

# NFIRS 1 - Basic Module



# NFIRS 1 - Basic Module

The Basic Module is required for every type of incident to which a department responds.

When you see a star ★ the field is required.

Non-fire incidents only require the Basic Module, with additional modules an option.

# A - Header Information



The image shows a header information form for NFIRS-1 Basic. It consists of several fields for data entry, each with a star icon below it, indicating required fields. The fields are: FDID (4 characters), State (2 characters), Incident Date (MM DD YYYY, 8 characters), Station (4 characters), Incident Number (8 characters), and Exposure (4 characters). To the right of the fields are three checkboxes: 'Delete', 'Change', and 'No Activity'. The text 'NFIRS-1 Basic' is printed in a box on the right side of the form.

**Contains the information that uniquely identifies the incident.**

(FDID, state, incident date, number, and exposure)

**Provides option to report a change, deletion, or no activity.**

# A - Header Information



The diagram shows the header information for NFIRS-1 Basic. It consists of a horizontal bar with a black border. On the left, the letter 'A' is in a bold font. The bar contains several fields: 'FDID' (5 characters), 'State' (2 characters), 'Incident Date' (MM, DD, YYYY), 'Station' (4 characters), 'Incident Number' (8 characters), and 'Exposure' (4 characters). Each field has a star symbol below it. To the right of the fields are three checkboxes labeled 'Delete', 'Change', and 'No Activity'. On the far right, there is a box containing the text 'NFIRS-1 Basic'.

**FDID** - A unique five-character identifier assigned by the State to identify a particular fire department within the State.

**Incident Number** - The incident number is a unique number assigned by the fire department for each incident. Should be all numeric.

# A - Header Information



The image shows a header information form for NFIRS-1 Basic. It consists of several fields with a star icon below them, indicating required fields. The fields are: FDID (4 digits), State (2 digits), Incident Date (MM DD YYYY, 8 digits), Station (4 digits), Incident Number (8 digits), and Exposure (3 digits). To the right of the fields are three checkboxes: Delete, Change, and No Activity. The form is labeled 'NFIRS-1 Basic' in a box on the right.

**Exposure** – If the incident is not a fire, the exposure should always be 000.

**Exposure** - An incident may have multiple fire exposures - the exposure number indicates how many there were for a given fire.

000 is for the original fire

001 would mean one exposure - a separate report is completed for each exposure associated with an incident.

# A - Header Information



The image shows a header information form for NFIRS-1 Basic. It includes fields for FDID, State, Incident Date (MM, DD, YYYY), Station, Incident Number, and Exposure. Each field has a star icon below it. To the right of the fields are three checkboxes labeled 'Delete', 'Change', and 'No Activity'. The form is labeled 'NFIRS-1 Basic' in a box on the right.

**Delete/Change/No Activity** - These boxes indicate whether previously provided information is to be changed or deleted or to report that no activity occurred during a reporting period.

When filling out the Basic Module for a new incident, leave the **Delete/Change/No Activity** boxes blank.

# A - Header Information

A

FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure	<input type="checkbox"/> Delete	NFIRS-1 Basic
★	★					★	★	<input type="checkbox"/> Change	
		Incident Date						<input type="checkbox"/> No Activity	

**No Activity** - When you don't have any incidents for a month, create a **No Activity** report.

Complete the header information using the last day of the month for the **Date**, **Incident Number** 0000000, **Exposure Number** 000 and check the **No Activity** box.

# B - Location

**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.

Street address

Intersection

In front of

Rear of

Adjacent to

Directions

U.S. National Grid

Census Tract [ ]-[ ]

Number/Milepost [ ] Prefix [ ] Street or Highway [ ] Street Type [ ] Suffix [ ]

Apt./Suite/Room [ ] City [ ] State [ ] ZIP Code [ ]-[ ]

Cross Street, Directions or National Grid, as applicable

Identifies specific location of the incident.

Checkbox used to indicate whether Wildland Module and an "Alternate Location" is provided.

Accepts GIS Compatible Format.

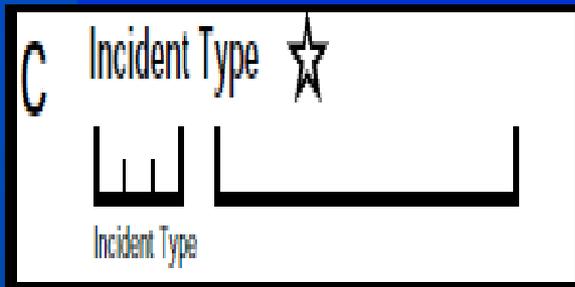
# B - Location

<b>B</b>	<b>Location Type</b> ☆	<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.	Census Tract	_____ - _____
<input type="checkbox"/>	Street address			
<input type="checkbox"/>	Intersection	_____	_____	_____
<input type="checkbox"/>	In front of	Number/Milepost	Prefix	Street or Highway
<input type="checkbox"/>	Rear of			
<input type="checkbox"/>	Adjacent to	Apt./Suite/Room	City	State ZIP Code - _____
<input type="checkbox"/>	Directions			
<input type="checkbox"/>	U.S. National Grid	Cross Street, Directions or National Grid, as applicable		

**Location** - Vicinity information (in front of, rear of, adjacent to) can help to define the exact location.

**Location** - If the **Wildland Module** is used in lieu of the Fire Module, you can check the box **Alternate Location Specification** and fill out **section B** of the **Wildland Module** instead of the **Location Type** in the **Basic Module**.

# C - Incident Type



**Identifies the single most significant situation found.**

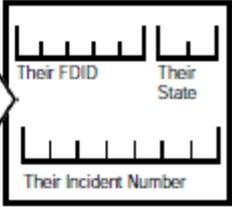
**Fire takes precedence over all other incident types (if multiple situations exist at the same incident).**

**The incident type may not always be what you are called out to but what you find when you arrive. The type of incident helps determine additional modules required.**

***Handbook page 3-22***

# D - Aid Given or Received

D Aid Given or Received ☆  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	

This section is intended to link data records between giving and receiving departments.

When aid is **given**, complete the section that includes the receiving department's FDID number, state, and their incident number, if available.

Selecting **5-Other aid given**, means that you responded to an incident outside of your jurisdiction that does not have a Fire Department. You are responsible for completing all applicable modules.

# D - Aid Given or Received

D Aid Given or Received ☆ <input type="checkbox"/> None	
1 <input type="checkbox"/> Mutual aid received	Their FDID
2 <input type="checkbox"/> Auto. aid received	
3 <input type="checkbox"/> Mutual aid given	Their State
4 <input type="checkbox"/> Auto. aid given	
5 <input type="checkbox"/> Other aid given	Their Incident Number

**Receiving Department** - Complete the Basic Module and all other applicable modules.

**Aid Given Department** - Complete the Basic Module to indicate what your department did at the incident.

Complete a Fire Service Casualty Module for any of your own department members that were injured or killed at the incident.

# E<sub>1</sub> - Dates & Times

E <sub>1</sub> Dates and Times		Midnight is 0000				
		Month	Day	Year	Hour	Min
Check boxes if dates are the same as Alarm Date. 	<input checked="" type="checkbox"/> Alarm	★	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Arrival	★	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Controlled		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Last Unit Cleared		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ALARM always required

ARRIVAL required, unless canceled or did not arrive

CONTROLLED optional, except for wildland fires

LAST UNIT CLEARED, required except for wildland fires

Collects date and time of alarm, arrival, controlled, and last unit cleared.

Hours and minutes are recorded in 24 hour time.

Midnight is 0000.

# E<sub>1</sub> - Dates & Times

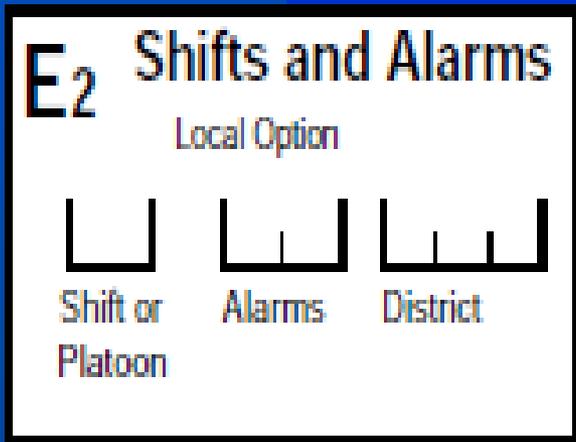
E <sub>1</sub> Dates and Times		Midnight is 0000				
		Month	Day	Year	Hour	Min
Check boxes if dates are the same as Alarm Date. 	<input checked="" type="checkbox"/> Alarm	★	ALARM always required			
	<input type="checkbox"/> Arrival	★	ARRIVAL required, unless canceled or did not arrive			
	<input type="checkbox"/> Controlled		CONTROLLED optional, except for wildland fires			
	<input type="checkbox"/> Last Unit Cleared		LAST UNIT CLEARED, required except for wildland fires			

**Arrival Time** is required unless **Incident Type** is cancelled en-route.

**Controlled Time** is optional unless it is a Wildland Fire.

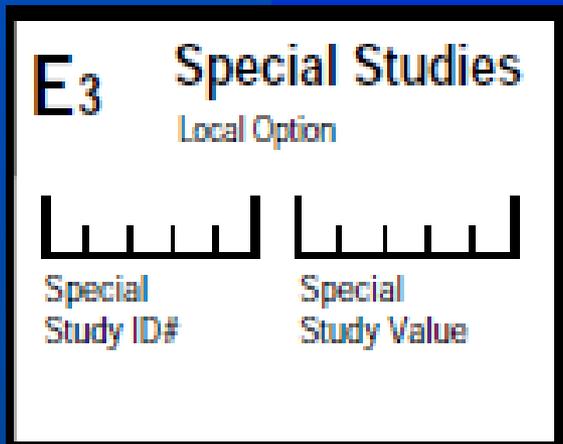
**Last Unit Cleared** is required except for Wildland Fires.

# E<sub>2</sub> - Shift and Alarms



**Local Option - Identifies the on-duty shift or platoon; the number of alarms transmitted for the incident; and the district number**

# E<sub>3</sub> – Special Studies



**Local Option - Temporary data elements that can be used for collection of information that is of special interest for a defined period.**

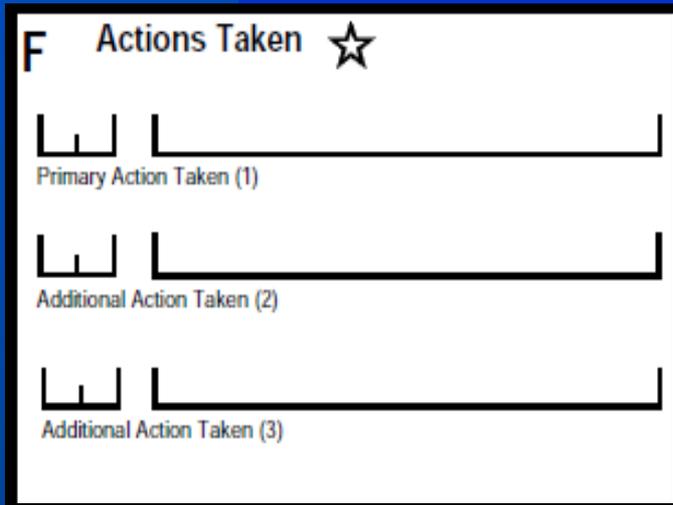
# F - Actions Taken

**F** Actions Taken ☆

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)



Records the three most significant actions performed on the incident scene by responding personnel.

# F - Actions Taken

The image shows a form titled "F Actions Taken" with a star icon. It contains three input fields for recording actions taken. Each field has a small icon on the left and a long horizontal line for text entry.

**F** Actions Taken ☆

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

The action taken for an incident type of 'canceled enroute' should be '93 Canceled enroute'

# G<sub>1</sub> – Resources

**G<sub>1</sub> Resources** ☆

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

	Apparatus	Personnel
Suppression	_ _ _ _ _ _ _	_ _ _ _ _ _ _
EMS	_ _ _ _ _ _ _	_ _ _ _ _ _ _
Other	_ _ _ _ _ _ _	_ _ _ _ _ _ _

Check box if resource counts include aid received resources.

**Collects the total number of personnel and apparatus, by type that responded to the incident.**

**This information will be automatically calculated if using the apparatus or personnel module in an automated system.**

# G<sub>1</sub> – Resources

<b>G<sub>1</sub></b>	<b>Resources</b> ☆												
<input type="checkbox"/>	Check this box and skip this block if an Apparatus or Personnel Module is used.												
	<table border="1"><thead><tr><th></th><th>Apparatus</th><th>Personnel</th></tr></thead><tbody><tr><td>Suppression</td><td> _ _ _ _ _ _ _ </td><td> _ _ _ _ _ _ _ </td></tr><tr><td>EMS</td><td> _ _ _ _ _ _ _ </td><td> _ _ _ _ _ _ _ </td></tr><tr><td>Other</td><td> _ _ _ _ _ _ _ </td><td> _ _ _ _ _ _ _ </td></tr></tbody></table>		Apparatus	Personnel	Suppression	_ _ _ _ _ _ _	_ _ _ _ _ _ _	EMS	_ _ _ _ _ _ _	_ _ _ _ _ _ _	Other	_ _ _ _ _ _ _	_ _ _ _ _ _ _
	Apparatus	Personnel											
Suppression	_ _ _ _ _ _ _	_ _ _ _ _ _ _											
EMS	_ _ _ _ _ _ _	_ _ _ _ _ _ _											
Other	_ _ _ _ _ _ _	_ _ _ _ _ _ _											
<input type="checkbox"/>	Check box if resource counts include aid received resources.												

Check the top box and skip this block if an Apparatus or Personnel Module is included.

Check the bottom box only if you received aid from another department and included them in the counts.

# G<sub>2</sub> - Dollar Losses & Values

G <sub>2</sub> Estimated Dollar Losses and Values	
<b>LOSSES:</b>	Required for all fires if known. Optional for non-fires.
Property	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>
Contents	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>
<b>PRE-INCIDENT VALUE:</b> Optional	
Property	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>
Contents	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>

Provides an estimate of the total dollar loss and the pre-incident value of the property and contents.

This is required for all fires if known and optional for non-fires.

# H<sub>1</sub> - Casualties

H <sub>1</sub> ★Casualties	<input type="checkbox"/> None	
	Deaths	Injuries
Fire Service	┌──┐┌──┐┌──┐┌──┐	┌──┐┌──┐┌──┐┌──┐
Civilian	┌──┐┌──┐┌──┐┌──┐	┌──┐┌──┐┌──┐┌──┐

Identifies the number of deaths or injuries as a result of the incident.

The Civilian category includes citizens and non-fire-service emergency responders injured or killed only as a result of fire.

# H<sub>1</sub> - Casualties

H <sub>1</sub> ★Casualties	<input type="checkbox"/> None	
	Deaths	Injuries
Fire Service	███	███
Civilian	███	███

Fire Service casualties should include fire and non-fire incidents.

In mutual aid situations, receiving departments account for the civilian casualties and only Fire Service casualties from their department.

Aid given departments account for their own Fire Service casualties.

# H<sub>2</sub> - Detector

H <sub>2</sub>	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

Identifies the presence of detectors at the time of the incident and whether they alerted the occupants.

Required for all confined fires.

# H<sub>3</sub> - Hazardous Materials Release

H<sub>3</sub> 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.)

**Documents the occurrence of a hazardous materials release at the incident.**

**Complete whenever hazardous materials are involved – regardless of the incident type.**

**If spill is greater than 55 gallons, please fill out the HazMat module.**

# I - Mixed Use Property

Mixed Use Property		<input type="checkbox"/> Not mixed
10	<input type="checkbox"/> Assembly use	
20	<input type="checkbox"/> Education use	
33	<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	

**Captures data on the overall use of the structures on a property.**

**If a structure has two or more property uses, or If a property has two or more structures with different uses.**

# J - Property Use

J	Property Use	☆	<input type="checkbox"/> None					
<b>Structures</b>								
131	<input type="checkbox"/> Church, place of worship			341	<input type="checkbox"/> Clinic, clinic-type infirmary	539	<input type="checkbox"/> Household goods, sales, repairs	
161	<input type="checkbox"/> Restaurant or cafeteria			342	<input type="checkbox"/> Doctor/Dentist office	571	<input type="checkbox"/> Gas or service station	
162	<input type="checkbox"/> Bar/Tavern or nightclub			361	<input type="checkbox"/> Prison or jail, not juvenile	579	<input type="checkbox"/> Motor vehicle/boat sales/repairs	
213	<input type="checkbox"/> Elementary school, kindergarten			419	<input type="checkbox"/> 1- or 2-family dwelling	599	<input type="checkbox"/> Business office	
215	<input type="checkbox"/> High school, junior high			429	<input type="checkbox"/> Multifamily dwelling	615	<input type="checkbox"/> Electric-generating plant	
241	<input type="checkbox"/> College, adult education			439	<input type="checkbox"/> Rooming/Boarding house	629	<input type="checkbox"/> Laboratory/Science laboratory	
311	<input type="checkbox"/> Nursing home			449	<input type="checkbox"/> Commercial hotel or motel	700	<input type="checkbox"/> Manufacturing plant	
331	<input type="checkbox"/> Hospital			459	<input type="checkbox"/> Residential, board and care	819	<input type="checkbox"/> Livestock/Poultry storage (barn)	
				464	<input type="checkbox"/> Dormitory/Barracks	882	<input type="checkbox"/> Non-residential parking garage	
				519	<input type="checkbox"/> Food and beverage sales	891	<input type="checkbox"/> Warehouse	
<b>Outside</b>								
124	<input type="checkbox"/> Playground or park			936	<input type="checkbox"/> Vacant lot	981	<input type="checkbox"/> Construction site	
655	<input type="checkbox"/> Crops or orchard			938	<input type="checkbox"/> Graded/Cared for plot of land	984	<input type="checkbox"/> Industrial plant yard	
669	<input type="checkbox"/> Forest (timberland)			946	<input type="checkbox"/> Lake, river, stream			
807	<input type="checkbox"/> Outdoor storage area			951	<input type="checkbox"/> Railroad right-of-way			
919	<input type="checkbox"/> Dump or sanitary landfill			960	<input type="checkbox"/> Other street			
931	<input type="checkbox"/> Open land or field			961	<input type="checkbox"/> Highway/Divided highway			
				962	<input type="checkbox"/> Residential street/driveway			

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

NFIRS-1 Revision 01/01/05

The specific use of the property where the incident occurred. Additional codes available.

# K<sub>1</sub> - Person/Entity Involved

**K<sub>1</sub> 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.

**Collects the name and contact information for persons or entities (businesses, companies) involved in the incident or related to the property.**

# K<sub>1</sub> - Person/Entity Involved

**K<sub>1</sub> 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.

If more than one person is involved, check the box on the bottom and fill out the Supplemental Forms (NFIRS-1S) as necessary.

# K<sub>2</sub> - Owner

**K<sub>2</sub> Owner**  Same as person involved?  
Then check this box and skip the rest of this block.

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 \_\_\_\_\_



**Collects the name and contact information for the person or entity that owns the property where the incident occurred.**

# K<sub>2</sub> - Owner

**K<sub>2</sub> Owner**  Same as person involved?  
Then check this box and skip the rest of this block.

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 \_\_\_\_\_

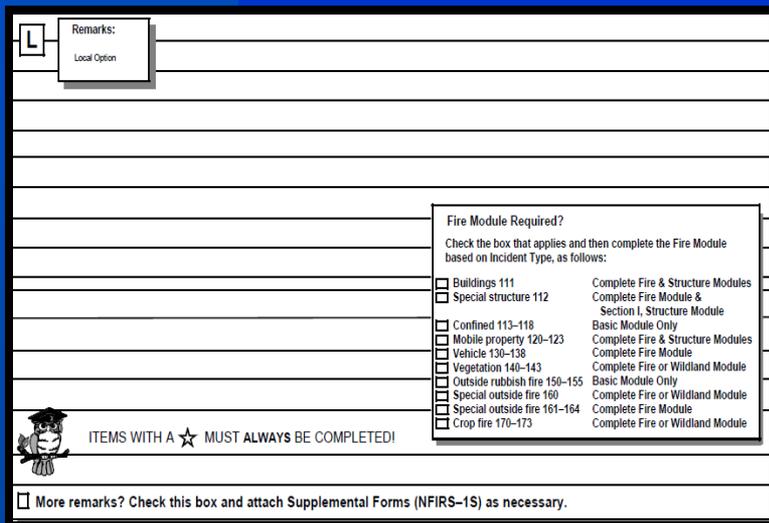
Post Office Box \_\_\_\_\_ Apt./Suite/Room \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_



If the person/entity involved and the owner are the same, check the **Same as Person Involved** box and it is not necessary to complete the rest of the fields.

# L - Remarks



Remarks:

Local Option

Fire Module Required?  
Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure Modules
<input type="checkbox"/> Special structure 112	Complete Fire Module & Section I, Structure Module
<input type="checkbox"/> Confined 113-118	Basic Module Only
<input type="checkbox"/> Mobile property 120-123	Complete Fire & Structure Modules
<input type="checkbox"/> Vehicle 130-138	Complete Fire Module
<input type="checkbox"/> Vegetation 140-143	Complete Fire or Wildland Module
<input type="checkbox"/> Outside rubbish fire 150-155	Basic Module Only
<input type="checkbox"/> Special outside fire 160	Complete Fire or Wildland Module
<input type="checkbox"/> Special outside fire 161-164	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire or Wildland Module

 ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!

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

Provides for a narrative description of the incident. Can serve to provide additional details and incident documentation for future reference.

Includes an instructional box intended to provide guidance for what modules need to be completed based on the **Incident Type** used.

# Additional Modules

Depending on your type of incident, additional modules may need to be filled out.

## Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure Modules
<input type="checkbox"/> Special structure 112	Complete Fire Module & Section I, Structure Module
<input type="checkbox"/> Confined 113–118	Basic Module Only
<input type="checkbox"/> Mobile property 120–123	Complete Fire & Structure Modules
<input type="checkbox"/> Vehicle 130–138	Complete Fire Module
<input type="checkbox"/> Vegetation 140–143	Complete Fire or Wildland Module
<input type="checkbox"/> Outside rubbish fire 150–155	Basic Module Only
<input type="checkbox"/> Special outside fire 160	Complete Fire or Wildland Module
<input type="checkbox"/> Special outside fire 161–164	Complete Fire Module
<input type="checkbox"/> Crop fire 170–173	Complete Fire or Wildland Module

# M - Authorization

**M** Authorization

Check box if same as Officer in charge. → <input type="checkbox"/>	Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year

Collects the name and identifying information for the **Officer in Charge** of the incident and the member completing the incident report.

A box can be marked if the **Officer in Charge** is the same as the person making the report.