

A FDID Star State Star Incident Date Star MM DD YYYY Station Incident Number Star Exposure Star Delete Change No Activity **NFIRS-1 Basic**

B Location Type Star 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 _____ - _____

Street address
 Intersection Number/Milepost Prefix Street or Highway Street Type Suffix
 In front of
 Rear of
 Adjacent to Apt./Suite/Room City State ZIP Code
 Directions
 U.S. National Grid Cross Street, Directions or National Grid, as applicable

C Incident Type Star
 Incident Type _____

E1 Dates and Times Midnight is 0000
 Month Day Year Hour Min
 Alarm Star ALARM always required

E2 Shifts and Alarms Local Option
 Shift or Platoon Alarms District

D Aid Given or Received Star None

1 Mutual aid received
 2 Auto. aid received
 3 Mutual aid given
 4 Auto. aid given
 5 Other aid given

Their FDID _____ Their State _____
 Their Incident Number _____

Check boxes if dates are the same as Alarm Date.

Arrival Star ARRIVAL required, unless canceled or did not arrive
 Controlled CONTROLLED optional, except for wildland fires
 Last Unit Cleared LAST UNIT CLEARED, required except for wildland fires

E3 Special Studies Local Option
 Special Study ID# Special Study Value

F Actions Taken Star

Primary Action Taken (1) _____
 Additional Action Taken (2) _____
 Additional Action Taken (3) _____

G1 Resources Star 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.

G2 Estimated Dollar Losses and Values

LOSSES: Required for all fires if known. Optional for non-fires. None

Property \$ _____, _____, _____
 Contents \$ _____, _____, _____
PRE-INCIDENT VALUE: Optional
 Property \$ _____, _____, _____
 Contents \$ _____, _____, _____

Completed Modules

Fire-2
 Structure Fire-3
 Civilian Fire Cas.-4
 Fire Service Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1 Casualties None
 Deaths Injuries
 Fire _____
 Service _____
 Civilian _____

H2 Detector Required for confined fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 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.)

Mixed Use Property Not mixed

10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Business & residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use Star None

Structures

131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school, kindergarten
 215 High school, junior high
 241 College, adult education
 311 Nursing home
 331 Hospital

Outside

124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field

341 Clinic, clinic-type infirmary
 342 Doctor/Dentist office
 361 Prison or jail, not juvenile
 419 1- or 2-family dwelling
 429 Multifamily dwelling
 439 Rooming/Boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/Barracks
 519 Food and beverage sales

936 Vacant lot
 938 Graded/Cared for plot of land
 946 Lake, river, stream
 951 Railroad right-of-way
 960 Other street
 961 Highway/Divided highway
 962 Residential street/driveway

539 Household goods, sales, repairs
 571 Gas or service station
 579 Motor vehicle/boat sales/repairs
 599 Business office
 615 Electric-generating plant
 629 Laboratory/Science laboratory
 700 Manufacturing plant
 819 Livestock/Poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

981 Construction site
 984 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 _____ Code _____
 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 _____ Street Type _____ Suffix _____



Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ ZIP Code _____ - _____



Remarks:

Local Option

Fire Module Required?

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

- Buildings 111 Complete Fire & Structure Modules
- Special structure 112 Complete Fire Module & Section I, Structure Module
- Confined 113-118 Basic Module Only
- Mobile property 120-123 Complete Fire & Structure Modules
- Vehicle 130-138 Complete Fire Module
- Vegetation 140-143 Complete Fire or Wildland Module
- Outside rubbish fire 150-155 Basic Module Only
- Special outside fire 160 Complete Fire or Wildland Module
- Special outside fire 161-164 Complete Fire Module
- 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.

M Authorization

Check box if same as Officer in charge.

Officer in charge ID _____ Signature _____ Position or rank _____ Assignment _____ Month _____ Day _____ Year _____

Member making report ID _____ Signature _____ Position or rank _____ Assignment _____ Month _____ Day _____ Year _____

A

FDID State Incident Date MM DD YYYY Station Incident Number Exposure

Delete Change

NFIRS-2 Fire

B Property Details

B1 Not Residential
Estimated number of residential living units in building of origin *whether or not all units became involved.*

B2 Buildings not involved
Number of buildings involved

B3 None Less than one acre
Acres burned (outside fires)

C On-Site Materials or Products None

Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, *whether or not they became involved.*

Enter up to three codes. Check one box for each code entered.

On-site material (1)

On-site material (2)

On-site material (3)

On-Site Materials Storage Use

1 Bulk storage or warehousing
2 Processing or manufacturing
3 Packaged goods for sale
4 Repair or service
U Undetermined

D Ignition

D1 Area of fire origin

D2 Heat source

D3 Item first ignited Check box if fire spread was confined to object of origin.

