

**A** MM DD YYYY  Delete NFIRS -1  
 17100 MA 06 01 2017 3 17-0004600 000  Change Basic  
 FDID \* State \* Incident Date \* Station Incident Number \* Exposure \*  No Activity

**B Location\***  Check this box to Indicate that the address for this incident is provided on the Wildland Fire Census Tract -   
 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  
 Their FDID Their State  
 Their Incident Number

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

**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

<b>I1 Structure Type *</b> 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	<b>I2 Building Status *</b> 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	<b>I3 Building * Height</b> Count the ROOF as part of the highest story <u>002</u> Total number of stories at or above grade _____ Total number of stories below grade	<b>I4 Main Floor Size*</b> <span style="float: right;">NFIRS-3 Structure Fire</span> _____ , _____ , <u>600</u> Total square feet <p style="text-align: center;"><b>OR</b></p> _____ , <u>030</u> BY _____ , <u>020</u> Length in feet                      Width in feet
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<b>J1 Fire Origin *</b> <u>001</u> <input type="checkbox"/> Below Grade Story of fire origin	<b>J3 Number of Stories Damaged By Flame</b> Count the ROOF as part of the highest story _____ Number of stories w/ minor damage (1 to 24% flame damage) _____ Number of stories w/ significant damage (25 to 49% flame damage) _____ 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)	<b>K Material Contributing Most To Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine <span style="float: right;">Skip To Section L</span> <b>K1</b> <u>10</u> <u>Structural component or</u> Item contributing most to flame spread <b>K2</b> <u>99</u> <u>Multiple types of</u> Type of material contributing most of flame spread <span style="float: right;">Required only if item contributing code is 00 or &lt;70</span>
<b>J2 Fire Spread *</b> 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		

<b>L1 Presence of Detectors *</b> (In area of the fire) N <input type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px;">Skip to section M</span> 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	<b>L3 Detector Power Supply</b> 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	<b>L5 Detector Effectiveness</b> 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
<b>L2 Detector Type</b> 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	<b>L4 Detector Operation</b> 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	<b>L6 Detector Failure Reason</b> 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

<b>M1 Presence of Automatic Extinguishment System *</b> N <input checked="" type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px;">Complete rest of Section M</span> 1 <input type="checkbox"/> Present	<b>M3 Automatic Extinguishment System Operation</b> 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	<b>M5 Automatic Extinguishment System Failure Reason</b> 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 NFIRS-3 Revision 01/19/99
<b>M2 Type of Automatic Extinguishment System *</b> 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 <sub>2</sub> ) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated _____ Number of sprinkler heads operating	

<b>A</b> FDID <u>17100</u> * State <u>MA</u> * Incident Date <u>6</u> <u>1</u> <u>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>B</b> Injured Person Identification Number		1 <input checked="" type="checkbox"/> Male * 1 <input checked="" type="checkbox"/> Career 2 <input type="checkbox"/> Female 2 <input type="checkbox"/> Volunteer	
First Name <u>MARCELINO</u> MI Suffix		Last Name <u>RODRIGUEZ</u> Suffix	
<b>C</b> Casualty * Number <u>1</u>		Casualty Number	
<b>D</b> Age or Date of Birth *		<b>E</b> Date & Time of Injury <small>Midnight is 0000</small>	
Age <u>43</u> OR Date Of Birth <u>6</u> <u>12</u> <u>1973</u> In years Month Day Year		Date of Injury <u>6</u> <u>1</u> <u>2017</u> Time of Injury <u>21:40:00</u> Month Day Year Hour Minutes	
<b>F</b> Responses		Number of prior responses during past 24 hours <u>1</u>	
<b>G1</b> Usual Assignment		<b>G2</b> Physical Condition Just Prior To Injury	
1 <input checked="" type="checkbox"/> Suppression 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Prevention 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Communications 7 <input type="checkbox"/> Administration 8 <input type="checkbox"/> Fire investigation 0 <input type="checkbox"/> Other		1 <input checked="" type="checkbox"/> Rested 0 <input type="checkbox"/> Other 2 <input type="checkbox"/> Fatigued U <input type="checkbox"/> Undetermined 4 <input type="checkbox"/> ILL or Injured	
<b>G3</b> Severity		<b>G4</b> Taken To	
1 <input checked="" type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input type="checkbox"/> Treated by physician (no lost time) 4 <input type="checkbox"/> Moderate (lost time) 5 <input type="checkbox"/> Severe (lost time) 6 <input type="checkbox"/> Life threatening (lost time) 7 <input type="checkbox"/> Death		1 <input type="checkbox"/> Hospital 4 <input type="checkbox"/> Doctor's office 5 <input type="checkbox"/> Morgue/funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Station or quarters 0 <input type="checkbox"/> Other N <input checked="" type="checkbox"/> Not transported	
<b>G5</b> Activity at Time of Injury		<u>45</u> <u>Overhaul</u> Activity at time of injury	
<b>H1</b> Primary Apparent Symptom		<b>I1</b> Cause of Firefighter Injury	
<u>24</u> <u>Contusion/bruise: minor</u> Primary apparent symptom		<u>U</u> <u>Undetermined</u> Cause of Injury	
<b>H2</b> Primary Area of Body Injured		<b>I2</b> Factor Contributing to Injury	
<u>61</u> <u>Arm, upper, not including</u> Primary injured body part or area		<u>16</u> <u>Falling objects</u> Contributing Factor	
<b>I3</b> Object Involved in Injury		<input type="checkbox"/> None Object involved in injury	
<b>J1</b> Where Injury Occurred		<b>J3</b> Specific Location <small>Complete as Applicable</small>	
1 <input type="checkbox"/> Enroute to FD Location 2 <input type="checkbox"/> At FD location 3 <input type="checkbox"/> Enroute to incident scene 4 <input type="checkbox"/> Enroute to medical facility 5 <input checked="" type="checkbox"/> At scene in structure 6 <input type="checkbox"/> At scene outside 7 <input type="checkbox"/> At medical facility 8 <input type="checkbox"/> Returning from incident 9 <input type="checkbox"/> Returning from med facility 0 <input type="checkbox"/> Other		65 <input type="checkbox"/> In aircraft 64 <input type="checkbox"/> In boat or ship or barge 63 <input type="checkbox"/> In rail vehicle 61 <input type="checkbox"/> In motor vehicle 54 <input type="checkbox"/> In sewer 53 <input type="checkbox"/> In tunnel 49 <input type="checkbox"/> In structure 45 <input type="checkbox"/> In attic 36 <input type="checkbox"/> In water 35 <input type="checkbox"/> In well 34 <input type="checkbox"/> In ravine 33 <input type="checkbox"/> In quarry or mine 32 <input type="checkbox"/> In ditch or trench 31 <input type="checkbox"/> In open pit 28 <input type="checkbox"/> On steep grade 27 <input type="checkbox"/> On fire escape/outside stairs 26 <input type="checkbox"/> On vertical surface or ledge 25 <input type="checkbox"/> On ground ladder 24 <input type="checkbox"/> On aerial ladder or in basket 23 <input type="checkbox"/> On roof 22 <input type="checkbox"/> Outside at grade 00 <input type="checkbox"/> Other	
<b>J2</b> Story Where Injury Occurred		<b>J4</b> Vehicle Type <small>Complete ONLY if Specific Location code is &gt;60</small>	
1 <input checked="" type="checkbox"/> Check this box and enter the story if the injury occurred inside or on a structure <u>2</u> <input type="checkbox"/> Below grade Story of Injury 2 <input type="checkbox"/> Injury occurred outside		1 <input type="checkbox"/> Suppression vehicle 2 <input type="checkbox"/> EMS vehicle 3 <input type="checkbox"/> Other FD vehicle 4 <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.	

