

Gulfstream Aerospace
Roswell, NM
April 2, 2011
DCA011MA076

**NATIONAL TRANSPORTATION SAFETY BOARD
WASHINGTON, D.C.**

ATTACHMENT 9

RFD INCIDENT REPORT

16 Pages

A		FDID <u>05061</u> *	State <u>NM</u> *	Incident Date <u>04</u> <u>02</u> <u>2011</u> *	Station <u>4</u>	Incident Number <u>11-0002162</u> *	Exposure <u>000</u> *	<input type="checkbox"/> Delete <input 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 Module in Section B "Alternative Location Specification". Use only for Wildland fires.										
<input type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input checked="" type="checkbox"/> Directions		Number/Milepost Prefix Street or Highway Street Type Suffix <u>Roswell</u> <u>NM</u> <u>88203</u> City State Zip Code NORTH WEST OF RUNWAY 03/21 @ THE RIAC. Cross street or directions, as applicable										
C Incident Type *		E1 Date & Times				E2 Shift & Alarms						
<input type="checkbox"/> Fire, Other <input type="checkbox"/> Incident Type		Midnight is 0000 Check boxes if dates are the same as Alarm ALARM always required Alarm * <u>04</u> <u>02</u> <u>2011</u> <u>09:36:00</u> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * <u>04</u> <u>02</u> <u>2011</u> <u>09:40:00</u> CONTROLLED Optional, except for wildland fires <input checked="" type="checkbox"/> Controlled <u>04</u> <u>02</u> <u>2011</u> <u>11:00:00</u> LAST UNIT CLEARED, required except for wildland fires <input type="checkbox"/> Last Unit <u>04</u> <u>02</u> <u>2011</u> <u>15:00:00</u> <input type="checkbox"/> Cleared				Local Option <input type="checkbox"/> Shift or District <input type="checkbox"/> Alarms <input type="checkbox"/> Platoon E3 Special Studies Local Option Special Study ID# Special Study Value						
D Aid Given or Received*		G1 Resources *				G2 Estimated Dollar Losses & Values						
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression <u>0008</u> <u>0015</u> EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.				LOSSES: Required for all fires if known. Optional for non fires. None Property \$ <u>065</u> , <u>000</u> , <u>000</u> <input type="checkbox"/> Contents \$ <u>001</u> , <u>000</u> , <u>000</u> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <u>065</u> , <u>000</u> , <u>000</u> <input type="checkbox"/> Contents \$ <u>001</u> , <u>000</u> , <u>000</u> <input type="checkbox"/>						
F Actions Taken *		H1* Casualties		H3 Hazardous Materials Release			T Mixed Use Property					
<u>11</u> Extinguishment by fire Primary Action Taken (1) <u>55</u> Establish safe area Additional Action Taken (2) <u>58</u> Operate apparatus or Additional Action Taken (3)		<input type="checkbox"/> None Deaths Injuries Fire Service Civilian <u>004</u>		<input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form			NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use					
Completed Modules		H2 Detector		J Property Use*								
<input checked="" type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input checked="" type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them <input checked="" type="checkbox"/> Unknown		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 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 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 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			981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use <u>972</u> Aircraft runway		

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-16) 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	MI	Last Name	Suffix
Number	Prefix	Street or Highway	Street Type	Suffix
Post Office Box	Apt./Suite/Room	City		
State	Zip Code			

