FDID Stat	MM DD YYYY te Incident Date Station	ncident Number	Exposure	NFIRS - 9 Apparatus or Resources
B Apparatus or Resource	Dates and Times Month Day Year Hours/Mins	Sent Number of People	Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken
1 ID	Dispatch Arrival Clear			
2 ID	Dispatch Arrival Clear		1	
3 ID	Dispatch Arrival Clear			
4 ID	Dispatch Arrival Clear			
5 ID	Dispatch Clear			
Type 6 ID	Dispatch Clear Clear			
7 ID	Dispatch			
	Clear Dispatch Arrival			
9 ID	Clear Dispatch Arrival			
Type	Clear Dispatch Arrival			
Type	Clear Dispatch Arrival			
Type	Clear Dispatch Arrival			
Type	Clear Dispatch			
Туре	Arrival Clear			