

A FDID <input type="text"/> IL <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/> Station <input type="text"/> Incident Number <input type="text"/> Exposure <input type="text"/> <div style="float: right;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity </div>		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 type="checkbox"/> Street address <input checked="" 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"/> Prefix <input type="text"/> Street or Highway <input type="text"/> Street Type <input type="text"/> Suffix <input type="text"/> Apt./Suite/Room <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/> Cross Street, Directions or National Grid, as applicable			
C Incident Type <input type="checkbox"/> 321 EMS call, excluding ve... Incident Type		E1 Dates and Times Midnight is 0000 Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> Hour <input type="text"/> Min <input type="text"/> Alarm <input checked="" type="checkbox"/> 07 04 2022 1015 Check boxes if dates are the same as Alarm Date. ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1019 CONTROLLED optional, except for wildland fires <input type="checkbox"/> Controlled <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input checked="" type="checkbox"/> Last Unit Cleared LAST UNIT CLEARED, required except for wildland fires <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2328	
D Aid Given or Received <input type="checkbox"/> None 1 <input checked="" 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="text"/> <input type="text"/> <input type="text"/> 33 Shift or Platoon Alarms District E3 Special Studies Local Option Special Study ID# <input type="text"/> Special Study Value <input type="text"/>	
F Actions Taken <input type="checkbox"/> Provide first aid & check for injuries 31 <input type="checkbox"/> Provide advanced life support (ALS) 33 <input type="checkbox"/> Primary Action Taken (1) Additional Action Taken (2) 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 <input type="text"/> Personnel <input type="text"/> 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"/> , <input type="text"/> , <input type="text"/> Contents \$ <input type="text"/> , <input type="text"/> , <input type="text"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text"/> , <input type="text"/> , <input type="text"/> Contents \$ <input type="text"/> , <input type="text"/> , <input type="text"/>			
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 checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1 Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire <input type="text"/> <input type="text"/> Service <input type="text"/> <input type="text"/> Civilian <input type="text"/> <input type="text"/> H2 Detector Required for confined fires. <input type="checkbox"/> Detector alerted occupants <input type="checkbox"/> Detector did not alert them <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 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	
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 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		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 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 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 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"/> 963 Code Street or road in ... Property Use Description	

K1 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.

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

ST
Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

L

Remarks:

WILLIAM BRENNAN**July 6, 2022 07:23:05**

Highland Park Fire Department was dispatched to the above location for the report of gunshot victims from a shooter on a rooftop along the parade route. Dispatch advised this was coming from multiple callers. Highland Park Fire Department vehicles were in the parade, traveling westbound, approaching Sunset Road when the incident occurred. All in-service Highland Park emergency units responded to Central Avenue and Second Street including B33, TL33, E32, A32, S34 and A34. B33 assumed command. 3300 responded shortly following the initial crews assuming the role of Incident Safety Officer and Staging Officer. Triage was assigned to FF Mount and later transferred to Lt Lopez later in the incident. TL33, E32, S34, A32, and A34 began treating and prioritizing patients with life threatening injuries. Multiple off duty firefighters were in the parade, staffing A33 and RE33, joining the response per the request of 3300. A Life Safety Box was pulled at 10:25 and elevated to the 2nd alarm at 10:41 by Incident Command with Staging at Green Bay Road and Central Avenue. Multiple ambulances transported 10 patients of varying levels to Highland Park Hospital, 7 patients to Lake Forest Hospital, 6 patients to Evanston Hospital, and 4 patients to Glenbrook Hospital. Highland Park ambulances transported 7 GREENS to Highland Park Hospital, 1 GREEN to Lake Forest Hospital, 9 REDS to Highland Park Hospital, 1 RED t

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

M Authorization

Check box if same as Officer in charge. ☐

130
Officer in charge ID

Signature

Position or rank

ISO
Assignment07
Month06
Day2022
Year127
Member making report ID

Signature

Position or rank

Medical
Assignment07
Month06
Day2022
Year

A	FDID	State	MM Incident Date	DD Incident Date	YYYY Incident Date	Station	Incident Number	Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-1S Supplemental
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K1 Person/Entity Involved

Local Option

Business Name (if applicable)

Area Code - Phone Number

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

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

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Post Office Box

Apt./Suite/Room

City

State

ZIP Code

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K1 Person/Entity Involved

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First Name

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-

K1 Person/Entity Involved

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Apt./Suite/Room

City

State

ZIP Code

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K1 Person/Entity Involved

Local Option

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Area Code - Phone Number

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First Name

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Last Name

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Street or Highway

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Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

-

E3	Supplemental Special Studies	NFIRS-1S Supplemental
	Local Option	
1	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div> </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div> </div> </div>	
2	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div> </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div> </div> </div>	
3	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div> </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div> </div> </div>	
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5	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div> </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div> </div> </div>	
6	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div> </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div> </div> </div>	
7	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div> </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div> </div> </div>	
8	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div> </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Special Study ID# Special Study Value </div> </div> </div>	
NFIRS-1S Revision 01/01/04		

L	Remarks: <div style="text-align: center; font-size: 8px;">Local Option</div>
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o Evanston Hospital, 1 YELLOW to Lake Forest Hospital, and 1 YELLOW to Evanston Hospital. All ambulances transported their patients and responded back to the scene. There were 5 confirmed DOAs on the scene and were covered with blankets. B20 assisted Safety and Triaging in the initial stages of the incident. After removing all viable patients from the scene, remaining suppression companies were moved from the hot zone. The reported shooter location was not confirmed and law enforcement teams were sweeping all businesses in the location of the incident. Mutual aid and auto aid units were moved to a new staging location at 1220 Frederickson Place next to Fire Station 33. Highland Park units were moved to Station 33. Highland Park Police Command was notified of the change of location of Fire Department units noting availability for response if other victims are found during the law enforcement sweep. Just prior to Fire Departments units departing the hot zone, 5 more patients were discovered in the basement of a business named Gearheads. Police did a sweep of the basement and confirmed that there was no imminent danger. EMS crews removed the victims and placed them all into A34. They were transported to Station 33 for further triaging and then transported with the assistance of other ambulances. IC was relocated to Fire Station 33 and all initial fire/EMS crews were switched out with callback personnel. Units remained at Station 33 throughout the evening with no further patients requiring treatment up until the suspect was apprehended. Mutual aid companies were released throughout the incident as it was apparent that no further victims would be found. The box alarm strike out time was 17:31 hours on the orders of Command. Fire Department Incident Command was terminated.

FRANK NARDOMARINO - A32

July 6, 2022 08:57:54

Ambulance 32 triaged, treated, and transported multiple victims from the scene to varying levels of trauma centers and returned to the scene for other victims. They were assisted by E32, S34, TL33, and multiple on scene providers.

FRANK NARDOMARINO - A34

July 6, 2022 08:59:50

Ambulance 34 triaged, treated, and transported multiple victims from the scene to varying levels of trauma centers and returned to the scene for other victims. They were assisted by E32, S34, TL33, and multiple on scene providers.

FRANK NARDOMARINO - A33

July 6, 2022 09:00:06

Ambulance 33 was staffed with off duty firefighter/medics and triaged, treated, and transported multiple victims from the scene to varying levels of trauma centers and returned to the scene for other victims. They were assisted by E32, S34, TL33, and multiple on scene providers.

FRANK NARDOMARINO - E32

July 6,2022 09:00:39

E32 triaged and treated multiple patients and assisted the ambulances with transports.

FRANK NARDOMARINO - TL33

July 6,2022 09:01:17

TL33 triaged and treated multiple patients and assisted the ambulances with transports.

FRANK NARDOMARINO - S34

July 6,2022 09:01:31

S34 triaged and treated multiple patients and assisted the ambulances with transports.

FRANK NARDOMARINO - 3300

July 6,2022 09:01:44

3300 served as Incident Safety Officer, Staging Officer, assisting in triage and communicating with Law Enforcement command. After patients were transported and staging was moved to the cold zone, 3300 moved to the EOC staff transferring scene associated responsibilities to Battalion Chiefs Brennan and Hughes.

FRANK NARDOMARINO - 3301

July 6,2022 09:02:33

3301 became the Medical sector and assisted with covering the DOAs with tarps and then returned to Station 33 to man the MABAS Communications vehicle with IC, Operations, Planning. 3301 also communicated with the area hospitals to obtain a list of the transported patients and worked with HP Police to obtain names of the DOAs.

