



NFIRS-1 Basic

A

06770	CO	05	17	2018		18DF-1916	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

			SHALONA	LK-Lake	
Number	Prefix	Street or Highway		Street Type	Suffix

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

Cross Street

Additional location information for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification."

<p>C Incident Type</p> <p><input style="width: 100%;" type="text" value="141-Forest, woods or wildland fire"/></p>	<p>E1 Dates and Times</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Alarm</td> <td>05</td> <td>17</td> <td>2018</td> <td>10:21</td> </tr> <tr> <td>Arrival</td> <td>05</td> <td>17</td> <td>2018</td> <td>10:26</td> </tr> <tr> <td>Controlled</td> <td>05</td> <td>17</td> <td>2018</td> <td>14:48</td> </tr> <tr> <td>Last Unit Cleared</td> <td>05</td> <td>17</td> <td>2018</td> <td>14:58</td> </tr> </table>	Alarm	05	17	2018	10:21	Arrival	05	17	2018	10:26	Controlled	05	17	2018	14:48	Last Unit Cleared	05	17	2018	14:58	<p>E2 Shifts and Alarms</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>C Shift</td> <td></td> <td>D12</td> </tr> </table> <p style="font-size: small;">Shift or Alarms District Platoon</p>	C Shift		D12
Alarm	05	17	2018	10:21																					
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Controlled	05	17	2018	14:48																					
Last Unit Cleared	05	17	2018	14:58																					
C Shift		D12																							
<p>D Aid Given Or Received</p> <p> <input type="checkbox"/> 1 Mutual Aid Received <input type="checkbox"/> 2 Auto. Aid Received <input type="checkbox"/> 3 Mutual Aid Given <input type="checkbox"/> 4 Auto. Aid Given <input type="checkbox"/> 5 Other Aid Given <input checked="" type="checkbox"/> None </p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%; text-align: center;">Colorado</td> </tr> <tr> <td style="text-align: center;">Their FDID</td> <td style="text-align: center;">Their State</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">Their Incident Number</td> </tr> </table>		Colorado	Their FDID	Their State	<input style="width: 100%;" type="text"/>		Their Incident Number		<p>E3 Special Studies</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">ID#</td> <td style="text-align: center;">Value</td> </tr> </table>			ID#	Value												
	Colorado																								
Their FDID	Their State																								
<input style="width: 100%;" type="text"/>																									
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ID#	Value																								

F Actions Taken <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">14-Contain fire (wildland)</div> Primary Action Taken	G1 Resources <input type="checkbox"/> Apparatus or Personnel Module is used. <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Apparatus</td> <td style="text-align: center;">Personnel</td> </tr> <tr> <td>Suppression</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">10</td> </tr> <tr> <td>EMS</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Other</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table> <input type="checkbox"/> Resource counts include aid received resources.		Apparatus	Personnel	Suppression	4	10	EMS	0	0	Other	0	0	G2 Estimated Dollar Losses and Values Losses: Required for all fires if None known. Optional for all non-fires. <table style="width:100%; border-collapse: collapse;"> <tr> <td>Property: \$</td> <td style="border: 1px solid black; width: 100px;"></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents: \$</td> <td style="border: 1px solid black;"></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> </table> Pre-Incident Values: Optional None <table style="width:100%; border-collapse: collapse;"> <tr> <td>Property: \$</td> <td style="border: 1px solid black; width: 100px;"></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents: \$</td> <td style="border: 1px solid black;"></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> </table>	Property: \$		<input checked="" type="checkbox"/>	Contents: \$		<input checked="" type="checkbox"/>	Property: \$		<input checked="" type="checkbox"/>	Contents: \$		<input checked="" type="checkbox"/>
	Apparatus	Personnel																								
Suppression	4	10																								
EMS	0	0																								
Other	0	0																								
Property: \$		<input checked="" type="checkbox"/>																								
Contents: \$		<input checked="" type="checkbox"/>																								
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Contents: \$		<input checked="" type="checkbox"/>																								

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 style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Deaths</td> <td style="text-align: center;">Injuries</td> </tr> <tr> <td>Fire Service</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Civilian</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table>		Deaths	Injuries	Fire Service	0	0	Civilian	0	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	0	0										
Civilian	0	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 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, Kindergarten 215 <input type="checkbox"/> High School, Junior High 241 <input type="checkbox"/> College, Adult Education 311 <input type="checkbox"/> Nursing Home 331 <input type="checkbox"/> Hospital	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 type="checkbox"/> 1- or 2-Family Dwelling 429 <input type="checkbox"/> MultiFamily Dwelling 439 <input type="checkbox"/> Rooming/Boarding House 449 <input type="checkbox"/> Commerical 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	539 <input type="checkbox"/> Household Goods, Sales, Repairs 571 <input type="checkbox"/> Gas or Service Station 579 <input type="checkbox"/> Motor Vehicle/Boat Sales/Repairs 599 <input type="checkbox"/> Business Office 615 <input type="checkbox"/> Electric-Generating Plant 629 <input type="checkbox"/> Laboratory/Science Laboratory 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
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Outside 124 <input type="checkbox"/> Playground or Park 655 <input type="checkbox"/> Crops or Orchard 669 <input checked="" 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 936 <input type="checkbox"/> Vacant Lot	938 <input type="checkbox"/> Graded/Cared 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 981 <input type="checkbox"/> Construction Site 984 <input type="checkbox"/> Industrial Plant Yard	Property Use: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 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				
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number	
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			

L Remarks:

DFPD Crews responded to a train fire near shalona lake.
.4 acres were burning in ponderosa pine and duff. Durango silverton train Helicopter was performing bucket drops on the fire. The fire was quickly suppressed and a hose lay was established around the fire. Crews continued to work to make containment line and mop up operations. Train personnel also assisted in mop up.

