

B Location* 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.

Street address Intersection In front of Rear of Adjacent to Directions

9 INTERFAITH TER
 A FRAMINGHAM MA 01702
 Cross street or directions, as applicable

C Incident Type *
 111 Building fire
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm ALARM always required
 Date. Alarm * 06 01 2017 21:08:20
 ARRIVAL required, unless canceled or did not arrive
 Arrival * 06 01 2017 21:13:22
 CONTROLLED Optional, except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit
 Cleared 06 02 2017 01:19:28

E2 Shift & Alarms
 Local Option
 4
 Shift or Alarms District Platoon

D Aid Given or Received*

1 Mutual aid received 17198 MA
 2 Automatic aid recv.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None

E3 Special Studies
 Local Option
 Special Study ID# Special Study Value

F Actions Taken *

11 Extinguishment by fire
 Primary Action Taken (1)
 Additional Action Taken (2)
 Additional Action Taken (3)

G1 Resources *
 Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus Personnel
 Suppression 0010 0026
 EMS 0003 0001
 Other
 Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values
 LOSSES: Required for all fires if known. Optional for non fires. None
 Property \$ 200,000
 Contents \$ 100,000
 PRE-INCIDENT VALUE: Optional
 Property \$ 000,000
 Contents \$ 000,000

Completed Modules

Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1* Casualties None
 Deaths Injuries
 Fire Service 001
 Civilian
H2 Detector
 Required for Confined Fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release
 N None
 1 Natural Gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21 lb. tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling < 55 gallons
 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN Not Mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Bus. & Residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use* Structures

131 <input type="checkbox"/> Church, place of worship	341 <input type="checkbox"/> Clinic, clinic type infirmary	539 <input type="checkbox"/> Household goods, sales, repairs
161 <input type="checkbox"/> Restaurant or cafeteria	342 <input type="checkbox"/> Doctor/dentist office	579 <input type="checkbox"/> Motor vehicle/boat sales/repair
162 <input type="checkbox"/> Bar/Tavern or nightclub	361 <input type="checkbox"/> Prison or jail, not juvenile	571 <input type="checkbox"/> Gas or service station
213 <input type="checkbox"/> Elementary school or kindergarten	419 <input type="checkbox"/> 1-or 2-family dwelling	599 <input type="checkbox"/> Business office
215 <input type="checkbox"/> High school or junior high	429 <input checked="" type="checkbox"/> Multi-family dwelling	615 <input type="checkbox"/> Electric generating plant
241 <input type="checkbox"/> College, adult education	439 <input type="checkbox"/> Rooming/boarding house	629 <input type="checkbox"/> Laboratory/science lab
311 <input type="checkbox"/> Care facility for the aged	449 <input type="checkbox"/> Commercial hotel or motel	700 <input type="checkbox"/> Manufacturing plant
331 <input type="checkbox"/> Hospital	459 <input type="checkbox"/> Residential, board and care	819 <input type="checkbox"/> Livestock/poultry storage (barn)
	464 <input type="checkbox"/> Dormitory/barracks	882 <input type="checkbox"/> Non-residential parking garage
	519 <input type="checkbox"/> Food and beverage sales	891 <input type="checkbox"/> Warehouse
Outside	936 <input type="checkbox"/> Vacant lot	981 <input type="checkbox"/> Construction site
124 <input type="checkbox"/> Playground or park	938 <input type="checkbox"/> Graded/care for plot of land	984 <input type="checkbox"/> Industrial plant yard
655 <input type="checkbox"/> Crops or orchard	946 <input type="checkbox"/> Lake, river, stream	
669 <input type="checkbox"/> Forest (timberland)	951 <input type="checkbox"/> Railroad right of way	
807 <input type="checkbox"/> Outdoor storage area	960 <input type="checkbox"/> Other street	
919 <input type="checkbox"/> Dump or sanitary landfill	961 <input type="checkbox"/> Highway/divided highway	
931 <input type="checkbox"/> Open land or field	962 <input type="checkbox"/> Residential street/driveway	

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 Property Use 429
 Multifamily dwelling
 NFIRS-1 Revision 03/11/99

