

A	FDID 08101 *	State MI *	Incident Date 11 07 2010 *	Station 3	Incident Number 10-0007619 *	Exposure 000 *	<input type="checkbox"/> Delete <input checked="" 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	Number/Milepost 1202		Prefix PRESCOTT		Street Type AVE		Suffix	
<input type="checkbox"/> Intersection	Apt./Suite/Room		City ANN ARBOR		State MI		Zip Code 48104	
<input type="checkbox"/> In front of	Cross street or directions, as applicable							
<input type="checkbox"/> Rear of								
<input type="checkbox"/> Adjacent to								
<input type="checkbox"/> Directions								
C Incident Type *	E1 Date & Times Midnight is 0000				E2 Shift & Alarms			
111 Building fire	Check boxes if dates are the same as Alarm <input type="checkbox"/> ALARM always required				Local Option			
Incident Type	Date: Alarm * 11 07 2010 01:19:16				3 Shift or Alarms 1 District			
D Aid Given or Received*	ARRIVAL required, unless canceled or did not arrive				Platoon			
1 <input type="checkbox"/> Mutual aid received	<input checked="" type="checkbox"/> Arrival * 11 07 2010 01:22:21				E3 Special Studies			
2 <input type="checkbox"/> Automatic aid recv.	CONTROLLED Optional, Except for wildland fires				Local Option			
3 <input type="checkbox"/> Mutual aid given	<input type="checkbox"/> Controlled				Special Study ID#			
4 <input type="checkbox"/> Automatic aid given	LAST UNIT CLEARED, required except for wildland fires				Special Study Value			
5 <input type="checkbox"/> Other aid given	<input checked="" type="checkbox"/> Cleared 11 07 2010 02:14:23							
N <input checked="" type="checkbox"/> None								
F Actions Taken *	G1 Resources *				G2 Estimated Dollar Losses & Values			
32 Provide basic life	<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 <input type="checkbox"/> Personnel <input type="checkbox"/>				Property \$ <input type="checkbox"/> 010 <input type="checkbox"/> 000 <input type="checkbox"/>			
Additional Action Taken (2)	Suppression <input type="checkbox"/>				Contents \$ <input type="checkbox"/> 003 <input type="checkbox"/> 000 <input type="checkbox"/>			
Additional Action Taken (3)	EMS 0001 0003				PRE-INCIDENT VALUE: Optional			
	Other <input type="checkbox"/>				Property \$ <input type="checkbox"/> 176 <input type="checkbox"/> 000 <input type="checkbox"/>			
	<input type="checkbox"/> Check box if resource counts include aid received resources.				Contents \$ <input type="checkbox"/> 040 <input type="checkbox"/> 000 <input type="checkbox"/>			
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 type="checkbox"/> None			NN <input type="checkbox"/> Not Mixed		
<input checked="" type="checkbox"/> Structure-3	Fire Service <input type="checkbox"/> <input type="checkbox"/>		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 001 <input type="checkbox"/>		2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)			20 <input type="checkbox"/> Education use		
<input type="checkbox"/> Fire Serv. Cas.-5	H2 Detector		3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container			33 <input type="checkbox"/> Medical use		
<input checked="" type="checkbox"/> EMS-6	Required for Confined Fires.		4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage			40 <input type="checkbox"/> Residential use		
<input type="checkbox"/> HazMat-7	1 <input type="checkbox"/> Detector alerted occupants		5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable			51 <input type="checkbox"/> Row of stores		
<input type="checkbox"/> Wildland Fire-8	2 <input type="checkbox"/> Detector did not alert them		6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only			53 <input type="checkbox"/> Enclosed mall		
<input checked="" type="checkbox"/> Apparatus-9	U <input type="checkbox"/> Unknown		7 <input type="checkbox"/> Motor oil: from engine or portable container			58 <input type="checkbox"/> Bus. & Residential		
<input checked="" type="checkbox"/> Personnel-10			8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons			59 <input type="checkbox"/> Office use		
<input type="checkbox"/> Arson-11			0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal..			60 <input type="checkbox"/> Industrial use		
			Please complete the HazMat form			63 <input type="checkbox"/> Military use		
						65 <input type="checkbox"/> Farm use		
						66 <input type="checkbox"/> Other mixed use		
						00		
J Property Use* Structures								
131 <input type="checkbox"/> Church, place of worship			341 <input type="checkbox"/> Clinic, clinic type infirmary			539 <input type="checkbox"/> Household goods, sales, repairs		
161 <input type="checkbox"/> Restaurant or cafeteria			342 <input type="checkbox"/> Doctor/dentist office			579 <input type="checkbox"/> Motor vehicle/boat sales/repair		
162 <input type="checkbox"/> Bar/Tavern or nightclub			361 <input type="checkbox"/> Prison or jail, not juvenile			571 <input type="checkbox"/> Gas or service station		
213 <input type="checkbox"/> Elementary school or kindergarten			419 <input checked="" type="checkbox"/> 1-or 2-family dwelling			599 <input type="checkbox"/> Business office		
215 <input type="checkbox"/> High school or junior high			429 <input type="checkbox"/> Multi-family dwelling			615 <input type="checkbox"/> Electric generating plant		
241 <input type="checkbox"/> College, adult education			439 <input type="checkbox"/> Rooming/boarding house			629 <input type="checkbox"/> Laboratory/science lab		
311 <input type="checkbox"/> Care facility for the aged			449 <input type="checkbox"/> Commercial hotel or motel			700 <input type="checkbox"/> Manufacturing plant		
331 <input type="checkbox"/> Hospital			459 <input type="checkbox"/> Residential, board and care			819 <input type="checkbox"/> Livestock/poultry storage (barn)		
			464 <input type="checkbox"/> Dormitory/barracks			882 <input type="checkbox"/> Non-residential parking garage		
			519 <input type="checkbox"/> Food and beverage sales			891 <input type="checkbox"/> Warehouse		
Outside			936 <input type="checkbox"/> Vacant lot			981 <input type="checkbox"/> Construction site		
124 <input type="checkbox"/> Playground or park			938 <input type="checkbox"/> Graded/care for plot of land			984 <input type="checkbox"/> Industrial plant yard		
655 <input type="checkbox"/> Crops or orchard			946 <input type="checkbox"/> Lake, river, stream					
669 <input type="checkbox"/> Forest (timberland)			951 <input type="checkbox"/> Railroad right of way			Lookup and enter a Property Use code only if you have NOT checked a Property Use box:		
807 <input type="checkbox"/> Outdoor storage area			960 <input type="checkbox"/> Other street			Property Use 419		
919 <input type="checkbox"/> Dump or sanitary landfill			961 <input type="checkbox"/> Highway/divided highway			1 or 2 family dwelling		
931 <input type="checkbox"/> Open land or field			962 <input type="checkbox"/> Residential street/driveway					