D4 Type of material first ignited Required only if item first ignited code is 00 or <70.

E1 Cause of Ignition Check box if this is an exposure report.

1 Intentional
2 Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing to Ignition None

Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition None

Check all applicable boxes

1 Asleep
2 Possibly impaired by alcohol or drugs
3 Unattended person
4 Possibly mentally disabled
5 Physically disabled
6 Multiple persons involved
7 Age was a factor

Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved in Ignition None

Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power Source

Equipment Power Source

F3 Equipment Portability

1 Portable
2 Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

G Fire Suppression Factors None

Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved None

1 Not involved in ignition, but burned
2 Involved in ignition, but did not burn
3 Involved in ignition and burned

Mobile property model

License Plate Number State VIN

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Year

Local Use

Pre-Fire Plan Available
Some of the information presented in this report may be based upon reports from other agencies:

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).

I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/Mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air-supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g., piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g., fences) 0 <input type="checkbox"/> Other type of structure 	I2 Building Status ☆ <ul style="list-style-type: none"> 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> In normal use 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	I3 Building Height ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text"/> Total number of stories at or above grade. </div> <div style="margin-top: 10px;"> <input type="text"/> Total number of stories below grade. </div>	I4 Main Floor Size ☆ <div style="margin-top: 10px;"> <input type="text"/>, <input type="text"/>, <input type="text"/> Total square feet </div> <p style="text-align: center;">OR</p> <div style="margin-top: 10px;"> <input type="text"/>, <input type="text"/> BY <input type="text"/>, <input type="text"/> Length in feet Width in feet </div>
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NFIRS-3
Structure
Fire

J1 Fire Origin ☆ <div style="margin-top: 10px;"> <input type="text"/> Story of fire origin </div> <input type="checkbox"/> Below grade	J3 Number of Stories Damaged by Flame Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text"/> Number of stories w/minor damage (1 to 24% flame damage) </div> <div style="margin-top: 10px;"> <input type="text"/> Number of stories w/significant damage (25 to 49% flame damage) </div> <div style="margin-top: 10px;"> <input type="text"/> Number of stories w/heavy damage (50 to 74% flame damage) </div> <div style="margin-top: 10px;"> <input type="text"/> Number of stories w/extreme damage (75 to 100% flame damage) </div>	K Type of Material Contributing Most to Flame Spread <input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. <div style="margin-top: 10px; text-align: right;"> <input type="text"/> Skip to Section L </div> K1 <input type="text"/> Item contributing most to flame spread	K2 <input type="text"/> Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.
J2 Fire Spread ☆ If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module). <ul style="list-style-type: none"> 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin 			

L1 Presence of Detectors ☆ (In area of the fire) <ul style="list-style-type: none"> N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined 	L3 Detector Power Supply <ul style="list-style-type: none"> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug-in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug-in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	L5 Detector Effectiveness Required if detector operated. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Alerted occupants, occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type <ul style="list-style-type: none"> 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke and heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than one type present 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	L4 Detector Operation <ul style="list-style-type: none"> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated 3 <input type="checkbox"/> Failed to operate U <input type="checkbox"/> Undetermined 	L6 Detector Failure Reason Required if detector failed to operate. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Power failure, shutoff, or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes not cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined

M1 Presence of Automatic Extinguishing System ☆ <ul style="list-style-type: none"> N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present 2 <input type="checkbox"/> Partial System Present U <input type="checkbox"/> Undetermined 	M3 Operation of Automatic Extinguishing System Required if fire was within designed range. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Operated/effective (go to M4) 2 <input type="checkbox"/> Operated/Not effective (go to M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	M5 Reason for Automatic Extinguishing System Failure Required if system failed or not effective. <ul style="list-style-type: none"> 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual intervention 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
M2 Type of Automatic Extinguishing System Required if fire was within designed range of AES. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Wet-pipe sprinkler 2 <input type="checkbox"/> Dry-pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen-type system 7 <input type="checkbox"/> Carbon dioxide (CO₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined 	M4 Number of Sprinkler Heads Operating Required if system operated. <div style="margin-top: 10px;"> <input type="text"/> Number of sprinkler heads operating </div>	

A	FDID <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="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="text"/> <input type="text"/> <input type="text"/>	State <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Incident Date <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="text"/>	Station <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="text"/>	Incident Number <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="text"/>	Exposure <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="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-4 Civilian Fire Casualty
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B Injured Person	Gender 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	C Casualty Number
First Name <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="text"/>	MI <input type="text"/> <input type="text"/>	Last Name <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="text"/>
		Suffix <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="text"/>
		Casualty Number <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="text"/>

