

<b>A</b> FDID <input type="text"/> <b>FL</b> <input type="text"/> State <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/> 0002564 <input type="text"/> 000 <input type="text"/> Station Incident Number Exposure		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	<b>NFIRS-1 Basic</b>
<b>B Location Type</b> <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.			
<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 <input type="checkbox"/> U.S. National Grid			
2457 SW DAISY RD Number/Milepost Prefix Street or Highway Street Type Suffix FORT WHITE FL 32038 Apt./Suite/Room City State ZIP Code Cross Street, Directions or National Grid, as applicable			
<b>C Incident Type</b> <input type="text"/> 111 Building fire Incident Type		<b>E1 Dates and Times</b> Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm <input type="text"/> 06 <input type="text"/> 09 <input type="text"/> 2022 <input type="text"/> 2159 ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2215 CONTROLLED optional, except for wildland fires <input type="checkbox"/> Controlled <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input checked="" type="checkbox"/> Last Unit Cleared LAST UNIT CLEARED, required except for wildland fires <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2346	
<b>D Aid Given or Received</b> <input type="checkbox"/> <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given		<b>E2 Shifts and Alarms</b> Local Option <input type="text"/> C <input type="text"/> 0 <input type="text"/> D46 Shift or Platoon Alarms District <b>E3 Special Studies</b> Local Option <input type="text"/> <input type="text"/> Special Study ID# Special Study Value	
<b>F Actions Taken</b> <input type="text"/> 11 Extinguishment by fire service personnel Primary Action Taken (1) <input type="text"/> 12 Salvage & overhaul Additional Action Taken (2) <input type="text"/> <input type="text"/> Additional Action Taken (3)		<b>G1 Resources</b> <input checked="" type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus Personnel Suppression <input type="text"/> <input type="text"/> EMS <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/> <input type="checkbox"/> Check box if resource counts include aid received resources.	
<b>G2 Estimated Dollar Losses and Values</b> Required for all fires if known. Optional for non-fires. None Property \$ <input type="text"/> 000 <input type="text"/> 050 <input type="text"/> 000 <input type="checkbox"/> Contents \$ <input type="text"/> 000 <input type="text"/> 020 <input type="text"/> 000 <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text"/> 000 <input type="text"/> 050 <input type="text"/> 000 <input type="checkbox"/> Contents \$ <input type="text"/> 000 <input type="text"/> 020 <input type="text"/> 000 <input type="checkbox"/>			
<b>Completed Modules</b> <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-5 <input 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		<b>H1 Casualties</b> <input checked="" type="checkbox"/> None Fire Deaths Injuries Fire Service <input type="text"/> <input type="text"/> Civilian <input type="text"/> <input type="text"/> <b>H2 Detector</b> Required for confined fires. <input type="checkbox"/> Detector alerted occupants <input type="checkbox"/> Detector did not alert them <input type="checkbox"/> Unknown	
<b>H3 Hazardous Materials Release</b> <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 storage 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 > 55 gal (Please complete the HazMat form.)		<b>I Mixed Use Property</b> <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"/> Business & 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	
<b>J Property Use</b> <input type="checkbox"/> None <b>Structures</b> 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, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 331 <input type="checkbox"/> Hospital <b>Outside</b> 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		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"/> Multifamily 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 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/Science laboratory 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 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/Cared 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	

**K1 Person/Entity Involved**

Local Option

Business Name (if applicable)

386

Area Code

628

Phone Number

6336

☒ Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

MR

Mr., Ms., Mrs.

MARK

First Name

MI

BRUNER

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 block.

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

RD

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

**L****Remarks:****DYLAN DOHRN - T45****June 9,2022 22:25:50**

T45 arrived on scene, assisted with fire suppression and mop up. Once fire was out assisted in getting E46 back in service, T45 released by command. T45 assignment complete available.

**DYLAN DOHRN - E45****June 9,2022 22:28:43**

E45 arrived on scene assisted with fire suppression and mop up, once fire was out assisted getting E46 back in service. released by command. E45 assignment complete available.

