



SURVIVAL FACTORS ATTACHMENT 6

OFD NFIRS

Oxnard, California

HWY15MH006

(10 pages)

A	56010 <small>FDID</small>	CA <small>State</small>	02/24/2015 <small>Incident Date</small>	S5 <small>Station</small>	201500002621 <small>Incident Number</small>	000 <small>Exposure</small>	NFIRS -1 Basic
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B Location		<input type="checkbox"/> See Wildland Fire Module for Location		<small>Census Tract</small>	
2 Intersection	<small>Number/Milepost</small>	E	5TH <small>Street or Highway</small>	ST <small>Street Type</small>	<small>Suffix</small>
			OXNARD <small>City</small>	CA <small>State</small>	93030- <small>Zip Code</small>
	Apt./Suite/Room S RICE AVE <small>Cross Street or Directions</small>				

C Incident Type 322 Motor vehicle accident with injuries <small>Incident Type</small>	E1 Dates & Times	E2 Shifts & Alarms <small>Local Option</small>
D Aid Given or Received 1 Mutual aid received	<small>Date</small>	<small>Time</small>
	Dispatch 02/24/2015 05:45:29	
	<input checked="" type="checkbox"/> Arrival 02/24/2015 05:50:22	
	<input type="checkbox"/> Controlled : :	
	<input checked="" type="checkbox"/> Last Unit 02/24/2015 09:20:35 Cleared	
		E3 Special Studies <small>Local Option</small>
		<small>Special Study ID#</small> <small>Special Study Value</small>

F Action Taken 32 Provide basic life support (BLS) <small>Primary Action Taken (1)</small> 11 Extinguishment by fire service personnel <small>Additional Action Taken (2)</small> 45 Remove hazard <small>Additional Action Taken (3)</small>	G1 Resources <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. <table style="width:100%;"><tr><th></th><th style="text-align: center;"><small>Apparatus</small></th><th style="text-align: center;"><small>Personnel</small></th></tr><tr><td>Suppression</td><td style="text-align: center;">14</td><td style="text-align: center;">31</td></tr><tr><td>EMS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr><tr><td>Other</td><td style="text-align: center;">4</td><td style="text-align: center;">1</td></tr></table> <input type="checkbox"/> Check box if resource counts include aid received resources.		<small>Apparatus</small>	<small>Personnel</small>	Suppression	14	31	EMS	1	2	Other	4	1	G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. <small>None</small> <table style="width:100%;"><tr><td>Property</td><td style="text-align: right;">\$ 0</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr><tr><td>Contents</td><td style="text-align: right;">\$ 0</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr></table> PRE-INCIDENT VALUE: <table style="width:100%;"><tr><td>Property</td><td style="text-align: right;">\$ 0</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr><tr><td>Contents</td><td style="text-align: right;">\$ 0</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr></table>	Property	\$ 0	<input checked="" type="checkbox"/>	Contents	\$ 0	<input checked="" type="checkbox"/>	Property	\$ 0	<input checked="" type="checkbox"/>	Contents	\$ 0	<input checked="" type="checkbox"/>
	<small>Apparatus</small>	<small>Personnel</small>																								
Suppression	14	31																								
EMS	1	2																								
Other	4	1																								
Property	\$ 0	<input checked="" type="checkbox"/>																								
Contents	\$ 0	<input checked="" type="checkbox"/>																								
Property	\$ 0	<input checked="" type="checkbox"/>																								
Contents	\$ 0	<input checked="" type="checkbox"/>																								

Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Serv. Casualty-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	H1 Casualties <input type="checkbox"/> None <table style="width:100%;"><tr><th style="text-align: left;"><small>Fire Service</small></th><th style="text-align: center;"><small>Deaths</small></th><th style="text-align: center;"><small>Injuries</small></th></tr><tr><td></td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr></table> H2 Detector	<small>Fire Service</small>	<small>Deaths</small>	<small>Injuries</small>		0	0	H3 Hazardous Materials Release 5 Diesel fuel/fuel oil - vehicle fuel tank/portable	I Mixed Use Property NN Not mixed use
<small>Fire Service</small>	<small>Deaths</small>	<small>Injuries</small>							
	0	0							

J Property Use 951 Railroad right-of-way
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M Authorization			
Officer in charge ID 10860	<small>Rank</small>	<small>Assignment</small>	<small>Date</small>
Signature 			
Check box if same as Officer in charge <input type="checkbox"/> Member Making Report's ID 12509	<small>Rank</small>	<small>Assignment</small>	<small>Date</small> 02/24/2015
Signature 			