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. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

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

K2 Owner Same as person involved? Then check this box and skip the rest of this section.

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. First Name Richard MI _____ Last Name Sanborn Suffix _____

Number 1202 Prefix _____ Street or Highway PRESCOTT Street Type AVE Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City ANN ARBOR

State MI Zip Code 48104

L Remarks
Local Option

11/07/2010 06:35:48 DWISELEY

E-3 responded to a report of a cardiac arrest with a person on fire.
E-3 arrived with HVA already on scene. HVA had determined it was a "K" by protocol.
E-3 crew investigated and determined there was no fire extension into the structure.

11/15/2010 13:52:16 DWISELEY

While E-3 was enroute dispatch relayed updated information to include that a person may be on fire. E-3 arrived with HVA on scene, HVA personnel determined that this was a "K" by protocol.

The fire was confined to the victim. There was no stuctual damage .that was observed. AAPD was treating this as a crime scene.

L Authorization

102 WISELEY, DEREK LT _____ 11 07 2010
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. Member making report ID 102 WISELEY, DEREK LT _____ 11 07 2010
Signature Position or rank Assignment Month Day Year

08101
FDID *

MI
State *

MM DD YYYY
11 7 2010
Incident Date *

3
Station

10-0007619
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

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A	08101 FDID *	MI State *	MM DD YYYY 11 07 2010 Incident Date *	3 Station	10-0007619 Incident Number *	000 Exposure *	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -2 Fire
B Property Details				C On-Site Materials or Products <input type="checkbox"/> None <small>Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved</small>				
B1 0001 <input type="checkbox"/> Not Residential <small>Estimated Number of residential living units in building of origin whether or not all units became involved</small>				Enter up to three codes. Check one or more boxes for each code entered. On-site material (1)				
B2 <input checked="" type="checkbox"/> Buildings not involved <small>Number of buildings involved</small>				On-site material (2)				
B3 <input type="checkbox"/> None <small>Acres burned (outside fires) <input type="checkbox"/> Less than one acre</small>				On-site material (3)				
D Ignition				E1 Cause of Ignition			E3 Human Factors	
D1 47 Vehicle storage area; <small>Area of fire origin *</small>				<input type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input checked="" type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation			E3 Contributing To Ignition <small>Check all applicable boxes</small> 1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved	
D2 UU Undetermined <small>Heat source *</small>				E2 Factors Contributing To Ignition			7 <input type="checkbox"/> Age was a factor <small>Estimated age of person involved</small>	
D3 UU Undetermined <small>Item first ignited * 1 <input checked="" type="checkbox"/> was confined to object of origin</small>				UU Undetermined <input checked="" type="checkbox"/> None <small>Factor Contributing To Ignition (1)</small>			1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
D4 <input type="checkbox"/> <input type="checkbox"/> <small>Type of material first ignited Required only if item first ignited code is 00 or <70</small>				<input type="checkbox"/> <input type="checkbox"/> <small>Factor Contributing To Ignition (2)</small>				
F1 Equipment Involved In Ignition			F2 Equipment Power		G Fire Suppression Factors			
<input type="checkbox"/> None If Equipment was not involved, Skip to Section G Equipment Involved			<input type="checkbox"/> <input type="checkbox"/> <small>Equipment Power Source</small>		Enter up to three codes. <input type="checkbox"/> None Fire suppression factor (1)			
Brand			F3 Equipment Portability		Fire suppression factor (2)			
Model			1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary		Fire suppression factor (3)			
Serial #			<small>Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.</small>					
Year								
H1 Mobile Property Involved			H2 Mobile Property Type & Make			Local Use		
<input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned			<input type="checkbox"/> <input type="checkbox"/> <small>Mobile property type</small>			<input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other Agencies</small>		
<input type="checkbox"/> <input type="checkbox"/> <small>Mobile property make</small>			<input type="checkbox"/> <input type="checkbox"/> <small>Mobile property make</small>			<input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached		