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

[21:17:44 BJD] CONFIRMED WF. E3 ATTACK, L3 LADDERING, R1 SEARCH. INITIAL REPORT FEMALE AND DOG UNACCOUNTED FOR.;[00:08:30 BJD] STATE FIRE MARSHALL ON SCENE;[00:11:20 BJD] RED CROSS ON SCENE;[01:13:41 BJD] E4 ON SCENE FOR FIRE WATCH. On arrival to a 2 1/2 story wood framed apartment building C2 assumed command from Engine 3. Heavy fire on the first and second division A side. Engine 3 crew had advanced an attack line and was initiating attack on the first floor. Report from dispatch of a possible female occupant and her dogs unaccounted for. Ladder 3 set up the aerial to the roof and cut 4 vent holes. On Rescue 1 arrival they were assigned to do a primary search of the occupancy. Engine 5 established a supply line into Engine 3 using 400' of 4" hose. Engine 5 crew then advanced a second line from Engine 3 to the second floor to assist with fire extinguishment. The missing occupant was identified outside safe and this information was transmitted to dispatch and all on scene companies. Rescue 1 completed searches of unit and adjacent units for occupants and fire extension. None reported. Expired dogs were found on Division 1 by Engine 3 crew and covered for the duration of the incident for removal later. Engine 1 crew on scene as RIT. The fire on both divisions was knocked down and all crews assisted with overhaul. C1, C3, C4, FP1, FP2 and FP3 all on scene. Natick was used mutual aid with Lt. Falone as a pilot first covering Station 3 then Station 5. Wayland was in town mutual aid with FF Funes, J. as a pilot first covering Station 1 then Station 7. FF Villalobos was a callback assisting in dispatch. State Fire Marshall's office called in to assist with the investigation. Red Cross called to assist with displaced occupants.

L Authorization

140131 GILDEA, PAUL A DC10 06 07 2017
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. 140131 GILDEA, PAUL A DC10 06 07 2017
Member making report ID Signature Position or rank Assignment Month Day Year

17100
FDID *

MA
State *

MM DD YYYY
6 1 2017
Incident Date *

3
Station

17-0004600
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

[21:17:44 BJD] CONFIRMED WF. E3 ATTACK, L3 LADDERING, R1 SEARCH. INITIAL REPORT FEMALE AND DOG UNACCOUNTED FOR.; [00:08:30 BJD] STATE FIRE MARSHALL ON SCENE; [00:11:20 BJD] RED CROSS ON SCENE; [01:13:41 BJD] E4 ON SCENE FOR FIRE WATCH. On arrival to a 2 1/2 story wood framed apartment building C2 assumed command from Engine 3. Heavy fire on the first and second division A side. Engine 3 crew had advanced an attack line and was initiating attack on the first floor. Report from dispatch of a possible female occupant and her dogs unaccounted for. Ladder 3 set up the aerial to the roof and cut 4 vent holes. On Rescue 1 arrival they were assigned to do a primary search of the occupancy. Engine 5 established a supply line into Engine 3 using 400' of 4" hose. Engine 5 crew then advanced a second line from Engine 3 to the second floor to assist with fire extinguishment. The missing occupant was identified outside safe and this information was transmitted to dispatch and all on scene companies. Rescue 1 completed searches of unit and adjacent units for occupants and fire extension. None reported. Expired dogs were found on Division 1 by Engine 3 crew and covered for the duration of the incident for removal later. Engine 1 crew on scene as RIT. The fire on both divisions was knocked down and all crews assisted with overhaul. C1, C3, C4, FP1, FP2 and FP3 all on scene. Natick was used mutual aid with Lt. Falone as a pilot first covering Station 3 then Station 5. Wayland was in town mutual aid with FF Funes, J. as a pilot first covering Station 1 then Station 7. FF Villalobos was a callback assisting in dispatch. State Fire Marshall's office called in to assist with the investigation. Red Cross called to assist with displaced occupants.