NFIRS-5 Revision 8/18/99

<b>A</b>	FDID <b>17100</b> *		State <b>MA</b> *		Incident <b>6</b> / Date <b>1</b> / <b>2017</b> *		Station <b>3</b>		Incident Number <b>17-0004600</b> *		Exposure <b>000</b> *		<input type="checkbox"/> Delete <input type="checkbox"/> Change <b>NFIRS - 9 Apparatus or Resources</b>	
<b>B</b>	<b>Apparatus or * Resource</b>	<b>Date and Times</b>						<b>Sent</b> <input checked="" type="checkbox"/>	<b>Number of * People</b>	<b>Use</b>			<b>Actions Taken</b>	
		Check if same as alarm date Month Day Year Hour Min								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 <b>A3</b> Type <b>76</b>	Dispatch <input type="checkbox"/>	<b>6</b>	<b>1</b>	<b>2017</b>	<b>21:13</b>	<input checked="" type="checkbox"/>	<b>0</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b> </b>	<b> </b>	
2	ID <b>C2</b> Type <b>92</b>	Dispatch <input type="checkbox"/>	<b>6</b>	<b>1</b>	<b>2017</b>	<b>21:08</b>	<input checked="" type="checkbox"/>	<b>1</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b> </b>	<b> </b>	
3	ID <b>C3</b> Type <b>92</b>	Dispatch <input checked="" type="checkbox"/>	<b>6</b>	<b>1</b>	<b>2017</b>	<b>21:08</b>	<input checked="" type="checkbox"/>	<b>1</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>73</b>	<b>81</b>	
4	ID <b>C4</b> Type <b>92</b>	Dispatch <input type="checkbox"/>	<b>6</b>	<b>1</b>	<b>2017</b>	<b>21:36</b>	<input checked="" type="checkbox"/>	<b>1</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>73</b>	<b>86</b>	
5	ID <b>E1</b> Type <b>11</b>	Dispatch <input type="checkbox"/>	<b>6</b>	<b>1</b>	<b>2017</b>	<b>21:11</b>	<input checked="" type="checkbox"/>	<b>4</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>12</b>	<b>52</b>	
6	ID <b>E1N</b> Type <b>11</b>	Dispatch <input type="checkbox"/>	<b>6</b>	<b>1</b>	<b>2017</b>	<b>21:20</b>	<input checked="" type="checkbox"/>	<b>1</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>91</b>	<b> </b>	
7	ID <b>E2</b> Type <b>11</b>	Dispatch <input type="checkbox"/>	<b>6</b>	<b>1</b>	<b>2017</b>	<b>21:54</b>	<input checked="" type="checkbox"/>	<b>4</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>12</b>	<b> </b>	
8	ID <b>E3</b> Type <b>11</b>	Dispatch <input type="checkbox"/>	<b>6</b>	<b>1</b>	<b>2017</b>	<b>21:08</b>	<input checked="" type="checkbox"/>	<b>4</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>11</b>	<b>21</b>	
9	ID <b>E5</b> Type <b>11</b>	Dispatch <input type="checkbox"/>	<b>6</b>	<b>1</b>	<b>2017</b>	<b>21:08</b>	<input checked="" type="checkbox"/>	<b>4</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>11</b>	<b>12</b>	