L Remarks

Local Option

STATION 4 WAS ALERTED VIA ATC TOWER OF A CRASH OF THE GULFSTREAM G650. TOWER ADVISED THAT THE PLANE WAS NEAR THE ATC TOWER & WAS INVOLVED IN FIRE AT THE TIME OF OUR CALL. I PROCEEDED TO TRUCK ROOM & ADVISED CREW THAT THE GULFSTREAM WAS DOWN & WAS NEAR THE TOWER. RFD UNITS WERE HEARD OVER THE RFD CHANNEL ADVISING DISPATCH THAT THEY HAD HEAVY BLACK SMOKE SHOWING FROM OUR LOCATION & WERE STARTING TOWARD OUR LOCATION UNTIL IT COULD BE DETERMINED WHAT HAD HAPPENED. AS WE CLEARED BAY DOORS I OBSERVED HEAVY BLACK SMOKE FROM THE GENERAL LOCATION OF THE ATC TOWER. I REQUESTED TOWER OF ALPHA BRAVO ROUTE TO THE CRASH SITE & HE CLEARED ME AS REQUESTED. I THEN ADVISED OUR RFD DISPATCH THAT WE HAD A GULFSTREAM PLANE DOWN & AN ALERT 3 AT THIS TIME. AS WE DROVE UP BRAVO WE SAW NUMEROUS SMALL GRASS FIRES IN THE INFIELD OF THE AIRPORT & COULD FOLLOW THE CRASH PATH OF THE PLANE TO ITS STOPPING POINT. WE HAD NUMEROUS PERSONS POSSIBLY GULFSTREAM GROUNDS CREW RUNNING FROM THERE STAGING SITE AT RUNWAY 12/30 WERE IN INTERCDS WITH TAXIWAY ECHO. PLANES PATH APPEARED TO BE LEAVING TO THE SW & MADE A SHARP CURVED EXIT FROM RUNWAY 21 STOPPING WITHIN 40 TO 50 YRS OF THE ATC TOWER. THE PLANE WAS ON THE GROUND MINUS ITS LANDING GEAR. FROM OUR VIEW & APPROACH I WAS UNABLE TO DETERMINE IF MAIN FUSELUGE WAS INTACT OR NOT DUE TO FIRE & SMOKE CONDITIONS. WE WERE ABLE TO UTILIZE WIND CONDITIONS THAT WERE AT OUR BACKS. I CAME IN BEHIND PLANE BETWEEN THE TAIL & RIGHT WING & BEGAN APPLYING FOAM AS SOON AS WITHIN RANGE. C-1 WAS ON MY RIGHT & DID THE SAME. THIS WORKED WELL AS C-1 IS THE STRONGER TRUCK & HAS BETTER REACH SO I COULD BE THE CLOSER TO THE PLANE UNIT. I ATTEMPTED TO PUT OUT AS MUCH FIRE THAT HAD ALREADY INGULFED THE FUSELUGE IN HOPES OF ALLOWING SOMEONE TO EXIT. FIRE CONDITIONS WERE EXTREMELY HEAVY INTO THE BODY OF THE AIRCRAFT & MY CONCERN WAS THAT IF CREW HAD NOT ALREADY EXITED THAT THEY HAD ALREADY PERISHED. C1 & C2 APPLIED A FULL LOAD OF FOAM AGENT WITH POSSIBLY 40 TO 50 % KNOCKDOWN OF MAIN BODY OF FIRE. OTHER RFD UNITS WERE APPROACHING THE SCENE AS WE STARTED TO PULL BACK & GO RE-SUPPLY OUR TRUCKS. AT THIS TIME I TRANSFERRED COMMAND TO BAT-1 WHO HAD ARRIVED. I HAD ENOUGH TIME TO EXIT C-2 CAB & ASKED A GULFSTREAM GROUNDS CREWMEN HOW MANY

L Authorization
 
Officer in charge ID

 Stuart, Darryl W
Signature

 BC
Position or rank

 703
Assignment

 04 | 02 | 2011
Month | Day | Year

 Check Box if same as Officer in charge.
Member making report ID

 Stacy, Darrell L
Signature

 LT
Position or rank

 C2
Assignment

 04 | 02 | 2011
Month | Day | Year

05061

FDID *

NM

State *

MM

DD

YYYY

4

2

2011

Incident Date *

4

Station

11-0002162

Incident Number *

000

Exposure *

Complete
Narrative**Narrative:**

STATION 4 WAS ALERTED VIA ATC TOWER OF A CRASH OF THE GULFSTREAM G650. TOWER ADVISED THAT THE PLANE WAS NEAR THE ATC TOWER & WAS INVOLVED IN FIRE AT THE TIME OF OUR CALL. I PROCEEDED TO TRUCK ROOM & ADVISED CREW THAT THE GULFSTREAM WAS DOWN & WAS NEAR THE TOWER. RFD UNITS WERE HEARD OVER THE RFD CHANNEL ADVISING DISPATCH THAT THEY HAD HEAVY BLACK SMOKE SHOWING FROM OUR LOCATION & WERE STARTING TOWARD OUR LOCATION UNTIL IT COULD BE DETERMINED WHAT HAD HAPPENED. AS WE CLEARED BAY DOORS I OBSERVED HEAVY BLACK SMOKE FROM THE GENERAL LOCATION OF THE ATC TOWER. I REQUESTED TOWER OF ALPHA BRAVO ROUTE TO THE CRASH SITE & HE CLEARED ME AS REQUESTED. I THEN ADVISED OUR RFD DISPATCH THAT WE HAD A GULFSTREAM PLANE DOWN & AN ALERT 3 AT THIS TIME. AS WE DROVE UP BRAVO WE SAW NUMEROUS SMALL GRASS FIRES IN THE INFIELD OF THE AIRPORT & COULD FOLLOW THE CRASH PATH OF THE PLANE TO ITS STOPPING POINT. WE HAD NUMEROUS PERSONS POSSIBLY GULFSTREAM GROUNDS CREW RUNNING FROM THERE STAGING SITE AT RUNWAY 12/30 WERE IN INTERCEDES WITH TAXIWAY ECHO. PLANES PATH APPEARED TO BE LEAVING TO THE SW & MADE A SHARP CURVED EXIT FROM RUNWAY 21 STOPPING WITHIN 40 TO 50 YRS OF THE ATC TOWER. THE PLANE WAS ON THE GROUND MINUS ITS LANDING GEAR. FROM OUR VIEW & APPROACH I WAS UNABLE TO DETERMINE IF MAIN FUSELUGE WAS INTACT OR NOT DUE TO FIRE & SMOKE CONDITIONS. WE WERE ABLE TO UTILIZE WIND CONDITIONS THAT WERE AT OUR BACKS. I CAME IN BEHIND PLANE BETWEEN THE TAIL & RIGHT WING & BEGAN APPLYING FOAM AS SOON AS WITHIN RANGE. C-1 WAS ON MY RIGHT & DID THE SAME. THIS WORKED WELL AS C-1 IS THE STRONGER TRUCK & HAS BETTER REACH SO I COULD BE THE CLOSER TO THE PLANE UNIT. I ATTEMPTED TO PUT OUT AS MUCH FIRE THAT HAD ALREADY INGULFED THE FUSELUGE IN HOPES OF ALLOWING SOMEONE TO EXIT. FIRE CONDITIONS WERE EXTREMELY HEAVY INTO THE BODY OF THE AIRCRAFT & MY CONCERN WAS THAT IF CREW HAD NOT ALREADY EXITED THAT THEY HAD ALREADY PERISHED. C1 & C2 APPLIED A FULL LOAD OF FOAM AGENT WITH POSSIBLY 40 TO 50 % KNOCKDOWN OF MAIN BODY OF FIRE. OTHER RFD UNITS WERE APPROACHING THE SCENE AS WE STARTED TO PULL BACK & GO RE-SUPPLY OUR TRUCKS. AT THIS TIME I TRANSFERRED COMMAND TO BAT-1 WHO HAD ARRIVED. I HAD ENOUGH TIME TO EXIT C-2 CAB & ASKED A GULFSTREAM GROUNDS CREWMEN HOW MANY PEOPLE WERE ON THE AIRCRAFT. I WAS ADVISED THAT THERE WERE 4 SOULS ONBOARD FOR TODAY'S TESTING. I ASKED HIM IF THEY HAD WITNESSED ANYONE EXIT THE AIRCRAFT & SAID THAT THEY HAD NOT. I PASSED THIS INFO UNTO BAT-1 BEFORE GOING TO SECURE A WATER RE-SUPPLY SOURCE. C-1 HAD BEEN ADVISED TO USE THE HYDRANT AT THE ATC TOWER. I WENT BACK TO SIERRA & OUR OLD ACCESS ROAD WERE A HYDRANT WAS TO REFILL CRASH-2. I REFILLED TRUCK & RETURNED TO THE SCENE. I ADVISED COMMAND THAT I WAS RETURNING & WAS PLACED IN A LOCATION TO KNOCKDOWN MORE OF THE MAIN BODY FIRE. ALSO THE BOIENG TRUCK THAT WAS AT STATION 4 WAS UTILIZED TO HELP US PUT THE FIRE OUT. NUMEROUS OTHER TRUCK WERE USED TO ALSO HELP BRING THE FIRE UNDER CONTROL. C1 & C2 MADE A 2ND TRIP FOR WATER WITH OTHER RFD UNITS & THER BOIENG TRUCK STAYING BEHIND. AFTER MY 2ND WATER REFILL C-2 WAS LEFT IN A STAND BY POSITION SOUTH OF THE CRASHED PLANE. FIRE HAD BEEN DECLARED UNDER CONTROL AT THIS POINT. NUMEROUS OTHER AGENCIES WERE ALREADY ON SCENE AT HIS TIME TO SECURE AIRCRAFT & ALL EVIDENCE AS NEEDED

