

A FDID <input type="text" value="72009"/> State <input type="text" value="OK"/> Incident Date <input type="text" value="08"/> <input type="text" value="05"/> <input type="text" value="2016"/> Station <input type="text" value="023"/> Incident Number <input type="text" value="0035314"/> Exposure <input type="text" value="000"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS-1 Basic
B Location Type <input type="checkbox"/> 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.			
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> U.S. National Grid			
Census Tract <input type="text"/> - <input type="text"/> Number/Milepost <input type="text" value="5115"/> Prefix <input type="text" value="E"/> Street or Highway <input type="text" value="51ST"/> Street Type <input type="text" value="ST"/> Suffix <input type="text" value="S"/> Apt./Suite/Room <input type="text"/> City <input type="text" value="TULSA"/> State <input type="text" value="OK"/> ZIP Code <input type="text" value="74135"/>			
Cross Street, Directions or National Grid, as applicable			
C Incident Type <input type="checkbox"/> <input type="text" value="100"/> Fire, other Incident Type		E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm <input checked="" type="checkbox"/> Month <input type="text" value="08"/> Day <input type="text" value="05"/> Year <input type="text" value="2016"/> Hour <input type="text" value="20"/> Min <input type="text" value="01"/> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival <input type="checkbox"/> Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> Hour <input type="text"/> Min <input type="text"/> Sec <input type="text" value="2004"/> CONTROLLED optional, except for wildland fires <input type="checkbox"/> Controlled <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> Hour <input type="text"/> Min <input type="text"/> Sec <input type="text"/> <input checked="" type="checkbox"/> Last Unit Cleared LAST UNIT CLEARED, required except for wildland fires <input type="checkbox"/> Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> Hour <input type="text"/> Min <input type="text"/> Sec <input type="text" value="2218"/>	
D Aid Given or Received <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given Their FDID <input type="text"/> Their State <input type="text"/> Their Incident Number <input type="text"/>		E2 Shifts and Alarms Local Option <input type="checkbox"/> Shift or Platoon <input type="text" value="005"/> Alarms District E3 Special Studies Local Option Special Study ID# <input type="text"/> Special Study Value <input type="text"/>	
F Actions Taken <input checked="" type="checkbox"/> Investigate fire out <input type="text" value="87"/> on arrival Primary Action Taken (1) <input type="text" value="33"/> support (ALS) Additional Action Taken (2) <input type="text" value="81"/> Incident command Additional Action Taken (3)		G1 Resources <input checked="" type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus Personnel Suppression <input type="text"/> <input type="text"/> EMS <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/> <input type="checkbox"/> Check box if resource counts include aid received resources.	
G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <input type="text" value="000"/> , <input type="text" value="000"/> , <input type="text" value="000"/> <input type="checkbox"/> Contents \$ <input type="text" value="000"/> , <input type="text" value="000"/> , <input type="text" value="000"/> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text"/> , <input type="text"/> , <input type="text"/> <input type="checkbox"/> Contents \$ <input type="text"/> , <input type="text"/> , <input type="text"/> <input type="checkbox"/>			
Completed Modules <input checked="" type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input checked="" type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-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 Deaths Injuries Fire Service <input type="text" value="0"/> <input type="text" value="0"/> Civilian <input type="text" value="1"/> <input type="text" value="0"/> H2 Detector Required for confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown	
H3 Hazardous Materials Release <input type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21-lb tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)		I Mixed Use Property <input type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 30 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use	
J Property Use <input type="checkbox"/> None Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input checked="" type="checkbox"/> Nursing home 331 <input type="checkbox"/> Hospital 341 <input type="checkbox"/> Clinic, clinic-type infirmary 342 <input type="checkbox"/> Doctor/Dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/Boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/Barracks 519 <input type="checkbox"/> Food and beverage sales 539 <input type="checkbox"/> Household goods, sales, repairs 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/Science laboratory 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/Poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/Cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right-of-way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/Divided highway 962 <input type="checkbox"/> Residential street/driveway 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> 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 <input type="text"/> Code <input type="text"/> Property Use Description			

A Delete Change

FDID ★ State ★ Incident Date ★ Station Incident Number ★ Exposure ★ **NFIRS-1S Supplemental**

K1 Person/Entity Involved -

Local Option

Check this box if same address as incident location. Then skip these three duplicate address lines.

-

K1 Person/Entity Involved -

Local Option

Check this box if same address as incident location. Then skip these three duplicate address lines.

-

K1 Person/Entity Involved -

Local Option

Check this box if same address as incident location. Then skip these three duplicate address lines.

-

K1 Person/Entity Involved -

Local Option

Check this box if same address as incident location. Then skip these three duplicate address lines.

-

K1 Person/Entity Involved -

Local Option

Check this box if same address as incident location. Then skip these three duplicate address lines.

-

E3

Supplemental Special Studies

Local Option

**NFIRS-1S
Supplemental**

1
Special Study ID# Special Study Value

2
Special Study ID# Special Study Value

3
Special Study ID# Special Study Value

4
Special Study ID# Special Study Value

5
Special Study ID# Special Study Value

6
Special Study ID# Special Study Value

7
Special Study ID# Special Study Value

8
Special Study ID# Special Study Value

L

Remarks:

Local Option

A	<input type="text" value="72009"/> FDID	<input type="text" value="OK"/> State	<input type="text" value="08"/> MM	<input type="text" value="05"/> DD	<input type="text" value="2016"/> YYYY	<input type="text" value="0035314"/> Station	<input type="text" value="000"/> Incident Number	<input type="text" value="000"/> Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-1S Supplemental
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K1 Person/Entity Involved

Local Option Check this box if same address as incident location. Then skip these 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

K1 Person/Entity Involved

Local Option Check this box if same address as incident location. Then skip these 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

K1 Person/Entity Involved

Local Option Check this box if same address as incident location. Then skip these three duplicate address lines.

