

A		FDID <input type="text" value="05005"/> *	State <input type="text" value="OH"/> *	Incident Date <input type="text" value="11"/> <input type="text" value="16"/> <input type="text" value="2014"/> *	Station <input type="text" value="1"/>	Incident Number <input type="text" value="14-0000839"/> *	Exposure <input type="text" value="000"/> *	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic	
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.								
<input checked="" type="checkbox"/> Street address		<input type="text" value="16"/>	<input type="text" value="W"/>	<input type="text" value="UNION"/>			<input type="text" value="ST"/>			
<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="text" value="Athens"/>		<input type="text" value="OH"/>	<input type="text" value="45701"/>		State Zip Code			
<input type="checkbox"/> Directions		Cross street or directions, as applicable								
C Incident Type *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms				
<input type="text" value="111"/> <input type="text" value="Building fire"/>		Check boxes if dates are the same as Alarm Date. ALARM always required				Local Option				
Incident Type		Month Day Year Hr Min Sec				Shift or Alarms District				
D Aid Given or Received *		Alarm * <input type="text" value="11"/> <input type="text" value="16"/> <input type="text" value="2014"/> <input type="text" value="04:09:00"/>				Platoon <input type="text" value="2"/> <input type="text" value="1"/>				
1 <input checked="" type="checkbox"/> Mutual aid received		ARRIVAL required, unless canceled or did not arrive				Special Studies				
2 <input type="checkbox"/> Automatic aid rcv.		<input checked="" type="checkbox"/> Arrival * <input type="text" value="11"/> <input type="text" value="16"/> <input type="text" value="2014"/> <input type="text" value="04:12:00"/>				Local Option				
3 <input type="checkbox"/> Mutual aid given		CONTROLLED Optional, Except for wildland fires				Special Study ID#				
4 <input type="checkbox"/> Automatic aid given		<input type="checkbox"/> Controlled				Special Study Value				
5 <input type="checkbox"/> Other aid given		LAST UNIT CLEARED, required except for wildland fires								
N <input type="checkbox"/> None		<input checked="" type="checkbox"/> Last Unit Cleared <input type="text" value="11"/> <input type="text" value="16"/> <input type="text" value="2014"/> <input type="text" value="14:48:00"/>								
F Actions Taken *		G1 Resources *			G2 Estimated Dollar Losses & Values					
<input type="text" value="11"/> <input type="text" value="Extinguishment by fire service personnel"/>		<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 \$ <input type="text" value="001"/> , <input type="text" value="000"/> , <input type="text" value="000"/>					
<input type="text" value="12"/> <input type="text" value="Salvage & overhaul"/>		Suppression <input type="text" value="0014"/> <input type="text" value="0060"/>			Contents \$ <input type="text" value="002"/> , <input type="text" value="000"/> , <input type="text" value="000"/>					
Additional Action Taken (2)		EMS <input type="text" value="0004"/> <input type="text" value="0008"/>			PRE-INCIDENT VALUE: Optional					
<input type="text" value="21"/> <input type="text" value="Search"/>		Other <input type="text" value="0006"/> <input type="text" value="0012"/>			Property \$ <input type="text" value="001"/> , <input type="text" value="376"/> , <input type="text" value="780"/>					
Additional Action Taken (3)		<input checked="" type="checkbox"/> Check box if resource counts include aid received resources.			Contents \$ <input type="text" value="003"/> , <input type="text" value="000"/> , <input type="text" value="000"/>					
Completed Modules		H1* Casualties <input type="checkbox"/> None			H3 Hazardous Materials Release			I Mixed Use Property		
<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 <input type="text" value="003"/>			1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions			10 <input type="checkbox"/> Assembly use		
<input checked="" type="checkbox"/> Civil Fire Cas.-4		Civilian <input type="text" value="007"/>			2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)			20 <input type="checkbox"/> Education use		
<input checked="" type="checkbox"/> Fire Serv. Cas.-5					3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container			33 <input type="checkbox"/> Medical use		
<input checked="" type="checkbox"/> EMS-6					4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage			40 <input type="checkbox"/> Residential use		
<input type="checkbox"/> HazMat-7		H2 Detector			5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable			51 <input checked="" type="checkbox"/> Row of stores		
<input type="checkbox"/> Wildland Fire-8		Required for Confined Fires.			6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only			53 <input type="checkbox"/> Enclosed mall		
<input checked="" type="checkbox"/> Apparatus-9		1 <input checked="" type="checkbox"/> Detector alerted occupants			7 <input type="checkbox"/> Motor oil: from engine or portable container			58 <input type="checkbox"/> Bus. & Residential		
<input checked="" type="checkbox"/> Personnel-10		2 <input type="checkbox"/> Detector did not alert them			8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons			59 <input type="checkbox"/> Office use		
<input type="checkbox"/> Arson-11		U <input type="checkbox"/> Unknown			9 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form			60 <input type="checkbox"/> Industrial use		
J Property Use* Structures		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			66 <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 <input type="text" value="500"/>					
919 <input type="checkbox"/> Dump or sanitary landfill		960 <input type="checkbox"/> Other street			<input type="text" value="Mercantile, business, Other"/>					
931 <input type="checkbox"/> Open land or field		961 <input type="checkbox"/> Highway/divided highway								
		962 <input type="checkbox"/> Residential street/driveway								

05005
FDID *

OH
State *

MM DD
11 16
Incident Date *

YYYY
2014

1
Station

14-0000839
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

Dispatched to smoke coming from a door at the rear of Chipotle on Court Street. HQ requested an all call, 1004 & 1002 responded, streets were snow covered and slippery. Upon arrival there was visible smoke down the alley near the rear of Chipotle. Situation was assessed, decision was made to pull the blitz (2 1/2") line off 1004 and connect a high rise pack for fire attack. 2 APD personnel were running out of the alley as AFD advanced the attack line. Electric popping and arcing from multiple meter boxes and electric connections and electric wires hanging down prevented access through any doors in that area. Defensive attack was made using fog pattern and a wall was breached near the doors with a defensive attack executed through the breach. Roof to the rear building behind Chipotle was laddered and access was made to assess the scene.

1002 relocated to Union Street to assist with the victims on the roof.

The Plains Fire Department Ladder truck and AEP were alerted to respond. Richland was put on standby for area coverage. Nelsonville was alerted for their tower.

1001 established command and requested two pumper's from RAVFD. Waterloo was alerted for area coverage. 1001 requested Columbia Gas to respond. 1001 upgraded Waterloo request to Mutual Aid at scene and requested Rome Township to respond for area coverage.

1001 requested Red Cross be notified.

RAVFD made access to the roof behind Chipotle and initiated defensive attack from the roof of The Union. Fire started to vent through the roof of the union, all units ordered to evacuate the roof of The Union.