LT DARRELL STACY 119 B

04/02/2011 23:47:00 DStacy

A		FDID * <u>05061</u>	State * <u>NM</u>	Incident Date * MM <u>04</u> DD <u>02</u> YYYY <u>2011</u>	Station <u>4</u>	Incident Number * <u>11-0002162</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -2 Fire
B Property Details				C On-Site Materials <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 <input type="checkbox"/> Residential <input checked="" 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. <u>831</u> <u>Planes, airplanes</u> <small>On-site material (1)</small>					
B2 <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small>				<u> </u> <small>On-site material (2)</small>					
B3 <u>0000005</u> <input type="checkbox"/> None <small>Acres burned (outside fires) <input type="checkbox"/> Less than one acre</small>				<u> </u> <small>On-site material (3)</small>					
D Ignition			E1 Cause of Ignition			E3 Human Factors Contributing To Ignition			
D1 <u>00</u> <u>Other</u> <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			Check all applicable boxes 1 <input type="checkbox"/> Asleep <input 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 <u>UU</u> <u>Undetermined</u> <small>Heat source *</small>			E2 Factors Contributing To Ignition			7 <input type="checkbox"/> Age was a factor			
D3 <u>65</u> <u>Flammable liquid/gas -</u> <small>Item first ignited * <input type="checkbox"/> Check Box if fire spread was confined to object of origin</small>			<u>UU</u> <u>Undetermined</u> <input checked="" type="checkbox"/> None <small>Factor Contributing To Ignition (1)</small>			<small>Estimated age of person involved</small> <u> </u>			
D4 <u>22</u> <u>JP-4 jet fuel & methyl</u> <small>Type of material first ignited Required only if item first ignited code is 00 or <70</small>			<u> </u> <small>Factor Contributing To Ignition (2)</small>			1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			
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 <u> </u> <small>Equipment Involved</small>			<u> </u> <small>Equipment Power Source</small>			Enter up to three codes. <input checked="" type="checkbox"/> None <u>NNN</u> <u>None</u> <small>Fire suppression factor (1)</small>			
Brand <u> </u> Model <u> </u> Serial # <u> </u> Year <u> </u>			F3 Equipment Portability			<u> </u> <small>Fire suppression factor (2)</small>			
1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <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>			<u> </u> <small>Fire suppression factor (3)</small>			Local Use			
H1 Mobile Property Involved			H2 Mobile Property Type & Make			<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"/> 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			<u> </u> <small>Mobile property type</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			
<u> </u> <small>Mobile property model</small>			<u> </u> <small>Mobile property make</small>			<u> </u> <small>Year</small>			
<u> </u> <small>License Plate Number</small>			<u> </u> <small>State</small>			<u> </u> <small>VIN Number</small>			

A FDID * <u>05061</u> State * <u>NM</u> Incident Date * MM <u>4</u> DD <u>2</u> YYYY <u>2011</u> Station <u>4</u> Incident Number * <u>11-0002162</u> Exposure * <u>000</u>		<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 4 Civilian Fire Casualty
B Injured Person * 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female		C Casualty * Number <u>1</u>	
First Name _____ MI _____ Last Name <u>UNKNOWN AT THIS TIME</u> Suffix _____			
D Age or date of birth* <u>50</u> <input type="checkbox"/> Months (for Infants) Age OR _____ / _____ / _____ Month Day Year	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 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
		E2 Ethnicity <input type="checkbox"/> Hispanic	G Date & Time of Injury <u>4</u> / <u>2</u> / <u>2011</u> _____ : _____ Month Day Year Hour Minutes Midnight is 0000.
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 type="checkbox"/> Other U <input type="checkbox"/> Undetermined	J Human Factors Contributing to Injury <input checked="" 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 _____ Contributing factor (1) _____ Contributing factor (2) _____ 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 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 or origin and involved U <input 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="checkbox"/> 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="checkbox"/> Skip to Section M5	M3 Story at Time of Incident Complete ONLY if injury occurred INSIDE Story at START of incident _____ <input type="checkbox"/> Below Grade M4 Story Where Injury Occurred Story where injury occurred, if different _____ <input type="checkbox"/> Below Grade from M3 M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin _____ Specific location at time of injury	
N Primary Apparent Symptom 01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input 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 _____ 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 type="checkbox"/> Multiple body parts	P Disposition <input type="checkbox"/> Transported to emergency care facility Remarks _____ Local option _____ _____ _____ _____ _____	