**JAMES THOMAS****June 10,2022 05:57:36**

E-48, T-48, BATT48, E-45, T-45, E-44, T-44, E-46, T-46 RESPONDED TO 2457 DAISY RD FOR A STRUCTURE FIRE. E-46 AND T-46 ARRIVED ON SCENE AND ADVISED HOUSE WAS FULLY INVOLVED. BATT 48 ARRIVED ON SCENE AND ASSUMED COMMAND. A WALK AROUND THE HOUSE WAS DONE,

☒ More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

**M Authorization**

Check box if same as Officer in charge. ☒

CF10

Officer in charge ID

Signature

Position or rank

Assignment

06

Month

10

Day

2022

Year

CF10

Member making report ID

Signature

Position or rank

Assignment

06

Month

10

Day

2022

Year

<b>A</b>	FDID	State	MM Incident Date	DD Incident Date	YYYY Incident Date	Station	Incident Number	Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS-1S Supplemental</b>
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**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 these 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

-

  

**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 these 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

-

  

**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 these 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

-

  

**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 these 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

-

  

**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 these 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

-

<b>E3</b>	<b>Supplemental Special Studies</b> <small>Local Option</small>	<b>NFIRS-1S Supplemental</b>
1	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> <span>Special Study ID#</span> <span>Special Study Value</span> </div>	
2	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> <span>Special Study ID#</span> <span>Special Study Value</span> </div>	
3	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> <span>Special Study ID#</span> <span>Special Study Value</span> </div>	
4	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> <span>Special Study ID#</span> <span>Special Study Value</span> </div>	
5	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> <span>Special Study ID#</span> <span>Special Study Value</span> </div>	
6	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> <span>Special Study ID#</span> <span>Special Study Value</span> </div>	
7	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> <span>Special Study ID#</span> <span>Special Study Value</span> </div>	
8	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> <span>Special Study ID#</span> <span>Special Study Value</span> </div>	
NFIRS-1S Revision 01/01/04		

<b>L</b>	<b>Remarks:</b> <small>Local Option</small>
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CF-10 CLOSED A FRONT DOOR TO A HOUSE THAT WAS CLOSE BY SO NO SMOKE WOULD ENTER THE HOUSE. BY THIS TIME ALL CCFR UNITS HAD ARRIVED ON SCENE. E-46 HAD TWO PRECONNECTS PULLED, AND WAS ATTACKING THE FIRE. TWO FF WERE INSIDE WHILE TWO WERE OUTSIDE EXTINGUISHING FIRE. CF-10 SPOKE WITH HOME OWNER AND HE SAID HE WAS SITTING IN A ROOM THEY WERE ADDING ON SMOKING. HE ALSO STATED THAT THERE WAS A CANDLE ON A TABLE NEXT TO HIS CHAIR. HOMEOWNER WENT TO THE OTHER HOUSE TO GET A LOAD OF LAUNDRY AND CAME BACK TO FIRE IN THE ROOM NEXT TO HIS CHAIR.

CF-10 ASKED IF I NEEDED TO CALL FOR RED CROSS, HOME OWNER SAID NO. HOMEOWNER WAS ASKED IF HE HAD INSURANCE AND HE SAID HE WASNT SURE. ALSO VALUE OF STRUCTURE AND CONTENTS STATED IN THIS REPORT ARE ESTIMATES FROM THE HOME OWNER, MR. MARK BRUNER.

FIRE WAS EXTINGUISHED AND MOP UP COMPLETE, ALL CCFR UNITS CLEARED AND RETURNED TO STATIONS. JAT

**ALEX ENGLISH - E46**

**June 10,2022 13:20:29**

E46 was dispatched to a structure fire. Upon arrival of engine 46 found the structure was fully involved with flame showing on all four sides. A 1 3/4" attack line was deployed and water was put on the fire. Tanker 46 arrived and a supply line was hooked to engine 46. At this time a 2nd 1 3/4" hand line was deployed. Engine 46 and all other units work their way through the front door of the structure and attack the fire from the inside out. Drywall was pulled and ceiling was pulled up. the fire was extinguished and all hotspots were cooled. After mop up was completed Engine 46 was topped off with water and both hand lines were placed back on the engine. All units went back available and returned quarters.

