

B Location* 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.

Street address
 Number/Milepost Prefix Street or Highway Street Type Suffix
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions

 Apt./Suite/Room City State Zip Code
 Cross street or directions, as applicable

C Incident Type *
 Building fire
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm Date. ALARM always required
 Alarm *
 ARRIVAL required, unless canceled or did not arrive
 Arrival *
 CONTROLLED Optional, Except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared

E2 Shift & Alarms Local Option

 Shift or Alarms District Platoon

D Aid Given or Received*

1 Mutual aid received
 2 Automatic aid recv.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None

Their FDID Their State
 Their Incident Number

E3 Special Studies Local Option
 Special Study ID# Special Study Value

F Actions Taken *

Extinguishment by fire
 Primary Action Taken (1)
 Search
 Additional Action Taken (2)
 Rescue, remove from harm
 Additional Action Taken (3)

G1 Resources *

Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus Personnel
 Suppression
 EMS
 Other
 Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires. None
 Property \$, ,
 Contents \$, ,
 PRE-INCIDENT VALUE: Optional
 Property \$, ,
 Contents \$, ,

Completed Modules

Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Investigation-11

H1* Casualties None
 Deaths Injuries
 Fire Service
 Civilian
H2 Detector Required for Confined Fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release

N None
 1 Natural Gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21 lb. tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling < 55 gallons
 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN Not Mixed
 10 Assembly use
 20 Education use
 30 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Bus. & Residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use*

Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field	341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway	539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage(barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard
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Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 Property Use

K1 Person/Entity Involved Local Option Business name (if applicable) Area Code Phone Number

Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. Brandi Sturdivant MI Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room Greensboro City

NC 27406 - State Zip Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner Same as person involved? Then check this box and skip The rest of this section. Business name (if Applicable) Area Code Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. Norman Boyles MI Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room Greensboro City

NC 27405 - State Zip Code

L Remarks Local Option

12/12/2022 21:17:12 bishopg

Units were dispatched on a reported structure fire. Communication advised multiple calls of the same. B3 requested R5. E8 radioed heavy smoke showing from several blocks away. E8 arrived and reported single story structure with Heavy fire showing. E8 assumed command in an offensive mode. B2 arrived and assumed command from E8. E48 assumed RIC functions and conducted a walk around. L11 assessed ventilation needs and set up for horizontal PPV. E10 and L10 initiated a Vent, Enter, and Search operation at the Alpha/Delta window of the bedroom via 14' roof ladder. 3 minor occupants were removed from the Alpha/Delta window and brought to the front yard for patient assessment. EMS was notified of the patient condition and took over PT care and assessment. Fire Attack was able to knock down the fire and made entry in order to extinguish hot spots. Search reported an All-Clear. Command reported All-Clear to communications. The Fire Attack group was able to knock down the fire and check for fire extension. Secondary search was completed by R5, no other occupants were discovered. Utilities were controlled, Duke Energy responded to pull meter, and Red Cross was contacted. Command reported signal-50 and units began demobilization. L10, E8, B2 remained on scene with the investigation team to assist with overhaul. Grimsley command was terminated. E8 remained on scene with INV1 for an extended time.

L Authorization

7115 Bishop, George D BC Assignment 12 12 2022
Officer in charge ID Signature Position or rank Month Day Year

7115 Bishop, George D BC Assignment 12 12 2022
Check Box if same as Officer in charge. Member making report ID Signature Position or rank Month Day Year

04110

FDID *

NC

State *

12

Incident Date *

12

2022

*

08

Station

22-1212023

Incident Number *

000

Exposure *

Complete Narrative

Narrative:

12/12/2022 21:17:12 bishopg

Units were dispatched on a reported structure fire. Communication advised multiple calls of the same. B3 requested R5. E8 radioed heavy smoke showing from several blocks away. E8 arrived and reported single story structure with Heavy fire showing. E8 assumed command in an offensive mode. B2 arrived and assumed command from E8. E48 assumed RIC functions and conducted a walk around. L11 assessed ventilation needs and set up for horizontal PPV. E10 and L10 initiated a Vent, Enter, and Search operation at the Alpha/Delta window of the bedroom via 14' roof ladder. 3 minor occupants were removed from the Alpha/Delta window and brought to the front yard for patient assessment. EMS was notified of the patient condition and took over PT care and assessment. Fire Attack was able to knock down the fire and made entry in order to extinguish hot spots. Search reported an All-Clear. Command reported All-Clear to communications. The Fire Attack group was able to knock down the fire and check for fire extension. Secondary search was completed by R5, no other occupants were discovered. Utilities were controlled, Duke Energy responded to pull meter, and Red Cross was contacted. Command reported signal-50 and units began demobilization. L10, E8, B2 remained on scene with the investigation team to assist with overhaul. Grimsley command was terminated. E8 remained on scene with INV1 for an extended time.

 12/12/2022 21:51:30 bishopg

B3 Requested EMS to respond as well as R5.

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 001 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.

On-site material (1)

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 97 Multiple areas
 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

 Mobile property model Year

 License Plate Number State VIN Number

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

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 Enclosed Building
 2 Portable/mobile structure
 3 Open structure
 4 Air supported structure
 5 Tent
 6 Open platform (e.g. piers)
 7 Underground structure (work areas)
 8 Connective structure (e.g. fences)
 0 Other type of structure

I2 Building Status *

1 Under construction
 2 Occupied & operating
 3 Idle, not routinely used
 4 Under major renovation
 5 Vacant and secured
 6 Vacant and unsecured
 7 Being demolished
 0 Other
 U Undetermined

I3 Building * Height
Count the ROOF as part of the highest story

001
Total number of stories at or above grade

Total number of stories below grade

I4 Main Floor Size*

 , , 700
Total square feet

OR

 , BY ,
Length in feet Width in feet

J1 Fire Origin *

001 Below Grade
Story of fire origin

J3 Number of Stories Damaged By Flame
Count the ROOF as part of the highest story

 Number of stories w/ minor damage (1 to 24% flame damage)
 Number of stories w/ significant damage (25 to 49% flame damage)
 Number of stories w/ heavy damage (50 to 74% flame damage)
 Number of stories w/ extreme damage (75 to 100% flame damage)

K Material Contributing Most To Flame Spread

Check if no flame spread OR same as material first ignited OR unable to determine **Skip To Section L**

K1
Item contributing most to flame spread

K2
Type of material contributing most of flame spread Required only if item contributing code is 00 or <70

J2 Fire Spread *

1 Confined to object of origin
 2 Confined to room of origin
 3 Confined to floor of origin
 4 Confined to building of origin
 5 Beyond building of origin

L1 Presence of Detectors *
(In area of the fire)

N None Present **Skip to section M**
 1 Present
 U Undetermined

L3 Detector Power Supply

1 Battery only
 2 Hardwire only
 3 Plug in
 4 Hardwire with battery
 5 Plug in with battery
 6 Mechanical
 7 Multiple detectors & power supplies
 0 Other _____
 U Undetermined

L5 Detector Effectiveness
Required if detector operated

1 Alerted Occupants, occupants responded
 2 Occupants failed to respond
 3 There were no occupants
 4 Failed to alert occupants
 U Undetermined

L2 Detector Type

1 Smoke
 2 Heat
 3 Combination smoke - heat
 4 Sprinkler, water flow detection
 5 More than 1 type present
 0 Other _____
 U Undetermined

L4 Detector Operation

1 Fire too small to activate
 2 Operated (Complete Section L5)
 3 Failed to Operate (Complete Section L6)
 U Undetermined

L6 Detector Failure Reason
Required if detector failed to operate

1 Power failure, shutoff or disconnect
 2 Improper installation or placement
 3 Defective
 4 Lack of maintenance, includes cleaning
 5 Battery missing or disconnected
 6 Battery discharged or dead
 0 Other _____
 U Undetermined