NFIRS-4 Revision 11/17/98

A FDID <u>05061</u> * State <u>NM</u> * Incident Date <u>4</u> <u>2</u> <u>2011</u> * Station <u>4</u> Incident Number <u>11-0002162</u> * Exposure <u>000</u> * <input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 4 Civilian Fire Casualty	
B Injured Person * 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female			C Casualty * Number <u>2</u>
First Name _____ MI _____ Last Name <u>UNKNOWN AT THIS TIME</u> Suffix _____			
D Age or date of birth* Age <u>50</u> <input type="checkbox"/> Months (for Infants)	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 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 Month _____ Day _____ Year _____		E2 Ethnicity <input type="checkbox"/> Hispanic	G Date & Time of Injury Midnight is 0000. <u>4</u> <u>2</u> <u>2011</u> _____ 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 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 _____ Contributing factor (1) _____ Contributing factor (2) _____ 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 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 or origin and involved U <input 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 Skip To Section N 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area Skip to Section M5	M3 Story at Time of Incident Complete ONLY if injury occurred INSIDE Story at START of incident _____ <input type="checkbox"/> Below Grade M4 Story Where Injury Occurred Story where injury occurred, if different _____ <input type="checkbox"/> Below Grade from M3 M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin _____ Specific location at time of injury	
N Primary Apparent Symptom 01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input 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 _____ 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 type="checkbox"/> Multiple body parts	P Disposition <input type="checkbox"/> Transported to emergency care facility Remarks _____ Local option _____ _____ _____ _____ _____ _____ _____	

NFIRS-4 Revision 11/17/98

A		MM DD YYYY	Station	Incident Number *	Exposure *	Delete Change	NFIRS - 4 Civilian Fire Casualty
FDID *	State *	Incident Date *	4	11-0002162	000		
B Injured Person		* 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female			C Casualty *		
First Name		UNKNOWN AT THIS TIME			Casualty Number		
D Age or date of birth *		E1 Race		F Affiliation		H Severity *	
Age <u>50</u> <input type="checkbox"/> Months (for Infants)		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 type="checkbox"/> Undetermined		1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other		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		E2 Ethnicity		G Date & Time of Injury			
Month Day Year		<input type="checkbox"/> Hispanic		Midnight is 0000. Month Day Year Hour Minutes			
I Cause of Injury			J Human Factors Contributing to Injury		K Factors Contributing to 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 type="checkbox"/> Other U <input type="checkbox"/> Undetermined			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		None Enter up to three contributing factors Contributing factor (1) Contributing factor (2) Contributing factor (3)		
L Activity When Injured		M1 Location at Time of Incident		M3 Story at Time of Incident			
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 type="checkbox"/> Undetermined		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 or origin and involved U <input type="checkbox"/> Undetermined		Complete ONLY if injury occurred INSIDE Story at START of incident <input type="checkbox"/> Below Grade			
		M2 General Location at Time of Injury		M4 Story Where Injury Occurred			
		Check ONE Box. If undetermined, leave blank and skip to Section N. 1 <input type="checkbox"/> In area of fire origin Skip To Section N 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area Skip To Section M5		Story where injury occurred, if different <input type="checkbox"/> Below Grade from M3			
				M5 Specific Location at Time of Injury			
				Complete ONLY if casualty NOT in area of origin Specific location at time of injury			
N Primary Apparent Symptom		O Primary Area of Body Injured		P Disposition			
01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input 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 Primary apparent symptom		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 type="checkbox"/> Multiple body parts		<input type="checkbox"/> Transported to emergency care facility Remarks Local option			

NFIRS-4 Revision 11/17/98

MM DD YYYY		NFIRS - 4 Civilian Fire Casualty	
A	05061 FDID *	NM State *	4 2 Incident Date *
	4 Station	11-0002162 Incident Number *	000 Exposure *
B Injured Person		* 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	C Casualty * Number
FIRST Name _____ MI _____ Last Name _____ SUFFIX _____		UNKNWON AT THIS TIME	
D Age or date of birth * 50 <input type="checkbox"/> Months (for Infants) Age _____ OR Month _____ Day _____ Year _____		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 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
		E2 Ethnicity <input type="checkbox"/> Hispanic	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
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 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 _____ Contributing factor (1) _____ Contributing factor (2) _____ 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 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 or origin and involved U <input 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 Skip To Section N 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area Skip to Section M5	M3 Story at Time of Incident Complete ONLY if injury occurred INSIDE Story at START of incident _____ <input type="checkbox"/> Below Grade M4 Story Where Injury Occurred Story where injury occurred, if different _____ <input type="checkbox"/> Below Grade from M3 M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin _____ Specific location at time of injury	
N Primary Apparent Symptom 01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input 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 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 type="checkbox"/> Multiple body parts	P Disposition <input type="checkbox"/> Transported to emergency care facility Remarks _____ Local option _____ _____ _____ _____ NFIRS-4 Revision 11/17/98	