The Plains and Nelsonville Fire set up their ladder trucks on Union St. The Plains assisted with victim removal from the roof. Master Streams were deployed from the roof of Skyview Apartments and elevated streams from ladder trucks. Hand lines sprayed water from a defensive attack position. As fire started to be extinguished, crews were assigned to make entry and start salvage and overhaul procedures. Crews were routinely rotated to minimize fatigue. Personnel Accountability reports were performed often. Mutual Aid units were released from scene,

Secondary crew assigned to control the scene and manage any hotspot activity.

initial secondary crew was on scene until 0730 on November 17, then replaced with a new crew which was on scene until approximately 1600 hours.

See additional statements and attached documents.

A	FDID * <u>05005</u>	State * <u>OH</u>	Incident Date * MM <u>11</u> DD <u>16</u> YYYY <u>2014</u>	Station <u>1</u>	Incident Number * <u>14-0000839</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -2 Fire
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B Property Details

B1 0001 Not Residential
 Estimated Number of residential living units in building of origin whether or not all units became involved

B2 005 Buildings not involved
 Number of buildings involved

B3 None
 Acres burned (outside fires) Less than one acre

C On-Site Materials or Products None
 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

Enter up to three codes. Check one or more boxes for each code entered.

110 Food, Other
 On-site material (1)

200 Personal & home products
 On-site material (2)

 On-site material (3)

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

D Ignition

D1 09 Egress/exit, Other
 Area of fire origin *

D2 UU Undetermined
 Heat source *

D3 UU Undetermined
 Item first ignited * 1 Check Box if fire spread was confined to object of origin

D4
 Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition

Check box if this is an exposure report. Skip to section G

1 Intentional
 2 Unintentional
 3 Failure of equipment or heat source
 4 Act of nature
 5 Cause under investigation
 U Cause undetermined after investigation

E2 Factors Contributing To Ignition

UU Undetermined None
 Factor Contributing To Ignition (1)

 Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 Asleep None
 2 Possibly impaired by alcohol or drugs
 3 Unattended person
 4 Possibly mental disabled
 5 Physically Disabled
 6 Multiple persons involved

7 Age was a factor
 Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved In Ignition

None If Equipment was not involved, Skip to Section G

 Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power

 Equipment Power Source

F3 Equipment Portability

1 Portable
 2 Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes. None

 Fire suppression factor (1)

 Fire suppression factor (2)

 Fire suppression factor (3)

H1 Mobile Property Involved

None

1 Not involved in ignition, but burned
 2 Involved in ignition, but did not burn
 3 Involved in ignition and burned

H2 Mobile Property Type & Make

 Mobile property type

 Mobile property make

Local Use

Pre-Fire Plan Available
 Some of the information presented in this report may be based upon reports from other Agencies

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

 Mobile property model Year

 License Plate Number State VIN Number

NFIRS-2 Revision 01/19/99

I1 Structure Type * If Fire was in enclosed building or a portable/mobile structure complete the rest of this form 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	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 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	I3 Building * Height Count the ROOF as part of the highest story <u>003</u> Total number of stories at or above grade <u>001</u> Total number of stories below grade	I4 Main Floor Size* NFIRS-3 Structure Fire <u> </u> , <u>018</u> , <u>000</u> Total square feet OR <u> </u> , <u>150</u> BY <u> </u> , <u>120</u> Length in feet Width in feet
J1 Fire Origin * <u>001</u> <input type="checkbox"/> Below Grade Story of fire origin	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <u> </u> Number of stories w/ minor damage (1 to 24% flame damage) <u> </u> Number of stories w/ significant damage (25 to 49% flame damage) <u> </u> Number of stories w/ heavy damage (50 to 74% flame damage) <u>004</u> Number of stories w/ extreme damage (75 to 100% flame damage)	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 <u> </u> <u> </u> Item contributing most to flame spread K2 <u> </u> <u> </u> Type of material contributing most of flame spread Required only if item contributing code is 00 or <70	
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input checked="" type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * (In area of the fire) N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input checked="" type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input checked="" type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> 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
L2 Detector Type 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes 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	
M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M	M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 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 ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (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	M5 Automatic Extinguishment System Failure Reason Required if system failed 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 NFIRS-3 Revision 01/19/99
M4 Number of Sprinkler Heads Operating Required if system operated <u> </u> Number of sprinkler heads operating			

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B Injured Person	* 1 <input checked="" type="checkbox"/> Male	2 <input type="checkbox"/> Female	C Casualty #
First Name <u>Anthony</u> MI <u> </u> Last Name <u>Fish</u> Suffix <u> </u>			Casualty Number <u>1</u>

D Age or date of birth*	E1 Race	F Affiliation	H Severity *
<u>43.00</u> <input type="checkbox"/> Months (for Infants) Age OR <u>9</u> <u>15</u> <u>1971</u> Month Day Year	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian, Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death
		G Date & Time of Injury	
		Month <u>11</u> Day <u>16</u> Year <u>2014</u> Hour <u> </u> Minutes <u> </u>	

I Cause of Injury	J Human Factors Contributing to Injury	K Factors Contributing to Injury
1 <input type="checkbox"/> Exposed to fire products including flame heat, smoke, & gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by/or contact with object 8 <input type="checkbox"/> Overexertion 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	<input type="checkbox"/> None Enter up to three contributing factors _____ Contributing factor (1) _____ Contributing factor (2) _____ Contributing factor (3)

L Activity When Injured	M1 Location at Time of Incident	M3 Story at Time of Incident
1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin & not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area or origin and involved U <input type="checkbox"/> Undetermined M2 General Location at Time of Injury Check ONE Box. If undetermined, leave blank and skip to Section N. 1 <input type="checkbox"/> In area of fire origin Skip To Section N 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area Skip to Section M5	M3 Story at Time of Incident Complete ONLY if injury occurred INSIDE Story at START of incident _____ <input type="checkbox"/> Below Grade M4 Story Where Injury Occurred Story where injury occurred, if different from M3 _____ <input type="checkbox"/> Below Grade M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin _____ Specific location at time of injury

N Primary Apparent Symptom	O Primary Area of Body Injured	P Disposition
01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns & smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up code only if the symptom is NOT found above _____ Primary apparent symptom	1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck & shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	<input type="checkbox"/> Transported to emergency care facility Remarks _____ Local option _____ _____ _____ _____ _____ _____

A FDID * 05005 State * OH Incident Date * MM 11 DD 16 YYYY 2014 Station 1 Incident Number * 14-0000800000000000 Exposure * Delete Change NFIRS - 4 Civilian Fire Casualty