K1 Person/Entity Involved

Local Option

Business name (if applicable)

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

K2 Owner

Local Option

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

Business name (if applicable)

() -

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

METROLINK TRAIN VS. LARGE TRUCK ON RAILROAD TRACKS. E65 ARRIVED TO FIND TRUCK FULLY INVOLVED IN FIRE ON TRACKS AT INTERSECTION. METROLINK TRAIN WAS LOCATED APPROX 1/8 MILE EAST OF THE INTERSECTION. ALL TRAIN CARS WERE DERAILED, WITH THREE ENDING UP ON THEIR SIDES. E65 ASSIGNED E61 TO FIRE ATTACK AND BEGAN INVESTIGATION OF TRAIN SCENE. B61 ARRIVED AND TOOK COMMAND, ASSIGNING E65 TO MEDICAL GROUP, TK61 TO TRIAGE, AND TK68 TO RESCUE. E65 OBSERVED A NUMBER OF TRAIN PASSENGERS WALKING FROM TRAIN CARS UNDER THEIR OWN POWER AND BEGAN ASSESSING APPROX PATIENT COUNT. MULTIPLE CREWS ASSISTED WITH TRIAGE AND RESCUE WITH 8 PATIENTS NEEDING TO BE REMOVED FROM THE TRAIN CARS BY RESCUE PERSONNEL (1 FROM CAR 206, 5 FROM CAR 211, AND 1 FROM CAR 645). TRIAGE AND TREATMENT AREAS WERE ESTABLISHED EAST OF THE INCIDENT ON E. FIFTH ST. EMS 63 ARRIVED AND WAS ASSIGNED TRANSPORTATION GROUP SUPV. MULTIPLE AMBULANCE UNITS WERE ASSIGNED INTO TRIAGE AND TREATMENT AREAS AND WERE SUPPLEMENTED BY FIRE UNITS WHEN AVAILABLE. B51 ASSUMED MEDICAL GROUP SUPV. FROM CAPT 65 ON HIS ARRIVAL. E61 WAS ASSIGNED INTO HAZARD CONTROL AND ASSESSED HAZARDS DURING AND AFTER KNOCKDOWN OF THE TRUCK FIRE.

A	56010 FDID	CA State	02/24/2015 Incident Date	S5 Station	201500002621 Incident Number	000 Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources
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B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
1	ID B10 Type 92	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0623 Arrival <input checked="" type="checkbox"/> 02/24/2015 0700 Clear <input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Other	
2	ID B5 Type 10	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0554 Arrival <input checked="" type="checkbox"/> 02/24/2015 0602 Clear <input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	
3	ID B61 Type 92	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0545 Arrival <input checked="" type="checkbox"/> 02/24/2015 0554 Clear <input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Other	
4	ID E126 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0621 Arrival <input checked="" type="checkbox"/> 02/24/2015 0733 Clear <input checked="" type="checkbox"/> 02/24/2015 0823	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	
5	ID E50 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0621 Arrival <input checked="" type="checkbox"/> 02/24/2015 0733 Clear <input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	
6	ID E54 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0620 Arrival <input checked="" type="checkbox"/> 02/24/2015 0701 Clear <input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	
7	ID E61 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0545 Arrival <input checked="" type="checkbox"/> 02/24/2015 0607 Clear <input checked="" type="checkbox"/> 02/24/2015 0915	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	

Type of Apparatus or Resource 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	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	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 Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> More apparatus? Use additional sheets. </div> NN None UU Undetermined
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B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
8	ID E62 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0554 Arrival <input checked="" type="checkbox"/> 02/24/2015 0607 Clear <input checked="" type="checkbox"/> 02/24/2015 0757	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	
9	ID E63 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0545 Arrival <input checked="" type="checkbox"/> 02/24/2015 0550 Clear <input checked="" type="checkbox"/> 02/24/2015 0906	<input type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	
10	ID E64 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0554 Arrival <input checked="" type="checkbox"/> 02/24/2015 0607 Clear <input checked="" type="checkbox"/> 02/24/2015 0908	<input type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	
11	ID E65 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0545 Arrival <input checked="" type="checkbox"/> 02/24/2015 0550 Clear <input type="checkbox"/>	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	
12	ID E66 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0556 Arrival <input checked="" type="checkbox"/> 02/24/2015 0613 Clear <input checked="" type="checkbox"/> 02/24/2015 0803	<input type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	
13	ID E67 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0554 Arrival <input checked="" type="checkbox"/> 02/24/2015 0603 Clear <input checked="" type="checkbox"/> 02/24/2015 0747	<input type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	
14	ID HM67 Type 93	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0825 Arrival <input type="checkbox"/> Clear <input checked="" type="checkbox"/> 02/24/2015 0828	<input type="checkbox"/>		<input checked="" type="checkbox"/> Other	

