

<b>A</b>		MM DD YYYY	1		12-0001206	000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
39045		CA	03 13	2012				
FDID *		State *	Incident Date *	Station	Incident Number *	Exposure *		
<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract 0043 - 02 Module in Section B "Alternative Location Specification". Use only for Wildland fires.								
<b>B Location*</b>								
<input checked="" type="checkbox"/> Street address								
<input type="checkbox"/> Intersection								
<input type="checkbox"/> In front of								
<input type="checkbox"/> Rear of								
<input type="checkbox"/> Adjacent to								
<input type="checkbox"/> Directions								
800 S HAM LN Number/Milepost Prefix Street or Highway Street Type Suffix								
66A LODI CA 95242 Apt./Suite/Room City State Zip Code								
Cross street or directions, as applicable								
<b>C Incident Type *</b>			<b>E1 Date &amp; Times</b>			<b>E2 Shift &amp; Alarms</b>		
321 EMS call, excluding vehicle			Month Day Year Hr Min Sec			Local Option		
Incident Type			Check boxes if dates are the same as Alarm ALARM always required			B 01 1		
Date.			Alarm * 03 13 2012 13:27:06			Shift or Alarms District		
<b>D Aid Given or Received*</b>			ARRIVAL required, unless canceled or did not arrive			Platoon		
1 <input type="checkbox"/> Mutual aid received			<input checked="" type="checkbox"/> Arrival * 03 13 2012 13:31:45			<b>E3 Special Studies</b>		
2 <input type="checkbox"/> Automatic aid recv.			CONTROLLED Optional, Except for wildland fires			Local Option		
3 <input type="checkbox"/> Mutual aid given			<input type="checkbox"/> Controlled			Special Study ID# Special Study Value		
4 <input type="checkbox"/> Automatic aid given			LAST UNIT CLEARED, required except for wildland fires					
5 <input type="checkbox"/> Other aid given			Last Unit					
N <input checked="" type="checkbox"/> None			<input checked="" type="checkbox"/> Cleared 03 13 2012 13:41:03					
Their FDID Their State								
Their Incident Number								
<b>F Actions Taken *</b>			<b>G1 Resources *</b>			<b>G2 Estimated Dollar Losses &amp; Values</b>		
32 Provide basic life			<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.			LOSSES: Required for all fires if known. Optional for non fires. None		
Primary Action Taken (1)			Apparatus Personnel			Property \$ 000 000		
Additional Action Taken (2)			Suppression			Contents \$ 000 000		
Additional Action Taken (3)			EMS 0001 0003			PRE-INCIDENT VALUE: Optional		
			Other			Property \$ 000 000		
			<input type="checkbox"/> Check box if resource counts include aid received resources.			Contents \$ 000 000		
<b>Completed Modules</b>			<b>H1*Casualties</b>			<b>H3 Hazardous Materials Release</b>		
<input type="checkbox"/> Fire-2			Deaths Injuries			N <input type="checkbox"/> None		
<input type="checkbox"/> Structure-3			Fire Service			1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions		
<input type="checkbox"/> Civil Fire Cas.-4			Civilian			2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)		
<input type="checkbox"/> Fire Serv. Cas.-5			H2 Detector			3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container		
<input checked="" type="checkbox"/> EMS-6			Required for Confined Fires.			4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage		
<input type="checkbox"/> HazMat-7			1 <input type="checkbox"/> Detector alerted occupants			5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable		
<input type="checkbox"/> Wildland Fire-8			2 <input type="checkbox"/> Detector did not alert them			6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only		
<input checked="" type="checkbox"/> Apparatus-9			U <input type="checkbox"/> Unknown			7 <input type="checkbox"/> Motor oil: from engine or portable container		
<input checked="" type="checkbox"/> Personnel-10						8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons		
<input type="checkbox"/> Arson-11						0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., please complete the HazMat form		
<b>J Property Use*</b>			<b>Structures</b>			<b>I Mixed Use Property</b>		
131 <input type="checkbox"/> Church, place of worship			341 <input type="checkbox"/> Clinic, clinic type infirmary			NN <input type="checkbox"/> Not Mixed		
161 <input type="checkbox"/> Restaurant or cafeteria			342 <input type="checkbox"/> Doctor/dentist office			10 <input type="checkbox"/> Assembly use		
162 <input type="checkbox"/> Bar/Tavern or nightclub			361 <input type="checkbox"/> Prison or jail, not juvenile			20 <input type="checkbox"/> Education use		
213 <input type="checkbox"/> Elementary school or kindergarten			419 <input type="checkbox"/> 1-or 2-family dwelling			33 <input type="checkbox"/> Medical use		
215 <input type="checkbox"/> High school or junior high			429 <input type="checkbox"/> Multi-family dwelling			40 <input type="checkbox"/> Residential use		
241 <input type="checkbox"/> College, adult education			439 <input type="checkbox"/> Rooming/boarding house			51 <input type="checkbox"/> Row of stores		
311 <input checked="" type="checkbox"/> Care facility for the aged			449 <input type="checkbox"/> Commercial hotel or motel			53 <input type="checkbox"/> Enclosed mall		
331 <input type="checkbox"/> Hospital			459 <input type="checkbox"/> Residential, board and care			58 <input type="checkbox"/> Bus. & Residential		
Outside			464 <input type="checkbox"/> Dormitory/barracks			59 <input type="checkbox"/> Office use		
124 <input type="checkbox"/> Playground or park			491 <input type="checkbox"/> Food and beverage sales			60 <input type="checkbox"/> Industrial use		
655 <input type="checkbox"/> Crops or orchard			936 <input type="checkbox"/> Vacant lot			63 <input type="checkbox"/> Military use		
669 <input type="checkbox"/> Forest (timberland)			938 <input type="checkbox"/> Graded/care for plot of land			65 <input type="checkbox"/> Farm use		
807 <input type="checkbox"/> Outdoor storage area			946 <input type="checkbox"/> Lake, river, stream			00 <input type="checkbox"/> Other mixed use		
919 <input type="checkbox"/> Dump or sanitary landfill			951 <input type="checkbox"/> Railroad right of way					
931 <input type="checkbox"/> Open land or field			960 <input type="checkbox"/> Other street					
			961 <input type="checkbox"/> Highway/divided highway					
			962 <input type="checkbox"/> Residential street/driveway					
						24-hour care Nursing homes,		
						NFIRS-1 Revision 03/11/99		

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

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 03/13/2012 at 13:27:06 dispatched To 800 S HAM LN /66A/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.

13:31:45 arrived on scene.

The following actions were performed on scene:

Provide basic life support (BLS)

Units responding were:

Unit 2051 responded.

AMR on scene.

13:41:03 all units back in service.

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

**L Authorization**

003465 Copulos, Craig CO 2051 03 13 2012

Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. ☒ 003465 Copulos, Craig CO 2051 03 13 2012

Member making report ID Signature Position or rank Assignment Month Day Year