



SURVIVAL FACTORS ATTACHMENT 9

CCFD Incident Report

Palm Springs, CA

HWY17MH005

(5 pages)

A		FDID 33018 *	State CA *	Incident Date 10/23/2016 *	Station 413	Incident Number 16-1005266 *	Exposure 000 *	<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 Census Tract 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 Apt./Suite/Room City State Zip Code Palm Springs CA 92264 Westbound Interstate 10, west of North Indian Canyon Drive. Cross street or directions, as applicable							
C Incident Type *		E1 Date & Times				E2 Shift & Alarms			
Incident Type 322T Motor vehicle accident with injuries transport <small>Check boxes if dates are the same as Alarm Date. ALARM always required</small>		Midnight is 0000 Month Day Year Hr Min Sec 10 23 2016 05:41:31 Alarm *				Local Option C PSP Shift or Alarms District Platoon			
D Aid Given or Received *		E3 Special Studies							
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 3 <input checked="" type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input type="checkbox"/> None		Their FDID Their State 33065 Their Incident Number				Local Option E3 Special Studies Local Option Special Study ID# Special Study Value			
F Actions Taken *		G1 Resources *				G2 Estimated Dollar Losses & Values			
23 Extricate, disentangle <small>Primary Action Taken (1)</small> 24 Recover body <small>Additional Action Taken (2)</small> 22 Rescue, remove from harm <small>Additional Action Taken (3)</small>		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression EMS 0003 0006 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 \$ 000,000 Contents \$ 000,000 PRE-INCIDENT VALUE: Optional Property \$ 000,000 Contents \$ 000,000			
Completed Modules		H1* Casualties		H3 Hazardous Materials Release				I Mixed Use Property	
<input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input 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		Deaths Injuries Fire Service Civilian H2 Detector <small>Required for Confined Fires.</small> 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation 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	
J Property Use* Structures		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 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 checked="" type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway				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 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 961 Highway or divided highway			

K1 Person/Entity Involved

Local Option _____ Business name (if applicable) _____ Area Code _____ Phone Number _____

Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

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

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

State _____ Zip Code _____

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

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

Local Option _____ Business name (if Applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ 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 _____

Medic 413 responded to a request for mutual aid from Palm Springs Fire Department for a MCI (tour bus versus semi truck) on westbound Interstate 10, west of North Indian Canyon Drive. Medic 413 arrived and transported two patients to DRMC code 3. Engine 413 was later dispatched to the scene. Engine 413 arrived on scene and assisted with the extrication of patients from the tour bus as well as body recovery. Fire personnel had a debriefing with 4430 and then returned to quarters.

10/23/2016 12:10:20 JOHN AMAN

L Authorization

1007 _____ Aman, John _____ CP _____ 10 23 2016
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. 1007 _____ Aman, John _____ CP _____ 10 23 2016
 Member making report ID Signature Position or rank Assignment Month Day Year

A		FDID <input type="text" value="33018"/> *	State <input type="text" value="CA"/> *	Incident Date <input type="text" value="10"/> <input type="text" value="23"/> <input type="text" value="2016"/> *	Station <input type="text" value="413"/>	Incident Number <input type="text" value="16-1005266"/> *	Exposure <input type="text" value="000"/> *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources	
B Apparatus or * Resource		Date and Times Check if same as alarm date Month Day Year Hour Min			Sent <input checked="" type="checkbox"/>	Number of * People <input type="text" value="2"/>	Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	Actions Taken		
<input type="text" value="1"/>	ID <input type="text" value="E413C"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="23"/>	<input type="text" value="2016"/>	<input type="text" value="06:41"/>	<input checked="" type="checkbox"/>	<input type="text" value="2"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="text" value="2"/>	ID <input type="text" value="M411C"/> Type <input type="text" value="70"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="23"/>	<input type="text" value="2016"/>	<input type="text" value="06:41"/>	<input checked="" type="checkbox"/>	<input type="text" value="2"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="93"/> <input type="text" value=""/>
<input type="text" value="3"/>	ID <input type="text" value="M413C"/> Type <input type="text" value=""/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="23"/>	<input type="text" value="2016"/>	<input type="text" value="05:47"/>	<input checked="" type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="checkbox"/>	ID <input type="text" value=""/> Type <input type="text" value=""/>	Dispatch <input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
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<input type="checkbox"/>	ID <input type="text" value=""/> Type <input type="text" value=""/>	Dispatch <input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="checkbox"/>	ID <input type="text" value=""/> Type <input type="text" value=""/>	Dispatch <input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="checkbox"/>	ID <input type="text" value=""/> Type <input type="text" value=""/>	Dispatch <input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>

Type of Apparatus or Resources

<p>Ground Fire Suppression</p> <p>11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting)</p> <p>Heavy Ground Equipment</p> <p>21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other</p> <p>Aircraft</p> <p>41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other</p>	<p>Marine Equipment</p> <p>51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other</p> <p>Support Equipment</p> <p>61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other</p> <p>Medical & Rescue</p> <p>71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other</p>	<p>More Apparatus? Use Additional Sheets</p>	<p>Other</p> <p>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</p> <p>NN None UU Undetermined</p>
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NFIRS-9 Revision 11/17/98

A FDID 33018 * State CA * Incident Date 10 23 2016 * Station 413 Incident Number 16-1005266 * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date 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.

Month Day Year Hours/mins

1 ID E413C Dispatch 10 23 2016 06:41 Sent 2 Suppression EMS Other

Type 11 Arrival 10 23 2016 06:50 Clear 10 23 2016 09:25

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1007 1184	Aman, John Martin, Terry	CP FF	X X				

2 ID M411C Dispatch 10 23 2016 05:41 Sent 2 Suppression EMS Other

Type 70 Arrival 10 23 2016 05:47 Clear 10 23 2016 05:47

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1809 1833	Vondriska, Justin Keenan, Jeremy	FFP FFP	X X				

3 ID M413C Dispatch 10 23 2016 05:47 Sent 2 Suppression EMS Other

Type 70 Arrival 10 23 2016 05:55 Clear 10 23 2016 09:16

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1402 1899	Williams, Britt Valladares, Paul	FFP FFP	X X				