

Form with sections A through J, including fields for incident details, location, type, date, actions, resources, losses, and property use.

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

☐

Check This Box if same address as incident location. Then skip the three duplicate address lines.

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

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner

Local Option

Business name (if Applicable)

Area Code

Phone Number

☐

Check this box if same address as incident location. Then skip the three duplicate address lines.

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

☐ Same as person involved? Then check this box and skip The rest of this section.

L Remarks

Local Option

On 02/06/2012 at 11:58:33 dispatched To 341 E LOCUST ST /LODI, CA 95240. The location is a 1 or 2 family dwelling. The incident was determined to be a(n) EMS call, excluding vehicle accident with injury.

12:02:20 arrived on scene.

The following actions were performed on scene:

Provide basic life support (BLS)

Units responding were:

Unit 2032 responded.

12:28:14 all units back in service.

For EMS calls, patient information is included in the EMS section of this report.

L Authorization

001900

Officer in charge ID

Mackey, Ken A.

Signature

CO

Position or rank

2032

Assignment

02

Month

06

Day

2012

Year

☒

Check Box if same as Officer in charge.

001900

Member making report ID

Mackey, Ken A.

Signature

CO

Position or rank

2032

Assignment

02

Month

06

Day

2012

Year

Fire

39045 02/06/2012 12-0000595