



**Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report**



2025-3447

Officer Involved Critical Incident - 1642 Cherry Ln., Findlay,
Ohio 45840, Hancock County (L)

Investigative Activity: Comprehensive Run Report from Findlay Fire Department (FFD) to 1642 Cherry Lane

Involves: Findlay Fire Department (O), Derek Ricker (W), Robert Norton (S)

Activity Date: 11/12/2025

Activity Location: 750 N. College Dr. Bowling Green, OH 43402

Authoring Agent: SA Douglas A. Burke #162

Narrative:

On November 12, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Douglas Burke received the Computer Aided Dispatch (CAD) and Run Report from the Findlay Fire Department which involved the Officer-Involved Critical Incident at 1642 Cherry Lane in Findlay, OH which occurred on October 22, 2025.

SA Burke reviewed the documentation and noted the following:

On October 22, 2025, Findlay Fire Department (FFD) Engine 3 had been dispatched to 1642 Cherry Lane, Findlay, OH for a possible shooting. The FFD Incident Number was listed as [REDACTED]. The following table lists the major times related to this incident.

Specific Activity	Date and Time
Time of Call	10/22/2025 @ 13:47
Enroute to Scene	10/2/2025 @ 13:49
On Scene	10/22/2025 @ 1359
Cleared Scene	10/22/2025 @ 1550

The following was taken from the FFD typed narrative which pertained to their arrival at 1642 Cherry Lane, Findlay, OH and actions taken by FFD Firefighters:

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law - a statute, an administrative rule, or any rule of procedure.



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E3 was dispatched to 1642 Cherry Lane for a possible shooting. Dispatch advised for us to stage until PD arrived. We staged at the residence to the west of the address. Three Findlay PD officers approached the house as we were staged next door to the residence. The three officers approached the front door. At that point 5 gun shots rang out by the front door of the residence as the PD officers ran off the porch seeking shelter. There was a lawn care service mowing the yard 2 house away from the shooting and we moved those 2 people to the backside of the fire engine until the shooting stopped. At that point a large presence of police officers gathered and approached the front door. We were able to get the mowing crew in their truck and backed them out of the hot zone. Unit 22 arrived on scene and staged with E3. PD officers started waving for us to come up. Dispatch also advised us to approach the home. Inside the front door we found a male laying on the floor with 2 bullet wounds to his chest area and at least 2 to his groin area and right thigh. E4 was staged near the Mall area, I requested them to come in with the squad for assistance. We took over CPR for the police officers until Hanco EMS arrived in the house. Hanco continued having us do CPR until they had their equipment in place. E3 and E4 crews assisted in moving the patient onto the cot and moved the patient into the squad. Once in the squad Hanco took over all patient care and all Findlay FD personnel were removed from the squad.

For further details, refer to the full FFD Run Report which is attached to this report.

References:

None

Attachments:

1. Findlay Fire CAD and Run Report

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CAD Narrative

10/22/2025 : 19:35:21 cofccollins Narrative: All FPD and BCI personnel clear of the scene
10/22/2025 : 15:49:53 cofitpigner Narrative: HANCO ENRT FOR TRANSPORT
10/22/2025 : 15:20:47 cofafink Narrative: on scene
10/22/2025 : 15:20:38 cofafink Narrative: bci os
10/22/2025 : 15:06:45 cofafink Narrative: ADV EMERGENCY AGENCIES THAT PLAZA IS BACK OPEN
10/22/2025 : 14:37:21 cofitpigner Narrative: 1436***
10/22/2025 : 14:37:16 cofitpigner Narrative: ER CALLED TIME OF DEATH 1406
10/22/2025 : 14:21:41 cofitpigner Narrative: HANCO ENRT TO 3
10/22/2025 : 14:13:46 cofdroesch Narrative: bci notified - in contact w/2342
10/22/2025 : 14:05:05 cofdroesch Narrative: 2342-882 need someone to cover where hso has hso/plz shut down - 882 en rt
10/22/2025 : 14:04:21 cofdroesch Narrative: 197 will be bringing [REDACTED] back to 3
10/22/2025 : 14:03:55 cofdroesch Narrative: 2347 57 note
10/22/2025 : 14:00:32 cofdroesch Narrative: 882- units made entry
10/22/2025 : 13:57:26 cofdroesch Narrative: hso shutting down fostoria/plz
10/22/2025 : 13:57:08 cofdroesch Narrative: 108 en rt with 612's
10/22/2025 : 13:57:04 cofcprice Narrative: HSO IS COVERING FOSTORIA AND PLAZA
10/22/2025 : 13:56:39 cofdroesch Narrative: 882 - grab 612's so i can get drone in the air
10/22/2025 : 13:55:24 cofdroesch Narrative: [REDACTED] male subject went down in doorway - can't see him anymore - shots fired by ? and [REDACTED] possibly took one round in the chest
10/22/2025 : 13:53:04 cofdroesch Narrative: someone answered door with black handgun - shots fired
10/22/2025 : 13:52:40 cofdroesch Narrative: shot's fired
10/22/2025 : 13:48:15 cofcprice Narrative: CALLING FROM 1649 CHERRY LN
10/22/2025 : 13:47:55 cofcprice Narrative: HURRY PLEASE
10/22/2025 : 13:47:53 cofcprice Narrative: STATED THERES BEEN A SHOOTING
10/22/2025 : 13:47:46 cofcprice Narrative: ELDERLY MALE

Page 1 of 5							
A FDID <input type="text" value="32007"/>	State <input type="text" value="OH"/>	Incident Date <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/>	Station <input type="text" value="3"/>	Incident Number <input type="text" value=""/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	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"/> US National Grid							
Number/Milepost <input type="text" value="1642"/> Prefix <input type="text" value="CHERRY"/> Street or Highway <input type="text" value="LN"/> Street Type <input type="text" value=""/> Suffix <input type="text" value=""/> Apt./Suite/Room <input type="text" value="FINDLAY"/> City <input type="text" value="OH"/> State <input type="text" value="45840"/> ZIP Code <input type="text" value=""/>							
Cross Street, Directions or National Grid, as applicable							
C IncidentType <input type="checkbox"/> <input type="text" value="552"/> 5 Police matter Incident Type		E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm <input checked="" type="checkbox"/> ALARM always required Arrival <input checked="" type="checkbox"/> ARRIVAL required, unless canceled or did not arrive Controlled <input type="checkbox"/> CONTROLLED optional, except for wildland fires Last Unit Cleared <input checked="" type="checkbox"/> LAST UNIT CLEARED, required except for wildland fires			E2 Shifts and Alarms Local option Shift or Platoon <input type="text" value="C"/> Alarms <input type="text" value="1"/> District <input type="text" value="Stat"/>		
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" value=""/> Their State <input type="text" value=""/> Their Incident Number <input type="text" value=""/>			E3 Special Studies Local option Special Study ID# <input type="text" value=""/> Special Study Value <input type="text" value=""/>		
F Actions Taken <input type="checkbox"/> <input type="text" value="31"/> Provide first aid & check Primary Action Taken (1) Additional Action Taken (2) <input type="text" value=""/> Additional Action Taken (3) <input type="text" value=""/>		G1 Resources <input checked="" type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus <input type="text" value="2"/> Personnel <input type="text" value="6"/> EMS <input type="text" value="0"/> <input type="text" value="0"/> Other <input type="text" value="1"/> <input type="text" value="1"/> <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=""/> <input checked="" type="checkbox"/> Contents \$ <input type="text" value=""/> <input checked="" type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text" value=""/> <input checked="" type="checkbox"/> Contents \$ <input type="text" value=""/> <input checked="" type="checkbox"/>			
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input 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 type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1 Casualties <input checked="" type="checkbox"/> None Fire Service Deaths <input type="text" value="0"/> Injuries <input type="text" value="0"/> Civilian Deaths <input type="text" value="0"/> Injuries <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 checked="" 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 action required or spill > 55 gal (Please complete the HazMat form.)		Mixed Use Property <input checked="" 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 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 checked="" type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/boarded 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-generation 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. <input type="text" value=""/> Property Use <input type="text" value=""/> Code Property Use Description							

**NFIRS - 1
BASIC****A**

FDID 32007

State OH

MM 10

DD 22

YYYY 2025

Station 3

Incident Number

Exposure 000

☐ Delete☐ Change**K2****Owner**

Local Option

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

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

M Authorization

Check box if same as Officer in charge.



Officer in charge ID 3133

Signature Jerry Greer

Fire Captain

Position or rank

Fire - Suppre

Assignment

Month Day Year

Member making report ID 3133

Signature Jerry Greer

Fire Captain

Position or rank

Fire - Suppre

Assignment

Month Day Year

**NFIRS - 1
BASIC**

A	FDID	32007	State	OH	Incident Date	MM	DD	YYYY	10	22	2025	Station	3	Incident Number	[REDACTED]	Exposure	000	<input type="checkbox"/> Delete	<input type="checkbox"/> Change
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L Remarks

Local Option

E3 was dispatched to 1642 Cherry Lane for a possible shooting. Dispatch advised for us to stage until PD arrived. We staged at the residence to the west of the address. Three Findlay PD officers approached the house as we were staged next door to the residence. The three officers approached the front door. At that point 5 gun shots rang out by the front door of the residence as the PD officers ran off the porch seeking shelter. There was a lawn care service mowing the yard 2 house away from the shooting and we moved those 2 people to the backside of the fire engine until the shooting stopped. At that point a large presence of police officers gathered and approached the front door. We were able to get the mowing crew in their truck and backed them out of the hot zone. Unit 22 arrived on scene and staged with E3. PD officers started waving for us to come up. Dispatch also advised us to approach the home. Inside the front door we found a male laying on the floor with 2 bullet wounds to his chest area and at least 2 to his groin area and right thigh. E4 was staged near the Mall area, I requested them to come in with the squad for assistance. We took over CPR for the police officers until Hanco EMS arrived in the house. Hanco continued having us do CPR until they had their equipment in place. E3 and E4 crews assisted in moving the patient onto the cot and moved the patient into the squad. Once in the squad Hanco took over all patient care and all Findlay FD personnel were removed from the squad.

E4 was cleared from the scene to respond to an injury accident. E3 and Unit 22 remained in scene until cleared by Findlay PD.

FFD member making the report: Capt. J. Greer

A	FDID <input type="text" value="32007"/>	State <input type="text" value="OH"/>	Incident Date MM <input type="text" value="10"/> DD <input type="text" value="22"/> YYYY <input type="text" value="2025"/>	Station <input type="text" value="3"/>	Incident Number <input type="text" value=""/>	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>Check if same date as Alarm date on the Basic Module (Block E1)</small>	Sent	Number of People	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at this incident</small>	Actions Taken <small>List up to 4 actions for each apparatus</small>
	<small>Month Day Year Hour / Min</small>				
1 ID <input type="text" value="E3"/> ★ Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1349"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1354"/> Clear <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1443"/>	<input checked="" type="checkbox"/>	<input type="text" value="03"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="31"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
2 ID <input type="text" value="E4"/> ★ Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1349"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1401"/> Clear <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1417"/>	<input checked="" type="checkbox"/>	<input type="text" value="03"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="31"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
3 ID <input type="text" value="U22"/> ★ Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1359"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1359"/> Clear <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1443"/>	<input checked="" type="checkbox"/>	<input type="text" value="01"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="90"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
4 ID <input type="text" value=""/> ★ Type <input type="text" value=""/>	Dispatch <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Arrival <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Clear <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input checked="" type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
5 ID <input type="text" value=""/> ★ Type <input type="text" value=""/>	Dispatch <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Arrival <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Clear <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input checked="" type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
6 ID <input type="text" value=""/> ★ Type <input type="text" value=""/>	Dispatch <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Arrival <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Clear <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input checked="" type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
7 ID <input type="text" value=""/> ★ Type <input type="text" value=""/>	Dispatch <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Arrival <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Clear <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input checked="" type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
8 ID <input type="text" value=""/> ★ Type <input type="text" value=""/>	Dispatch <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Arrival <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Clear <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input checked="" type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
9 ID <input type="text" value=""/> ★ Type <input type="text" value=""/>	Dispatch <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Arrival <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Clear <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input checked="" type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

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
- 53 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

More
Apparatus?
Use additional

NN None
UU Undetermined

A	FDID <input type="text" value="32007"/>	State <input type="text" value="OH"/>	Incident Date <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/>	Station <input type="text" value="3"/>	Incident Number <input type="text" value=""/>	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 Use codes listed below	Dates and Times Check if same date as Alarm date on the Basic Module (Block E1) <div style="display: flex; justify-content: space-around;"> Month Day Year Hour / Min </div>	Midnight is 0000	Sent	Number of People	Apparatus Use Check ONE box for each apparatus to indicate its main use at this incident <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken List up to 4 actions for each apparatus
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1	ID <input type="text" value="E3"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1349"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1354"/> Clear <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1443"/>	<input checked="" type="checkbox"/>	<input type="text" value="03"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="31"/> <input type="text" value=""/>	
Type <input type="text" value="11"/>							
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
1829	Jacob Rayle		<input checked="" type="checkbox"/>				
3195	Derek Ricker		<input checked="" type="checkbox"/>				
3133	Jerry Greer		<input checked="" type="checkbox"/>				

2	ID <input type="text" value="E4"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1349"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1401"/> Clear <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1417"/>	<input checked="" type="checkbox"/>	<input type="text" value="03"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="31"/> <input type="text" value=""/>	
Type <input type="text" value="11"/>							
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
3159	Nicholas J Scoles	Fire - Sup	<input checked="" type="checkbox"/>				
3162	Richard Van Atta	Fire - Sup	<input checked="" type="checkbox"/>				
3157	Donavan M Hill	Fire - Sup	<input checked="" type="checkbox"/>				

3	ID <input type="text" value="U22"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1359"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1359"/> Clear <input checked="" type="checkbox"/> <input type="text" value="10"/> <input type="text" value="22"/> <input type="text" value="2025"/> <input type="text" value="1443"/>	<input checked="" type="checkbox"/>	<input type="text" value="01"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="90"/> <input type="text" value=""/>	
Type <input type="text" value="92"/>							
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
3146	Matthew R Cooper	Fire - Sup	<input checked="" type="checkbox"/>				