**LARRY SHALLAR III - T48**

**June 10,2022 19:53:11**

T-48 responded to the above location in reference to a mobile home on fire. T-48 arrived on-scene to a working structure fire. 1207 assisted with providing manpower by using 1 3/4 pre-connect hose line with a fog nozzle to extinguish fire from the exterior of the residents. Fire was extinguished. T-48 was released by command after mop-up was complete. No additional hazards were present. T-48 assignment complete and became available.

**DYLAN ALVEY - E44**

**June 12,2022 06:25:45**

E44, T44 arrived on scene and E46, T46 were already on scene with a preconnect on the ground. E44 crews made contact with command who stated they were going to use the line on the ground for interior attack. Due to the size of the fire, E44, T44 crews pulled another preconnect and made another interior attack on the back side of the structure. Once fire was out, E44 crews assisted in mop and getting trucks back in service. Once all trucks were placed in order, E44, T44 was released by command. Assignment complete.

<b>A</b>	FDID <input type="text"/>	State <input type="text" value="FL"/>	Incident Date MM <input type="text" value="06"/> DD <input type="text" value="09"/> YYYY <input type="text" value="2022"/>	Station <input type="text"/>	Incident Number <input type="text" value="0002564"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-2 Fire
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<b>B Property Details</b>  <b>B1</b> <input type="text" value="1"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved.</small>  <b>B2</b> <input type="text" value="1"/> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small>  <b>B3</b> <input type="text"/> , <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than one acre <small>Acres burned (outside fires)</small>	<b>C On-Site Materials or Products</b> <input type="checkbox"/> None <small>Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved.</small> <small>Enter up to three codes. Check one box for each code entered.</small> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="text"/> <input type="text"/>  <small>On-site material (1)</small>   <input type="text"/> <input type="text"/>  <small>On-site material (2)</small>   <input type="text"/> <input type="text"/>  <small>On-site material (3)</small> </div> <div style="width: 35%;"> <b>On-Site Materials Storage Use</b>  1 <input type="checkbox"/> Bulk storage or warehousing  2 <input type="checkbox"/> Processing or manufacturing  3 <input type="checkbox"/> Packaged goods for sale  4 <input type="checkbox"/> Repair or service  U <input type="checkbox"/> Undetermined   1 <input type="checkbox"/> Bulk storage or warehousing  2 <input type="checkbox"/> Processing or manufacturing  3 <input type="checkbox"/> Packaged goods for sale  4 <input type="checkbox"/> Repair or service  U <input type="checkbox"/> Undetermined   1 <input type="checkbox"/> Bulk storage or warehousing  2 <input type="checkbox"/> Processing or manufacturing  3 <input type="checkbox"/> Packaged goods for sale  4 <input type="checkbox"/> Repair or service  U <input type="checkbox"/> Undetermined </div> </div>
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<b>D Ignition</b>  <b>D1</b> <input type="text" value="96"/> <input type="text" value="renovation area"/> <small>Area of fire origin</small> <b>D2</b> <input type="text" value="60"/> <input type="text" value="Heat from other open flame or smoking materi..."/> <small>Heat source</small> <b>D3</b> <input type="text" value="21"/> <input type="text" value="Upholstered sofa, chair, vehicle seats"/> <small>Item first ignited</small> <input checked="" type="checkbox"/> Check box if fire spread was confined to object of origin. <b>D4</b> <input type="text" value="UU"/> <input type="text" value="Undetermined"/> <small>Type of material first ignited</small> <small>Required only if item first ignited code is 00 or &lt;70.</small>	<b>E1 Cause of Ignition</b> <input checked="" type="checkbox"/> Check box if this is an exposure report. <span style="float: right;">➔ Skip to Section G</span> 1 <input type="checkbox"/> Intentional 2 <input checked="" type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation  <b>E2 Factors Contributing to Ignition</b> <input type="checkbox"/> None <input type="text" value="10"/> <input type="text" value="Misuse of material or product, other"/> <small>Factor contributing to ignition (1)</small> <input type="text"/> <input type="text"/> <small>Factor contributing to ignition (2)</small>	<b>E3 Human Factors</b> <input checked="" type="checkbox"/> Contributing to Ignition <small>Check all applicable boxes</small> <input type="checkbox"/> None 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input checked="" type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor <small>Estimated age of person involved</small> <input type="text"/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
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<b>F1 Equipment Involved in Ignition</b> <input type="checkbox"/> None ➔ If equipment was not involved, skip to Section G. <input type="text"/> <input type="text"/> <small>Equipment Involved</small> Brand <input type="text"/> Model <input type="text"/> Serial # <input type="text"/> Year <input type="text"/>	<b>F2 Equipment Power Source</b> <input type="text"/> <input type="text"/> <small>Equipment Power Source</small>  <b>F3 Equipment Portability</b> 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <small>Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.</small>	<b>G Fire Suppression Factors</b> <input type="checkbox"/> None <small>Enter up to three codes.</small> <input type="text"/> <input type="text"/> <small>Fire suppression factor (1)</small> <input type="text"/> <input type="text"/> <small>Fire suppression factor (2)</small> <input type="text"/> <input type="text"/> <small>Fire suppression factor (3)</small>
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<b>H1 Mobile Property Involved</b> <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 10px;"></div> <input type="text"/> <small>Mobile property model</small> <input type="text"/> <input type="text"/> <input type="text"/> <small>License Plate Number State VIN</small>	<b>H2 Mobile Property Type and Make</b> <input type="text"/> <input type="text"/> <small>Mobile property type</small> <input type="text"/> <input type="text"/> <small>Mobile property make</small> <input type="text"/> <input type="text"/> <small>Year</small>	<b>Local Use</b> <input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies:</small> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">       Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).     </div>
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<b>I1 Structure Type</b> ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           1 <input checked="" type="checkbox"/> Enclosed building            2 <input type="checkbox"/> Portable/Mobile structure            3 <input type="checkbox"/> Open structure            4 <input type="checkbox"/> Air-supported structure            5 <input type="checkbox"/> Tent            6 <input type="checkbox"/> Open platform (e.g., piers)            7 <input type="checkbox"/> Underground structure (work areas)            8 <input type="checkbox"/> Connective structure (e.g., fences)            0 <input type="checkbox"/> Other type of structure         </div>	<b>I2 Building Status</b> ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           1 <input type="checkbox"/> Under construction            2 <input checked="" type="checkbox"/> In normal use            3 <input type="checkbox"/> Idle, not routinely used            4 <input type="checkbox"/> Under major renovation            5 <input type="checkbox"/> Vacant and secured            6 <input type="checkbox"/> Vacant and unsecured            7 <input type="checkbox"/> Being demolished            0 <input type="checkbox"/> Other            U <input type="checkbox"/> Undetermined         </div>	<b>I3 Building Height</b> ☆ Count the roof as part of the highest story. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           001            Total number of stories at or above grade.         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           00            Total number of stories below grade.         </div>	<b>I4 Main Floor Size</b> ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           00, 001, 152            Total square feet         </div> <div style="text-align: center; margin-top: 10px;">OR</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           0, 024 BY 0, 048            Length in feet      Width in feet         </div>
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NFIRS-3  
Structure  
Fire