FRANK NARDOMARINO - B33

July 6,2022 09:04:54

B33 assumed initial command and assisted with treating and transported the many wounded. He was replaced a few hours later to attend CISD. BC Hughes assumed this role as Incident Command and operated out of the MABAS Communications vehicle.

FRANK NARDOMARINO - B31

July 6,2022 09:05:42

BC Brennan assumed the role of B31 initially and transitioned to Operations in the MABAS Communications vehicle. He was responsible for assigning vehicles to responses with the assistance of the Staging Officer.

A	FDID <input type="text"/>	State <input type="text"/>	Incident Date <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-10 Personnel
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="2"/>	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID <input type="text" value="A32"/> ☆Type <input type="text" value="76"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="1015"/> Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="1020"/> Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="1303"/>	Sent <input checked="" type="checkbox"/>	<input type="text" value="2"/>		<input type="text" value="33"/> <input type="text"/> <input type="text"/> <input type="text"/>

Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="164"/>	TREVOR MOUNT		<input checked="" type="checkbox"/>				
<input type="text" value="167"/>	BEN OROS		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

2 ID <input type="text" value="E32"/> ☆Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="1015"/> Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="1020"/> Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="1152"/>	Sent <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" value="33"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="155"/>	PETER GOSS		<input checked="" type="checkbox"/>				
<input type="text" value="154"/>	KEVIN BEST		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

3 ID <input type="text" value="A34"/> ☆Type <input type="text" value="76"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="1018"/> Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="1019"/> Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="1156"/>	Sent <input checked="" type="checkbox"/>	<input type="text" value="2"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="33"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="168"/>	MICAH SWISLOW		<input checked="" type="checkbox"/>				
<input type="text" value="165"/>	MICHAEL MINISCALCO		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

A	FDID <input type="text"/>	State <input type="text"/>	Incident Date <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-10 Personnel
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="3"/>	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID <input type="text" value="TL33"/> ☆Type <input type="text" value="12"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1017 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1019 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1133	Sent <input checked="" type="checkbox"/>	<input type="text" value="3"/>		<input type="text" value="33"/> <input type="text"/> <input type="text"/> <input type="text"/>

Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="139"/>	MICHAEL SCHMIDT		<input checked="" type="checkbox"/>				
<input type="text" value="138"/>	ANDREW SEIBEL		<input checked="" type="checkbox"/>				
<input type="text" value="176"/>	NICHOLAS TRASKE		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

2 ID <input type="text" value="S34"/> ☆Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1020 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1020 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1122	Sent <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" value="33"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="134"/>	PETER CARUSO		<input checked="" type="checkbox"/>				
<input type="text" value="147"/>	BRIAN MCDONALD		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

3 ID <input type="text" value="3300"/> ☆Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1027 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1032 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2328	Sent <input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="81"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="130"/>	JOE SCHRAGE		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

A	FDID <input type="text"/>	State <input type="text"/>	Incident Date <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-10 Personnel
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="4"/>	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID <input type="text" value="A33"/> ☆Type <input type="text" value="76"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1120 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1120 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2328	Sent <input checked="" type="checkbox"/>	<input type="text" value="4"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="31"/> <input type="text"/> <input type="text"/> <input type="text"/>

Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="149"/>	CHRISTOPHER GOTTSC...		<input checked="" type="checkbox"/>				
<input type="text" value="153"/>	PETER TAMELING		<input checked="" type="checkbox"/>				
<input type="text" value="143"/>	ALBERT LOPEZ		<input checked="" type="checkbox"/>				
<input type="text" value="150"/>	MATTHEW GRASSO		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

2 ID <input type="text" value="3301"/> ☆Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1037 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1042 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2328	Sent <input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="31"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="127"/>	FRANK NARDOMARINO		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

3 ID <input type="text" value="B33"/> ☆Type <input type="text" value="91"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1017 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1019 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1756	Sent <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" value="81"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="136"/>	ELOY SALAZAR		<input checked="" type="checkbox"/>				
<input type="text" value="125"/>	RYAN HUGHES		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

A	FDID <input style="width:50px;" type="text"/>	State <input style="width:50px;" type="text"/>	Incident Date <input style="width:50px;" type="text"/>	Station <input style="width:50px;" type="text"/>	Incident Number <input style="width:50px;" type="text"/>	Exposure <input style="width:50px;" type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-10 Personnel
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input style="width:30px;" type="text"/>	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID <input style="width:50px;" type="text"/> B31 ★Type <input style="width:50px;" type="text"/> 92	Dispatch <input checked="" type="checkbox"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> 1303 Arrival <input checked="" type="checkbox"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> 1303 Clear <input checked="" type="checkbox"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> 2328	Sent <input checked="" type="checkbox"/>	<input style="width:30px;" type="text"/> 1		82 <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>

Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
123	WILLIAM BRENNAN		<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2 ID <input style="width:50px;" type="text"/>	Dispatch <input type="checkbox"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Arrival <input type="checkbox"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Clear <input type="checkbox"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>	Sent <input type="checkbox"/>	<input style="width:30px;" type="text"/> <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3 ID <input style="width:50px;" type="text"/>	Dispatch <input type="checkbox"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Arrival <input type="checkbox"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Clear <input type="checkbox"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>	Sent <input type="checkbox"/>	<input style="width:30px;" type="text"/> <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

A	FDID <input type="text"/>	State <input type="text" value="IL"/>	Incident Date <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/>	Station <input type="text"/>	Incident Number <input type="text" value="0003113"/>	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

PSAP Recieved	Month	Day	Year	Hour	Min	Dispatch Notified	Month	Day	Year	Hour	Min
	<input type="text" value="07"/>	<input type="text" value="04"/>	<input type="text" value="2022"/>	<input type="text" value="10"/>	<input type="text" value="14"/>		<input type="text" value="07"/>	<input type="text" value="04"/>	<input type="text" value="2022"/>	<input type="text" value="10"/>	<input type="text" value="14"/>

B	Apparatus or Resources	Dates and Times <small>Midnight is 0000</small>	ID	En Route
		Month Day Year Hour/Min	Type	District
			<input type="text" value="5"/> ID <input type="text" value="S34"/>	<input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text" value="1020"/>
			Type <input type="text"/>	District <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text"/>
<input type="text" value="1"/>	ID <input type="text" value="A32"/>	En Route <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text" value="1015"/>	<input type="text" value="6"/> ID <input type="text" value="3300"/>	En Route <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text" value="1027"/>
	Type <input type="text"/>	District <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text"/>	Type <input type="text"/>	District <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text"/>
<input type="text" value="2"/>	ID <input type="text" value="E32"/>	En Route <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text" value="1015"/>	<input type="text" value="7"/> ID <input type="text" value="A33"/>	En Route <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text" value="1120"/>
	Type <input type="text"/>	District <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text"/>	Type <input type="text"/>	District <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text"/>
<input type="text" value="3"/>	ID <input type="text" value="A34"/>	En Route <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text" value="1019"/>	<input type="text" value="8"/> ID <input type="text" value="3301"/>	En Route <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text" value="1037"/>
	Type <input type="text"/>	District <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text"/>	Type <input type="text"/>	District <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text"/>
<input type="text" value="4"/>	ID <input type="text" value="TL33"/>	En Route <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text" value="1017"/>	<input type="text" value="9"/> ID <input type="text" value="B33"/>	En Route <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text" value="1017"/>
	Type <input type="text"/>	District <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text"/>	Type <input type="text"/>	District <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="2022"/> <input type="text"/>

A	FDID <input type="text"/>	State <input type="text"/>	Incident Date <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>	<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

PSAP Recieved	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>	Hour <input type="text"/>	Min <input type="text"/>	Dispatch Notified	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>	Hour <input type="text"/>	Min <input type="text"/>
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B	Apparatus or Resources	Dates and Times <small>Midnight is 0000</small>	ID <input type="text"/>	En Route <input type="text"/>
		Month Day Year Hour/Min	Type <input type="text"/>	District <input type="text"/>
<input type="checkbox"/>	ID <input type="text"/> B31 Type <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	ID <input type="text"/> Type <input type="text"/> En Route <input type="text"/> District <input type="text"/>
<input type="checkbox"/>	ID <input type="text"/> Type <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	ID <input type="text"/> Type <input type="text"/> En Route <input type="text"/> District <input type="text"/>
<input type="checkbox"/>	ID <input type="text"/> Type <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	ID <input type="text"/> Type <input type="text"/> En Route <input type="text"/> District <input type="text"/>
<input type="checkbox"/>	ID <input type="text"/> Type <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	ID <input type="text"/> Type <input type="text"/> En Route <input type="text"/> District <input type="text"/>