

A FDID <u>39045</u> * State <u>CA</u> * Incident Date <u>12</u> <u>21</u> <u>2011</u> * Station <u>2</u> Incident Number <u>11-0005427</u> * Exposure <u>000</u> * <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity NFIRS -1 Basic		MM DD YYYY	
B Location* <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract <u>0045</u> - <u>00</u>			
<input checked="" type="checkbox"/> Street address <u>341</u> <u>E</u> <u>LOCUST</u> <u>ST</u> <input type="checkbox"/> Intersection Number/Milepost Prefix Street or Highway Street Type Suffix			
<input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <u>LODI</u> <u>CA</u> <u>95240</u> Apt./Suite/Room City State Zip Code			
Cross street or directions, as applicable			
C Incident Type * <u>321</u> <u>EMS call, excluding vehicle</u> Incident Type		E1 Date & Times Midnight is 0000	
D Aid Given or Received* 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recvd. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None Their FDID Their State Their Incident Number		Check boxes if dates are the same as Alarm Date. Alarm * <u>12</u> <u>21</u> <u>2011</u> <u>11:43:41</u> Month Day Year Hr Min Sec	
		ALARM always required ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * <u>12</u> <u>21</u> <u>2011</u> <u>11:47:39</u> Month Day Year Hr Min Sec	
		CONTROLLED Optional, Except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit Cleared <u>12</u> <u>21</u> <u>2011</u> <u>12:01:29</u> Month Day Year Hr Min Sec	
F Actions Taken * <u>32</u> <u>Provide basic life</u> Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)		G1 Resources * <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus <u>0001</u> <u>0003</u> <u>0001</u> <u>0003</u> Suppression <u>0001</u> <u>0003</u> EMS <u>0001</u> <u>0003</u> Other <input 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. None Property \$ <u>000</u> <u>000</u> <u>000</u> Contents \$ <u>000</u> <u>000</u> <u>000</u> PRE-INCIDENT VALUE: Optional Property \$ <u>000</u> <u>000</u> <u>000</u> Contents \$ <u>000</u> <u>000</u> <u>000</u>	
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input checked="" type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1* Casualties <input type="checkbox"/> None Deaths Injuries Fire Service <u>000</u> <u>000</u> Civilian <u>000</u> <u>000</u> H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown	
		H3 Hazardous Materials Release N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form	
I Mixed Use Property NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use			
J Property Use* Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital 341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard			
Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use <u>419</u> <u>1 or 2 family dwelling</u>			
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☐

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 12/21/2011 at 11:43:41 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.

11:47:39 arrived on scene.

The following actions were performed on scene:

Provide basic life support (BLS)

Units responding were:

Unit 2032 responded.

AMR

12:01:29 all units back in service.

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

L Authorization

120926

Officer in charge ID

Van Guilder, Mike

Signature

CO

Position or rank

2032

Assignment

12

Month

21

Day

2011

Year

Check Box if same as Officer in charge.

☒ 120926

Member making report ID

Van Guilder, Mike

Signature

CO

Position or rank

2032

Assignment

12

Month

21

Day

2011

Year