Allen Ottman
ENG B B-31

M Authorization

4455	Ottman, Allen	Wildland Seasonal FF		05/18/2018
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Officer In Charge ID	Signature	Position or Rank	Assignment	Date
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4455	Ottman, Allen	Wildland Seasonal FF		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-1916	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 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-1916	0	
FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B</p> <p>Alternate Location Specification</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="text"/></td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 45%;">North</td> </tr> <tr> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td>South</td> </tr> <tr> <td style="text-align: center;">Township</td> <td></td> <td></td> </tr> <tr> <td style="width: 50%;"><input type="text"/></td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 45%;">East</td> </tr> <tr> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td>West</td> </tr> <tr> <td style="text-align: center;">Range</td> <td></td> <td></td> </tr> </table> <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"/>	South	Township			<input type="text"/>	<input type="checkbox"/>	East	<input type="text"/>	<input type="checkbox"/>	West	Range			<p>D1</p> <p>Wildland Fire Cause</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Natural Source <input 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 checked="" type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined 	<p>D3</p> <p>Factors Contributing to Ignition</p> <p><input type="text" value="36-Arc, spark from operating equipment"/></p>
<input type="text"/>	<input type="checkbox"/>	North																		
<input type="text"/>	<input type="checkbox"/>	South																		
Township																				
<input type="text"/>	<input type="checkbox"/>	East																		
<input type="text"/>	<input type="checkbox"/>	West																		
Range																				
<p>C</p> <p>Area Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Rural, Farms > 50 Acres <input type="checkbox"/> 2 - Urban (Heavily Populated) <input type="checkbox"/> 3 - Rural/Urban or Suburban <input checked="" 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="83-Flying brand, ember, spark"/></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%;"> <tr> <td style="width: 50%;"><input type="text"/></td> <td style="width: 50%;"><input type="text"/></td> </tr> <tr> <td>NFDRS Weather Station ID</td> <td>Weather Type</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Wind Direction</td> <td>Wind Speed</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Negative</td> <td></td> </tr> <tr> <td>Air Temperature (F)</td> <td>Relative Humidity (%)</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text" value="3-High fire danger"/></td> </tr> <tr> <td>Fuel Moisture (%)</td> <td>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"/>	<input type="checkbox"/> Negative		Air Temperature (F)	Relative Humidity (%)	<input type="text"/>	<input type="text" value="3-High fire danger"/>	Fuel Moisture (%)	Fire Danger Rating	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>I1</p> <p>Number of Buildings Ignited</p> <p><input type="text"/> <input checked="" type="checkbox"/> None</p> </td> <td style="width: 50%; vertical-align: top;"> <p>I4</p> <p>Primary Crops Burned</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>I2</p> <p>Number of Buildings Threatened</p> <p><input type="text"/> <input checked="" type="checkbox"/> None</p> </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> <p>I3</p> <p>Total Acres Burned</p> <p><input type="text" value="0.4"/></p> </td> <td></td> </tr> </table>	<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>	<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="0.4"/></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"/>																								
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<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="0.4"/></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"/> 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-1916	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Apparatus/Resource	Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken
ID: <input type="text" value="303"/> Type: <input type="text" value="92-Chief officer car"/>	Dispatch: <input type="text"/> <input type="text"/> Arrival: <input type="text" value="05/17/2018"/> <input type="text" value="10:54"/> Clear: <input type="text" value="05/17/2018"/> <input type="text" value="11:15"/>	<input checked="" type="checkbox"/> Sent	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>
ID: <input type="text" value="BR1"/> Type: <input type="text" value="16-Brush truck"/>	Dispatch: <input type="text"/> <input type="text"/> Arrival: <input type="text" value="05/17/2018"/> <input type="text" value="10:26"/> Clear: <input type="text" value="05/17/2018"/> <input type="text" value="12:10"/>	<input type="checkbox"/> Sent	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>
ID: <input type="text" value="BR31"/> Type: <input type="text" value="16-Brush truck"/>	Dispatch: <input type="text"/> <input type="text"/> Arrival: <input type="text" value="05/17/2018"/> <input type="text" value="11:29"/> Clear: <input type="text" value="05/17/2018"/> <input type="text" value="14:58"/>	<input type="checkbox"/> Sent	<input type="text" value="4"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>
ID: <input type="text" value="E15"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text"/> <input type="text"/> Arrival: <input type="text" value="05/17/2018"/> <input type="text" value="10:26"/> Clear: <input type="text" value="05/17/2018"/> <input type="text" value="12:09"/>	<input type="checkbox"/> Sent	<input type="text" value="2"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>