="text"/></p> <p><b>H3 Hazardous Materials Release</b> <input type="text"/></p> <p><b>I Mixed Use Property</b> <input type="text"/></p> <p><b>J Property Use</b> <input type="text" value="931 - Open land or field"/></p>
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**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