D Age or Date of Birth	E1 Race	F Affiliation	H Severity
Age <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="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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Months (for infants) OR Date of Birth <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="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="text"/> <input type="text"/>	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American 3 <input type="checkbox"/> Am. Indian, Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian, Other Pacific Islander 0 <input type="checkbox"/> Other, multiracial U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other
	E2 Ethnicity	G Date and Time of Injury	
	1 <input type="checkbox"/> Hispanic or Latino 0 <input type="checkbox"/> Non Hispanic or Latino	Date of Injury <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="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="text"/> <input type="text"/> <input type="text"/>	Midnight is 0000. Time of Injury <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="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="text"/> <input type="text"/> <input type="text"/>
			1 <input type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death U <input type="checkbox"/> Undetermined

I Cause of Injury	J Human Factors Contributing to Injury	K Factors Contributing to Injury
1 <input type="checkbox"/> Exposed to fire products including flame heat, smoke, and gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped, or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by or contact with object 8 <input type="checkbox"/> Overexertion or strain 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	<input type="checkbox"/> None Enter up to three contributing factors Contributing factor (1) <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="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="text"/> <input type="text"/> <input type="text"/>
		Contributing factor (2) <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="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="text"/> <input type="text"/> <input type="text"/>
		Contributing factor (3) <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="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="text"/> <input type="text"/> <input type="text"/>

L Activity When Injured	M1 Location at Time of Incident	M3 Story at Start of Incident
1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin and not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area of origin and involved 0 <input type="checkbox"/> Other location U <input type="checkbox"/> Undetermined	Complete ONLY if injury occurred INSIDE Story at start of incident <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="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="text"/> <input type="text"/> <input type="text"/>
	M2 General Location at Time of Injury	M4 Story Where Injury Occurred
	1 <input type="checkbox"/> In area of fire origin Skip to Section N 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area Skip to Block M5 U <input type="checkbox"/> Undetermined	Story where injury occurred, if different from M3 <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="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="text"/> <input type="text"/> <input type="text"/>
		M5 Specific Location at Time of Injury
		Complete ONLY if casualty NOT in area of origin Specific location at time of injury <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="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="text"/> <input type="text"/> <input type="text"/>

N Primary Apparent Symptom	O Primary Area of Body Injured	P Disposition
01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns and smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up a code only if the symptom is NOT found above Primary apparent symptom <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="text"/>	1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck and shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	<input type="checkbox"/> Transported to emergency care facility Remarks <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="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="text"/> <input type="text"/> <input type="text"/>

A	FDID ☆	State ☆	MM	DD	YYYY	Incident Date ☆	Station	Incident Number ☆	Exposure ☆	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	NFIRS-5 Fire Service Casualty
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B Injured Person	Identification Number	1 <input type="checkbox"/> Male ☆	1 <input type="checkbox"/> Career	C Casualty Number ☆
		2 <input type="checkbox"/> Female	2 <input type="checkbox"/> Volunteer	Casualty Number
First Name	MI	Last Name	Suffix	

D Age or Date of Birth ☆	E Date and Time of Injury ☆ Midnight is 0000.	F Responses
Age	Date of Injury	Number of prior responses during past 24 hours
Date of Birth	Time of Injury	
In years OR Month Day Year	Month Day Year Hour Minute	

G1 Usual Assignment	G2 Physical Condition Just Prior to Injury	G4 Taken To <input type="checkbox"/> Not transported
1 <input type="checkbox"/> Suppression	1 <input type="checkbox"/> Rested	1 <input type="checkbox"/> Hospital
2 <input type="checkbox"/> EMS	2 <input type="checkbox"/> Fatigued	4 <input type="checkbox"/> Doctor's office
3 <input type="checkbox"/> Prevention	4 <input type="checkbox"/> Ill or injured	5 <input type="checkbox"/> Morgue/Funeral home
4 <input type="checkbox"/> Training	0 <input type="checkbox"/> Other	6 <input type="checkbox"/> Residence
5 <input type="checkbox"/> Maintenance	U <input type="checkbox"/> Undetermined	7 <input type="checkbox"/> Station or quarters
6 <input type="checkbox"/> Communications		0 <input type="checkbox"/> Other
7 <input type="checkbox"/> Administration		G5 Activity at Time of Injury
8 <input type="checkbox"/> Fire investigation	G3 Severity ☆	Activity at time of injury
0 <input type="checkbox"/> Other	1 <input type="checkbox"/> Report only, including exposure	
	2 <input type="checkbox"/> First aid only	
	3 <input type="checkbox"/> Treated by physician (no lost time)	
	4 <input type="checkbox"/> Moderate (lost time)	
	5 <input type="checkbox"/> Severe (lost time)	
	6 <input type="checkbox"/> Life threatening (lost time)	
	7 <input type="checkbox"/> Death	

