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| Massachusetts Fire Incident Reporting System – Basic |

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| A | |  | |  | | | | | |  | | | |  | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |  | | | | | | | | | | Delete  Change  No Activity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FDID \* | | | | | | State \* | | | | Incident Date \* | | | | | | | | | | | | Station | | | | Incident Number \* | | | | | | | | | | | | | Exposure \* | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | |  | | **LOCATION** \*1Street Address 2  Intersection 3  In front of 4  Rear of 5  Adjacent to 6  Directions  Check this box if incident address is provided on Wildland Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | Number/Milepost | | | | | | | Prefix | | | | | | | | Street or Highway | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Street Type | | | | | | | | | Suffix | | | | | | | Census Tract | | | |
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| Apt./Suite/Room | | | | | | City | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | | | Zip Code | | | | | Plus 4 | | | | | Cross street or directions, as applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C** | |  | | | | **INCIDENT TYPE** \* **CRITICAL INCIDENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | E | | | **DATES & TIMES** (Midnight is 0000) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Critical Incident  Team Mobilized | | | | | | | | | |  | | | | | | | | |  | | | |  | | | | Check boxes if dates are same as alarm date > | | | | | | | |  | | | | Date | | | |  | | Time | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | |
| Incident Type | | | | | | |  | | | | | | | | | | Circumstances | | | | | | | | |  | | | | | | | |  | | | | | | | | Alarm \* | | | |  | | | |  | |  | | | | | | | | | | |  |  | | | | | | | |  | | | | | | |  | | |
|  | | | | | | |  | | | | | | | | | |  | | | | | | | | | Arrival\* | | | | | | | | | | | |  | | | |  | |  | | | | | | | | | | |  | Shift or Platoon | | | | | | | | Alarms | | | | | | | District | | |
| **D** | | |  | |  | | | | | | | | |  | |  | | | | | | | | | |  | | | | | | | | |  | | | | Controlled | | | | | | | | | | | |  | | | |  | |  | | | | | | | | | | |  |  | | | | | | | | | | | | |  | | | | |
| Aid Given/Received \* | | | | | | | | | Their FDID | | Their State | | | | | | | | | | Their Incident Number | | | | | | | | |  | | | | Last Unit Cleared | | | | | | | | | | | |  | | | |  | |  | | | | | | | | | | |  | Special Study ID# | | | | | | | | | | | | | Special Study Value | | | | |
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| **F** | | | |  | | | | **ACTIONS TAKEN \*** | | | | | | | | | | | | | **G** | | | **RESOURCES** \* **EST. $ LOSSES & VALUES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **H** | | | | **CASUALTIES** \* | | | | | | Deaths Injuries | | | | | | | | | | | | | | |
|  | |  | | | | | | | |  | | | |  | | | Apparatus Personnel | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | None | | | |  | |  | | | Fire Service | | | | | | |  | | | | | | | | | |  | | |  | | |
| Primary Action Taken (1) \* | | | | | | | | | | | | Suppression | | | | | | | | | | |  | | | | |  |  | | | | | | |  | | | | | Property | | | | $ | | | | | |  | | | |  | |  | | | Civilian | | | | | | |  | | | | | | | | | |  | | |  | | | | |
|  | | | |  | | | | | | | | EMS | | | | | | | | | | | |  | | | |  |  | | | | | | |  | | | | | Contents | | | | $ | | | | | |  | | | |  | |  | | | **DETECTOR:** | | | | | | | 1 Alerted Occupants  2 Didn’t Alert Occupants  U Unknown | | | | | | | | | | | | | | | | | |
| Additional Action Taken (2) | | | | | | | | | | | | Other | | | | | | | | | | | |  | | | |  |  | | | | | | |  | | | | | PRE-INCIDENT VALUE | | | | | | | | | | | | | |  | |  | | |  | | | | | | |
|  | | | |  | | | | | | | |  | | | | | | Check this box if resource counts  include aid received resources. | | | | | | | | | | | | | | | | | |  | | | | | Property | | | | $ | | | | | |  | | | |  | |  | | | **HAZMAT RELEASE** | | | | | | | | | | | | | |  | | | | | | | | | | |
| Additional Action Taken (3) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | Contents | | | | $ | | | | | |  | | | |  | | **I** | | | **MIXED USE PROPERTY** | | | | | | | | | | | | | | |  | | | | | | | | | |
| Entries contained in this report are intended for the sole use of the State Fire Marshal. Estimations and evaluations made herein represent “most likely” and “most probable” cause and effect. Any representation as to the validity or accuracy of reported conditions outside the State Fire Marshal’s Office is neither intended nor implied. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | |  | | **J** | | | **PROPERTY USE**\* | | | | | | | | | |  | | | | | | |  | | | | | | | | | |
| Massachusetts Fire Incident Reporting System – Basic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **K1** | | | | | | **PERSON/ENTITY INVOLVED**  Check this box if same address as incident location. Then skip three duplicate address lines.  More people involved? Attach additional forms. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Business name (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Area Code | | | | | | | | Phone Number | | | | | | | |
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| Mr./Mrs./Ms. | | | | | | | First Name | | | | | | | | | | | | | | | | | | | | | | | | M/I | | | Last Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Suffix | | |
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| Number | | | | | | | | | | | | | | | | | | | Prefix | | | | | | | | | | | | | | | | | | | | Street or Highway | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Street Type | | | | | | | | | | | Suffix | | |
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| Post Office Box | | | | | | | | | | | | | Apt./Suite/Room | | | | | | | | | | | | | | | | | City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | Zip Code | | | | | | | | | | | | | |
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| Insurance Company | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total Insurance | | | | | | | | | | | | | | | | | | |
| **K2** | | | | | | | | | **OWNER**   Same as person involved? Skip this section.  Check this box if same address as incident location. Then skip the three duplicate address lines. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| Business Name (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Area Code | | | | | | | | | | Phone Number | | | | | | | |
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| Mr./Mrs./Ms. | | | | | First Name | | | | | | | | | | | | | | | | | | | | | | | | | M/I | | Last Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Suffix | | |
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| Number | | | | | | | | | | | | | | | | | Prefix | | | | | | | | | | | | | | | | | | | | Street or Highway | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Street Type | | | | | | | | | | | Suffix | | |
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| Post Office Box | | | | | | | | | | | Apt./Suite/Room | | | | | | | | | | | | | | | | | City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | Zip Code | | | | | | | | | | | | | |
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| Insurance Company | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total Insurance | | | | | | | | | | | | | | | | | | |
| **M** | |  | | | |  | | | |  | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | |
| OIC ID | | | | First Name | | | | | | | | | | | | | | | | | | | | M/I | | Last Name | | | | | | | | | | | | | | | | | | | | Position/rank | | | | | | | | | | | Assignment | | | | | | | | | | | | | | | Date | | | | | | | | | | |
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| MIC ID | | | | First Name | | | | | | | | | | | | | | | | | | | | M/I | | Last Name | | | | | | | | | | | | | | | | | | | | Position/rank | | | | | | | | | | | Assignment | | | | | | | | | | | | | | | Date | | | | | | | | | | |
| Check if same as officer in charge. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |