



NFIRS-1 Basic

A

06770	CO	05	17	2018		18DF-1915	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract: _____

Street Address
 Intersection
 In Front Of
 Rear Of
 Adjacent To
 Directions
 US National Grid

36700		HWY 550		N-North
Number	Prefix	Street or Highway	Street Type	Suffix

	Durango	CO	81301
Apt./Suite/Room	City	State	Zip Code

Cross Street: _____

C Incident Type

142-Brush or brush-and-grass mixture fire

D Aid Given Or Received

1 Mutual Aid Received
 2 Auto. Aid Received
 3 Mutual Aid Given
 4 Auto. Aid Given
 5 Other Aid Given
 None

	Colorado
Their FDID	Their State
Their Incident Number	

E1 Dates and Times

Alarm	05	17	2018	09:55
Arrival	05	17	2018	10:03
Controlled	05	17	2018	10:30
Last Unit Cleared	05	17	2018	11:28

E2 Shifts and Alarms

C Shift		D12
Shift or Platoon	Alarms	District

E3 Special Studies

ID#	Value
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F Actions Taken

11-Extinguishment by fire service personnel

Primary Action Taken

G1 Resources

Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	2	3
EMS	1	2
Other	0	0

Resource counts include aid received resources.

G2 Estimated Dollar Losses and Values

Losses: Required for all fires if known. Optional for all non-fires. None

Property: \$ _____

Contents: \$ _____

Pre-Incident Values: Optional None

Property: \$ _____

Contents: \$ _____

Completed Modules <input type="checkbox"/> 2 - Fire <input type="checkbox"/> 3 - Structure Fire <input type="checkbox"/> 4 - Civilian Fire Cas. <input type="checkbox"/> 5 - Fire Service Cas. <input type="checkbox"/> 6 - EMS <input type="checkbox"/> 7 - HazMat <input type="checkbox"/> 8 - Wildland Fire <input type="checkbox"/> 9 - Apparatus <input type="checkbox"/> 10 - Personnel <input type="checkbox"/> 11 - Arson	H1 Casualties <input checked="" type="checkbox"/> None <table border="0"> <tr> <td></td> <td>Deaths</td> <td>Injuries</td> </tr> <tr> <td>Fire Service</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Civilian</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> </table>		Deaths	Injuries	Fire Service	<input type="text" value="0"/>	<input type="text" value="0"/>	Civilian	<input type="text" value="0"/>	<input type="text" value="0"/>	H3 Hazardous Materials Release <input type="checkbox"/> 1 - Natural Gas <input type="checkbox"/> 2 - Propane Gas <input type="checkbox"/> 3 - Gasoline <input type="checkbox"/> 4 - Kerosene <input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil <input type="checkbox"/> 6 - Household Solvents <input type="checkbox"/> 7 - Motor Oil <input type="checkbox"/> 8 - Paint <input type="checkbox"/> 0 - Other <input checked="" type="checkbox"/> None	I Mixed Use Property <input type="checkbox"/> Not Mixed <input type="checkbox"/> 10 - Assembly Use <input type="checkbox"/> 20 - Education Use <input type="checkbox"/> 33 - Medical Use <input type="checkbox"/> 40 - Residential Use <input type="checkbox"/> 51 - Row Of Stores <input type="checkbox"/> 53 - Enclosed Mall <input type="checkbox"/> 58 - Business and Residential <input type="checkbox"/> 59 - Office Use <input type="checkbox"/> 60 - Industrial Use <input type="checkbox"/> 63 - Military Use <input type="checkbox"/> 65 - Farm Use <input type="checkbox"/> 00 - Other Mixed Use
		Deaths	Injuries									
Fire Service	<input type="text" value="0"/>	<input type="text" value="0"/>										
Civilian	<input type="text" value="0"/>	<input type="text" value="0"/>										
H2 Detector Required for Confined Fires <input type="checkbox"/> 1 - Detector Alerted Occupants <input type="checkbox"/> 2 - Detector Did Not Alert Them <input type="checkbox"/> 3 - Unknown												

J Property Use <input type="checkbox"/> None Structures <input type="checkbox"/> 131 Church, Place of Worship <input type="checkbox"/> 161 Restaurant or Cafeteria <input type="checkbox"/> 162 Bar/Tavern or Nightclub <input type="checkbox"/> 213 Elementary School, Kindergarten <input type="checkbox"/> 215 High School, Junior High <input type="checkbox"/> 241 College, Adult Education <input type="checkbox"/> 311 Nursing Home <input type="checkbox"/> 331 Hospital	<input type="checkbox"/> 341 Clinic, Clinic-Type Infirmary <input type="checkbox"/> 342 Doctor/Dentist Office <input type="checkbox"/> 361 Prison or Jail, Not Juvenile <input type="checkbox"/> 419 1- or 2-Family Dwelling <input type="checkbox"/> 429 MultiFamily Dwelling <input type="checkbox"/> 439 Rooming/Boarding House <input type="checkbox"/> 449 Commerical Hotel or Motel <input type="checkbox"/> 459 Residential, Board and Care <input type="checkbox"/> 464 Dormitory/Barracks <input type="checkbox"/> 519 Food and Beverage Sales	<input type="checkbox"/> 539 Household Goods, Sales, Repairs <input type="checkbox"/> 571 Gas or Service Station <input type="checkbox"/> 579 Motor Vehicle/Boat Sales/Repairs <input type="checkbox"/> 599 Business Office <input type="checkbox"/> 615 Electric-Generating Plant <input type="checkbox"/> 629 Laboratory/Science Laboratory <input type="checkbox"/> 700 Manufacturing Plant <input type="checkbox"/> 819 Livestock/Poultry Storage (Barn) <input type="checkbox"/> 882 Non-Residential Parking Garage <input type="checkbox"/> 891 Warehouse
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Outside <input type="checkbox"/> 124 Playground or Park <input type="checkbox"/> 655 Crops or Orchard <input type="checkbox"/> 669 Forest (Timberland) <input type="checkbox"/> 807 Outdoor Storage Area <input type="checkbox"/> 919 Dump or Sanitary Landfill <input type="checkbox"/> 931 Open Land or Field <input type="checkbox"/> 936 Vacant Lot	<input type="checkbox"/> 938 Graded/Cared for Plot of Land <input type="checkbox"/> 946 Lake, River, Stream <input checked="" type="checkbox"/> 951 Railroad Right-of-Way <input type="checkbox"/> 960 Other Street <input type="checkbox"/> 961 Highway/Divided Highway <input type="checkbox"/> 962 Residential Street/Driveway <input type="checkbox"/> 981 Construction Site <input type="checkbox"/> 984 Industrial Plant Yard	Property Use: <input type="text"/> Description Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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K2				
Owner				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room		City	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
State	Zip Code			
<input type="text"/>	<input type="text"/>			

L Remarks: Dispatched to 36700 Hwy 550 N for a brush fire. Upon arrival, found a creeping grass/brush fire on a moderate slope, 20 ft from the train tracks along the DSNGRR right of way. DSNGRR personnel on scene, beginning to build a hand line around the fire. Total burn area 50'x20'. Access made with BR2 and T12; all flames and extinguished and a 24" hand line perimeter was constructed around the black. Entire burn area saturated with water, no indication heat remained. Call terminated. -K. Mesich, Engineer
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M Authorization

4385	Mesich, Kyle	Engineer		05/18/2018
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Officer In Charge ID	Signature	Position or Rank	Assignment	Date
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4385	Mesich, Kyle	Engineer		05/18/2018
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Member Making Report ID	Signature	Position or Rank	Assignment	Date
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NFIRS-2 Fire

A	06770	CO	05	17	2018		18DF-1915	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B</p> <p>Property Details</p> <p>B1 <input type="checkbox"/> Not Residential Estimated number of residential living units in the building of origin whether or not all units became involved</p> <p>B2 <input type="checkbox"/> Buildings Not Involved Number of buildings involved</p> <p>B3 <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre Acres burned (outside fires)</p>	<p>C</p> <p>On-Site Materials Or Products</p> <p>On-Site Materials Storage Use</p>
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<p>D</p> <p>Ignition</p> <p>D1 <input type="text"/> Area of Fire Origin</p> <p>D2 <input type="text"/> Heat Source</p> <p>D3 <input type="text"/> Item First Ignited</p> <p>D4 <input type="text"/> Type of Material First Ignited</p>	<p>E1</p> <p>Cause of Ignition</p> <p><input type="checkbox"/> 1 - Intentional <input type="checkbox"/> 2 - Unintentional <input type="checkbox"/> 3 - Failure of Equipment or Heat Source <input type="checkbox"/> 4 - Act of Nature <input type="checkbox"/> 5 - Cause Under Investigation <input type="checkbox"/> U - Cause Undetermined After Investigation</p> <hr/> <p>E2</p> <p>Factors Contributing to Ignition</p>	<p>E3</p> <p>Human Factors Contributing to Ignition</p> <p>Check all applicable boxes</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> 1 - Asleep <input type="checkbox"/> 2 - Possibly impaired by alcohol or drugs <input type="checkbox"/> 3 - Unattended person <input type="checkbox"/> 4 - Possibly Mentally Disabled <input type="checkbox"/> 5 - Physically Disabled <input type="checkbox"/> 6 - Multiple Persons Involved</p> <hr/> <p><input type="checkbox"/> 7 - Age Was A Factor</p> <p>Estimated Age of Person Involved <input type="text"/></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
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<p>F1</p> <p>Equipment Involved In Ignition</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="text"/> Equipment Involved</p> <p>Brand <input type="text"/></p> <p>Model <input type="text"/></p> <p>Serial # <input type="text"/></p> <p>Year <input type="text"/></p>	<p>F2</p> <p>Equipment Power Source</p> <p><input type="text"/> Equipment Power Source</p> <hr/> <p>F3</p> <p>Equipment Portability</p> <p><input type="checkbox"/> 1 - Portable <input type="checkbox"/> 2 - Stationary</p> <p>Portable equipment normally can be moved by one or two persons.</p>	<p>G</p> <p>Fire Suppression Factors</p>
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H1

Mobile Property Involved

- 1 - Not involved in ignition, but burned
- 2 - Involved in ignition, but did not burn
- 3 - Involved in ignition and burned
- None

H2

Mobile Property Type and Make

Mobile Property Type

Mobile Property Make

Local Use

- Pre-Fire Plan Available
- Arson Report Attached
- Police Report Attached
- Coroner Report Attached
- Other Reports Attached

Mobile Property Model

Year

State

License Plate Number

VIN

NFIRS-8 Wildland Fire

A

06770	CO	05	17	2018		18DF-1915	0
FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B</p> <p>Alternate Location Specification</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="text"/></td> <td style="border: none;"><input type="checkbox"/> North</td> <td style="border: none;"><input type="text"/></td> <td style="border: none;"><input type="checkbox"/> East</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> South</td> <td style="border: none;"><input type="text"/></td> <td style="border: none;"><input type="checkbox"/> West</td> <td style="border: none;"></td> </tr> </table> <p style="font-size: small;">Township Range</p> <p><input type="text"/></p> <p>Section</p> <p><input type="text"/></p> <p>Subsection</p> <p><input type="text"/></p> <p>Meridian</p>	<input type="text"/>	<input type="checkbox"/> North	<input type="text"/>	<input type="checkbox"/> East	<input type="checkbox"/> South	<input type="text"/>	<input type="checkbox"/> West		<p>D1</p> <p>Wildland Fire Cause</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Natural Source <input checked="" type="checkbox"/> 2 - Equipment <input type="checkbox"/> 3 - Smoking <input type="checkbox"/> 4 - Open/Outdoor Fire <input type="checkbox"/> 5 - Debris/Vegetation Burn <input type="checkbox"/> 6 - Structure (Exposure) <input type="checkbox"/> 7 - Incendiary <input type="checkbox"/> 8 - Misuse of Fire <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined 	<p>D3</p> <p>Factors Contributing to Ignition</p> <p><input type="text" value="12-Heat source too close to combustibles."/></p>
<input type="text"/>	<input type="checkbox"/> North	<input type="text"/>	<input type="checkbox"/> East							
<input type="checkbox"/> South	<input type="text"/>	<input type="checkbox"/> West								
<p>C</p> <p>Area Type</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1 - Rural, Farms > 50 Acres <input type="checkbox"/> 2 - Urban (Heavily Populated) <input type="checkbox"/> 3 - Rural/Urban or Suburban <input type="checkbox"/> 4 - Urban-Wildland Interface Area 	<p>D2</p> <p>Human Factors Contributing to Ignition</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Asleep <input type="checkbox"/> 2 - Possibly Impaired by Alcohol or Drugs <input type="checkbox"/> 3 - Unattended Person <input type="checkbox"/> 4 - Possibly Mental Disabled <input type="checkbox"/> 5 - Physically Disabled <input type="checkbox"/> 6 - Multiple Persons Involved <input type="checkbox"/> 7 - Age Was a Factor <input checked="" type="checkbox"/> None 	<p>D4</p> <p>Fire Suppression Factors</p>								
		<p>E</p> <p>Heat Source</p> <p><input type="text" value="11-Spark, ember, or flame from operating equipment"/></p>								
		<p>F</p> <p>Mobile Property Type</p> <p><input type="text"/></p>								
		<p>G</p> <p>Equipment Involved In Ignition</p> <p><input type="text"/></p>								

<p>H</p> <p>Weather Information</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="text"/></td> <td style="border: none;"><input type="text"/></td> </tr> <tr> <td style="font-size: small;">NFDRS Weather Station ID</td> <td style="font-size: small;">Weather Type</td> </tr> <tr> <td style="border: none;"><input type="text"/></td> <td style="border: none;"><input type="text"/></td> </tr> <tr> <td style="font-size: small;">Wind Direction</td> <td style="font-size: small;">Wind Speed</td> </tr> <tr> <td style="border: none;"><input type="text"/></td> <td style="border: none;"><input type="text"/></td> </tr> <tr> <td style="font-size: small;">Air Temperature (F)</td> <td style="font-size: small;">Relative Humidity (%)</td> </tr> <tr> <td style="border: none;"><input type="text"/></td> <td style="border: none;"><input type="text"/></td> </tr> <tr> <td style="font-size: small;">Fuel Moisture (%)</td> <td style="font-size: small;">Fire Danger Rating</td> </tr> </table>	<input type="text"/>	<input type="text"/>	NFDRS Weather Station ID	Weather Type	<input type="text"/>	<input type="text"/>	Wind Direction	Wind Speed	<input type="text"/>	<input type="text"/>	Air Temperature (F)	Relative Humidity (%)	<input type="text"/>	<input type="text"/>	Fuel Moisture (%)	Fire Danger Rating	<p>I1</p> <p>Number of Buildings Ignited</p> <p><input type="text"/> <input checked="" type="checkbox"/> None</p>	<p>I4</p> <p>Primary Crops Burned</p>
<input type="text"/>	<input type="text"/>																	
NFDRS Weather Station ID	Weather Type																	
<input type="text"/>	<input type="text"/>																	
Wind Direction	Wind Speed																	
<input type="text"/>	<input type="text"/>																	
Air Temperature (F)	Relative Humidity (%)																	
<input type="text"/>	<input type="text"/>																	
Fuel Moisture (%)	Fire Danger Rating																	
	<p>I2</p> <p>Number of Buildings Threatened</p> <p><input type="text"/> <input checked="" type="checkbox"/> None</p>																	
	<p>I3</p> <p>Total Acres Burned</p> <p><input type="text" value="0.1"/></p>																	