H1 Primary Apparent Symptom	I1 Cause of Firefighter Injury	I3 Object Involved in Injury <input type="checkbox"/> None
Primary apparent symptom	Cause of injury	Object involved in injury
H2 Primary Part of Body Injured <input type="checkbox"/> None	I2 Factor Contributing to Injury <input type="checkbox"/> None	
Primary injured body part	Contributing factor	

J1 Where Injury Occurred	J3 Specific Location Where Injury Occurred	J4 Vehicle Type
1 <input type="checkbox"/> En route to FD location	65 <input type="checkbox"/> In aircraft	1 <input type="checkbox"/> Suppression vehicle
2 <input type="checkbox"/> At FD location	64 <input type="checkbox"/> In boat, ship, or barge	2 <input type="checkbox"/> EMS vehicle
3 <input type="checkbox"/> En route to incident scene	63 <input type="checkbox"/> In rail vehicle	3 <input type="checkbox"/> Other FD vehicle
4 <input type="checkbox"/> En route to medical facility	61 <input type="checkbox"/> In motor vehicle	4 <input type="checkbox"/> Non-FD vehicle
5 <input type="checkbox"/> At scene in structure	54 <input type="checkbox"/> In sewer	
6 <input type="checkbox"/> At scene outside	53 <input type="checkbox"/> In tunnel	Complete ONLY if Specific Location code is >60
7 <input type="checkbox"/> At medical facility	49 <input type="checkbox"/> In structure	
8 <input type="checkbox"/> Returning from incident	45 <input type="checkbox"/> In attic	
9 <input type="checkbox"/> Returning from med facility	36 <input type="checkbox"/> In water	
0 <input type="checkbox"/> Other	35 <input type="checkbox"/> In well	
U <input type="checkbox"/> Undetermined	34 <input type="checkbox"/> In ravine	
	33 <input type="checkbox"/> In quarry or mine	
	32 <input type="checkbox"/> In ditch or trench	
	31 <input type="checkbox"/> In open pit	
	28 <input type="checkbox"/> On steep grade	
	27 <input type="checkbox"/> On fire escape/outside stairs	
	26 <input type="checkbox"/> On vertical surface or ledge	
	25 <input type="checkbox"/> On ground ladder	
	24 <input type="checkbox"/> On aerial ladder or in basket	
	23 <input type="checkbox"/> On roof	
	22 <input type="checkbox"/> Outside at grade	
J2 Story Where Injury Occurred	00 <input type="checkbox"/> Other	Remarks
1 <input type="checkbox"/> Check this box and enter the story if the injury occurred inside or on a structure	UU <input type="checkbox"/> Undetermined	
Story of injury <input type="checkbox"/> Below grade		
2 <input type="checkbox"/> Injury occurred outside		
		If protective equipment failed and was a factor in this injury, please complete the other side of this form.

K1 Did protective equipment fail and contribute to the injury?

Please complete the remainder of this form ONLY if you answer YES.

Yes Y No N Equipment
Sequence
Number**NFIRS-5
Fire Service
Casualty****K2 Protective Equipment Item**

Head or Face Protection

- 11 Helmet
 12 Full face protector
 13 Partial face protector
 14 Goggles/eye protection
 15 Hood
 16 Ear protector
 17 Neck protector
 10 Other

Coat, Shirt, or Trousers

- 21 Protective coat
 22 Protective trousers
 23 Uniform shirt
 24 Uniform T-shirt
 25 Uniform trousers
 26 Uniform coat or jacket
 27 Coveralls
 28 Apron or gown
 20 Other

Boots or Shoes

- 31 Knee length boots with steel baseplate and steel toes
 32 Knee length boots with steel toes only
 33 3/4 length boots with steel baseplate and steel toes
 34 3/4 length boots with steel toes only
 35 Boots without steel baseplate and steel toes
 36 Safety shoes with steel baseplate and steel toes
 37 Safety shoes with steel toes only
 38 Non-safety shoes
 30 Other

Respiratory Protection

- 41 SCBA (demand) open circuit
 42 SCBA (positive pressure) open circuit
 43 SCBA closed circuit
 44 Not self-contained
 45 Cartridge respirator
 46 Dust or particle mask
 40 Other

Hand Protection

- 51 Firefighter gloves with wristlets
 52 Firefighter gloves without wristlets
 53 Work gloves
 54 HazMat gloves
 55 Medical gloves
 50 Other

Special Equipment

- 61 Proximity suit for entry
 62 Proximity suit for non-entry
 63 Totally encapsulated, reusable chemical suit
 64 Totally encapsulated, disposable chemical suit
 65 Partially encapsulated, reusable chemical suit
 66 Partially encapsulated, disposable chemical suit
 67 Flash protection suit
 68 Flight or jump suit
 69 Brush suit
 71 Exposure suit
 72 Self-contained underwater breathing apparatus (SCUBA)
 73 Life preserver
 74 Life belt or ladder belt
 75 Personal alert safety system (PASS)
 76 Radio distress device
 77 Personal lighting
 78 Fire shelter or tent
 79 Vehicle safety belt
 70 Special equipment, other
 00 Protective equipment, other

Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this form for each piece of failed equipment.

