

Appendix A

PAPER FORMS FOR NFIRS 5.0 MODULES

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
 Check boxes if dates are the same as Alarm Date.
 Alarm Star Month Day Year Hour Min
 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 _____

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.

Suppression Apparatus Personnel
 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:

- | | |
|---|--|
| <input type="checkbox"/> Buildings 111 | Complete Fire & Structure Modules |
| <input type="checkbox"/> Special structure 112 | Complete Fire Module & Section I, Structure Module |
| <input type="checkbox"/> Confined 113-118 | Basic Module Only |
| <input type="checkbox"/> Mobile property 120-123 | Complete Fire & Structure Modules |
| <input type="checkbox"/> Vehicle 130-138 | Complete Fire Module |
| <input type="checkbox"/> Vegetation 140-143 | Complete Fire or Wildland Module |
| <input type="checkbox"/> Outside rubbish fire 150-155 | Basic Module Only |
| <input type="checkbox"/> Special outside fire 160 | Complete Fire or Wildland Module |
| <input type="checkbox"/> Special outside fire 161-163 | Complete Fire Module |
| <input type="checkbox"/> Crop fire 170-173 | Complete Fire or Wildland Module |



ITEMS WITH A ★ MUST ALWAYS BE COMPLETED!

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

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 <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	NFIRS-2 Fire
						<input type="checkbox"/> Change	

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 If equipment was not involved, skip to Section G.

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

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"/> Occupied & operating 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; margin: 10px 0;">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> <div style="margin-top: 10px;"> <input type="checkbox"/> Below grade </div>	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 ☆ <div style="margin-top: 10px;"> <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> <div style="margin-top: 10px; text-align: right;"> <input type="button" value="Skip to Section L"/> </div>	K1 <div style="margin-top: 10px;"> <input type="text"/> Item contributing most to flame spread </div> K2 <div style="margin-top: 10px;"> <input type="text"/> Type of material contributing most to flame spread </div> <div style="margin-top: 10px;"> <input type="text"/> Required only if item contributing code is 00 or <70. </div>
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"/>	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-4 Civilian Fire Casualty
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B Injured Person	Gender	C Casualty Number
<input type="text"/>	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<input type="text"/>
First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/>		Casualty Number <input type="text"/>

D Age or Date of Birth	E1 Race	F Affiliation	H Severity
<input type="text"/> Months (for infants) OR Date of Birth <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	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
Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	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"/> Time of Injury <input type="text"/>	
		Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> Hour <input type="text"/> Minute <input type="text"/>	

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"/> Contributing factor (2) <input type="text"/> Contributing factor (3) <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="checkbox"/> Below grade
	M2 General Location at Time of Injury	M4 Story Where Injury Occurred
	1 <input type="checkbox"/> In area of fire origin 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area U <input type="checkbox"/> Undetermined	Story where injury occurred, if different from M3 <input type="text"/> <input type="checkbox"/> Below grade
	Skip to Section N Skip to Block M5	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"/>

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 <input type="text"/> Primary apparent symptom	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"/> Local option

A FDID Delete Change

State Incident Date (MM DD YYYY) Station Incident Number Exposure

**NFIRS-5
Fire Service
Casualty**

B Injured Person Identification Number Male Female Career Volunteer

First Name MI Last Name Suffix

C Casualty Number

D Age or Date of Birth OR **E Date and Time of Injury** (Midnight is 0000.)

Age In years OR Month Day Year

Date of Injury Month Day Year Time of Injury Hour Minute

F Responses Number of prior responses during past 24 hours

G1 Usual Assignment

1 Suppression
2 EMS
3 Prevention
4 Training
5 Maintenance
6 Communications
7 Administration
8 Fire investigation
0 Other

G2 Physical Condition Just Prior to Injury

1 Rested
2 Fatigued
4 Ill or injured
0 Other
U Undetermined

G3 Severity

1 Report only, including exposure
2 First aid only
3 Treated by physician (no lost time)
4 Moderate (lost time)
5 Severe (lost time)
6 Life threatening (lost time)
7 Death

G4 Taken To Not transported

1 Hospital
4 Doctor's office
5 Morgue/Funeral home
6 Residence
7 Station or quarters
0 Other

G5 Activity at Time of Injury

Activity at time of injury

H1 Primary Apparent Symptom

H2 Primary Part of Body Injured None

I1 Cause of Firefighter Injury

I2 Factor Contributing to Injury None

I3 Object Involved in Injury None

J1 Where Injury Occurred

1 En route to FD location
2 At FD location
3 En route to incident scene
4 En route to medical facility
5 At scene in structure
6 At scene outside
7 At medical facility
8 Returning from incident
9 Returning from med facility
0 Other
U Undetermined

J2 Story Where Injury Occurred

1 Check this box and enter the story if the injury occurred inside or on a structure Story of injury Below grade

2 Injury occurred outside

J3 Specific Location Where Injury Occurred

65 In aircraft
64 In boat, ship, or barge
63 In rail vehicle
61 In motor vehicle
54 In sewer
53 In tunnel
49 In structure
45 In attic
36 In water
35 In well
34 In ravine
33 In quarry or mine
32 In ditch or trench
31 In open pit
28 On steep grade
27 On fire escape/outside stairs
26 On vertical surface or ledge
25 On ground ladder
24 On aerial ladder or in basket
23 On roof
22 Outside at grade

00 Other
UU Undetermined

J4 Vehicle Type Complete ONLY if Specific Location code is >60

1 Suppression vehicle
2 EMS vehicle
3 Other FD vehicle
4 Non-FD vehicle

Remarks

If protective equipment failed and was a factor in this injury, please complete the other side of this form.

NFIRS-5 Revision 01/01/05

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 Star State Star Incident Date Star MM DD YYYY Station Incident Number Star Exposure Star Delete Change

B Number of Patients Patient Number Star **C** Date/Time Month Day Year Hour/Min
 Use a separate form for each patient Time Arrived at Patient Time of Patient Transfer
 Check if same date as Alarm date

D Provider Impression/Assessment Star Check one box only None/no patient or refused treatment

10 <input type="checkbox"/> Abdominal pain	18 <input type="checkbox"/> Chest pain	26 <input type="checkbox"/> Hypovolemia	34 <input type="checkbox"/> Sexual assault
11 <input type="checkbox"/> Airway obstruction	19 <input type="checkbox"/> Diabetic symptom	27 <input type="checkbox"/> Inhalation injury	35 <input type="checkbox"/> Sting/Bite
12 <input type="checkbox"/> Allergic reaction	20 <input type="checkbox"/> Do not resuscitate	28 <input type="checkbox"/> Obvious death	36 <input type="checkbox"/> Stroke/CVA
13 <input type="checkbox"/> Altered LOC	21 <input type="checkbox"/> Electrocution	29 <input type="checkbox"/> OD/Poisoning	37 <input type="checkbox"/> Syncope
14 <input type="checkbox"/> Behavioral/Psych	22 <input type="checkbox"/> General illness	30 <input type="checkbox"/> Pregnancy/OB	38 <input type="checkbox"/> Trauma
15 <input type="checkbox"/> Burns	23 <input type="checkbox"/> Hemorrhaging/Bleeding	31 <input type="checkbox"/> Respiratory arrest	00 <input type="checkbox"/> Other
16 <input type="checkbox"/> Cardiac arrest	24 <input type="checkbox"/> Hyperthermia	32 <input type="checkbox"/> Respiratory distress	
17 <input type="checkbox"/> Cardiac dysrhythmia	25 <input type="checkbox"/> Hypothermia	33 <input type="checkbox"/> Seizure	

E1 Age or Date of Birth <input type="checkbox"/> Months (for infants) Age OR Month Day Year	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 If an illness, not an injury, skip G2 and go to H3 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 _____ _____ _____ _____ _____	H2 Injury Type List one injury type for each body site listed under H1 _____ _____ _____ _____ _____	H3 Cause of Illness/Injury _____ Cause of illness/Injury _____
--	---	--

I Procedures Used 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"/> Preattival 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 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"/> Star 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 Change **NFIRS-7 HazMat**

FDID State Incident Date Station Incident Number Exposure Haz No.

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

<p>C1 Container Type <input type="checkbox"/> None</p> <p><input type="text"/></p> <p>Container Type</p> <p>More hazardous materials? Use additional sheets.</p>	<p>C2 Estimated Container Capacity</p> <p><input type="text"/>, <input type="text"/>, <input type="text"/></p> <p>Capacity: by volume or weight</p>	<p>D1 Estimated Amount Released ☆</p> <p><input type="text"/>, <input type="text"/>, <input type="text"/></p> <p>Amount released: by volume or weight</p>	<p>E1 Physical State When Released</p> <p>1 <input type="checkbox"/> Solid</p> <p>2 <input type="checkbox"/> Liquid</p> <p>3 <input type="checkbox"/> Gas</p> <p>U <input type="checkbox"/> Undetermined</p>
	<p>C3 Units: Capacity Check one box</p> <p>VOLUME</p> <p>11 <input type="checkbox"/> Ounces</p> <p>12 <input type="checkbox"/> Gallons</p> <p>13 <input type="checkbox"/> Barrels: 42 gal.</p> <p>14 <input type="checkbox"/> Liters</p> <p>15 <input type="checkbox"/> Cubic feet</p> <p>16 <input type="checkbox"/> Cubic meters</p>	<p>WEIGHT</p> <p>21 <input type="checkbox"/> Ounces</p> <p>22 <input type="checkbox"/> Pounds</p> <p>23 <input type="checkbox"/> Grams</p> <p>24 <input type="checkbox"/> Kilograms</p> <p>MICRO UNITS</p> <p><input type="text"/> Enter Code</p>	<p>D2 Units: Released Check one box</p> <p>VOLUME</p> <p>11 <input type="checkbox"/> Ounces</p> <p>12 <input type="checkbox"/> Gallons</p> <p>13 <input type="checkbox"/> Barrels: 42 gal.</p> <p>14 <input type="checkbox"/> Liters</p> <p>15 <input type="checkbox"/> Cubic feet</p> <p>16 <input type="checkbox"/> Cubic meters</p>