M1 Presence of Automatic Extinguishment System *

N None Present **Complete rest of Section M**
 1 Present

M3 Automatic Extinguishment System Operation
Required if fire was within designed range

1 Operated & effective (Go to M4)
 2 Operated & not effective (M4)
 3 Fire too small to activate
 4 Failed to operate (Go to M5)
 0 Other
 U Undetermined

M5 Automatic Extinguishment System Failure Reason
Required if system failed

1 System shut off
 2 Not enough agent discharged
 3 Agent discharged but did not reach fire
 4 Wrong type of system
 5 Fire not in area protected
 6 System components damaged
 7 Lack of maintenance
 8 Manual Intervention
 0 Other _____
 U Undetermined

M2 Type of Automatic Extinguishment System *
Required if fire was within designed range of AES

1 Wet pipe sprinkler
 2 Dry pipe sprinkler
 3 Other sprinkler system
 4 Dry chemical system
 5 Foam system
 6 Halogen type system
 7 Carbon dioxide (CO₂) system
 0 Other special hazard system
 U Undetermined

M4 Number of Sprinkler Heads Operating
Required if system operated

Number of sprinkler heads operating

Apparatus or * Resource	Date and Times					Sent	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken		
	Check if same as alarm date										
	Month	Day	Year	Hour	Min						
<input type="checkbox"/> ID <input type="text" value="AC1"/> Type <input type="text" value="00"/>	Dispatch	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="07:58"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression	<input type="text" value="73"/>	<input type="text"/>
	Arrival	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="08:05"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="11:09"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> ID <input type="text" value="AC601"/> Type <input type="text" value="001"/>	Dispatch	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="08:07"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression	<input type="text" value="73"/>	<input type="text"/>
	Arrival	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="08:34"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="17:42"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> ID <input type="text" value="AIR1"/> Type <input type="text" value="001"/>	Dispatch	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="08:07"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression	<input type="text" value="73"/>	<input type="text"/>
	Arrival	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="08:34"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="17:42"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> ID <input type="text" value="BATT2"/> Type <input type="text" value="92"/>	Dispatch	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="07:56"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression	<input type="text" value="73"/>	<input type="text"/>
	Arrival	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="08:00"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="11:48"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> ID <input type="text" value="BATT3"/> Type <input type="text" value="92"/>	Dispatch	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="07:56"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression	<input type="text" value="73"/>	<input type="text"/>
	Arrival	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="08:00"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="11:48"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> ID <input type="text" value="C601"/> Type <input type="text" value="001"/>	Dispatch	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="07:57"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression	<input type="text" value="73"/>	<input type="text"/>
	Arrival	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="08:05"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="18:09"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> ID <input type="text" value="C701"/> Type <input type="text" value="001"/>	Dispatch	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="07:57"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression	<input type="text" value="73"/>	<input type="text"/>
	Arrival	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="08:05"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="18:09"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> ID <input type="text" value="C7101"/> Type <input type="text" value="001"/>	Dispatch	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="08:11"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression	<input type="text" value="73"/>	<input type="text"/>
	Arrival	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="08:11"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="17:37"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> ID <input type="text" value="DC201"/> Type <input type="text" value="001"/>	Dispatch	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="08:11"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression	<input type="text" value="73"/>	<input type="text"/>
	Arrival	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="08:11"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear	<input checked="" type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="2022"/>	<input type="text" value="17:37"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

Delete Change
 MM DD YYYY Station Incident Number Exposure
 04110 NC 12 12 2022 08 22-1212023 000
 FDID * State * Incident Date *

