

A FDID 70009 State OH Incident Date 03 21 2022 Station 0002529 Exposure 000 Delete Change No Activity **NFIRS-1 Basic**

B Location Type Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. Census Tract _____

Street address
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions
 U.S. National Grid

341 S MAIN ST
 Number/Milepost Prefix Street or Highway Street Type Suffix

MANSFIELD OH 44902
 Apt./Suite/Room City State ZIP Code

 Cross Street, Directions or National Grid, as applicable

C Incident Type 542 Animal rescue
 Incident Type

E1 Dates and Times Midnight is 0000
 Check boxes if dates are the same as Alarm Date.
 Alarm 03 21 2022 1506
 ALARM always required

Arrival 1518
 ARRIVAL required, unless canceled or did not arrive

Controlled
 CONTROLLED optional, except for wildland fires

Last Unit Cleared 1601
 LAST UNIT CLEARED, required except for wildland fires

E2 Shifts and Alarms Local Option
 Shift or Platoon Alarms District

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

D Aid Given or Received None

1 Mutual aid received
 2 Auto. aid received
 3 Mutual aid given
 4 Auto. aid given
 5 Other aid given

Their FDID Their State Their Incident Number

F Actions Taken 72 Assist animal
 Primary Action Taken (1)
 Additional Action Taken (2)
 Additional Action Taken (3)

G1 Resources Check this box and skip this block if an Apparatus or Personnel Module is used.

Suppression Apparatus Personnel
 EMS Other

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses and Values Required for all fires if known. Optional for non-fires. None

LOSSES: Property \$ _____, _____, _____
 Contents \$ _____, _____, _____

PRE-INCIDENT VALUE: Optional
 Property \$ _____, _____, _____
 Contents \$ _____, _____, _____

Completed Modules
 Fire-2
 Structure Fire-3
 Civilian Fire Cas.-4
 Fire Service Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1 Casualties None
 Deaths Injuries
 Fire Service _____
 Civilian _____

H2 Detector Required for confined fires.
 Detector alerted occupants
 Detector did not alert them
 Unknown

H3 Hazardous Materials Release 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 storage
 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 > 55 gal (Please complete the HazMat form.)

I Mixed Use Property Not mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Business & residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use None

Structures
 131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school, kindergarten
 215 High school, junior high
 241 College, adult education
 311 Nursing home
 331 Hospital

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

341 Clinic, clinic-type infirmary
 342 Doctor/Dentist office
 361 Prison or jail, not juvenile
 419 1- or 2-family dwelling
 429 Multifamily 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
 571 Gas or service station
 579 Motor vehicle/boat sales/repairs
 599 Business office
 615 Electric-generating plant
 629 Laboratory/Science laboratory
 700 Manufacturing plant
 819 Livestock/Poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

936 Vacant lot
 938 Graded/Cared 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

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box. Property Use Code
 Property Use Description

K1 Person/Entity Involved

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

Check this box if same address as incident location (Section B). 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

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

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

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

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

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

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

State _____ ZIP Code _____

L **Remarks:**

JOSEPH BOEBEL
March 21, 2022 16:33:21

UNITS ARRIVED TO FIND THAT A CAT HAD FALLEN INTO AN OLD CISTERN ABOUT TEN FEET DOWN WITH AN OPENING ONLY ABOUT 16" IN DIAMETER. E-1 USED A ROPE AND LASSO AND AFTER ABOUT 30 MINUTES WAS ABLE RESCUE THE CAT. OCCUPANT WAS TOLD TO SEAL THE HOLE.

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

M Authorization

Check box if same as Officer in charge.

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
JB1045		CAPTAIN		03	21	2022
Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
JB1045		CAPTAIN		03	21	2022

A	FDID <input type="text" value="70009"/>	State <input type="text" value="OH"/>	Incident Date <input type="text" value="03"/> <input type="text" value="21"/> <input type="text" value="2022"/>	Station <input type="text"/>	Incident Number <input type="text" value="0002529"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-10 Personnel
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> <small>Check if same date as Alarm date on the Basic Module (Block E1).</small> Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="2"/>	Apparatus Use <input type="checkbox"/> <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID <input type="text" value="R1"/> Type <input type="text" value="76"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1513 Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1514	Sent <input checked="" type="checkbox"/>			<input type="text" value="93"/> <input type="text" value="93"/>

Personnel ID <input type="checkbox"/>	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="WM0148"/>	WESLEY MARTIN		<input checked="" type="checkbox"/>				
<input type="text" value="MW0033"/>	MATTHEW WURGLER		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

2 ID <input type="text" value="E1"/> Type <input type="text" value="12"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1509 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1518 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1601	Sent <input checked="" type="checkbox"/>	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
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Personnel ID <input type="checkbox"/>	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

3 ID <input type="text" value="E6"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1509 Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1510	Sent <input checked="" type="checkbox"/>	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="93"/> <input type="text" value="93"/>
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Personnel ID <input type="checkbox"/>	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

A	FDID <input type="text" value="70009"/> ★	State <input type="text" value="OH"/> ★	Incident Date <input type="text" value="03"/> <input type="text" value="21"/> <input type="text" value="2022"/> ★	Station <input type="text"/>	Incident Number <input type="text" value="0002529"/> ★	Exposure <input type="text" value="000"/> ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	ESO-1 Non-NFIRS Fields
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E1 Additional Incident Times											
	Month	Day	Year	Hour	Min	Month	Day	Year	Hour	Min	
PSAP Recieved	<input type="text" value="03"/>	<input type="text" value="21"/>	<input type="text" value="2022"/>	<input type="text" value="15"/>	<input type="text" value="06"/>	Dispatch Notified	<input type="text" value="03"/>	<input type="text" value="21"/>	<input type="text" value="2022"/>	<input type="text" value="15"/>	<input type="text" value="06"/>

B	Apparatus or Resources	Dates and Times <small>Midnight is 0000</small>				ID <input type="text"/>	Type <input type="text"/>	En Route <input type="text"/>	District <input type="text"/>
		Month	Day	Year	Hour/Min				
<input type="text" value="1"/>	ID <input type="text" value="R1"/> Type <input type="text"/>	En Route	<input type="text" value="03"/>	<input type="text" value="21"/>	<input type="text" value="2022"/>	<input type="text" value="1513"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="2"/>	ID <input type="text" value="E1"/> Type <input type="text"/>	En Route	<input type="text" value="03"/>	<input type="text" value="21"/>	<input type="text" value="2022"/>	<input type="text" value="1510"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="3"/>	ID <input type="text" value="E6"/> Type <input type="text"/>	En Route	<input type="text" value="03"/>	<input type="text" value="21"/>	<input type="text" value="2022"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="4"/>	ID <input type="text"/> Type <input type="text"/>	En Route	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="5"/>	ID <input type="text"/> Type <input type="text"/>	En Route	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="6"/>	ID <input type="text"/> Type <input type="text"/>	En Route	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="7"/>	ID <input type="text"/> Type <input type="text"/>	En Route	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="8"/>	ID <input type="text"/> Type <input type="text"/>	En Route	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="9"/>	ID <input type="text"/> Type <input type="text"/>	En Route	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>