<b>J1 Fire Origin</b> ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           001            Story of fire origin         </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Below grade         </div>	<b>J3 Number of Stories Damaged by Flame</b> Count the roof as part of the highest story. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Number of stories w/minor damage (1 to 24% flame damage)         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Number of stories w/significant damage (25 to 49% flame damage)         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Number of stories w/heavy damage (50 to 74% flame damage)         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           001 Number of stories w/extreme damage (75 to 100% flame damage)         </div>	<b>K Type of Material Contributing Most to Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px;">Skip to Section L</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           K1            Item contributing most to flame spread         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           K2            Type of material contributing most to flame spread            Required only if item contributing code is 00 or &lt;70.         </div>
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<b>L1 Presence of Detectors</b> ☆ (In area of the fire) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           N <input checked="" type="checkbox"/> None Present            1 <input type="checkbox"/> Present            U <input type="checkbox"/> Undetermined         </div> <div style="margin-top: 10px; text-align: right;"> <div style="border: 1px solid black; padding: 5px;">Skip to Section M</div> </div>	<b>L3 Detector Power Supply</b> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           1 <input type="checkbox"/> Battery only            2 <input type="checkbox"/> Hardwire only            3 <input type="checkbox"/> Plug-in            4 <input type="checkbox"/> Hardwire with battery            5 <input type="checkbox"/> Plug-in with battery            6 <input type="checkbox"/> Mechanical            7 <input type="checkbox"/> Multiple detectors &amp; power supplies            0 <input type="checkbox"/> Other            U <input type="checkbox"/> Undetermined         </div>	<b>L5 Detector Effectiveness</b> Required if detector operated. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           1 <input type="checkbox"/> Alerted occupants, occupants responded            2 <input type="checkbox"/> Alerted occupants, occupants failed to respond            3 <input type="checkbox"/> There were no occupants            4 <input type="checkbox"/> Failed to alert occupants            U <input type="checkbox"/> Undetermined         </div>
<b>L2 Detector Type</b> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           1 <input type="checkbox"/> Smoke            2 <input type="checkbox"/> Heat            3 <input type="checkbox"/> Combination smoke and heat            4 <input type="checkbox"/> Sprinkler, water flow detection            5 <input type="checkbox"/> More than one type present            0 <input type="checkbox"/> Other            U <input type="checkbox"/> Undetermined         </div>	<b>L4 Detector Operation</b> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           1 <input type="checkbox"/> Fire too small to activate            2 <input type="checkbox"/> Operated            3 <input type="checkbox"/> Failed to operate            U <input type="checkbox"/> Undetermined         </div> <div style="margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">Complete Block L5</div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;">Complete Block L6</div> </div>	<b>L6 Detector Failure Reason</b> Required if detector failed to operate. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           1 <input type="checkbox"/> Power failure, shutdown, or disconnect            2 <input type="checkbox"/> Improper installation or placement            3 <input type="checkbox"/> Defective            4 <input type="checkbox"/> Lack of maintenance, includes not cleaning            5 <input type="checkbox"/> Battery missing or disconnected            6 <input type="checkbox"/> Battery discharged or dead            0 <input type="checkbox"/> Other            U <input type="checkbox"/> Undetermined         </div>