A FDID 17100 * State MA * Incident Date 06 01 2017 * Station 3 Incident Number 17-0004600 * Exposure 000 * Delete Change No Activity **NFIRS -2 Fire**

B Property Details

B1 0001 Not Residential
Estimated Number of residential living units in building of origin whether or not all units became involved

B2 001 Buildings not involved
Number of buildings involved

B3 None Less than one acre
Acres burned (outside fires)

C On-Site Materials None *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*

Enter up to three codes. Check one or more boxes for each code entered.

200 Personal & home
 On-site material (1)

 On-site material (2)

 On-site material (3)

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

D Ignition

D1 UU Undetermined
*Area of fire origin **

D2 UU Undetermined
*Heat source **

D3 UU Undetermined
*Item first ignited ** 1 Check Box if fire spread was confined to object of origin

D4
Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition

Check box if this is an exposure report. Skip to section G

1 Intentional
 2 Unintentional
 3 Failure of equipment or heat source
 4 Act of nature
 5 Cause under investigation
 U Cause undetermined after investigation

E2 Factors Contributing To Ignition

UU Undetermined None
 Factor Contributing To Ignition (1)

 Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 Asleep None
 2 Possibly impaired by alcohol or drugs
 3 Unattended person
 4 Possibly mental disabled
 5 Physically Disabled
 6 Multiple persons involved

7 Age was a factor
 Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved In Ignition

None If Equipment was not involved, Skip to Section G

 Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power

 Equipment Power Source

F3 Equipment Portability

1 Portable
 2 Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes. None

NNN None
 Fire suppression factor (1)

 Fire suppression factor (2)

 Fire suppression factor (3)

H1 Mobile Property Involved

None

1 Not involved in ignition, but burned
 2 Involved in ignition, but did not burn
 3 Involved in ignition and burned

H2 Mobile Property Type & Make

 Mobile property type

 Mobile property make

Local Use

Pre-Fire Plan Available
 Some of the information presented in this report may be based upon reports from other Agencies

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

 Mobile property model Year

 License Plate Number State VIN Number

I1 Structure Type * If Fire was In enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story <u>002</u> <small>Total number of stories at or above grade</small> <u> </u> <small>Total number of stories below grade</small>	I4 Main Floor Size* NFIRS-3 Structure Fire <u> </u> , <u> </u> , <u>600</u> <small>Total square feet</small> <p style="text-align: center;">OR</p> <u> </u> , <u>030</u> BY <u> </u> , <u>020</u> <small>Lenght in feet Width in feet</small>
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J1 Fire Origin * <u>001</u> <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <u> </u> Number of stories w/ minor damage (1 to 24% flame damage) <u> </u> Number of stories w/ significant damage (25 to 49% flame damage) <u> </u> Number of stories w/ heavy damage (50 to 74% flame damage) <u>002</u> Number of stories w/ extreme damage (75 to 100% flame damage)	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 <u>10</u> Structural component or <small>Item contributing most to flame spread</small> K2 <u>99</u> Multiple types of <small>Type of material contributing most of flame spread Required only if item contributing code is 00 or <70</small>
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		

L1 Presence of Detectors * <small>(In area of the fire)</small> N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input checked="" type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input checked="" type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined

M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present Complete rest of Section M 1 <input type="checkbox"/> Present	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined <small>NFIRS-3 Revision 01/19/99</small>
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M4 Number of Sprinkler Heads Operating Required if system operated <u> </u> <small>Number of sprinkler heads operating</small>	