B Injured Person * 1 Male 2 Female **C Casualty * Number**

Andrew Spears 2

First Name MI Last Name Suffix Casualty Number

D Age or date of birth* 27.00 Months (for Infants) Age **E1 Race**

OR

11 22 1986

Month Day Year

E2 Ethnicity Hispanic

F Affiliation

1 Civilian
2 EMS, not fire department
3 Police
4 Other

G Date & Time of Injury 11 16 2014

Month Day Year Hour Minutes

H Severity *

1 Minor
2 Moderate
3 Severe
4 Life threatening
5 Death

I Cause of Injury

1 Exposed to fire products including flame heat, smoke, & gas
2 Exposed to toxic fumes other than smoke
3 Jumped in escape attempt
4 Fell, slipped or tripped
5 Caught or trapped
6 Structural collapse
7 Struck by/or contact with object
8 Overexertion
9 Multiple causes
0 Other
U Undetermined

J Human Factors Contributing to Injury

None
Check all applicable boxes

1 Asleep
2 Unconscious
3 Possibly impaired by alcohol
4 Possibly impaired by other drug
5 Possibly mentally disabled
6 Physically disabled
7 Physically restrained
8 Unattended person

K Factors Contributing to Injury

None
Enter up to three contributing factors

Contributing factor (1)

Contributing factor (2)

Contributing factor (3)

L Activity When Injured

1 Escaping
2 Rescue attempt
3 Fire control
4 Return to fire before control
5 Return to fire after control
6 Sleeping
7 Unable to act
8 Irrational act
0 Other
U Undetermined

M1 Location at Time of Incident

1 In area of origin and not involved
2 Not in area of origin & not involved
3 Not in area of origin, but involved
4 In area or origin and involved
U Undetermined

M2 General Location at Time of Injury

Check ONE Box. If undetermined, leave blank and skip to Section N.

1 In area of fire origin Skip To Section N
2 In building, but not in area
3 Outside, but not in area Skip to Section M5

M3 Story at Time of Incident

Complete ONLY if injury occurred INSIDE

Story at START of incident Below Grade

M4 Story Where Injury Occurred

Story where injury occurred, if different from M3 Below Grade

M5 Specific Location at Time of Injury

Complete ONLY if casualty NOT in area of origin

Specific location at time of injury

N Primary Apparent Symptom

01 Smoke only, asphyxiation
11 Burns & smoke inhalation
12 Burns only
21 Cut, laceration
33 Strain or sprain
96 Shock
98 Pain only

Look up code only if the symptom is NOT found above

Primary apparent symptom

O Primary Area of Body Injured

1 Head
2 Neck & shoulder
3 Thorax
4 Abdomen
5 Spine
6 Upper extremities
7 Lower extremities
8 Internal
9 Multiple body parts

P Disposition

Transported to emergency care facility

Remarks Local option

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B Injured Person	* 1 <input checked="" type="checkbox"/> Male	2 <input type="checkbox"/> Female	C Casualty * Number
First Name <u>Ross</u> MI <u></u> Last Name <u>Holter</u> Suffix <u></u>			Casualty Number <u>3</u>

D Age or date of birth*	E1 Race	F Affiliation	H Severity *
<u>27.00</u> <input type="checkbox"/> Months (for Infants) Age <p style="text-align: center; font-size: 1.2em;">OR</p> Month <u></u> Day <u></u> Year <u></u>	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian, Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other	1 <input type="checkbox"/> Minor 2 <input checked="" type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death
		G Date & Time of Injury	
		Month <u>11</u> Day <u>16</u> Year <u>2014</u> Hour <u></u> Minutes <u></u> <small>Midnight is 0000.</small>	
		E2 Ethnicity	
		<input type="checkbox"/> Hispanic	

I Cause of Injury	J Human Factors Contributing to Injury	K Factors Contributing to Injury
1 <input type="checkbox"/> Exposed to fire products including flame heat, smoke, & gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by/or contact with object 8 <input type="checkbox"/> Overexertion 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<input type="checkbox"/> None <small>Check all applicable boxes</small> 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	<input type="checkbox"/> None <small>Enter up to three contributing factors</small> Contributing factor (1) <u></u> Contributing factor (2) <u></u> Contributing factor (3) <u></u>

L Activity When Injured	M1 Location at Time of Incident	M3 Story at Time of Incident
1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin & not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area or origin and involved U <input type="checkbox"/> Undetermined M2 General Location at Time of Injury <small>Check ONE Box. If undetermined, leave blank and skip to Section N.</small> 1 <input type="checkbox"/> In area of fire origin Skip To Section N 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area Skip to Section M5	M3 Story at Time of Incident <small>Complete ONLY if injury occurred INSIDE</small> Story at START of incident <u></u> <input type="checkbox"/> Below Grade M4 Story Where Injury Occurred <small>Story where injury occurred, if different from M3</small> <u></u> <input type="checkbox"/> Below Grade M5 Specific Location at Time of Injury <small>Complete ONLY if casualty NOT in area of origin</small> Specific location at time of injury <u></u>

N Primary Apparent Symptom	O Primary Area of Body Injured	P Disposition
01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns & smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only <small>Look up code only if the symptom is NOT found above</small> <u></u> <u></u> <small>Primary apparent symptom</small>	1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck & shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	<input type="checkbox"/> Transported to emergency care facility Remarks <u></u> Local option <u></u> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

A FDID * 05005 State * OH Incident Date * MM 11 DD 16 YYYY 2014 Station 1 Incident Number * 14-0000800000000000 Exposure * Delete Change NFIRS - 4 Civilian Fire Casualty

B Injured Person * 1 Male 2 Female **C Casualty * Number**

Grace Swihart 4

First Name MI Last Name Suffix Casualty Number

D Age or date of birth* 20.00 Months (for Infants) Age **E1 Race**

OR

6 10 1994

Month Day Year

1 White
2 Black
3 Am. Indian, Eskimo
4 Asian
0 Other, multi-racial
U Undetermined

E2 Ethnicity

Hispanic

F Affiliation

1 Civilian
2 EMS, not fire department
3 Police
0 Other

G Date & Time of Injury Midnight is 0000.