<b>M1 Presence of Automatic Extinguishing System</b> ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           N <input checked="" type="checkbox"/> None Present            1 <input type="checkbox"/> Present            2 <input type="checkbox"/> Partial System Present            U <input type="checkbox"/> Undetermined         </div> <div style="margin-top: 10px; text-align: right;"> <div style="border: 1px solid black; padding: 5px;">Complete rest of Section M</div> </div>	<b>M3 Operation of Automatic Extinguishing System</b> Required if fire was within designed range. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           1 <input type="checkbox"/> Operated/effective (go to M4)            2 <input type="checkbox"/> Operated/Not effective (go to M4)            3 <input type="checkbox"/> Fire too small to activate            4 <input type="checkbox"/> Failed to operate (go to M5)            0 <input type="checkbox"/> Other            U <input type="checkbox"/> Undetermined         </div>	<b>M5 Reason for Automatic Extinguishing System Failure</b> Required if system failed or not effective. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           1 <input type="checkbox"/> System shut off            2 <input type="checkbox"/> Not enough agent discharged            3 <input type="checkbox"/> Agent discharged but did not reach fire            4 <input type="checkbox"/> Wrong type of system            5 <input type="checkbox"/> Fire not in area protected            6 <input type="checkbox"/> System components damaged            7 <input type="checkbox"/> Lack of maintenance            8 <input type="checkbox"/> Manual intervention            0 <input type="checkbox"/> Other            U <input type="checkbox"/> Undetermined         </div>
<b>M2 Type of Automatic Extinguishing System</b> Required if fire was within designed range of AES. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           1 <input type="checkbox"/> Wet-pipe sprinkler            2 <input type="checkbox"/> Dry-pipe sprinkler            3 <input type="checkbox"/> Other sprinkler system            4 <input type="checkbox"/> Dry chemical system            5 <input type="checkbox"/> Foam system            6 <input type="checkbox"/> Halogen-type system            7 <input type="checkbox"/> Carbon dioxide (CO<sub>2</sub>) system            0 <input type="checkbox"/> Other special hazard system            U <input type="checkbox"/> Undetermined         </div>	<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Number of sprinkler heads operating         </div>	

