

A FDID: 01701 State: MI Incident Date: 04/15/2005 Station: 0442005 Exposure: 0 **NFIRS - 1 Basic**

B Location
 Address Type: 5 - Adjacent to Number/Milepost: M-221 Street Type: Highway
 Apt./Suite/Room: City: Brimley State: MI Zip Code: 49715
 Census Tract: Brimley Area School Cross street or directions, as applicable:

C Incident Type
 Incident Type: 311 - Medical assist, as

E1 Dates & Times Midnight is 0000
 Alarm: 04/15/2005 18:05
 Arrival: 04/15/2005 18:09
 Controlled: 04/15/2005 18:25
 Last Unit Cleared: 04/15/2005 18:30

E2 Shifts & Alarms Local Option
 Shift or platoon: Alarms: District:

D Aid Given or Received
 Their FDID: Their State: Their Incident Number:
 Type Aid Given or Received: N - None

E3 Special Studies Local Option
 Special Study ID#: Special Study Value:

F Actions Taken
 Actions Taken: 70 - Assistance, other

G1 Resources
 Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus Personnel
 Suppression: 2 5
 EMS: 0 0
 Other: 0 0
 Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values
 LOSSES: Required for all fires if known. Optional for non fires.
 Property \$ 0
 Contents \$ 0
 PRE-INCIDENT VALUE: Optional
 Property \$ 0
 Contents \$ 0

H1 Casualties
 Fire Deaths Injuries
 Service: 0 0
 Civilian: 0 0

H2 Detector:
H3 Hazardous Materials Release:
I Mixed Use Property:
J Property Use: 962 - Residential street, road or residential d

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: