

Fire

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

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

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

L Remarks

Local Option

On 03/12/2012 at 12:50:09 dispatched To 800 S HAM LN /37B/LODI, CA 95242. The location is a 24-hour care Nursing homes, 4 or more persons. The incident was determined to be a(n) EMS call, excluding vehicle accident with injury.

12:54:58 arrived on scene.

The following actions were performed on scene:

Standby

Units responding were:

Unit 2051 responded.

13:09:41 all units back in service.

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

L Authorization

004792

Officer in charge ID

Gold, Michael

Signature

CO

Position or rank

2051

Assignment

03

Month

12

Day

2012

Year

Check Box if same as Officer in charge.

☒ 004792

Member making report ID

Gold, Michael

Signature

CO

Position or rank

2051

Assignment

03

Month

12

Day

2012

Year