K3 Protective Equipment Problem

Check one box to indicate the main problem that occurred.

- 11 Burned
 12 Melted
 21 Fractured, cracked or broken
 22 Punctured
 23 Scratched
 24 Knocked off
 25 Cut or ripped
 31 Trapped steam or hazardous gas
 32 Insufficient insulation
 33 Object fell in or onto equipment item
 41 Failed under impact
 42 Face piece or hose detached
 43 Exhalation valve inoperative or damaged
 44 Harness detached or separated
 45 Regulator failed to operate
 46 Regulator damaged by contact
 47 Problem with admissions valve
 48 Alarm failed to operate
 49 Alarm damaged by contact
 51 Supply cylinder or valve failed to operate
 52 Supply cylinder/valve damaged by contact
 53 Supply cylinder—insufficient air/oxygen
 94 Did not fit properly
 95 Not properly serviced or stored prior to use
 96 Not used for designed purpose
 97 Not used as recommended by manufacturer
 00 Other equipment problem
 UU Undetermined

K4 Equipment Manufacturer, Model and Serial Number
Manufacturer
Model
Serial Number

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-6 EMS
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B Number of Patients <input type="text"/>	Patient Number <input type="text"/>	C Date/Time <input type="text"/>
Use a separate form for each patient		<input type="checkbox"/> Time Arrived at Patient <input type="text"/> <input type="checkbox"/> Time of Patient Transfer <input type="text"/>

D Provider Impression/Assessment <input type="checkbox"/> Check one box only				<input type="checkbox"/> None/no patient or refused treatment			
10 <input type="checkbox"/> Abdominal pain	11 <input type="checkbox"/> Airway obstruction	12 <input type="checkbox"/> Allergic reaction	13 <input type="checkbox"/> Altered LOC	14 <input type="checkbox"/> Behavioral/Psych	15 <input type="checkbox"/> Burns	16 <input type="checkbox"/> Cardiac arrest	17 <input type="checkbox"/> Cardiac dysrhythmia
18 <input type="checkbox"/> Chest pain	19 <input type="checkbox"/> Diabetic symptom	20 <input type="checkbox"/> Do not resuscitate	21 <input type="checkbox"/> Electrocution	22 <input type="checkbox"/> General illness	23 <input type="checkbox"/> Hemorrhaging/Bleeding	24 <input type="checkbox"/> Hyperthermia	25 <input type="checkbox"/> Hypothermia
26 <input type="checkbox"/> Hypovolemia	27 <input type="checkbox"/> Inhalation injury	28 <input type="checkbox"/> Obvious death	29 <input type="checkbox"/> OD/Poisoning	30 <input type="checkbox"/> Pregnancy/OB	31 <input type="checkbox"/> Respiratory arrest	32 <input type="checkbox"/> Respiratory distress	33 <input type="checkbox"/> Seizure
34 <input type="checkbox"/> Sexual assault	35 <input type="checkbox"/> Sting/Bite	36 <input type="checkbox"/> Stroke/CVA	37 <input type="checkbox"/> Syncope	38 <input type="checkbox"/> Trauma	00 <input type="checkbox"/> Other		

E1 Age or Date of Birth <input type="text"/> Months (for infants) Age <input type="text"/> OR <input type="text"/>	F1 Race 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American 3 <input type="checkbox"/> Am. Indian, Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian, Other Pacific Islander 0 <input type="checkbox"/> Other, multiracial U <input type="checkbox"/> Undetermined	G1 Human Factors Contributing to Injury <input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	G2 Other Factors <input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; margin: 5px;">If an illness, not an injury, skip G2 and go to H3</div> 1 <input type="checkbox"/> Accidental 2 <input type="checkbox"/> Self-inflicted 3 <input type="checkbox"/> Inflicted, not self
E2 Gender 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	F2 Ethnicity 1 <input type="checkbox"/> Hispanic or Latino 2 <input type="checkbox"/> Non Hispanic or Latino		

H1 Body Site of Injury List up to five body sites <input type="text"/>	➔	H2 Injury Type List one injury type for each body site listed under H1 <input type="text"/>
		H3 Cause of Illness/Injury <input type="text"/>

