

<b>A</b>		FDID * <u>01022</u>	State * <u>NC</u>	Incident Date * MM <u>03</u> DD <u>05</u> YYYY <u>2009</u>	Station <u>19</u>	Incident Number * <u>09-0001594</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic	
<b>B Location*</b>		<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.								
<input checked="" type="checkbox"/> Street address		<u>9839</u>	<u>OLD MILL</u>	<u>RD</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		<u>Navassa</u>	<u>NC</u>	<u>28451</u>						
<input type="checkbox"/> Adjacent to		Apt./Suite/Room	City	State	Zip Code					
<input type="checkbox"/> Directions		Cross street or directions, as applicable								
<b>C Incident Type *</b>		<b>E1 Date &amp; Times</b> Midnight is 0000				<b>E2 Shift &amp; Alarms</b>				
<u>111</u> Building fire		Check boxes if dates are the same as Alarm Date. ALARM always required				Local Option				
Incident Type		Alarm *	Month <u>03</u>	Day <u>05</u>	Year <u>2009</u>	Hr <u>22</u>	Min <u>47</u>	Sec <u>00</u>	Shift or 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 *				CONTROLLED Optional, Except for wildland fires				
2 <input checked="" type="checkbox"/> Automatic aid rcv.		Month <u>03</u> Day <u>05</u> Year <u>2009</u> Hr <u>22</u> Min <u>59</u> Sec <u>00</u>				LAST UNIT CLEARED, required except for wildland fires				
3 <input type="checkbox"/> Mutual aid given		<input type="checkbox"/> Controlled				Special Studies				
4 <input type="checkbox"/> Automatic aid given		<input type="checkbox"/> Last Unit				Local Option				
5 <input type="checkbox"/> Other aid given		Month <u>03</u> Day <u>06</u> Year <u>2009</u> Hr <u>01</u> Min <u>09</u> Sec <u>00</u>				Special Study ID#				
N <input type="checkbox"/> None		Cleared				Special Study Value				
<b>F Actions Taken *</b>		<b>G1 Resources *</b>			<b>G2 Estimated Dollar Losses &amp; Values</b>					
<u>10</u> Fire control or extinguishment, other		<input 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 \$ <u>015,000</u>						
<u>  </u>		Suppression <u>0002</u>	<u>0004</u>	Contents \$ <u>000,000</u>						
Additional Action Taken (2)		EMS <u>  </u>	<u>  </u>	PRE-INCIDENT VALUE: Optional						
<u>  </u>		Other <u>  </u>	<u>  </u>	Property \$ <u>015,000</u>						
Additional Action Taken (3)		<input type="checkbox"/> Check box if resource counts include aid received resources.			Contents \$ <u>000,000</u>					
<b>Completed Modules</b>		<b>H1* Casualties</b> <input checked="" type="checkbox"/> None			<b>H3 Hazardous Materials Release</b>			<b>I Mixed Use Property</b>		
<input checked="" type="checkbox"/> Fire-2		Deaths Injuries			N <input checked="" type="checkbox"/> None			NN <input type="checkbox"/> Not Mixed		
<input checked="" type="checkbox"/> Structure-3		Fire Service <u>  </u> <u>  </u>			1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions			10 <input type="checkbox"/> Assembly use		
<input type="checkbox"/> Civil Fire Cas.-4		Civilian <u>  </u> <u>  </u>			2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)			20 <input type="checkbox"/> Education use		
<input type="checkbox"/> Fire Serv. Cas.-5		<b>H2 Detector</b>			3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container			33 <input type="checkbox"/> Medical use		
<input type="checkbox"/> EMS-6		Required for Confined Fires.			4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage			40 <input checked="" type="checkbox"/> Residential use		
<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			51 <input type="checkbox"/> Row of stores		
<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			53 <input type="checkbox"/> Enclosed mall		
<input checked="" type="checkbox"/> Apparatus-9		U <input checked="" type="checkbox"/> Unknown			7 <input type="checkbox"/> Motor oil: from engine or portable container			58 <input type="checkbox"/> Bus. & Residential		
<input checked="" type="checkbox"/> Personnel-10					8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons			59 <input type="checkbox"/> Office use		
<input type="checkbox"/> Arson-11					9 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form			60 <input type="checkbox"/> Industrial use		
<b>J Property Use* Structures</b>		341 <input type="checkbox"/> Clinic, clinic type infirmary			539 <input type="checkbox"/> Household goods, sales, repairs			63 <input type="checkbox"/> Military use		
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office			579 <input type="checkbox"/> Motor vehicle/boat sales/repair			65 <input type="checkbox"/> Farm use		
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile			571 <input type="checkbox"/> Gas or service station			00 <input type="checkbox"/> Other mixed use		
162 <input type="checkbox"/> Bar/Tavern or nightclub		419 <input type="checkbox"/> 1-or 2-family dwelling			599 <input type="checkbox"/> Business office					
213 <input type="checkbox"/> Elementary school or kindergarten		429 <input type="checkbox"/> Multi-family dwelling			615 <input type="checkbox"/> Electric generating plant					
215 <input type="checkbox"/> High school or junior high		439 <input type="checkbox"/> Rooming/boarding house			629 <input type="checkbox"/> Laboratory/science lab					
241 <input type="checkbox"/> College, adult education		449 <input type="checkbox"/> Commercial hotel or motel			700 <input type="checkbox"/> Manufacturing plant					