B Apparatus or * Resource	Date and Times					Sent <input type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
	<small>Check if same as alarm date</small>									
	Month	Day	Year	Hour	Min					
<input type="checkbox"/> ID E10 Type 11	Dispatch	<input checked="" type="checkbox"/>	12	12	2022	07:54	<input checked="" type="checkbox"/>	Suppression	811	
	Arrival	<input checked="" type="checkbox"/>	12	12	2022	07:59	<input checked="" type="checkbox"/>	EMS		
	Clear	<input checked="" type="checkbox"/>	12	12	2022	10:56		Other		
<input type="checkbox"/> ID E48 Type 11	Dispatch	<input checked="" type="checkbox"/>	12	12	2022	07:54	<input checked="" type="checkbox"/>	Suppression	811	
	Arrival	<input checked="" type="checkbox"/>	12	12	2022	08:00	<input checked="" type="checkbox"/>	EMS		
	Clear	<input checked="" type="checkbox"/>	12	12	2022	10:19		Other		
<input type="checkbox"/> ID E8 Type 11	Dispatch	<input checked="" type="checkbox"/>	12	12	2022	07:54	<input checked="" type="checkbox"/>	Suppression	811	
	Arrival	<input checked="" type="checkbox"/>	12	12	2022	08:00	<input checked="" type="checkbox"/>	EMS		
	Clear	<input checked="" type="checkbox"/>	12	12	2022	10:19		Other		
<input type="checkbox"/> ID INV1 Type 001	Dispatch	<input checked="" type="checkbox"/>	12	12	2022	07:54	<input checked="" type="checkbox"/>	Suppression	811	
	Arrival	<input checked="" type="checkbox"/>	12	12	2022	08:16	<input checked="" type="checkbox"/>	EMS		
	Clear	<input checked="" type="checkbox"/>	12	12	2022	19:27		Other		
<input type="checkbox"/> ID L10 Type 001	Dispatch	<input checked="" type="checkbox"/>	12	12	2022	07:54	<input checked="" type="checkbox"/>	Suppression	811	
	Arrival	<input checked="" type="checkbox"/>	12	12	2022	08:16	<input checked="" type="checkbox"/>	EMS		
	Clear	<input checked="" type="checkbox"/>	12	12	2022	19:27		Other		
<input type="checkbox"/> ID L11 Type 13	Dispatch	<input checked="" type="checkbox"/>	12	12	2022	07:54	<input checked="" type="checkbox"/>	Suppression	811	
	Arrival	<input checked="" type="checkbox"/>	12	12	2022	08:01	<input checked="" type="checkbox"/>	EMS		
	Clear	<input checked="" type="checkbox"/>	12	12	2022	08:58		Other		
<input type="checkbox"/> ID R5 Type 13	Dispatch	<input checked="" type="checkbox"/>	12	12	2022	07:54	<input checked="" type="checkbox"/>	Suppression	811	
	Arrival	<input checked="" type="checkbox"/>	12	12	2022	08:01	<input checked="" type="checkbox"/>	EMS		
	Clear	<input checked="" type="checkbox"/>	12	12	2022	08:58		Other		
<input type="checkbox"/> ID SAF1 Type 71	Dispatch	<input checked="" type="checkbox"/>	12	12	2022	07:54	<input checked="" type="checkbox"/>	Suppression	811	
	Arrival	<input type="checkbox"/>	12	12	2022	08:03	<input checked="" type="checkbox"/>	EMS		
	Clear	<input checked="" type="checkbox"/>	12	12	2022	10:02		Other		
<input type="checkbox"/> ID Type 00	Dispatch	<input checked="" type="checkbox"/>	12	12	2022	07:54	<input checked="" type="checkbox"/>	Suppression	811	
	Arrival	<input checked="" type="checkbox"/>	12	12	2022	08:03	<input checked="" type="checkbox"/>	EMS		
	Clear	<input checked="" type="checkbox"/>	12	12	2022	10:02		Other		

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 | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> More Apparatus?
 Use Additional
 Sheets </div>
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 |
|--|--|--|