A FDID <u>17100</u> * State <u>MA</u> * Incident Date <u>6/1/2017</u> * Station <u>3</u> Incident Number <u>17-0004600</u> * Exposure <u>000</u> * <input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 5 Fire Service Casualty
B Injured Person Identification Number <u>1</u> <input checked="" type="checkbox"/> Male * <u>1</u> <input checked="" type="checkbox"/> Career <u>2</u> <input type="checkbox"/> Female <u>2</u> <input type="checkbox"/> Volunteer		C Casualty * Number <u>1</u>
First Name <u>MARCELINO</u> MI <u> </u> Last Name <u>RODRIGUEZ</u> Suffix <u> </u>		Casualty Number <u>1</u>
D Age or Date of Birth * Age <u>43</u> OR Date Of Birth <u>6/12/1973</u> In years Month Day Year	E Date & Time of Injury <small>Midnight is 0000</small> Date of Injury <u>6/1/2017</u> Time of Injury <u>21:40:00</u> Month Day Year Hour Minutes	F Responses Number of prior responses during past 24 hours <u>1</u>
G1 Usual Assignment <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Prevention <input type="checkbox"/> Training <input type="checkbox"/> Maintenance <input type="checkbox"/> Communications <input type="checkbox"/> Administration <input type="checkbox"/> Fire investigation <input type="checkbox"/> Other	G2 Physical Condition Just Prior To Injury <input checked="" type="checkbox"/> Rested <input type="checkbox"/> Other <input type="checkbox"/> Fatigued <input type="checkbox"/> Undetermined <input type="checkbox"/> ILL or Injured	G4 Taken To <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor's office <input type="checkbox"/> Morgue/funeral home <input type="checkbox"/> Residence <input type="checkbox"/> Station or quarters <input type="checkbox"/> Other <input checked="" type="checkbox"/> Not transported
G3 Severity <input checked="" type="checkbox"/> Report only, including exposure <input type="checkbox"/> First aid only <input type="checkbox"/> Treated by physician (no lost time) <input type="checkbox"/> Moderate (lost time) <input type="checkbox"/> Severe (lost time) <input type="checkbox"/> Life threatening (lost time) <input type="checkbox"/> Death		G5 Activity at Time of Injury <u>45</u> <u>Overhaul</u> Activity at time of injury
H1 Primary Apparent Symptom <u>24</u> <u>Contusion/bruise: minor</u> <small>Primary apparent symptom</small>	I1 Cause of Firefighter Injury <u>U</u> <u>Undetermined</u> <small>Cause of Injury</small>	I3 Object Involved in Injury <input type="checkbox"/> None
H2 Primary Area of Body Injured <u>61</u> <u>Arm, upper, not including</u> <small>Primary injured body part or area</small>	I2 Factor Contributing to Injury <u>16</u> <u>Falling objects</u> <small>Contributing Factor</small>	Object involved in injury <u> </u> <u> </u>
J1 Where Injury Occurred <input type="checkbox"/> Enroute to FD Location <input type="checkbox"/> At FD location <input type="checkbox"/> Enroute to incident scene <input type="checkbox"/> Enroute to medical facility <input checked="" type="checkbox"/> At scene in structure <input type="checkbox"/> At scene outside <input type="checkbox"/> At medical facility <input type="checkbox"/> Returning from incident <input type="checkbox"/> Returning from med facility <input type="checkbox"/> Other	J3 Specific Location <small>Complete as Applicable</small> <input type="checkbox"/> In aircraft <input type="checkbox"/> In boat or ship or barge <input type="checkbox"/> In rail vehicle <input type="checkbox"/> In motor vehicle <input type="checkbox"/> In sewer <input type="checkbox"/> In tunnel <input type="checkbox"/> In structure <input type="checkbox"/> In attic <input type="checkbox"/> In water <input type="checkbox"/> In well <input type="checkbox"/> In ravine <input type="checkbox"/> In quarry or mine <input type="checkbox"/> In ditch or trench <input type="checkbox"/> In open pit <input type="checkbox"/> On steep grade <input type="checkbox"/> On fire escape/outside stairs <input type="checkbox"/> On vertical surface or ledge <input type="checkbox"/> On ground ladder <input type="checkbox"/> On aerial ladder or in basket <input type="checkbox"/> On roof <input type="checkbox"/> Outside at grade <input type="checkbox"/> Other	J4 Vehicle Type <small>Complete ONLY if Specific Location code is >60</small> <input type="checkbox"/> Suppression vehicle <input type="checkbox"/> EMS vehicle <input type="checkbox"/> Other FD vehicle <input type="checkbox"/> Non-FD vehicle Remarks FF Rodriguez reported a contusion to the right inner biceps area. He stated he noticed the contusion upon returning to quarters. He stated the injury occurred during overhaul operations however does not recall exactly what he was struck with. He did not request transport or treatment, just reporting at this time. 06/02/2017 02:56:21 Thomas Rinoldo If protective equipment failed and was a factor in this injury, please complete the other side of this form.
J2 Story Where Injury Occurred Check this box and enter the story if the injury occurred inside or on a structure <input checked="" type="checkbox"/> <u>2</u> <input type="checkbox"/> Below grade <small>Story of Injury</small> <input type="checkbox"/> Injury occurred outside		NFIRS-5 Revision 8/18/99