I Procedures Used <input type="checkbox"/> Check all applicable boxes <input type="checkbox"/> No treatment 01 <input type="checkbox"/> Airway insertion 02 <input type="checkbox"/> Anti-shock trousers 03 <input type="checkbox"/> Assist ventilation 04 <input type="checkbox"/> Bleeding control 05 <input type="checkbox"/> Burn care 06 <input type="checkbox"/> Cardiac pacing 07 <input type="checkbox"/> Cardioversion (defib) manual 08 <input type="checkbox"/> Chest/Abdominal thrust 09 <input type="checkbox"/> CPR 10 <input type="checkbox"/> Cricothyroidotomy 11 <input type="checkbox"/> Defibrillation by AED 12 <input type="checkbox"/> EKG monitoring 13 <input type="checkbox"/> Extrication 14 <input type="checkbox"/> Intubation (EGTA) 15 <input type="checkbox"/> Intubation (ET) 16 <input type="checkbox"/> IO/IV therapy 17 <input type="checkbox"/> Medications therapy 18 <input type="checkbox"/> Oxygen therapy 19 <input type="checkbox"/> OB care/delivery 20 <input type="checkbox"/> Preambival instructions 21 <input type="checkbox"/> Restrain patient 22 <input type="checkbox"/> Spinal immobilization 23 <input type="checkbox"/> Splinted extremities 24 <input type="checkbox"/> Suction/Aspirate 00 <input type="checkbox"/> Other	J Safety Equipment <input type="checkbox"/> None Used or deployed by patient. Check all applicable boxes. 1 <input type="checkbox"/> Safety/Seat belts 2 <input type="checkbox"/> Child safety seat 3 <input type="checkbox"/> Airbag 4 <input type="checkbox"/> Helmet 5 <input type="checkbox"/> Protective clothing 6 <input type="checkbox"/> Flotation device 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	K Cardiac Arrest <input type="checkbox"/> Check all applicable boxes 1 <input type="checkbox"/> Pre-arrival arrest? If pre-arrival arrest, was it: 1 <input type="checkbox"/> Witnessed? 2 <input type="checkbox"/> Bystander CPR? 2 <input type="checkbox"/> Post-arrival arrest? Initial Arrest Rhythm 1 <input type="checkbox"/> V-Fib/V-Tach 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
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L1 Initial Level of Provider <input type="checkbox"/> 1 <input type="checkbox"/> First Responder 2 <input type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No Training	L2 Highest Level of Care Provided On Scene <input type="checkbox"/> None 1 <input type="checkbox"/> First Responder 2 <input type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider	M Patient Status 1 <input type="checkbox"/> Improved 2 <input type="checkbox"/> Remained same 3 <input type="checkbox"/> Worsened Check if: 1 <input type="checkbox"/> Pulse on transfer 2 <input type="checkbox"/> No pulse on transfer	N EMS Disposition <input type="checkbox"/> Not transported 1 <input type="checkbox"/> FD transport to ECF 2 <input type="checkbox"/> Non-FD transport 3 <input type="checkbox"/> Non-FD trans/FD attend 4 <input type="checkbox"/> Non-emergency transfer 0 <input type="checkbox"/> Other
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A Delete **NFIRS-7 HazMat**
 Change
 FDID ☆ State ☆ MM DD YYYY Incident Date ☆ Station Incident Number ☆ Exposure ☆ Haz No. ☆

B **HazMat ID** UN Number DOT Hazard Classification CAS Registration Number Chemical Name ☆

C1 **Container Type** None
 Container Type
 More hazardous materials? Use additional sheets.

C2 **Estimated Container Capacity**
 Capacity: by volume or weight

D1 **Estimated Amount Released** ☆
 Amount released: by volume or weight

E1 **Physical State When Released**
 1 Solid
 2 Liquid
 3 Gas
 U Undetermined

C3 **Units: Capacity** Check one box
 VOLUME WEIGHT
 11 Ounces 21 Ounces
 12 Gallons 22 Pounds
 13 Barrels: 42 gal. 23 Grams
 14 Liters 24 Kilograms
 15 Cubic feet
 16 Cubic meters MICRO UNITS Enter Code

D2 **Units: Released** Check one box
 VOLUME WEIGHT
 11 Ounces 21 Ounces
 12 Gallons 22 Pounds
 13 Barrels: 42 gal. 23 Grams
 14 Liters 24 Kilograms
 15 Cubic feet
 16 Cubic meters MICRO UNITS Enter Code

E2 **Released Into**
 Released into

Complete the remainder of this form only for the first hazardous material involved in this incident.