Type of Apparatus or Resource	Aircraft	Medical & Rescue	
Ground Fire Suppression	41 Aircraft: fixed wing tanker	71 Rescue unit	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> More apparatus? Use additional sheets. </div> NN None UU Undetermined
11 Engine	42 Helitanker	72 Urban search & rescue unit	
12 Truck or aerial	43 Helicopter	73 High angle rescue unit	
13 Quint	40 Aircraft, other	75 BLS unit	
14 Tanker & pumper combination		76 ALS unit	
16 Brush truck		70 Medical and rescue unit, other	
17 ARF (Aircraft Rescue and Firefighting)			
10 Ground fire suppression, other			
Heavy Ground Equipment			
21 Dozer or plow			
22 Tractor			
24 Tanker or tender			
	Marine Equipment	Other	
	51 Fire boat with pump	91 Mobile command post	
	52 Boat, no pump	92 Chief officer car	
	50 Marine apparatus, other	93 HazMat unit	
		94 Type 1 hand crew	
	Support Equipment	95 Type 2 hand crew	
	61 Breathing apparatus support		

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B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	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
15	ID HM67 Type 93	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0833 Arrival <input checked="" type="checkbox"/> 02/24/2015 0851 Clear <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Other	

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	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
16	ID MTK5 Type 12	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0626 Arrival <input checked="" type="checkbox"/> 02/24/2015 0733 Clear <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	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
17	ID R66 Type 71	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0554 Arrival <input checked="" type="checkbox"/> 02/24/2015 0612 Clear <input checked="" type="checkbox"/> 02/24/2015 0750	<input type="checkbox"/>	2	<input checked="" type="checkbox"/> EMS	

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	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
18	ID TK61 Type 12	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0545 Arrival <input checked="" type="checkbox"/> 02/24/2015 0553 Clear <input checked="" type="checkbox"/> 02/24/2015 0920	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	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
19	ID TK68 Type 12	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0545 Arrival <input checked="" type="checkbox"/> 02/24/2015 0555 Clear <input checked="" type="checkbox"/> 02/24/2015 0743	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	

Type of Apparatus or Resource	Aircraft	Medical & Rescue	
Ground Fire Suppression	41 Aircraft: fixed wing tanker	71 Rescue unit	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">More apparatus? Use additional sheets.</div>
11 Engine	42 Helitanker	72 Urban search & rescue unit	
12 Truck or aerial	43 Helicopter	73 High angle rescue unit	
13 Quint	40 Aircraft, other	75 BLS unit	
14 Tanker & pumper combination		76 ALS unit	
16 Brush truck	Marine Equipment	70 Medical and rescue unit, other	
17 ARF (Aircraft Rescue and Firefighting)	51 Fire boat with pump	Other	
10 Ground fire suppression, other	52 Boat, no pump	91 Mobile command post	NN None
Heavy Ground Equipment	50 Marine apparatus, other	92 Chief officer car	UU Undetermined
21 Dozer or plow	Support Equipment	93 HazMat unit	
22 Tractor	61 Breathing apparatus support	94 Type 1 hand crew	
		95 Type 2 hand crew	

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A	56010 FDID	CA State	02/24/2015 Incident Date	S5 Station	201500002621 Incident Number	000 Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel
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B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
1	ID B10 Type 92	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0623 Arrival <input checked="" type="checkbox"/> 02/24/2015 0700 Clear <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Other	

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
2	ID B5 Type 10	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0554 Arrival <input checked="" type="checkbox"/> 02/24/2015 0602 Clear <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
3	ID B61 Type 92	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0545 Arrival <input checked="" type="checkbox"/> 02/24/2015 0554 Clear <input type="checkbox"/>	<input type="checkbox"/>	1	<input checked="" type="checkbox"/> Other	

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
10860	[REDACTED]		<input type="checkbox"/>				

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
4	ID E126 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0621 Arrival <input checked="" type="checkbox"/> 02/24/2015 0733 Clear <input checked="" type="checkbox"/> 02/24/2015 0823	<input type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
5	ID E50 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0621 Arrival <input checked="" type="checkbox"/> 02/24/2015 0733 Clear <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
6	ID E54 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0620 Arrival <input checked="" type="checkbox"/> 02/24/2015 0701 Clear <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
7	ID E61 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0545 Arrival <input checked="" type="checkbox"/> 02/24/2015 0607 Clear <input checked="" type="checkbox"/> 02/24/2015 0915	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
11401	[REDACTED]		<input type="checkbox"/>				
13333	[REDACTED]		<input type="checkbox"/>				
14814	[REDACTED]		<input type="checkbox"/>				