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Area Code - Phone Number

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K1 Person/Entity Involved

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K1 Person/Entity Involved

Local Option Check this box if same address as incident location. Then skip these 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

E3

Supplemental Special Studies

Local Option

**NFIRS-1S
Supplemental**

1 [] []
Special Study ID# Special Study Value

2 [] []
Special Study ID# Special Study Value

3 [] []
Special Study ID# Special Study Value

4 [] []
Special Study ID# Special Study Value

5 [] []
Special Study ID# Special Study Value

6 [] []
Special Study ID# Special Study Value

7 [] []
Special Study ID# Special Study Value

8 [] []
Special Study ID# Special Study Value

L

Remarks:

Local Option

by FEO Ridener on SQ 23.

SQ 23 requested TPD and a TFD Fire Investigator to respond to the scene and preserved the crime scene. A chaplain was requested for the pt's sister, who is the pt's legal guardian. SQ 23 assisted the pt 's family while on scene and turned them over assistance over to TFD Chaplain Mckentire on his arrival. SQ 23 left the scene with TPD and Fire Investigator. SQ 23 returned to service without further incident.

JOSHUA TEAGUE

August 6, 2016 17:15:55

Car 762 responded. Fire was determined to be accidental.

A FDID State Incident Date MM DD YYYY Station Incident Number Exposure Delete Change **NFIRS-2 Fire**

B Property Details

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

B2 Buildings not involved
Number of buildings involved

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

C On-Site Materials or Products 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 box for each code entered.

On-site material (1)

On-site material (2)

On-site material (3)

On-Site Materials Storage Use

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

D Ignition

D1
Area of fire origin

D2
Heat source

D3
Item first ignited 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.

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 None

Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition

Check all applicable boxes None

1 Asleep
2 Possibly impaired by alcohol or drugs
3 Unattended person
4 Possibly mentally 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

Equipment Involved

Brand
Model
Serial #
Year

F2 Equipment Power Source

Equipment Power Source

F3 Equipment Portability

1 Portable
2 Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

G Fire Suppression Factors None

Enter up to three codes.

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

Mobile property model Year

License Plate Number State VIN

Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).

H2 Mobile Property Type and 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

NFIRS-2 Revision 01/01/05

A	FDID <input type="text" value="72009"/>	State <input type="text" value="OK"/>	Incident Date MM <input type="text" value="08"/> DD <input type="text" value="05"/> YYYY <input type="text" value="2016"/>	Station <input type="text" value="023"/>	Incident Number <input type="text" value="0035314"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-9 Apparatus or Resources
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B Apparatus or Resources <small>Use codes listed below</small>	Dates and Times <small>Midnight is 0000</small> <small>Check if same date as Alarm date on the Basic Module (Block E1).</small>	Sent <input checked="" type="checkbox"/>	Number of People <input type="checkbox"/>	Apparatus 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.</small>
ID	Dispatch Arrival Clear			<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
1 ID <input type="text" value="C762"/> ★ Type <input type="text" value="00"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2011 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2028 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2218	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
2 ID <input type="text" value="SQ23"/> ★ Type <input type="text" value="76"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2003 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2004 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2127	<input checked="" type="checkbox"/>	<input type="text" value="2"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
3 ID <input type="text" value="ENG21"/> ★ Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2002 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2008 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2112	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
4 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
5 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
6 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
7 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
8 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
9 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>

Apparatus or Resource Type Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker and pumper combination 16 Brush truck 17 ARFF (aircraft rescue and firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy ground equipment, other	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 equipment, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other	Medical and Rescue 71 Rescue unit 72 Urban search and 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 I hand crew 95 Type II hand crew 99 Privately owned vehicle 00 Other apparatus/resources	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> More apparatus? Use additional sheets. </div> NN None UU Undetermined <small>NFIRS-9 Revision 01/01/04</small>
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A	FDID <input type="text" value="72009"/> ★	State <input type="text" value="OK"/> ★	Incident Date <input type="text" value="08"/> <input type="text" value="05"/> <input type="text" value="2016"/> ★	Station <input type="text" value="023"/>	Incident Number <input type="text" value="0035314"/> ★	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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Dispatch Notified	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B	Apparatus or Resources	Dates and Times <small>Midnight is 0000</small>	ID	Type	En Route	District
		<small>Month Day Year Hour/Min</small>				
<input type="text" value="1"/>		En Route <input type="text" value="08"/> <input type="text" value="05"/> <input type="text" value="2016"/> <input type="text" value="2011"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		District <input type="text"/>	<input type="text" value="5"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="2"/>		En Route <input type="text" value="08"/> <input type="text" value="05"/> <input type="text" value="2016"/> <input type="text" value="2003"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		District <input type="text"/>	<input type="text" value="6"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="3"/>		En Route <input type="text" value="08"/> <input type="text" value="05"/> <input type="text" value="2016"/> <input type="text" value="2003"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		District <input type="text"/>	<input type="text" value="7"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="4"/>		En Route <input type="text"/>	<input type="text" value="8"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		District <input type="text"/>	<input type="text" value="9"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>