F1 **Released From**
 Check all applicable boxes
 Below grade
 1 Inside/on structure Story of release
 2 Outside of structure

F2 **Population Density**
 1 Urban
 2 Suburban
 3 Rural

G1 **Area Affected**
 1 Square feet
 2 Blocks
 3 Square miles
 Enter measurement

G2 **Area Evacuated** None
 1 Square feet
 2 Blocks
 3 Square miles
 Enter measurement

G3 **Estimated Number of People Evacuated**

G4 **Estimated Number of Buildings Evacuated** None

H **HazMat Actions Taken**
 Enter up to three actions taken
 Primary action taken (1)
 Additional action taken (2)
 Additional action taken (3)

I **If fire or explosion is involved with a release, which occurred first?**
 1 Ignition U Undetermined
 2 Release

J **Cause of Release** ☆
 1 Intentional
 2 Unintentional release
 3 Container/Containment failure
 4 Act of nature
 5 Cause under investigation
 U Cause undetermined after investigation

K **Factors Contributing to Release**
 Enter up to three contributing factors
 Factor contributing to release (1)
 Factor contributing to release (2)
 Factor contributing to release (3)

L **Factors Affecting Mitigation** None
 Enter up to three factors or impediments that affected the mitigation of the incident.
 Factor or impediment (1)
 Factor or impediment (2)
 Factor or impediment (3)

M **Equipment Involved in Release** None
 Equipment involved in release
 Brand
 Model
 Serial #
 Year

N **Mobile Property Involved in Release** None
 Mobile property type
 Mobile property make
 Model Year
 License plate number State
 DOT number/ ICC number

O **HazMat Disposition** ☆
 1 Completed by fire service only
 2 Completed w/fire service present
 3 Released to local agency
 4 Released to county agency
 5 Released to State agency
 6 Released to Federal agency
 7 Released to private agency
 8 Released to property owner or manager

P **HazMat Civilian Casualties**
 Deaths Injuries
 NFIRS-7 Revision 01/01/06

A

FDID State Incident Date MM DD YYYY Station Incident Number Exposure

Delete Change

NFIRS-8 Wildland Fire

B Alternate Location Specification

Enter Latitude/Longitude OR Township/Range/Section/Subsection Meridian if Section B on the Basic Module is not completed.

Latitude Longitude

OR

Township Range Section Subsection Meridian

North South East West

C Area Type

1 Rural, farms >50 acres
 2 Urban (heavily populated)
 3 Rural/Urban or suburban
 4 Urban-wildland interface area

D1 Wildland Fire Cause

1 Natural source
 2 Equipment
 3 Smoking
 4 Open/Outdoor fire
 5 Debris/Vegetation burn
 6 Structure (exposure)
 7 Incendiary

8 Misuse of fire
 0 Other
 U Undetermined

D2 Human Factors Contributing to Ignition

Check as many boxes as are applicable. None

1 Asleep
 2 Possibly impaired by alcohol or drugs
 3 Unattended person
 4 Possibly mentally disabled
 5 Physically disabled
 6 Multiple persons involved
 7 Age was a factor

D3 Factors Contributing to Ignition

None

#1 #2

D4 Fire Suppression Factors

None

#1 #2 #3

Enter up to three factors

E Heat Source

F Mobile Property Type

None

G Equipment Involved in Ignition

None

H Weather Information

NFDRS Weather Station ID

Weather Type Wind Direction

Wind Speed (mph) Air Temperature F° Check if negative

Relative Humidity Fuel Moisture Fire Danger Rating

I1 Number of Buildings Ignited

None

Number of buildings that were ignited in Wildland fire.

I2 Number of Buildings Threatened

None

Number of buildings that were threatened by Wildland fire but were not involved.

I3 Total Acres Burned

, , .

I4 Primary Crops Burned

Identify up to 3 crops if any crops were burned.

Crop 1

Crop 2

Crop 3

J Property Management

Indicate the percent of the total acres burned for each ownership type then check the ONE box to identify the property ownership at the origin of the fire. If the ownership at origin is Federal, enter the Federal Agency Code.

Ownership Undetermined Private Public

% Total Acres Burned %

Private

1 Tax paying %
 2 Non-tax paying %

Public

3 City, town, village, local %
 4 County or parish %
 5 State or province %
 6 Federal %
 Federal Agency Code

7 Foreign %
 8 Military %
 0 Other %

K NFDRS Fuel Model at Origin

Enter the code and the descriptor corresponding to the NFDRS Fuel Model at Origin.

L1 Person Responsible for Fire

1 Identified person caused fire
 2 Unidentified person caused fire
 3 Fire not caused by person

If person identified, complete the rest of Section L.

L2 Gender of Person Involved

1 Male
 2 Female

L3 Age or Date of Birth

Age in Years Date of Birth / /

OR / /

Month Day Year

L4 Activity of Person Involved

Activity of Person Involved

M Type of Right-of-Way

None

Required if less than 100 feet.

Feet Type of right-of-way

Horizontal distance from right-of-way

N Fire Behavior

These optional descriptors refer to observations made at the point of initial attack.