<input type="checkbox"/> <input type="checkbox"/> <small>Mobile property model</small>			<input type="checkbox"/> <input type="checkbox"/> <small>Year</small>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small>License Plate Number State VIN Number</small>								

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>001</u> Total number of stories at or above grade <u> </u> Total number of stories below grade	I4 Main Floor Size* <div style="text-align: right;">NFIRS-3 Structure Fire</div> <u> </u> , <u> </u> , <u>252</u> Total square feet OR <u> </u> , <u>018</u> BY <u> </u> , <u>014</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> </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 checked="" 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 type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * (In area of the fire) N <input checked="" type="checkbox"/> None Present Skip to section M 1 <input 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 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 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 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 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
		M4 Number of Sprinkler Heads Operating Required if system operated <u> </u> Number of sprinkler heads operating	NFIRS-3 Revision 01/19/99

A MM DD YYYY <input type="checkbox"/> Delete NFIRS - 4 <input type="checkbox"/> Change									
<input type="text" value="08101"/> FDID *	<input type="text" value="MI"/> State *	<input type="text" value="11"/> <input type="text" value="7"/> Incident Date *	<input type="text" value="3"/> Station	<input type="text" value="10-0007619"/> Incident Number *	<input type="text" value="000"/> Exposure *	Civilian Fire Casualty			
B Injured Person * 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female						C Casualty Number *			
<input type="text" value="Neil"/> First Name		<input type="text" value="Ri"/> MI		<input type="text" value="Sanborn"/> Last Name		<input type="text" value=""/> Suffix		<input type="text" value="1"/> Casualty Number	
D Age or date of birth * <input type="text" value="34"/> <input type="checkbox"/> Months (for Infants) Age		E1 Race 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 checked="" type="checkbox"/> Undetermined		F Affiliation 1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other		H Severity * 1 <input type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input checked="" type="checkbox"/> Death			
OR <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Month Day Year		E2 Ethnicity <input type="checkbox"/> Hispanic		G Date & Time of Injury Midnight is 0000. <input type="text" value="11"/> <input type="text" value="7"/> <input type="text" value="2010"/> <input type="text" value=""/> <input type="text" value=""/> Month Day Year Hour Minutes					
I Cause of 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 checked="" type="checkbox"/> Other U <input type="checkbox"/> Undetermined			J Human Factors Contributing to Injury <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			K Factors Contributing to Injury <input type="checkbox"/> None Enter up to three contributing factors <input type="text" value="00"/> Factor contributing Contributing factor (1) <input type="text" value=""/> <input type="text" value=""/> Contributing factor (2) <input type="text" value=""/> <input type="text" value=""/> Contributing factor (3)			
L Activity When Injured 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 checked="" type="checkbox"/> Undetermined		M1 Location at Time of Incident 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 of origin and involved U <input checked="" 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 <input type="text" value=""/> Skip To Section N 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area <input type="text" value=""/> Skip to Section M5		M3 Story at Time of Incident Complete ONLY if injury occurred INSIDE Story at START of incident <input type="text" value=""/> <input type="checkbox"/> Below Grade M4 Story Where Injury Occurred Story where injury occurred, if different <input type="text" value=""/> <input type="checkbox"/> Below Grade from M3 M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin <input type="text" value="47"/> <input type="text" value=""/> Vehicle storage area; Specific location at time of injury					
N Primary Apparent Symptom 01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input checked="" 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 <input type="text" value=""/> <input type="text" value=""/> Primary apparent symptom			O Primary Area of Body Injured 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 checked="" type="checkbox"/> Multiple body parts			P Disposition <input checked="" type="checkbox"/> Transported to emergency care facility Remarks Local option <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>			