11 16 2014

Month Day Year Hour Minutes

H Severity *

1 Minor
2 Moderate
3 Severe
4 Life threatening
5 Death

I Cause of Injury

1 Exposed to fire products including flame heat, smoke, & gas
2 Exposed to toxic fumes other than smoke
3 Jumped in escape attempt
4 Fell, slipped or tripped
5 Caught or trapped
6 Structural collapse
7 Struck by/or contact with object
8 Overexertion
9 Multiple causes
0 Other
U Undetermined

J Human Factors Contributing to Injury

None
Check all applicable boxes

1 Asleep
2 Unconscious
3 Possibly impaired by alcohol
4 Possibly impaired by other drug
5 Possibly mentally disabled
6 Physically disabled
7 Physically restrained
8 Unattended person

K Factors Contributing to Injury

None
Enter up to three contributing factors

Contributing factor (1)

Contributing factor (2)

Contributing factor (3)

L Activity When Injured

1 Escaping
2 Rescue attempt
3 Fire control
4 Return to fire before control
5 Return to fire after control
6 Sleeping
7 Unable to act
8 Irrational act
0 Other
U Undetermined

M1 Location at Time of Incident

1 In area of origin and not involved
2 Not in area of origin & not involved
3 Not in area of origin, but involved
4 In area or origin and involved
U Undetermined

M2 General Location at Time of Injury

Check ONE Box. If undetermined, leave blank and skip to Section N.

1 In area of fire origin Skip To Section N
2 In building, but not in area
3 Outside, but not in area Skip to Section M5

M3 Story at Time of Incident

Complete ONLY if injury occurred INSIDE

Story at START of incident Below Grade

M4 Story Where Injury Occurred

Story where injury occurred, if different from M3 Below Grade

M5 Specific Location at Time of Injury

Complete ONLY if casualty NOT in area of origin

Specific location at time of injury

N Primary Apparent Symptom

01 Smoke only, asphyxiation
11 Burns & smoke inhalation
12 Burns only
21 Cut, laceration
33 Strain or sprain
96 Shock
98 Pain only

Look up code only if the symptom is NOT found above

Primary apparent symptom

O Primary Area of Body Injured

1 Head
2 Neck & shoulder
3 Thorax
4 Abdomen
5 Spine
6 Upper extremities
7 Lower extremities
8 Internal
9 Multiple body parts

P Disposition

Transported to emergency care facility

Remarks Local option

A	FDID * <u>05005</u>	State * <u>OH</u>	Incident Date * MM <u>11</u> DD <u>16</u> YYYY <u>2014</u>	Station <u>1</u>	Incident Number * <u>14-0000800000000000</u>	Exposure * <u>0000</u>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 4 Civilian Fire Casualty
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B Injured Person	* 1 <input checked="" type="checkbox"/> Male	2 <input type="checkbox"/> Female	C Casualty * Number
First Name <u>Colton</u> MI <u></u> Last Name <u>Curry</u> Suffix <u></u>			Casualty Number <u>5</u>

D Age or date of birth*	E1 Race	F Affiliation	H Severity *
<u>22.00</u> <input type="checkbox"/> Months (for Infants) Age OR <u>8</u> <u>23</u> <u>1992</u> Month Day Year	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian, Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death
	E2 Ethnicity	G Date & Time of Injury	
	<input type="checkbox"/> Hispanic	<u>11</u> <u>16</u> <u>2014</u> <u></u> <u></u> Month Day Year Hour Minutes Midnight is 0000.	

I Cause of Injury	J Human Factors Contributing to Injury	K Factors Contributing to Injury
1 <input type="checkbox"/> Exposed to fire products including flame heat, smoke, & gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by/or contact with object 8 <input type="checkbox"/> Overexertion 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	<input type="checkbox"/> None Enter up to three contributing factors <u></u> <u></u> Contributing factor (1) <u></u> <u></u> Contributing factor (2) <u></u> <u></u> Contributing factor (3)

L Activity When Injured	M1 Location at Time of Incident	M3 Story at Time of Incident
1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin & not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area or origin and involved U <input type="checkbox"/> Undetermined M2 General Location at Time of Injury Check ONE Box. If undetermined, leave blank and skip to Section N. 1 <input type="checkbox"/> In area of fire origin Skip To Section N 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area Skip to Section M5	M3 Story at Time of Incident Complete ONLY if injury occurred INSIDE Story at START of incident <u></u> <input type="checkbox"/> Below Grade M4 Story Where Injury Occurred Story where injury occurred, if different from M3 <u></u> <input type="checkbox"/> Below Grade M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin <u></u> <u></u> Specific location at time of injury

N Primary Apparent Symptom	O Primary Area of Body Injured	P Disposition
01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns & smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up code only if the symptom is NOT found above <u></u> <u></u> Primary apparent symptom	1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck & shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	<input type="checkbox"/> Transported to emergency care facility Remarks _____ Local option _____ _____ _____ _____ _____

A	FDID * <u>05005</u>	State * <u>OH</u>	Incident Date * MM <u>11</u> DD <u>16</u> YYYY <u>2014</u>	Station <u>1</u>	Incident Number * <u>14-0000800000000000</u>	Exposure * <u>0000</u>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 4 Civilian Fire Casualty
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B Injured Person	* 1 <input checked="" type="checkbox"/> Male	2 <input type="checkbox"/> Female	C Casualty * Number
<u>Philip</u> <u>Decker</u> <small>First Name MI Last Name Suffix</small>			<u>6</u> <small>Casualty Number</small>

D Age or date of birth*	E1 Race	F Affiliation	H Severity *
<u>20.00</u> <input type="checkbox"/> Months (for Infants) Age OR <u>3</u> <u>31</u> <u>1994</u> <small>Month Day Year</small>	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian, Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death
	E2 Ethnicity	G Date & Time of Injury	
	<input type="checkbox"/> Hispanic	<u>11</u> <u>16</u> <u>2014</u> <u> </u> <u> </u> <small>Month Day Year Hour Minutes</small>	

I Cause of Injury	J Human Factors Contributing to Injury	K Factors Contributing to Injury
1 <input type="checkbox"/> Exposed to fire products including flame heat, smoke, & gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by/or contact with object 8 <input type="checkbox"/> Overexertion 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	<input type="checkbox"/> None Enter up to three contributing factors <u> </u> <u> </u> <small>Contributing factor (1)</small> <u> </u> <u> </u> <small>Contributing factor (2)</small> <u> </u> <u> </u> <small>Contributing factor (3)</small>

L Activity When Injured	M1 Location at Time of Incident	M3 Story at Time of Incident
1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin & not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area or origin and involved U <input type="checkbox"/> Undetermined M2 General Location at Time of Injury Check ONE Box. If undetermined, leave blank and skip to Section N. 1 <input type="checkbox"/> In area of fire origin Skip To Section N 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area Skip to Section M5	Complete ONLY if injury occurred INSIDE Story at START of incident <u> </u> <input type="checkbox"/> Below Grade M4 Story Where Injury Occurred Story where injury occurred, if different from M3 <u> </u> <input type="checkbox"/> Below Grade M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin <u> </u> <u> </u> <small>Specific location at time of injury</small>

N Primary Apparent Symptom	O Primary Area of Body Injured	P Disposition
01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns & smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up code only if the symptom is NOT found above <u> </u> <u> </u> <small>Primary apparent symptom</small>	1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck & shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	<input type="checkbox"/> Transported to emergency care facility Remarks <u> </u> Local option <u> </u> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