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B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
7	ID E61 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0545 Arrival <input checked="" type="checkbox"/> 02/24/2015 0607 Clear <input checked="" type="checkbox"/> 02/24/2015 0915	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
14990	[REDACTED]		<input type="checkbox"/>				

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
8	ID E62 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0554 Arrival <input checked="" type="checkbox"/> 02/24/2015 0607 Clear <input checked="" type="checkbox"/> 02/24/2015 0757	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
11292	[REDACTED]		<input type="checkbox"/>				
13339	[REDACTED]		<input type="checkbox"/>				
14755	[REDACTED]		<input type="checkbox"/>				

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
9	ID E63 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0545 Arrival <input checked="" type="checkbox"/> 02/24/2015 0550 Clear <input checked="" type="checkbox"/> 02/24/2015 0906	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
13331	[REDACTED]		<input type="checkbox"/>				
13337	[REDACTED]		<input type="checkbox"/>				
11922	[REDACTED]		<input type="checkbox"/>				

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10	ID E64 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0554 Arrival <input checked="" type="checkbox"/> 02/24/2015 0607 Clear <input checked="" type="checkbox"/> 02/24/2015 0908	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
10985	[REDACTED]		<input type="checkbox"/>				
13099	[REDACTED]		<input type="checkbox"/>				
14754	[REDACTED]		<input type="checkbox"/>				

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11 ID E65 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0545 Arrival <input checked="" type="checkbox"/> 02/24/2015 0550 Clear <input type="checkbox"/>	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
12509			<input type="checkbox"/>				
12355			<input type="checkbox"/>				
14810			<input type="checkbox"/>				
14992			<input type="checkbox"/>				

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
12 ID E66 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0556 Arrival <input checked="" type="checkbox"/> 02/24/2015 0613 Clear <input checked="" type="checkbox"/> 02/24/2015 0803	<input type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
10545			<input type="checkbox"/>				
13559			<input type="checkbox"/>				
14986			<input type="checkbox"/>				

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
13 ID E67 Type 11	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0554 Arrival <input checked="" type="checkbox"/> 02/24/2015 0603 Clear <input checked="" type="checkbox"/> 02/24/2015 0747	<input type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
11919			<input type="checkbox"/>				
11516			<input type="checkbox"/>				
12352			<input type="checkbox"/>				

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
14 ID HM67 Type 93	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0825 Arrival <input type="checkbox"/> Clear <input checked="" type="checkbox"/> 02/24/2015 0828	<input type="checkbox"/>		<input checked="" type="checkbox"/> Other	

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
15 ID HM67 Type 93	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0833 Arrival <input checked="" type="checkbox"/> 02/24/2015 0851 Clear <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Other	

A	56010 FDID	CA State	02/24/2015 Incident Date	S5 Station	201500002621 Incident Number	000 Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel
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B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
16	ID MTK5 Type 12	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0626 Arrival <input checked="" type="checkbox"/> 02/24/2015 0733 Clear <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
17	ID R66 Type 71	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0554 Arrival <input checked="" type="checkbox"/> 02/24/2015 0612 Clear <input checked="" type="checkbox"/> 02/24/2015 0750	<input type="checkbox"/>	2	<input checked="" type="checkbox"/> EMS	

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
14979			<input type="checkbox"/>				
14984			<input type="checkbox"/>				

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
18	ID TK61 Type 12	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0545 Arrival <input checked="" type="checkbox"/> 02/24/2015 0553 Clear <input checked="" type="checkbox"/> 02/24/2015 0920	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
11918			<input type="checkbox"/>				
12883			<input type="checkbox"/>				
13560			<input type="checkbox"/>				
10984			<input type="checkbox"/>				

B	Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <small>Check if same date as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel</small>
19	ID TK68 Type 12	Dispatch <input checked="" type="checkbox"/> 02/24/2015 0545 Arrival <input checked="" type="checkbox"/> 02/24/2015 0555 Clear <input checked="" type="checkbox"/> 02/24/2015 0743	<input type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
12357			<input type="checkbox"/>				
10062			<input type="checkbox"/>				
14170			<input type="checkbox"/>				
14412			<input type="checkbox"/>				