<p>J</p> <p>Property Management</p> <p>Owner % Acres Burned</p> <p><input type="checkbox"/> U - Undetermined <input type="checkbox"/></p> <p>Private</p> <p><input type="checkbox"/> 1 - Tax Paying <input type="checkbox"/></p> <p><input type="checkbox"/> 2 - Non-tax Paying <input type="checkbox"/></p> <p>Public</p> <p><input type="checkbox"/> 3 - City, Town, Village, or Other Locality <input type="checkbox"/></p> <p><input type="checkbox"/> 4 - County or Parish <input type="checkbox"/></p> <p><input type="checkbox"/> 5 - State or Province <input type="checkbox"/></p> <p><input type="checkbox"/> 6 - Federal <input type="checkbox"/></p> <p><input type="checkbox"/> 7 - Foreign <input type="checkbox"/></p> <p><input type="checkbox"/> 8 - Military <input type="checkbox"/></p> <p><input type="checkbox"/> 0 - Other <input type="checkbox"/></p>	<p>K</p> <p>NFDRS Fuel Model At Origin</p> <p><input type="checkbox"/></p> <hr/> <p>L1</p> <p>Person Responsible For Fire</p> <p><input type="checkbox"/> 1 - Identified Person Caused Fire</p> <p><input type="checkbox"/> 2 - Unidentified Person Caused Fire</p> <p><input type="checkbox"/> 3 - Fire Not Caused By Person</p> <hr/> <p>L2</p> <p>Gender of Person Involved</p> <p><input type="checkbox"/> 1 - Male</p> <p><input type="checkbox"/> 2 - Female</p> <hr/> <p>L3</p> <p>Age or Date of Birth</p> <p><input type="text"/> OR <input type="text"/></p> <p>Age Date of Birth</p> <hr/> <p>L4</p> <p>Activity of Person Involved</p> <p><input type="checkbox"/></p>	<p>M</p> <p>Type of Right-Of-Way</p> <p><input type="text"/> Feet</p> <p>Horizontal Distance From Right-of-Way</p> <hr/> <p><input type="text"/></p> <p>Type of Right-of-Way</p> <hr/> <p>N</p> <p>Fire Behavior</p> <p><input type="text"/> Feet</p> <p>Elevation</p> <p><input type="text"/></p> <p>Relative Position on Slope</p> <p><input type="text"/></p> <p>Aspect</p> <p><input type="text"/> Feet</p> <p>Flame Length</p> <p><input type="text"/></p> <p>Chains Per Hour</p> <p>Rate of Spread</p>
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NFIRS-9 Apparatus or Resources

A

06770	CO	05	17	2018		18DF-1915	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B

Apparatus/Resource

Apparatus/Resource	Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken
ID: <input style="width: 50px;" type="text" value="BR2"/> Type: <input style="width: 100px;" type="text" value="16-Brush truck"/>	Dispatch: <input style="width: 60px;" type="text" value="05/17/2018"/> <input style="width: 60px;" type="text" value="09:55"/> Arrival: <input style="width: 60px;" type="text" value="05/17/2018"/> <input style="width: 60px;" type="text" value="10:03"/> Clear: <input style="width: 60px;" type="text" value="05/17/2018"/> <input style="width: 60px;" type="text" value="11:28"/>	<input type="checkbox"/> Sent	<input style="width: 20px;" type="text" value="2"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>
ID: <input style="width: 50px;" type="text" value="M15"/> Type: <input style="width: 100px;" type="text" value="76-ALS unit"/>	Dispatch: <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> Arrival: <input style="width: 60px;" type="text" value="05/17/2018"/> <input style="width: 60px;" type="text" value="10:03"/> Clear: <input style="width: 60px;" type="text" value="05/17/2018"/> <input style="width: 60px;" type="text" value="11:28"/>	<input type="checkbox"/> Sent	<input style="width: 20px;" type="text" value="2"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>
ID: <input style="width: 50px;" type="text" value="T12"/> Type: <input style="width: 100px;" type="text" value="14-Tanker & pumper combination"/>	Dispatch: <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> Arrival: <input style="width: 60px;" type="text" value="05/17/2018"/> <input style="width: 60px;" type="text" value="10:12"/> Clear: <input style="width: 60px;" type="text" value="05/17/2018"/> <input style="width: 60px;" type="text" value="11:28"/>	<input type="checkbox"/> Sent	<input style="width: 20px;" type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>