A	FDID * <u>05005</u>	State * <u>OH</u>	Incident Date * MM <u>11</u> DD <u>16</u> YYYY <u>2014</u>	Station <u>1</u>	Incident Number * <u>14-0000800000000000</u>	Exposure * <u>0000</u>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 4 Civilian Fire Casualty
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B Injured Person	* 1 <input type="checkbox"/> Male	2 <input checked="" type="checkbox"/> Female	C Casualty * Number
First Name <u>Kelley</u> MI <u> </u> Last Name <u>McAndrews</u> Suffix <u> </u>	Casualty Number <u>7</u>		

D Age or date of birth*	E1 Race	F Affiliation	H Severity *
<u>20.00</u> <input type="checkbox"/> Months (for Infants) Age OR <u>8</u> <u>23</u> <u>1994</u> Month Day Year	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian, Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death
		G Date & Time of Injury	
		Month <u>11</u> Day <u>16</u> Year <u>2014</u> Hour <u> </u> Minutes <u> </u>	

I Cause of Injury	J Human Factors Contributing to Injury	K Factors Contributing to Injury
1 <input type="checkbox"/> Exposed to fire products including flame heat, smoke, & gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by/or contact with object 8 <input type="checkbox"/> Overexertion 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	<input type="checkbox"/> None Enter up to three contributing factors _____ Contributing factor (1) _____ Contributing factor (2) _____ Contributing factor (3)

L Activity When Injured	M1 Location at Time of Incident	M3 Story at Time of Incident
1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin & not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area or origin and involved U <input type="checkbox"/> Undetermined M2 General Location at Time of Injury Check ONE Box. If undetermined, leave blank and skip to Section N. 1 <input type="checkbox"/> In area of fire origin Skip To Section N 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area Skip to Section M5	M3 Story at Time of Incident Complete ONLY if injury occurred INSIDE Story at START of incident _____ <input type="checkbox"/> Below Grade M4 Story Where Injury Occurred Story where injury occurred, if different from M3 _____ <input type="checkbox"/> Below Grade M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin _____ Specific location at time of injury

N Primary Apparent Symptom	O Primary Area of Body Injured	P Disposition
01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns & smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up code only if the symptom is NOT found above _____ Primary apparent symptom	1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck & shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	<input type="checkbox"/> Transported to emergency care facility Remarks _____ Local option _____ _____ _____ _____ _____ _____

A		MM DD YYYY 11 16 2014	Station 1	Incident Number 14-0000800000000000	Exposure 00000	NFIRS - 5 Fire Service Casualty
FDID * 05005		State * OH		Delete <input type="checkbox"/> Change <input type="checkbox"/>		
B Injured Person			1 <input checked="" type="checkbox"/> Male * 1 <input type="checkbox"/> Career 2 <input type="checkbox"/> Female 2 <input type="checkbox"/> Volunteer		C Casualty * Number	
Identification Number			John		Cheeseman	
First Name			MI		Last Name	
					Suffix	
					Casualty Number 1	
D Age or Date of Birth *			E Date & Time of Injury Midnight is 0000			F Responses
Age 42 OR Date Of Birth 10 6 1972			Date of Injury 11 16 2014			Time of Injury 05:45:00
In years			Month Day Year			Hour Minutes
						Number of prior responses during past 24 hours 0
G1 Usual Assignment		G2 Physical Condition Just Prior To Injury		G4 Taken To		G5 Activity at Time of Injury
1 <input type="checkbox"/> Suppression 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Prevention 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Communications 7 <input type="checkbox"/> Administration 8 <input type="checkbox"/> Fire investigation 0 <input type="checkbox"/> Other		1 <input type="checkbox"/> Rested 0 <input type="checkbox"/> Other 2 <input type="checkbox"/> Fatigued U <input type="checkbox"/> Undetermined 4 <input type="checkbox"/> ILL or Injured		1 <input type="checkbox"/> Hospital 4 <input type="checkbox"/> Doctor's office 5 <input type="checkbox"/> Morgue/funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Station or quarters 0 <input type="checkbox"/> Other N <input type="checkbox"/> Not transported		Activity at time of injury
		G3 Severity				
		1 <input type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input type="checkbox"/> Treated by physician (no lost time) 4 <input checked="" type="checkbox"/> Moderate (lost time) 5 <input type="checkbox"/> Severe (lost time) 6 <input type="checkbox"/> Life threatening (lost time) 7 <input type="checkbox"/> Death				
H1 Primary Apparent Symptom		I1 Cause of Firefighter Injury		I3 Object Involved in Injury		
Primary apparent symptom		Cause of Injury		None <input type="checkbox"/>		
H2 Primary Area of Body Injured		I2 Factor Contributing to Injury		I3 Object Involved in Injury		
Primary injured body part or area		Contributing Factor		Object involved in injury		
J1 Where Injury Occurred		J3 Specific Location Complete as Applicable		J4 Vehicle Type Complete ONLY if Specific Location code is >60		
1 <input type="checkbox"/> Enroute to FD Location 2 <input type="checkbox"/> At FD location 3 <input type="checkbox"/> Enroute to incident scene 4 <input type="checkbox"/> Enroute to medical facility 5 <input type="checkbox"/> At scene in structure 6 <input type="checkbox"/> At scene outside 7 <input type="checkbox"/> At medical facility 8 <input type="checkbox"/> Returning from incident 9 <input type="checkbox"/> Returning from med facility 0 <input type="checkbox"/> Other		65 <input type="checkbox"/> In aircraft 64 <input type="checkbox"/> In boat or ship or barge 63 <input type="checkbox"/> In rail vehicle 61 <input type="checkbox"/> In motor vehicle 54 <input type="checkbox"/> In sewer 53 <input type="checkbox"/> In tunnel 49 <input type="checkbox"/> In structure 45 <input type="checkbox"/> In attic 36 <input type="checkbox"/> In water 35 <input type="checkbox"/> In well 34 <input type="checkbox"/> In ravine 33 <input type="checkbox"/> In quarry or mine 32 <input type="checkbox"/> In ditch or trench 31 <input type="checkbox"/> In open pit 28 <input type="checkbox"/> On steep grade 27 <input type="checkbox"/> On fire escape/outside stairs 26 <input type="checkbox"/> On vertical surface or ledge 25 <input type="checkbox"/> On ground ladder 24 <input type="checkbox"/> On aerial ladder or in basket 23 <input type="checkbox"/> On roof 22 <input type="checkbox"/> Outside at grade 00 <input type="checkbox"/> Other		1 <input type="checkbox"/> Suppression vehicle 2 <input type="checkbox"/> EMS vehicle 3 <input type="checkbox"/> Other FD vehicle 4 <input type="checkbox"/> Non-FD vehicle		Remarks Elevated Pulse dizziness shortness of breath
J2 Story Where Injury Occurred Check this box and enter the story if the injury occurred inside or on a structure 1 <input type="checkbox"/> <input type="checkbox"/> Below grade Story of Injury 2 <input type="checkbox"/> Injury occurred outside				If protective equipment failed and was a factor in this injury, please complete the other side of this form.		