<b>A</b>	FDID <input type="text"/>	State <input type="text" value="FL"/>	Incident Date <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/>	Station <input type="text"/>	Incident Number <input type="text" value="0002564"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS-10 Personnel</b>
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="1"/>	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID <input type="text" value="BAT48"/> ★Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2202"/> Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2221"/> Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2346"/>	Sent <input checked="" type="checkbox"/>	<input type="text" value="1"/>		<input type="text" value="81"/> <input type="text" value="86"/>

Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="CF10"/>	JAMES THOMAS		<input checked="" type="checkbox"/>	81	86		
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

2 ID <input type="text" value="E48"/> ★Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2202"/> Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2223"/> Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2346"/>	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="2"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="73"/> <input type="text" value="74"/> <input type="text"/> <input type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="1305"/>	LUCAS HARRELL		<input checked="" type="checkbox"/>	73			
<input type="text" value="1627"/>	ERIC PEACE		<input checked="" type="checkbox"/>	58	73		
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

3 ID <input type="text" value="T45"/> ★Type <input type="text" value="14"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2202"/> Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2226"/> Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2346"/>	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="73"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="1321"/>	DYLAN DOHRN		<input checked="" type="checkbox"/>	58	73		
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				



<b>A</b>	FDID <input type="text"/>	State <input type="text"/>	Incident Date <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS-10 Personnel</b>
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input type="text"/>	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
<b>1</b> ID <input type="text"/> E45 ☆Type <input type="text"/> 11	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2202 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2225 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2346	Sent <input checked="" type="checkbox"/>	<input type="text"/> 1		<input type="text"/> 73 <input type="text"/> 74 <input type="text"/> 75 <input type="text"/>

Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/> 1626	BRAD ENGLERT		<input checked="" type="checkbox"/>	58	73		
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

<b>2</b> ID <input type="text"/> T46 ☆Type <input type="text"/> 14	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2202 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2215 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2346	Sent <input checked="" type="checkbox"/>	<input type="text"/> 1 <input type="text"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> 76 <input type="text"/> <input type="text"/> <input type="text"/>
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Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/> 1609	JULES HECKMAN		<input checked="" type="checkbox"/>	58	76		
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

<b>3</b> ID <input type="text"/> E46 ☆Type <input type="text"/> 76	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2202 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2215 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2346	Sent <input checked="" type="checkbox"/>	<input type="text"/> 1 <input type="text"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> 11 <input type="text"/> 12 <input type="text"/> <input type="text"/>
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Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/> 1320	ALEX ENGLISH		<input checked="" type="checkbox"/>	11	12		
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

<b>A</b>	FDID <input type="text"/>	State <input type="text"/>	Incident Date <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS-10 Personnel</b>
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input type="text"/>	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
<b>1</b> ID <input type="text"/> E44 ☆Type <input type="text"/> 11	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2202 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2217 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2346	Sent <input checked="" type="checkbox"/>	<input type="text"/> 1		<input type="text"/> 73 <input type="text"/> 74 <input type="text"/> <input type="text"/>

Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1703	JAMES MOFFITT		<input checked="" type="checkbox"/>	58	73	74	
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

<b>2</b> ID <input type="text"/> T44 ☆Type <input type="text"/> 14	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2202 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2217 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2346	Sent <input checked="" type="checkbox"/>	<input type="text"/> 1 <input type="text"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> 76 <input type="text"/> <input type="text"/> <input type="text"/>
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Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1314	DYLAN ALVEY		<input checked="" type="checkbox"/>	76			
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

<b>3</b> ID <input type="text"/> T48 ☆Type <input type="text"/> 14	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2202 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2226 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 2346	Sent <input checked="" type="checkbox"/>	<input type="text"/> 1 <input type="text"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> 76 <input type="text"/> <input type="text"/> <input type="text"/>
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Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1207	LARRY SHALLAR III		<input checked="" type="checkbox"/>	76	11	73	
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

