

A FDID: 01701 State: MI Incident Date: 03/22/2005 Station: 0322005 Exposure: 0 **NFIRS - 1 Basic**

B Location
 Address Type: 2 - Intersection Number/Milepost: 6 Mile Street Type: MI Suffix: 49715
 City: Brimley State: MI Zip Code: 49715
 Census Tract: Deland Cross street or directions, as applicable: _____

C Incident Type <u>311 - Medical assist, as</u> Incident Type	E1 Dates & Times Midnight is 0000 Month Day Year Hour Min Seconds Alarm <u>03/22/2005</u> <u>08:14</u> Arrival <u>03/22/2005</u> <u>08:21</u> Controlled <u>03/22/2005</u> <u>09:05</u> Last Unit Cleared <u>03/22/2005</u> <u>09:10</u>	E2 Shifts & Alarms Local Option <input type="checkbox"/> Shift or platoon <input type="checkbox"/> Alarms <input type="checkbox"/> District
		E3 Special Studies Local Option Special Study ID# <input type="checkbox"/> Special Study Value <input type="checkbox"/>
D Aid Given or Received Their FDID <input type="checkbox"/> Their State <input type="checkbox"/> Their Incident Number <input type="checkbox"/> <u>N - None</u> Type Aid Given or Received		

F Actions Taken <u>73 - Provide manpower</u> Actions Taken	G1 Resources <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression <u>1</u> <u>4</u> EMS <u>0</u> <u>0</u> Other <u>0</u> <u>0</u> <input checked="" type="checkbox"/> 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 \$ <u>0</u> Contents \$ <u>0</u> PRE-INCIDENT VALUE: Optional Property \$ <u>0</u> Contents \$ <u>0</u>
---	--	--

H1 Casualties Deaths Injuries Fire Service <u>0</u> <u>0</u> Civilian <u>0</u> <u>0</u>	H2 Detector _____ H3 Hazardous Materials Release _____ I Mixed Use Property _____ J Property Use <u>960 - Street, other</u>
---	--

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 _____