NFIRS-5 Revision 8/18/99

A		FDID * <u>05005</u>	State * <u>OH</u>	Incident Date * MM <u>11</u> DD <u>16</u> YYYY <u>2014</u>	Station <u>1</u>	Incident Number * <u>14-0000800000000000</u>	Exposure * <input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 5 Fire Service Casualty
B Injured Person				Identification Number		1 <input checked="" type="checkbox"/> Male * 1 <input type="checkbox"/> Career 2 <input type="checkbox"/> Female 2 <input type="checkbox"/> Volunteer		C Casualty * Number
<u>Doug</u> First Name		<u></u> MI	<u>Ford</u> Last Name		<u></u> Suffix		<u>2</u> Casualty Number	
D Age or Date of Birth *				E Date & Time of Injury Midnight is 0000				F Responses
Age <u>56</u> In years		OR		Date Of Birth <u></u> <u></u> <u></u> Month Day Year		Date of Injury <u>11</u> <u>16</u> <u>2014</u> Month Day Year		Time of Injury <u>09:30:00</u> Hour Minutes
								<u>0</u> Number of prior responses during past 24 hours
G1 Usual Assignment		G2 Physical Condition Just Prior To Injury				G4 Taken To		
1 <input type="checkbox"/> Suppression 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Prevention 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Communications 7 <input type="checkbox"/> Administration 8 <input type="checkbox"/> Fire investigation 0 <input type="checkbox"/> Other		1 <input type="checkbox"/> Rested 0 <input type="checkbox"/> Other 2 <input type="checkbox"/> Fatigued U <input type="checkbox"/> Undetermined 4 <input type="checkbox"/> ILL or Injured				1 <input type="checkbox"/> Hospital 4 <input type="checkbox"/> Doctor's office 5 <input type="checkbox"/> Morgue/funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Station or quarters 0 <input type="checkbox"/> Other N <input type="checkbox"/> Not transported		
		G3 Severity				G5 Activity at Time of Injury		
		1 <input type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input type="checkbox"/> Treated by physician (no lost time) 4 <input checked="" type="checkbox"/> Moderate (lost time) 5 <input type="checkbox"/> Severe (lost time) 6 <input type="checkbox"/> Life threatening (lost time) 7 <input type="checkbox"/> Death				<u></u> <u></u> Activity at time of injury		
H1 Primary Apparent Symptom			I1 Cause of Firefighter Injury			I3 Object Involved in Injury		
<u></u> <u></u> Primary apparent symptom			<u></u> <u></u> Cause of Injury			<input type="checkbox"/> None		
H2 Primary Area of Body Injured			I2 Factor Contributing to Injury			<u></u> <u></u> Object involved in injury		
<u></u> <u></u> Primary injured body part or area			<u></u> <u></u> Contributing Factor					
J1 Where Injury Occurred		J3 Specific Location Complete as Applicable			J4 Vehicle Type Complete ONLY if Specific Location code is >60			
1 <input type="checkbox"/> Enroute to FD Location 2 <input type="checkbox"/> At FD location 3 <input type="checkbox"/> Enroute to incident scene 4 <input type="checkbox"/> Enroute to medical facility 5 <input type="checkbox"/> At scene in structure 6 <input type="checkbox"/> At scene outside 7 <input type="checkbox"/> At medical facility 8 <input type="checkbox"/> Returning from incident 9 <input type="checkbox"/> Returning from med facility 0 <input type="checkbox"/> Other		65 <input type="checkbox"/> In aircraft 64 <input type="checkbox"/> In boat or ship or barge 63 <input type="checkbox"/> In rail vehicle 61 <input type="checkbox"/> In motor vehicle 54 <input type="checkbox"/> In sewer 53 <input type="checkbox"/> In tunnel 49 <input type="checkbox"/> In structure 45 <input type="checkbox"/> In attic 36 <input type="checkbox"/> In water 35 <input type="checkbox"/> In well 34 <input type="checkbox"/> In ravine 33 <input type="checkbox"/> In quarry or mine 32 <input type="checkbox"/> In ditch or trench 31 <input type="checkbox"/> In open pit 28 <input type="checkbox"/> On steep grade 27 <input type="checkbox"/> On fire escape/outside stairs 26 <input type="checkbox"/> On vertical surface or ledge 25 <input type="checkbox"/> On ground ladder 24 <input type="checkbox"/> On aerial ladder or in basket 23 <input type="checkbox"/> On roof 22 <input type="checkbox"/> Outside at grade 00 <input type="checkbox"/> Other			1 <input type="checkbox"/> Suppression vehicle 2 <input type="checkbox"/> EMS vehicle 3 <input type="checkbox"/> Other FD vehicle 4 <input type="checkbox"/> Non-FD vehicle			
J2 Story Where Injury Occurred Check this box and enter the story if the injury occurred inside or on a structure 1 <input type="checkbox"/> <u></u> <input type="checkbox"/> Below grade Story of Injury 2 <input type="checkbox"/> Injury occurred outside					Remarks minor back pain If protective equipment failed and was a factor in this injury, please complete the other side of this form.			

