

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>C Incident Type</p> <p><input type="text" value="221 - Overpressure ruptu"/> <input type="text"/></p> <p>Incident Type</p>	<p>E1 Dates & Times Midnight is 0000</p> <p>Month Day Year Hour Min Seconds</p> <p>Alarm <input type="text" value="09/04/2005"/> <input type="text" value="11:39"/></p> <p>Arrival <input type="text" value="09/04/2005"/> <input type="text" value="11:42"/></p> <p>Controlled <input type="text" value="09/04/2005"/> <input type="text" value="11:43"/></p> <p>Last Unit Cleared <input type="text" value="09/04/2005"/> <input type="text" value="12:52"/></p>	<p>E2 Shifts & Alarms Local Option</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Shift or platoon Alarms District</p> <hr/> <p>E3 Special Studies Local Option</p> <p><input type="text"/> <input type="text"/></p> <p>Special Study ID# Special Study Value</p>
<p>D Aid Given or Received</p> <p><input type="text" value="1709"/> <input type="text" value="MI"/> <input type="text" value="1709-09"/></p> <p>Their FDID Their State Their Incident Number</p> <p><input type="text" value="4 - Automatic aid given"/> <input type="text"/></p> <p>Type Aid Given or Received</p>		

<p>F Actions Taken</p> <p><input type="text" value="53 - Evacuate area"/></p> <p><input type="text" value="55 - Establish safe area"/></p> <p><input type="text" value="61 - Restore municipal services"/></p> <p>Actions Taken</p>	<p>G1 Resources</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="1"/></td> <td><input type="text" value="1"/></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="1"/>	<input type="text" value="1"/>	EMS	<input type="text" value="0"/>	<input type="text" value="0"/>	Other	<input type="text" value="0"/>	<input type="text" value="0"/>	<p>G2 Estimated Dollar Losses & Values</p> <p>LOSSES: 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>PRE-INCIDENT VALUE: 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="1"/>	<input type="text" value="1"/>												
EMS	<input type="text" value="0"/>	<input type="text" value="0"/>												
Other	<input type="text" value="0"/>	<input type="text" value="0"/>												

<p>H1 Casualties</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>H2 Detector <input type="text"/></p> <p>H3 Hazardous Materials Release <input type="text"/></p> <p>I Mixed Use Property <input type="text"/></p> <p>J Property Use <input type="text"/></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

A

01701
FDID

MI
State

MM DD YYYY
09/04/2005
Incident Date

Station

009-025
Incident Number

0
Exposure

NFIRS
Remarks

Remarks

Phil Jobe 117

M

Authorization

117
Officer in charge ID

Phil Jobe
Signature

FF
Position or rank

Assignment

09/04/2005
Month Day Year

117
Member making report ID

Phil Jobe
Signature

FF
Position or rank

Assignment

09/04/2005
Month Day Year