A FDID 05061 * State NM * Incident Date 4 2 2011 * Station 4 Incident Number 11-0002162 * 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		
	Check if same as alarm date			Month Day Year								Hour
1 ID <u>701</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>2</u>	<u>2011</u>	<u>09:36</u>		<input checked="" type="checkbox"/>	<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>4</u>	<u>2</u>	<u>2011</u>	<u>09:40</u>				<u>1</u>		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u>4</u>	<u>2</u>	<u>2011</u>	<u>15:00</u>						<input type="checkbox"/>	<input type="checkbox"/>
2 ID <u>712</u> Type <u>60</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>2</u>	<u>2011</u>	<u>09:36</u>		<input checked="" type="checkbox"/>	<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>4</u>	<u>2</u>	<u>2011</u>	<u>09:40</u>				<u>1</u>		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u>4</u>	<u>2</u>	<u>2011</u>	<u>15:00</u>						<input type="checkbox"/>	<input type="checkbox"/>
3 ID <u>C1</u> Type <u>17</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>2</u>	<u>2011</u>	<u>09:36</u>		<input checked="" type="checkbox"/>	<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>4</u>	<u>2</u>	<u>2011</u>	<u>09:40</u>				<u>1</u>		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>2</u>	<u>2011</u>	<u>15:00</u>						<input type="checkbox"/>	<input type="checkbox"/>
4 ID <u>C2</u> Type <u>17</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>2</u>	<u>2011</u>	<u>09:36</u>		<input checked="" type="checkbox"/>	<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>4</u>	<u>2</u>	<u>2011</u>	<u>09:40</u>				<u>2</u>		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u>4</u>	<u>2</u>	<u>2011</u>	<u>15:00</u>						<input type="checkbox"/>	<input type="checkbox"/>
5 ID <u>E2</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>2</u>	<u>2011</u>	<u>09:36</u>		<input checked="" type="checkbox"/>	<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>4</u>	<u>2</u>	<u>2011</u>	<u>09:40</u>				<u>3</u>		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u>4</u>	<u>2</u>	<u>2011</u>	<u>15:00</u>						<input type="checkbox"/>	<input type="checkbox"/>
6 ID <u>E5</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>2</u>	<u>2011</u>	<u>09:36</u>		<input checked="" type="checkbox"/>	<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>4</u>	<u>2</u>	<u>2011</u>	<u>09:40</u>				<u>3</u>		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u>4</u>	<u>2</u>	<u>2011</u>	<u>15:00</u>						<input type="checkbox"/>	<input type="checkbox"/>
7 ID <u>L1</u> Type <u>12</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>2</u>	<u>2011</u>	<u>09:36</u>		<input checked="" type="checkbox"/>	<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>4</u>	<u>2</u>	<u>2011</u>	<u>09:40</u>				<u>4</u>		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u>4</u>	<u>2</u>	<u>2011</u>	<u>15:00</u>						<input type="checkbox"/>	<input type="checkbox"/>
8 ID <u>M1</u> Type <u>76</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>2</u>	<u>2011</u>	<u>09:36</u>		<input checked="" type="checkbox"/>	<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>4</u>	<u>2</u>	<u>2011</u>	<u>09:40</u>				<u>0</u>		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u>4</u>	<u>2</u>	<u>2011</u>	<u>15:00</u>						<input type="checkbox"/>	<input type="checkbox"/>
9 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<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

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

More Apparatus?
 Use Additional
 Sheets

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


NFIRS-9 Revision 11/17/98

A FDID * 05061 State * NM Incident Date * 4 2 2011 Station 4 Incident Number * 11-0002162 Exposure * 000 Delete Change **NFIRS - 10 Personnel**


B Apparatus or Resource * Use codes listed below

Date and Times	Sent	Number of * People	Use	Actions Taken
Check if same as alarm date Month Day Year Hours/mins	<input type="checkbox"/>		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 <u>701</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/> <u>4</u> <u>2</u> <u>2011</u> <u>09:36</u> Arrival <input checked="" type="checkbox"/> <u>4</u> <u>2</u> <u>2011</u> <u>09:40</u> Clear <input type="checkbox"/> <u>4</u> <u>2</u> <u>2011</u> <u>15:00</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>
--	--	--	----------	---	--

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
	Salas, James	FC	X				

2 ID <u>712</u> Type <u>60</u>	Dispatch <input checked="" type="checkbox"/> <u>4</u> <u>2</u> <u>2011</u> <u>09:36</u> Arrival <input checked="" type="checkbox"/> <u>4</u> <u>2</u> <u>2011</u> <u>09:40</u> Clear <input type="checkbox"/> <u>4</u> <u>2</u> <u>2011</u> <u>15:00</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>
--	--	--	----------	---	--

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
	Powell, Brian	EMSDVC	X				

3 ID <u>C1</u> Type <u>17</u>	Dispatch <input checked="" type="checkbox"/> <u>4</u> <u>2</u> <u>2011</u> <u>09:36</u> Arrival <input checked="" type="checkbox"/> <u>4</u> <u>2</u> <u>2011</u> <u>09:40</u> Clear <input checked="" type="checkbox"/> <u>4</u> <u>2</u> <u>2011</u> <u>15:00</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>
---	---	--	----------	---	--

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
	Cathey, Stephen	FAO	X				

A FDID * 05061 State * NM Incident Date * 4 2 2011 Station 4 Incident Number * 11-0002162 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below

Date and Times
Check if same as alarm date
Month Day Year Hours/mins

Sent Number of * People 2 Use Check ONE box for each apparatus to indicate its main use at the incident. Suppression EMS Other

Actions Taken List up to 4 actions for each apparatus and each personnel.

1 ID C2 Dispatch 4 2 2011 09:36 Sent 2 Suppression EMS Other

Type 17 Arrival 4 2 2011 09:40 Clear 4 2 2011 15:00

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
	Stacy, Darrell	LT	X				
	Miller, John	FPE	X				

2 ID E2 Dispatch 4 2 2011 09:36 Sent 3 Suppression EMS Other

Type 11 Arrival 4 2 2011 09:40 Clear 4 2 2011 15:00

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
	Roach, Brian	LT	X				
	Mealand, Dustin	FAO/P	X				
	Smith, Thomas	FPE	X				

3 ID E5 Dispatch 4 2 2011 09:36 Sent 3 Suppression EMS Other

Type 11 Arrival 4 2 2011 09:40 Clear 4 2 2011 15:00

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
	Shannon, Steve	LT	X				
	Stuart, Matthew	LT	X				
	Ramirez, Richard	FPE	X				

A FDID * 05061 State * NM Incident Date * 4 2 2011 Station 4 Incident Number * 11-0002162 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below

Apparatus or Resource	Date and Times Check if same as alarm date Month Day Year Hours/mins	Sent <input checked="" type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken List up to 4 actions for each apparatus and each personnel.
-----------------------	--	---	-----------------------	--	--

1	ID <u>L1</u> Type <u>12</u>	Dispatch <input checked="" type="checkbox"/> <u>4</u> <u>2</u> <u>2011</u> <u>09:36</u>	Sent <input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>
		Arrival <input checked="" type="checkbox"/> <u>4</u> <u>2</u> <u>2011</u> <u>09:40</u>	Sent <input checked="" type="checkbox"/>			
		Clear <input type="checkbox"/> <u>4</u> <u>2</u> <u>2011</u> <u>15:00</u>				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
	Sweatfield, Jason	LT	X				
	Chavez, Steve	FFI	X				
	Bunch, Randy	FFP	X				
	Gantt, Joshua		X				

2	ID <u>M1</u> Type <u>76</u>	Dispatch <input checked="" type="checkbox"/> <u>4</u> <u>2</u> <u>2011</u> <u>09:36</u>	Sent <input checked="" type="checkbox"/>	<u>0</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>
		Arrival <input checked="" type="checkbox"/> <u>4</u> <u>2</u> <u>2011</u> <u>09:40</u>	Sent <input checked="" type="checkbox"/>			
		Clear <input type="checkbox"/> <u>4</u> <u>2</u> <u>2011</u> <u>15:00</u>				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken

3	ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u>	Sent <input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>
		Arrival <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u>	Sent <input type="checkbox"/>			
		Clear <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u>				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken

05061 FDID	NM State	4 2 Incident Date	2011	4 Station	11-0002162 Incident Number	000 Exposure	Responding Units/Personnel
---------------	-------------	------------------------	------	--------------	-------------------------------	-----------------	-------------------------------

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
------	-------------	--------------	--------------	--------------

701 Fire Chief	09:36:00	09:36:00	09:40:00	15:00:00
----------------	----------	----------	----------	----------

Staff ID\Staff Name	Activity	Rank	Position	Role
[REDACTED] Salas, James	Fire Other	Fire Chief		

712 EMS Division Chief	09:36:00	09:36:00	09:40:00	15:00:00
------------------------	----------	----------	----------	----------

Staff ID\Staff Name	Activity	Rank	Position	Role
[REDACTED] Powell, Brian	Fire Other	EMS Divisio		

C1 Crash #1	09:36:00	09:36:00	09:40:00	15:00:00
-------------	----------	----------	----------	----------

Staff ID\Staff Name	Activity	Rank	Position	Role
[REDACTED] Cathey, Stephen G	Fire Other	Fire Appara		