311 <input type="checkbox"/> Care facility for the aged		459 <input type="checkbox"/> Residential, board and care			819 <input type="checkbox"/> Livestock/poultry storage (barn)					
331 <input type="checkbox"/> Hospital		464 <input type="checkbox"/> Dormitory/barracks			882 <input type="checkbox"/> Non-residential parking garage					
Outside		519 <input type="checkbox"/> Food and beverage sales			891 <input type="checkbox"/> Warehouse					
124 <input type="checkbox"/> Playground or park		936 <input type="checkbox"/> Vacant lot			981 <input type="checkbox"/> Construction site					
655 <input type="checkbox"/> Crops or orchard		938 <input type="checkbox"/> Graded/care for plot of land			984 <input type="checkbox"/> Industrial plant yard					
669 <input type="checkbox"/> Forest (timberland)		946 <input type="checkbox"/> Lake, river, stream			Lookup and enter a Property Use code only if you have NOT checked a Property Use box:					
807 <input type="checkbox"/> Outdoor storage area		951 <input type="checkbox"/> Railroad right of way			Property Use <u>400</u>					
919 <input type="checkbox"/> Dump or sanitary landfill		960 <input type="checkbox"/> Other street			Residential, Other					
931 <input type="checkbox"/> Open land or field		961 <input type="checkbox"/> Highway/divided highway								
		962 <input type="checkbox"/> Residential street/driveway								

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B Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min	Sent <input checked="" type="checkbox"/>	Number of * People <input type="checkbox"/>	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
1 ID <b>1971A</b> Type <b>11</b>	Dispatch <input checked="" type="checkbox"/> <b>3</b> <b>5</b> <b>2009</b> <b>22:47</b> Arrival <input checked="" type="checkbox"/> <b>3</b> <b>5</b> <b>2009</b> <b>22:59</b> Clear <input type="checkbox"/> <b>3</b> <b>6</b> <b>2009</b> <b>01:09</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <b>2</b>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 ID <b>1972</b> Type <input type="checkbox"/>	Dispatch <input checked="" type="checkbox"/> <b>3</b> <b>5</b> <b>2009</b> <b>22:47</b> Arrival <input checked="" type="checkbox"/> <b>3</b> <b>5</b> <b>2009</b> <b>22:59</b> Clear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <b>2</b>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> ID <input type="checkbox"/> Type <input type="checkbox"/>	Dispatch <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arrival <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> ID <input type="checkbox"/> Type <input type="checkbox"/>	Dispatch <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arrival <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> ID <input type="checkbox"/> Type <input type="checkbox"/>	Dispatch <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arrival <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> ID <input type="checkbox"/> Type <input type="checkbox"/>	Dispatch <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arrival <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> ID <input type="checkbox"/> Type <input type="checkbox"/>	Dispatch <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arrival <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> ID <input type="checkbox"/> Type <input type="checkbox"/>	Dispatch <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arrival <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<p><b>Type of Apparatus or Resources</b></p> <p><b>Ground Fire Suppression</b></p> <ul style="list-style-type: none"> <li>11 Engine</li> <li>12 Truck or aerial</li> <li>13 Quint</li> <li>14 Tanker &amp; pumper combination</li> <li>16 Brush truck</li> <li>17 ARF (Aircraft Rescue and Firefighting)</li> <li>10 Ground fire suppression, other</li> </ul> <p><b>Heavy Ground Equipment</b></p> <ul style="list-style-type: none"> <li>21 Dozer or plow</li> <li>22 Tractor</li> <li>24 Tanker or tender</li> <li>20 Heavy equipment, other</li> </ul> <p><b>Aircraft</b></p> <ul style="list-style-type: none"> <li>41 Aircraft: fixed wing tanker</li> <li>42 Helitanker</li> <li>43 Helicopter</li> <li>40 Aircraft, other</li> </ul> <p><b>Marine Equipment</b></p> <ul style="list-style-type: none"> <li>51 Fire boat with pump</li> <li>52 Boat, no pump</li> <li>50 Marine apparatus, other</li> </ul> <p><b>Support Equipment</b></p> <ul style="list-style-type: none"> <li>61 Breathing apparatus support</li> <li>62 Light and air unit</li> <li>60 Support apparatus, other</li> </ul> <p><b>Medical &amp; Rescue</b></p> <ul style="list-style-type: none"> <li>71 Rescue unit</li> <li>72 Urban Search &amp; rescue unit</li> <li>73 High angle rescue unit</li> <li>75 BLS unit</li> <li>76 ALS unit</li> <li>70 Medical and rescue unit, other</li> </ul>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><b>More Apparatus? Use Additional Sheets</b></p> </div> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>91 Mobile command post</li> <li>92 Chief officer car</li> <li>93 HazMat unit</li> <li>94 Type 1 hand crew</li> <li>95 Type 2 hand crew</li> <li>99 Privately owned vehicle</li> <li>00 Other apparatus/resource</li> <li>NN None</li> <li>UU Undetermined</li> </ul>
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