

**A** RC271 | IL | 04 | 15 | 2016 | MOF2 | 201601684 | 0 | **NFIRS-1 Basic**

FDID | State | Incident Date | Station | Incident Number | Exposure

**B Location Type**  Street address  
 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  
 Intersection: 2200 | 69TH AV  
 In front of: |  
 Rear of: |  
 Adjacent to: |  
 Directions: |  
 US National Grid

**C Incident Type** 321 | EMS call, excluding vehicle accident with injury  
**E1 Dates and Times** Month: 04 | Day: 15 | Year: 2016 | Hour: 01 | Min: 17 | Sec: 01  
**E2 Shifts and Alarms** Local Option: 3 | Alarm: | District: MOS3  
**D Aid Given or Received**  
 1 Mutual aid received  
 2 Automatic aid received  
 3 Mutual aid given  
 4 Automatic aid given  
 5 Other aid given  
 N  None  
**E3 Special Studies** Local Option: | Special Study 100: | Special Study Value: |

**F Actions Taken** 30 | Emergency medical services, other  
**G1 Resources** Check this box and tick this block if an Apparatus or Personnel Module is used.  
 Apparatus: Suppression 1 | EMS 1 | Other 0  
 Personnel: 3 | 2 | 0  
**G2 Estimated Dollar Losses and Values** None  
 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 Fee-8  
 Apparatus-9  
 Personnel-10  
 Avion-11

**H1 Casualties**  
 Death: 0 | Injury: 0  
**H2 Detector**  
 1 Detector alerted occupants  
 2 Detector did not alert occupants  
 U Unknown

None  
**H3 Hazardous Materials Release**  
 0 Special HazMat actions required or spills >= 55 gal.  
 1 Natural gas - slow leak, no evac. or HazMat actions  
 2 Propane gas - Less than a 21 lb. tank  
 3 Gasoline - vehicle fuel tank or portable container  
 4 Kerosene - fuel-burning equipment/portable storage  
 5 Diesel fuel/fuel oil - vehicle fuel tank/portable  
 6 Household/office solvent or chemical spill  
 7 Motor oil - from engine or portable container  
 8 Paint - spills less than 55 gallons  
 N None

**I Mixed Use Property**  
 00 Moved use - other  
 10 Assembly use  
 20 Educational use  
 33 Medical use  
 40 Residential use  
 51 Row of stores  
 53 Enclosed mall  
 58 Business and residential use  
 59 Office use  
 60 Industrial use  
 63 Military use  
 65 Farm use  
 NN Not mixed use



J Property Use Structures					
131	Church, mosque, synagogue, temple, chapel	341	Clinic, clinic-type infirmary	539	Household goods, sales, repairs
161	Restaurant or cafeteria	342	Doctor, dentist or oral surgeon office	571	Service station, gas station
162	Bar or nightclub	361	Jail, prison (not juvenile)	579	Motor vehicle or boat sales, services, repair
213	Elementary school, including kindergarten	419	1 or 2 family dwelling	599	Business office
215	High school/junior high school/middle school	429	Multifamily dwelling	615	Electric-generating plant
241	Adult education center, college classroom	439	Boarding/lodging house, residential hotels	629	Laboratory or science laboratory
311	24-hour care Nursing homes, 4 or more persons	449	Hotel/motel, commercial	700	Manufacturing, processing
331	Hospital - medical or psychiatric	459	Residential board and care	819	Livestock, poultry storage
		464	Baracks, dormitory	882	Parking garage, general vehicle
		519	Food and beverage sales, grocery store	891	Warehouse
		936	Vacant lot	981	Construction site
		938	Graded and cared-for plots of land	984	Industrial plant yard - area
		946	Lake, river, stream		
		951	Railroad right-of-way		
		960	Street, other		
		961	Highway or divided highway		
		982	Residential street, road or residential driveway		

Look up and enter a Property Use code and description only if you have NOT checked a Priority Use Box.

Property Use Code: **973**  
 Aircraft taxiway  
 Property Use Description

**K1 Person/Entity Involved**

Local Option

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

Business Name (if Applicable) \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

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 the block

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

Business Name (if Applicable) \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

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 \_\_\_\_\_

**M Authorization**

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
2672	John Heller	LT	Station 12	04	15	2016
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year
2672	John Heller	LT	Station 12	04	15	2016

**L Remarks**

Local Option

T12 arrived first and began pt care pt was carried down from airplane by pts body guard. T12 drove A13 to hospital.

**A** FDID: RC271 State: IL Incident Date: 04/15/2016 Station: MOF2 Incident Number: 201601684 Ext: 0

**NFIRS-9  
Apparatus  
or  
Resources**

B Apparatus or Resource	Dates and Times		Midnight in 0000	Sent	Number of People	Apparatus Use	Actions Taken	
	Dispatch	Arrival					Clear	Let up to 4 actions for each apparatus and each person.
1 ID: AMB13 Type: 76	Dispatch X	04/15/2016 0117		Sent X	2	Other X EMS		
2 ID: TK12 Type: 12	Dispatch X	04/15/2016 0117		Sent X	3	Other X Suppression EMS		

B Apparatus or Resource		Dates and Times		Sent	Number of People	Apparatus Use	Actions Taken
		Check if the same date as Alarm date on the Basic Module (Block E1)				Check ONE box for each apparatus to indicate as main use personnel	
		Month/Day/Year		Hour/Min		List up to 4 actions for each apparatus and each personnel	
1	ID: AMB13 Type: 76	Dispatch X	04/15/2016 0117	Sent	2	Other	<input type="checkbox"/>
		Arrival X	04/15/2016 0126	X		Suppression	<input type="checkbox"/>
		Clear X	04/15/2016 0216			EMS	<input type="checkbox"/>
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken
2698	Frederiksen, Justin	FFP					
2709	Sorby, Kevin	FFP					

B Apparatus or Resource		Dates and Times		Sent	Number of People	Apparatus Use	Actions Taken
		Check if the same date as Alarm date on the Basic Module (Block E1)				Check ONE box for each apparatus to indicate as main use personnel	
		Month/Day/Year		Hour/Min		List up to 4 actions for each apparatus and each personnel	
2	ID: TK12 Type: 12	Dispatch X	04/15/2016 0117	Sent	3	Other	<input type="checkbox"/>
		Arrival X	04/15/2016 0124	X		Suppression	<input type="checkbox"/>
		Clear X	04/15/2016 0151			EMS	<input type="checkbox"/>
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken	Action Taken
2672	Heller, John	LT					
2825	Houzenga, Scott	ENG					
2682	Leone, Marco	FFP					

# Comprehensive Report

Moline Fire Department  
1630-8th Ave  
Moline, IL 61265

Incident Date: 04/15/2016

[Redacted content]

### Unit Personnel

Crew Member	Crew Member Level	Crew Member Role
Frederiksen, Justin	Paramedic	Secondary Caregiver
Rands, Austin	Paramedic	Primary Caregiver
Sorby, Kevin	Paramedic	

### Personal Protective Equipment Used: Gloves

[Redacted content]

[Redacted content]

[Redacted content]

[Redacted content]

[Redacted content]