C2 Crash #2	09:36:00	09:36:00	09:40:00	15:00:00
-------------	----------	----------	----------	----------

Staff ID\Staff Name	Activity	Rank	Position	Role
[REDACTED] Stacy, Darrell L	Fire Other	Lieutenant		
[REDACTED] Miller, John	Fire Other	Firefighter		

E2 Engine #2	09:36:00	09:36:00	09:40:00	15:00:00
--------------	----------	----------	----------	----------

Staff ID\Staff Name	Activity	Rank	Position	Role
[REDACTED] Roach, Brian	Fire Other	Lieutenant		
[REDACTED] Mealand, Dustin C	Fire Other	Fire Appara		
[REDACTED] Smith, Thomas	Fire Other	Firefighter		

E5 Engine #5	09:36:00	09:36:00	09:40:00	15:00:00
--------------	----------	----------	----------	----------


Staff ID\Staff Name	Activity	Rank	Position	Role
[REDACTED] Shannon, Steve D	Fire Other	Lieutenant		
[REDACTED] Stuart, Matthew L.	Fire Other	Lieutenant		
[REDACTED] Ramirez, Richard	Fire Other	Firefighter		

L1 Ladder #1	09:36:00	09:36:00	09:40:00	15:00:00
--------------	----------	----------	----------	----------

Staff ID\Staff Name	Activity	Rank	Position	Role
[REDACTED] Sweatfield, Jason G	Fire Other	Lieutenant		
[REDACTED] Chavez, Steve	Fire Other	Firefighter		
[REDACTED] Bunch, Randy	Fire Other	Firefighter		

05061 FDID	NM State	4 2 Incident Date	2011	4 Station	11-0002162 Incident Number	000 Exposure	Responding Units/Personnel
---------------	-------------	------------------------	------	--------------	-------------------------------	-----------------	-------------------------------

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
L1 Ladder #1	09:36:00	09:36:00	09:40:00	15:00:00

Staff ID\Staff Name	Activity	Rank	Position	Role
 Gantt, Joshua	Fire Other			

M1 MEDIC ONE	09:36:00	09:36:00	09:40:00	15:00:00
--------------	----------	----------	----------	----------

Staff ID\Staff Name	Activity	Rank	Position	Role
---------------------	----------	------	----------	------

05061 FDID *	NM State *	MM 4	DD 2	YYYY 2011	4 Station	11-0002162 Incident Number *	000 Exposure *	Responding Personnel
-----------------	---------------	---------	---------	--------------	--------------	---------------------------------	-------------------	-------------------------

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
Salas, James	701	FO Fire Other		FC		5.40	5.40	0.00
Powell, Brian	712	FO Fire Other		EMSDVC		5.40	5.40	0.00
Cathey, Stephen G	C1	FO Fire Other		FAO		5.40	5.40	0.00
Stacy, Darrell L	C2	FO Fire Other		LT		5.40	5.40	0.00
Miller, John	C2	FO Fire Other		FFE		5.40	5.40	0.00
Roach, Brian	E2	FO Fire Other		LT		5.40	5.40	0.00
Mealand, Dustin C	E2	FO Fire Other		FAO/P		5.40	5.40	0.00
Smith, Thomas	E2	FO Fire Other		FFE		5.40	5.40	0.00
Shannon, Steve D	E5	FO Fire Other		LT		5.40	5.40	0.00
Stuart, Matthew L.	E5	FO Fire Other		LT		5.40	5.40	0.00
Ramirez, Richard	E5	FO Fire Other		FFE		5.40	5.40	0.00
Sweatfield, Jason G	L1	FO Fire Other		LT		5.40	5.40	0.00
Chavez, Steve	L1	FO Fire Other		FFI		5.40	5.40	0.00
Bunch, Randy	L1	FO Fire Other		FFP		5.40	5.40	0.00
Gantt, Joshua	L1	FO Fire Other				5.40	5.40	0.00

Total Participants: 15

Total Personnel Hours: 81.00

An 'X' next to the unit denotes driver.

A

 Delete Change **Insurance and \$Loss**

B Estimated Dollar Loss & Value

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
Buildings	\$0.00	\$0.00	\$0.00	\$0.00
Vehicles	\$65,000,000.00	\$65,000,000.00	\$0.00	\$0.00
Contents	\$1,000,000.00	\$1,000,000.00	\$0.00	\$0.00

C Insurance Company

Business name if applicable Contact Name
 Street or highway
 Post office box City
 State Zip Code Phone Number
 Agent Name
 Policy Number

Buildings Vehicles Contents
 Policy Coverage