NFIRS-5 Revision 8/18/99

A		MM DD YYYY 11 16 2014	Station 1	Incident Number 14-0000800000000000	Exposure 0000	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 5 Fire Service Casualty
B Injured Person		Identification Number	1 <input checked="" type="checkbox"/> Male * 1 <input type="checkbox"/> Career 2 <input type="checkbox"/> Female 2 <input type="checkbox"/> Volunteer		C Casualty * Number		
Charles W James <small>First Name MI Last Name</small>							3 <small>Casualty Number</small>
D Age or Date of Birth *		E Date & Time of Injury <small>Midnight is 0000</small>		F Responses			
Age <input type="text" value="48"/> OR <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <small>In years Month Day Year</small>		Date of Injury <input type="text" value="11"/> <input type="text" value="16"/> <input type="text" value="2014"/> <small>Month Day Year</small>		Time of Injury <input type="text" value="09:30:00"/> <small>Hour Minutes</small>		<input type="text" value="0"/> <small>Number of prior responses during past 24 hours</small>	
G1 Usual Assignment		G2 Physical Condition Just Prior To Injury		G4 Taken To			
1 <input type="checkbox"/> Suppression 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Prevention 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Communications 7 <input type="checkbox"/> Administration 8 <input type="checkbox"/> Fire investigation 0 <input type="checkbox"/> Other		1 <input type="checkbox"/> Rested 0 <input type="checkbox"/> Other 2 <input type="checkbox"/> Fatigued U <input type="checkbox"/> Undetermined 4 <input type="checkbox"/> ILL or Injured		1 <input type="checkbox"/> Hospital 4 <input type="checkbox"/> Doctor's office 5 <input type="checkbox"/> Morgue/funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Station or quarters 0 <input type="checkbox"/> Other N <input type="checkbox"/> Not transported			
		G3 Severity		G5 Activity at Time of Injury			
		1 <input type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input type="checkbox"/> Treated by physician (no lost time) 4 <input checked="" type="checkbox"/> Moderate (lost time) 5 <input type="checkbox"/> Severe (lost time) 6 <input type="checkbox"/> Life threatening (lost time) 7 <input type="checkbox"/> Death		<input type="text" value=""/> <input type="text" value=""/> <small>Activity at time of injury</small>			
H1 Primary Apparent Symptom		I1 Cause of Firefighter Injury		I3 Object Involved in Injury			
<input type="text" value=""/> <input type="text" value=""/> <small>Primary apparent symptom</small>		<input type="text" value=""/> <input type="text" value=""/> <small>Cause of Injury</small>		<input type="checkbox"/> None			
H2 Primary Area of Body Injured		I2 Factor Contributing to Injury		I3 Object Involved in Injury			
<input type="text" value=""/> <input type="text" value=""/> <small>Primary injured body part or area</small>		<input type="text" value=""/> <input type="text" value=""/> <small>Contributing Factor</small>		<input type="text" value=""/> <input type="text" value=""/> <small>Object involved in injury</small>			
J1 Where Injury Occurred		J3 Specific Location <small>Complete as Applicable</small>		J4 Vehicle Type <small>Complete ONLY if Specific Location code is >60</small>			
1 <input type="checkbox"/> Enroute to FD Location 2 <input type="checkbox"/> At FD location 3 <input type="checkbox"/> Enroute to incident scene 4 <input type="checkbox"/> Enroute to medical facility 5 <input type="checkbox"/> At scene in structure 6 <input type="checkbox"/> At scene outside 7 <input type="checkbox"/> At medical facility 8 <input type="checkbox"/> Returning from incident 9 <input type="checkbox"/> Returning from med facility 0 <input type="checkbox"/> Other		65 <input type="checkbox"/> In aircraft 64 <input type="checkbox"/> In boat or ship or barge 63 <input type="checkbox"/> In rail vehicle 61 <input type="checkbox"/> In motor vehicle 54 <input type="checkbox"/> In sewer 53 <input type="checkbox"/> In tunnel 49 <input type="checkbox"/> In structure 45 <input type="checkbox"/> In attic 36 <input type="checkbox"/> In water 35 <input type="checkbox"/> In well 34 <input type="checkbox"/> In ravine 33 <input type="checkbox"/> In quarry or mine 32 <input type="checkbox"/> In ditch or trench 31 <input type="checkbox"/> In open pit 28 <input type="checkbox"/> On steep grade 27 <input type="checkbox"/> On fire escape/outside stairs 26 <input type="checkbox"/> On vertical surface or ledge 25 <input type="checkbox"/> On ground ladder 24 <input type="checkbox"/> On aerial ladder or in basket 23 <input type="checkbox"/> On roof 22 <input type="checkbox"/> Outside at grade 00 <input type="checkbox"/> Other		1 <input type="checkbox"/> Suppression vehicle 2 <input type="checkbox"/> EMS vehicle 3 <input type="checkbox"/> Other FD vehicle 4 <input type="checkbox"/> Non-FD vehicle			
J2 Story Where Injury Occurred				Remarks			
Check this box and enter the story if the injury occurred inside or on a structure <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> Below grade <small>Story of Injury</small> <input type="checkbox"/> Injury occurred outside				Left arm and hand cramping and numbness <small>If protective equipment failed and was a factor in this injury, please complete the other side of this form.</small>			

A		FDID * <u>05005</u>	State * <u>OH</u>	Incident Date * MM <u>11</u> DD <u>16</u> YYYY <u>2014</u>	Station <u>1</u>	Incident Number * <u>14-0000839</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources	
B	Apparatus or * Resource	Date and Times Check if same as alarm date Month Day Year Hour Min			Sent <input checked="" type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken		
<u>1</u>	ID <u>1</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>11</u>	<u>16</u>	<u>2014</u>	<u>04:09</u>	<input checked="" type="checkbox"/>	Suppression	<input type="checkbox"/>	<input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>11</u>	<u>16</u>	<u>2014</u>	<u>04:12</u>	<input checked="" type="checkbox"/>	EMS	<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>11</u>	<u>16</u>	<u>2014</u>	<u>14:48</u>		Other	<input type="checkbox"/>	<input type="checkbox"/>
<u>2</u>	ID <u>2</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>11</u>	<u>16</u>	<u>2014</u>	<u>04:09</u>	<input checked="" type="checkbox"/>	Suppression	<input type="checkbox"/>	<input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>11</u>	<u>16</u>	<u>2014</u>	<u>04:12</u>	<input checked="" type="checkbox"/>	EMS	<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>11</u>	<u>16</u>	<u>2014</u>	<u>14:48</u>		Other	<input type="checkbox"/>	<input type="checkbox"/>
<u>3</u>	ID <u>4</u> Type <u>99</u>	Dispatch <input checked="" type="checkbox"/>	<u>11</u>	<u>16</u>	<u>2014</u>	<u>04:09</u>	<input checked="" type="checkbox"/>	Suppression	<input type="checkbox"/>	<input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>11</u>	<u>16</u>	<u>2014</u>	<u>04:12</u>	<input checked="" type="checkbox"/>	EMS	<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>11</u>	<u>16</u>	<u>2014</u>	<u>14:48</u>		Other	<input type="checkbox"/>	<input type="checkbox"/>
<u>4</u>	ID <u>9</u> Type <u></u>	Dispatch <input checked="" type="checkbox"/>	<u>11</u>	<u>16</u>	<u>2014</u>	<u>04:09</u>	<input checked="" type="checkbox"/>	Suppression	<input type="checkbox"/>	<input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>11</u>	<u>16</u>	<u>2014</u>	<u>04:12</u>	<input checked="" type="checkbox"/>	EMS	<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>		Other	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ID <u></u> Type <u></u>	Dispatch <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>	Suppression	<input type="checkbox"/>	<input type="checkbox"/>
		Arrival <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>	EMS	<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>		Other	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ID <u></u> Type <u></u>	Dispatch <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>	Suppression	<input type="checkbox"/>	<input type="checkbox"/>
		Arrival <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>	EMS	<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>		Other	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ID <u></u> Type <u></u>	Dispatch <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>	Suppression	<input type="checkbox"/>	<input type="checkbox"/>
		Arrival <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>	EMS	<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>		Other	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ID <u></u> Type <u></u>	Dispatch <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>	Suppression	<input type="checkbox"/>	<input type="checkbox"/>
		Arrival <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>	EMS	<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>		Other	<input type="checkbox"/>	<input type="checkbox"/>

