

**A** FDID  \* State  \* Incident Date    \* Station  Incident Number  \* Exposure  \*  Delete  Change  No Activity **NFIRS -1 Basic**

**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.  Census Tract  -

Street address       Intersection Number/Milepost Prefix Street or Highway Street Type Suffix

In front of  Rear of  Adjacent to  Directions    -

Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

**C Incident Type \***  Assist police - Washdown Incident Type

**E1 Date & Times** Midnight is 0000

Check boxes if dates are the same as Alarm ALARM always required

Date. Alarm \*     Hr Min Sec

**E2 Shift & Alarms** Local Option    Shift or Alarms District Platoon

**D Aid Given or Received\***

1  Mutual aid received   Their FDID Their State

2  Automatic aid recv.   Their FDID Their State

3  Mutual aid given   Their FDID Their State

4  Automatic aid given   Their FDID Their State

5  Other aid given   Their Incident Number

N  None

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

**F Actions Taken \***

Provide manpower Primary Action Taken (1)

Provide equipment Additional Action Taken (2)

Provide water 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 \$  ,  000 ,  000

Contents \$  ,  000 ,  000

PRE-INCIDENT VALUE: Optional

Property \$  ,  000 ,  000

Contents \$  ,  000 ,  000

**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  Arson-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

33  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  Church, place of worship

161  Restaurant or cafeteria

162  Bar/Tavern or nightclub

213  Elementary school or kindergarten

215  High school or junior high

241  College, adult education

311  Care facility for the aged

331  Hospital

341  Clinic, clinic type infirmary

342  Doctor/dentist office

361  Prison or jail, not juvenile

419  1-or 2-family dwelling

429  Multi-family dwelling

439  Rooming/boarding house

449  Commercial hotel or motel

459  Residential, board and care

464  Dormitory/barracks

519  Food and beverage sales

539  Household goods, sales, repairs

579  Motor vehicle/boat sales/repair

571  Gas or service station

599  Business office

615  Electric generating plant

629  Laboratory/science lab

700  Manufacturing plant

819  Livestock/poultry storage (barn)

882  Non-residential parking garage

891  Warehouse

Outside

124  Playground or park

655  Crops or orchard

669  Forest (timberland)

807  Outdoor storage area

919  Dump or sanitary landfill

931  Open land or field

936  Vacant lot

938  Graded/care for plot of land

946  Lake, river, stream

951  Railroad right of way

960  Other street

961  Highway/divided highway

962  Residential street/driveway

981  Construction site

984  Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use

NFIRS-1 Revision 03/11/99

MM DD YYYY

27218

FDID \*

MN

State \*

6

24

Incident Date \*

2018

20

Station

18-0023104

Incident Number \*

000

Exposure \*

Complete  
Narrative

**Narrative:**

E20 dispatched code 2 by MPD for a washdown. Arrived and used a tank line, bleach, soap and scrub brush to clean up scene. E20 put back in service by MPD.

B Apparatus or * Resource	Date and Times					Sent <input checked="" 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									
1 ID <u>E20</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>6</u>	<u>24</u>	<u>2018</u>	<u>00:24</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>6</u>	<u>24</u>	<u>2018</u>	<u>00:31</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>6</u>	<u>24</u>	<u>2018</u>	<u>01:14</u>				<input type="checkbox"/>	<input type="checkbox"/>
2 ID _____ Type _____	Dispatch <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	_____	_____	_____	_____		_____		<input type="checkbox"/>	<input type="checkbox"/>
3 ID _____ Type _____	Dispatch <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	_____	_____	_____	_____		_____		<input type="checkbox"/>	<input type="checkbox"/>
4 ID _____ Type _____	Dispatch <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	_____	_____	_____	_____		_____		<input type="checkbox"/>	<input type="checkbox"/>
5 ID _____ Type _____	Dispatch <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	_____	_____	_____	_____		_____		<input type="checkbox"/>	<input type="checkbox"/>
6 ID _____ Type _____	Dispatch <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	_____	_____	_____	_____		_____		<input type="checkbox"/>	<input type="checkbox"/>
7 ID _____ Type _____	Dispatch <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	_____	_____	_____	_____		_____		<input type="checkbox"/>	<input type="checkbox"/>
8 ID _____ Type _____	Dispatch <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	_____	_____	_____	_____		_____		<input type="checkbox"/>	<input type="checkbox"/>
9 ID _____ Type _____	Dispatch <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	_____	_____	_____	_____		_____		<input type="checkbox"/>	<input type="checkbox"/>

**Type of Apparatus or Resources**

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