Feet
Elevation

Relative position on slope

Aspect

Feet
Flame length

Chains per Hour
Rate of spread

A

FDID State Incident Date Station Incident Number Exposure

Delete
 Change

**NFIRS-9
Apparatus or
Resources**

B Apparatus or Resources <small>Use codes listed below</small>		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 ★	Apparatus Use ★ <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus.</small>
1	ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4	ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7	ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8	ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9	ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 50 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	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> More apparatus? Use additional sheets. </div> NN None UU Undetermined
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A FDID State MM DD YYYY Incident Date Station Incident Number Exposure Delete Change **NFIRS-10 Personnel**

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

2 ID <input type="text"/> ☆Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sent <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <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"/>			<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"/>				
<input type="text"/>			<input type="checkbox"/>				

3 ID <input type="text"/> ☆Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sent <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <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"/>			<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"/>				
<input type="text"/>			<input type="checkbox"/>				

A FDID Star State Star Incident Date Star MM DD YYYY Station Incident Number Star Exposure Star Delete Change **NFIRS-11 Arson**

B Agency Referred To None Agency Name Their case number
 Number Prefix Street or Highway Street Type Suffix Their ORI
 Post Office Box Apt./Suite/Room City Their Federal Identifier (FID)
 State ZIP Code Agency phone number Their FDID

C Case Status
 1 Investigation open
 2 Investigation closed
 3 Investigation inactive
 4 Closed with arrest
 5 Closed with exceptional clearance

D Availability of Material First Ignited
 1 Transported to scene
 2 Available at scene
 U Unknown

E Suspected Motivation Factors Check up to three factors
 11 Extortion 12 Labor unrest 13 Insurance fraud 14 Intimidation 15 Void contract/lease 21 Personal
 22 Hate crime 23 Institutional 24 Societal 31 Protest 32 Civil unrest 41 Fireplay/Curiosity
 42 Vanity/Recognition 43 Thrills 44 Attention/Sympathy 45 Sexual excitement 51 Homicide 52 Suicide 53 Domestic violence
 54 Burglary 61 Homicide concealment 62 Burglary concealment 63 Auto theft concealment 64 Destroy records/evidence 00 Other suspected motivation UU Unknown motivation

F Apparent Group Involvement None Check up to three factors
 1 Terrorist group
 2 Gang
 3 Anti-government group
 4 Outlaw motorcycle organization
 5 Organized crime
 6 Racial/Ethnic hate group
 7 Religious hate group
 8 Sexual preference hate group
 0 Other group
 U Unknown

H Incendiary Devices CONTAINER No container Select one from each category
 11 Bottle (glass) 12 Bottle (plastic) 13 Jug
 14 Pressurized container 15 Can (not gas or fuel) 16 Gasoline or fuel can
 17 Box 00 Other Container UU Unknown

IGNITION/DELAY DEVICE No device
 11 Wick or fuse 12 Candle 13 Cigarette and matchbook 14 Electronic component 15 Mechanical device 16 Remote control
 17 Road flare/fuse 18 Chemical component 19 Trailer/Streamer 20 Open flame source 00 Other delay device UU Unknown

G1 Entry Method
 Entry Method

FUEL None
 11 Ordinary combustibles 12 Flammable gas 14 Ignitable liquid 15 Ignitable solid
 16 Pyrotechnic material 17 Explosive material 00 Other material UU Unknown

G2 Extent of Fire Involvement on Arrival
 Extent of Fire Involvement

I Other Investigative Information Check all that apply
 1 Code violations
 2 Structure for sale
 3 Structure vacant
 4 Other crimes involved
 5 Illicit drug activity
 6 Change in insurance
 7 Financial problem
 8 Criminal/Civil actions pending

J Property Ownership
 1 Private
 2 City, town, village, local
 3 County or parish
 4 State or province
 5 Federal
 6 Foreign
 7 Military
 0 Other

K Initial Observations Check all that apply
 1 Windows ajar 2 Doors ajar 3 Doors locked 4 Doors unlocked
 5 Fire department forced entry 6 Entry forced prior to FD arrival 7 Security system activated 8 Security system present (not activated)

L Laboratory Used Check all that apply None
 1 Local 2 State 3 ATF 4 FBI 5 Other Federal 6 Private

A FDID Delete Change
State MM DD YYYY Incident Date Station Incident Number Exposure

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

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State ZIP Code

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

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

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Post Office Box Apt./Suite/Room City

State ZIP Code

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

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State ZIP Code

E3

Supplemental Special Studies

Local Option

**NFIRS-1S
Supplemental**

1

Special Study ID#	Special Study Value
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2

Special Study ID#	Special Study Value
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3

Special Study ID#	Special Study Value
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4

Special Study ID#	Special Study Value
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5

Special Study ID#	Special Study Value
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6

Special Study ID#	Special Study Value
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7

Special Study ID#	Special Study Value
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8

Special Study ID#	Special Study Value
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L

Remarks:

Local Option