A	FDID 17100 *		State MA *		Incident 6 / Date 1 / 2017 *		Station 3		Incident Number 17-0004600 *		Exposure 000 *		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 9 Apparatus or Resources	
B	Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small>						Sent <input checked="" type="checkbox"/>	Number of * People	Use			Actions Taken			
		Month Day Year Hour Min Dispatch <input type="checkbox"/> 6 1 2017 21:13 Arrival <input type="checkbox"/> 6 1 2017 21:16 Clear <input type="checkbox"/> 6 2 2017 00:11								Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other						
1	ID A3							<input checked="" type="checkbox"/>	0							
	Type 76							<input checked="" type="checkbox"/>	1							
2	ID C2							<input checked="" type="checkbox"/>	1							
	Type 92							<input checked="" type="checkbox"/>	1							
3	ID C3	Dispatch <input checked="" type="checkbox"/> 6 1 2017 21:08						<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression			73 81			
	Type 92	Arrival <input type="checkbox"/> 6 1 2017 21:13						<input checked="" type="checkbox"/>	1	<input type="checkbox"/> EMS						
		Clear <input type="checkbox"/> 6 2 2017 01:19						<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Other						
4	ID C4	Dispatch <input type="checkbox"/> 6 1 2017 21:36						<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression			73 86			
	Type 92	Arrival <input type="checkbox"/> 6 1 2017 21:36						<input checked="" type="checkbox"/>	1	<input type="checkbox"/> EMS						
		Clear <input type="checkbox"/> 6 2 2017 01:19						<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Other						
5	ID E1	Dispatch <input type="checkbox"/> 6 1 2017 21:11						<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression			12 52			
	Type 11	Arrival <input type="checkbox"/> 6 1 2017 21:22						<input checked="" type="checkbox"/>	4	<input type="checkbox"/> EMS			91			
		Clear <input type="checkbox"/> 6 1 2017 22:52						<input checked="" type="checkbox"/>	4	<input type="checkbox"/> Other						
6	ID E1N	Dispatch <input type="checkbox"/> 6 1 2017 21:20						<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression			91			
	Type 11	Arrival <input type="checkbox"/> 6 1 2017 21:20						<input checked="" type="checkbox"/>	1	<input type="checkbox"/> EMS						
		Clear <input type="checkbox"/> 6 1 2017 21:29						<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Other						
7	ID E2	Dispatch <input type="checkbox"/> 6 1 2017 21:54						<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression			12			
	Type 11	Arrival <input type="checkbox"/> 6 1 2017 22:09						<input checked="" type="checkbox"/>	4	<input type="checkbox"/> EMS						
		Clear <input type="checkbox"/> 6 1 2017 22:53						<input checked="" type="checkbox"/>	4	<input type="checkbox"/> Other						
8	ID E3	Dispatch <input type="checkbox"/> 6 1 2017 21:08						<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression			11 21			
	Type 11	Arrival <input type="checkbox"/> 6 1 2017 21:13						<input checked="" type="checkbox"/>	4	<input type="checkbox"/> EMS			51 52			
		Clear <input type="checkbox"/> 6 2 2017 00:57						<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Other						
9	ID E5	Dispatch <input type="checkbox"/> 6 1 2017 21:08						<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression			11 12			
	Type 11	Arrival <input type="checkbox"/> 6 1 2017 21:16						<input checked="" type="checkbox"/>	4	<input type="checkbox"/> EMS						
		Clear <input type="checkbox"/> 6 2 2017 00:10						<input checked="" type="checkbox"/>	4	<input type="checkbox"/> Other						