A FDID * 08101 State * MI Incident Date * MM 11 DD 7 YYYY 2010 Station 3 Incident Number * 10-0007619 Exposure * 000 Delete Change NFIRS - 9 Apparatus or Resources

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>VEH-23</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>11</u>	<u>7</u>	<u>2010</u>	<u>01:19</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>11</u>	<u>7</u>	<u>2010</u>	<u>01:22</u>				<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>11</u>	<u>7</u>	<u>2010</u>	<u>02:14</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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

Type of Apparatus or Resources

<p>Ground Fire Suppression</p> <ul style="list-style-type: none"> 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 <p>Heavy Ground Equipment</p> <ul style="list-style-type: none"> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other <p>Aircraft</p> <ul style="list-style-type: none"> 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other 	<p>Marine Equipment</p> <ul style="list-style-type: none"> 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other <p>Support Equipment</p> <ul style="list-style-type: none"> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other <p>Medical & Rescue</p> <ul style="list-style-type: none"> 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 	<p>More Apparatus? Use Additional Sheets</p>	<p>Other</p> <ul style="list-style-type: none"> 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
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NFIRS-9 Revision 11/17/98

A FDID * 08101 State * MI Incident Date * 11 7 2010 Station 3 Incident Number * 10-0007619 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
 Month Day Year Hours/mins
 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.

1 ID VEH-23 Dispatch 11 7 2010 01:19 Sent 3 Suppression EMS Other
 Type 11 Arrival 11 7 2010 01:22 Clear 11 7 2010 02:14

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
093	PERRY, ALLAN	FF	X				
102	WISELEY, DEREK	LT	X				
130	CAMPBELL, DAN	D/O	X				

2 ID Dispatch Sent Suppression EMS Other
 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"/>				

3 ID Dispatch Sent Suppression EMS Other
 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"/>				

08101
FDID

MI
State

11 7
Incident Date

2010

3
Station

10-0007619
Incident Number

000
Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
VEH-23 E-3 * 1999 EMERGENCY ONE	01:19:16	01:19:16	01:22:21	02:14:23

Staff ID	Staff Name	Activity	Rank	Position	Role
093	PERRY, ALLAN	Medical At Scene	Firefighter		
102	WISELEY, DEREK	Medical At Scene	Lieutenant		
130	CAMPBELL, DAN	Medical At Scene	Driver/Oper		

08101 FDID *	MI State *	MM DD YYYY 11 7 2010 Incident Date *	3 Station	10-0007619 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
093 PERRY, ALLAN	VEH-23	MX Medical At		FF		0.92	0.00	1.00
102 WISELEY, DEREK	VEH-23	MX Medical At		LT		0.92	0.00	1.00
130 CAMPBELL, DAN	VEH-23	MX Medical At		D/O		0.92	0.00	1.00

Total Participants: 3

Total Personnel Hours: 2.76

An 'X' next to the unit denotes driver.
City of Ann Arbor

08101	MI	MM	DD	YYYY	3	10-0007619	000	NFIRS - Involvement User Fields
FDID	State	11	7	2010	Station	Incident Number	Exposure	

Involvement

Name:
Sanborn, Richard

Involvement

Type:

Owner: Occupant:

X