Type of Apparatus or Resources

Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

More Apparatus?
Use Additional
Sheets

Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

A FDID * 05005 State * OH Incident Date * MM 11 DD 16 YYYY 2014 Station 1 Incident Number * 14-0000839 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below

Apparatus or Resource	Date and Times Check if same as alarm date Month Day Year Hours/mins	Sent <input type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken List up to 4 actions for each apparatus and each personnel.
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1	ID <u>1</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/> <u>11</u> <u>16</u> <u>2014</u> <u>04:09</u> Arrival <input checked="" type="checkbox"/> <u>11</u> <u>16</u> <u>2014</u> <u>04:12</u> Clear <input checked="" type="checkbox"/> <u>11</u> <u>16</u> <u>2014</u> <u>14:48</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>
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Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0051	Rymer, Robert	1FC	X				

2	ID <u>2</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/> <u>11</u> <u>16</u> <u>2014</u> <u>04:09</u> Arrival <input checked="" type="checkbox"/> <u>11</u> <u>16</u> <u>2014</u> <u>04:12</u> Clear <input checked="" type="checkbox"/> <u>11</u> <u>16</u> <u>2014</u> <u>14:48</u>	Sent <input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>
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Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0180 0260	Hull, Matthew Cline, Curt	3LT 4FF	X X				

3	ID <u>4</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/> <u>11</u> <u>16</u> <u>2014</u> <u>04:09</u> Arrival <input checked="" type="checkbox"/> <u>11</u> <u>16</u> <u>2014</u> <u>04:12</u> Clear <input checked="" type="checkbox"/> <u>11</u> <u>16</u> <u>2014</u> <u>14:48</u>	Sent <input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>
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Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0040 0110 0160	Smith, Bruce Kinnaird, Kevin Bycofski, Joseph	2CP 4FF 4FF	X X X				

A FDID * 05005 State * OH Incident Date * 11 16 2014 Station 1 Incident Number * 14-000839 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**
 Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.
 Month Day Year Hours/mins

1 ID 9 Dispatch 11 16 2014 04:09 Sent Suppression EMS Other
 Type 99 Arrival 11 16 2014 04:12 Sent
 Clear 11 16 2014 14:48 Sent

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0021	Klinger, George	2CP	X				
0052	Ford, Doug	3LT	X				
0100	Schulz, Paul	4FF	X				
0130	Spires, Todd	4FF	X				
0170	Stoncel, Anthony	4FF	X				
0200	Latta, Chad	4FF	X				
0210	Riley, Dan	3LT	X				
0220	James, Charles	4FF	X				
0250	Ohms, Richard	4FF	X				

2 ID MACE01 Dispatch Sent
 Type Arrival
 Clear

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

ID Dispatch Sent
 Type Arrival
 Clear

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

05005
FDID

OH
State

11 16
Incident Date

2014

1
Station

14-0000839
Incident Number

000
Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
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1 1001 04:09:00 04:09:00 04:12:00 14:48:00

Staff ID\Staff Name	Activity	Rank	Position	Role
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0051 Rymer, Robert J All-Call Respons Chief

2 1002 04:09:00 04:09:00 04:12:00 14:48:00

Staff ID\Staff Name	Activity	Rank	Position	Role
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0180 Hull, Matthew R On duty response Lieutenant
0260 Cline, Curt On duty response Firefighter

4 1004 04:09:00 04:09:00 04:12:00 14:48:00

Staff ID\Staff Name	Activity	Rank	Position	Role
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0040 Smith, Bruce On duty response Captain
0110 Kinnaird, Kevin L On duty response Firefighter
0160 Bycofski, Joseph A On duty response Firefighter

9 All-call response 04:09:00 04:09:00 04:12:00 14:48:00

Staff ID\Staff Name	Activity	Rank	Position	Role
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0021 Klinger, George E All-Call Respons Captain
0052 Ford, Doug All-Call Respons Lieutenant
0100 Schulz, Paul D All-Call Respons Firefighter
0130 Spires, Todd All-Call Respons Firefighter
0170 Stoncel, Anthony R All-Call Respons Firefighter
0200 Latta, Chad A All-Call Respons Firefighter
0210 Riley, Dan D All-Call Respons Lieutenant
0220 James, Charles W All-Call Respons Firefighter
0250 Ohms, Richard All-Call Respons Firefighter
MACE01 Mace, Brian All-Call Respons Firefighter

05005 FDID *	OH State *	MM 11	DD 16	YYYY 2014	1 Station	14-0000839 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
0051 Rymer, Robert J	1	AC All-Call Response		1FC		10.65	10.65	0.00
0180 Hull, Matthew R	2	DR On duty response		3LT		10.65	10.65	0.00
0260 Cline, Curt	2	DR On duty response		4FF		10.65	10.65	0.00
0040 Smith, Bruce	4	DR On duty response		2CP		10.65	10.65	0.00
0110 Kinnaird, Kevin L	4	DR On duty response		4FF		10.65	10.65	0.00
0160 Bycofski, Joseph A	4	DR On duty response		4FF		10.65	10.65	0.00
0021 Klinger, George E	9	AC All-Call Response		2CP		10.65	10.65	0.00
0052 Ford, Doug	9	AC All-Call Response		3LT		10.65	10.65	0.00
0100 Schulz, Paul D	9	AC All-Call Response		4FF		10.65	10.65	0.00
0130 Spires, Todd	9	AC All-Call Response		4FF		10.65	10.65	0.00
0170 Stoncel, Anthony R	9	AC All-Call Response		4FF		10.65	10.65	0.00
0200 Latta, Chad A	9	AC All-Call Response		4FF		10.65	10.65	0.00
0210 Riley, Dan D	9	AC All-Call Response		3LT		10.65	10.65	0.00
0220 James, Charles W	9	AC All-Call Response		4FF		10.65	10.65	0.00
0250 Ohms, Richard	9	AC All-Call Response		4FF		10.65	10.65	0.00
MACE01 Mace, Brian	9	AC All-Call Response		4FF		10.65	10.65	0.00

Total Participants: 16

Total Personnel Hours: 170.40

An 'X' next to the unit denotes driver.