<b>A</b>	FDID <input type="text"/>	State <input type="text" value="FL"/>	Incident Date <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/>	Station <input type="text"/>	Incident Number <input type="text" value="0002564"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-10 Personnel
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="1"/>	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
<b>1</b> ID <input type="text" value="POV"/> ☆Type <input type="text" value="99"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sent <input checked="" type="checkbox"/>	<input type="text" value="1"/>		<input type="text" value="73"/> <input type="text"/> <input type="text"/> <input type="text"/>

Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
5005	JONNY HANDY		<input checked="" type="checkbox"/>	73			
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

<b>2</b> ID <input type="text"/> ☆Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sent <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

<b>3</b> ID <input type="text"/> ☆Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sent <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

<b>A</b>	FDID <input type="text"/>	State <input type="text" value="FL"/>	Incident Date <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/>	Station <input type="text"/>	Incident Number <input type="text" value="0002564"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	<b>ESO-1</b> Non-NFIRS Fields
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**E<sub>1</sub> Additional Incident Times**

PSAP Recieved	Month	Day	Year	Hour	Min	Dispatch Notified	Month	Day	Year	Hour	Min
	<input type="text" value="06"/>	<input type="text" value="09"/>	<input type="text" value="2022"/>	<input type="text" value="21"/>	<input type="text" value="59"/>		<input type="text" value="06"/>	<input type="text" value="09"/>	<input type="text" value="2022"/>	<input type="text" value="21"/>	<input type="text" value="59"/>

<b>B</b>	Apparatus or Resources	Dates and Times <small>Midnight is 0000</small>	ID	Type	En Route	District
		Month Day Year Hour/Min				
			<input type="text" value="5"/> ID <input type="text" value="T46"/>	<input type="text"/>	<input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text" value="2204"/>	<input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text"/>
			Type <input type="text"/>			
<input type="text" value="1"/>	ID <input type="text" value="BAT48"/>	En Route <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text" value="2206"/>	<input type="text" value="6"/> ID <input type="text" value="E46"/>	<input type="text"/>	<input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text" value="2204"/>	<input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text"/>
	Type <input type="text"/>	District <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text"/>	Type <input type="text"/>		District <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text"/>	
<input type="text" value="2"/>	ID <input type="text" value="E48"/>	En Route <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text" value="2208"/>	<input type="text" value="7"/> ID <input type="text" value="E44"/>	<input type="text"/>	<input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text" value="2203"/>	<input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text"/>
	Type <input type="text"/>	District <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text"/>	Type <input type="text"/>		District <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text"/>	
<input type="text" value="3"/>	ID <input type="text" value="T45"/>	En Route <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text" value="2204"/>	<input type="text" value="8"/> ID <input type="text" value="T44"/>	<input type="text"/>	<input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text" value="2204"/>	<input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text"/>
	Type <input type="text"/>	District <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text"/>	Type <input type="text"/>		District <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text"/>	
<input type="text" value="4"/>	ID <input type="text" value="E45"/>	En Route <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text" value="2203"/>	<input type="text" value="9"/> ID <input type="text" value="T48"/>	<input type="text"/>	<input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text" value="2208"/>	<input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text"/>
	Type <input type="text"/>	District <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text"/>	Type <input type="text"/>		District <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text"/>	

<b>A</b>	FDID <input type="text"/>	State <input type="text" value="FL"/>	Incident Date <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/>	Station <input type="text"/>	Incident Number <input type="text" value="0002564"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	<b>ESO-1</b> Non-NFIRS Fields
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<b>E1 Additional Incident Times</b>							
		Month	Day	Year	Hour	Min	
PSAP Recieved		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Month	Day	Year	Hour	Min	
Dispatch Notified		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small>		
	Month Day Year Hour/Min	5 ID <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Type <input type="text"/>	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1 ID <input type="text" value="POV"/>	En Route <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text" value="2208"/>	6 ID <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type <input type="text"/>	District <input type="text" value="06"/> <input type="text" value="09"/> <input type="text" value="2022"/> <input type="text"/>	Type <input type="text"/>	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2 ID <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	7 ID <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type <input type="text"/>	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type <input type="text"/>	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3 ID <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8 ID <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type <input type="text"/>	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type <input type="text"/>	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4 ID <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	9 ID <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type <input type="text"/>	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type <input type="text"/>	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>