<p>Complete the remainder of this form only for the first hazardous material involved in this incident.</p>	<p>F2 Population Density</p> <p>1 <input type="checkbox"/> Urban</p> <p>2 <input type="checkbox"/> Suburban</p> <p>3 <input type="checkbox"/> Rural</p>	<p>G2 Area Evacuated <input type="checkbox"/> None</p> <p>1 <input type="checkbox"/> Square feet <input type="text"/>, <input type="text"/></p> <p>2 <input type="checkbox"/> Blocks <input type="text"/></p> <p>3 <input type="checkbox"/> Square miles <input type="text"/></p> <p>Enter measurement</p>	<p>H HazMat Actions Taken</p> <p>Enter up to three actions taken</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Primary action taken (1)</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Additional action taken (2)</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Additional action taken (3)</p>
	<p>F1 Released From</p> <p>Check all applicable boxes</p> <p><input type="checkbox"/> Below grade</p> <p>1 <input type="checkbox"/> Inside/on structure <input type="text"/> Story of release</p> <p>2 <input type="checkbox"/> Outside of structure</p>	<p>G1 Area Affected</p> <p>1 <input type="checkbox"/> Square feet</p> <p>2 <input type="checkbox"/> Blocks</p> <p>3 <input type="checkbox"/> Square miles</p> <p><input type="text"/>, <input type="text"/></p> <p>Enter measurement</p>	<p>G3 Estimated Number of People Evacuated</p> <p><input type="text"/>, <input type="text"/></p>

<p>J Cause of Release ☆</p> <p>1 <input type="checkbox"/> Intentional</p> <p>2 <input type="checkbox"/> Unintentional release</p> <p>3 <input type="checkbox"/> Container/Containment failure</p> <p>4 <input type="checkbox"/> Act of nature</p> <p>5 <input type="checkbox"/> Cause under investigation</p> <p>U <input type="checkbox"/> Cause undetermined after investigation</p>	<p>K Factors Contributing to Release</p> <p>Enter up to three contributing factors</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Factor contributing to release (1)</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Factor contributing to release (2)</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Factor contributing to release (3)</p>	<p>L Factors Affecting Mitigation <input type="checkbox"/> None</p> <p>Enter up to three factors or impediments that affected the mitigation of the incident.</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Factor or impediment (1)</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Factor or impediment (2)</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Factor or impediment (3)</p>
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<p>M Equipment Involved in Release <input type="checkbox"/> None</p> <p><input type="text"/> <input type="text"/></p> <p>Equipment involved in release</p> <p>Brand <input type="text"/></p> <p>Model <input type="text"/></p> <p>Serial # <input type="text"/></p> <p>Year <input type="text"/></p>	<p>N Mobile Property Involved in Release <input type="checkbox"/> None</p> <p><input type="text"/> <input type="text"/></p> <p>Mobile property type</p> <p><input type="text"/> <input type="text"/></p> <p>Mobile property make</p> <p>Model <input type="text"/> Year <input type="text"/></p> <p>License plate number <input type="text"/> State <input type="text"/></p> <p><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"/></p> <p>DOT number/ ICC number</p>	<p>O HazMat Disposition ☆</p> <p>1 <input type="checkbox"/> Completed by fire service only</p> <p>2 <input type="checkbox"/> Completed w/fire service present</p> <p>3 <input type="checkbox"/> Released to local agency</p> <p>4 <input type="checkbox"/> Released to county agency</p> <p>5 <input type="checkbox"/> Released to State agency</p> <p>6 <input type="checkbox"/> Released to Federal agency</p> <p>7 <input type="checkbox"/> Released to private agency</p> <p>8 <input type="checkbox"/> Released to property owner or manager</p>
<p>P HazMat Civilian Casualties</p> <p>Deaths <input type="text"/> Injuries <input type="text"/></p>		<p>NFIRS-7 Revision 01/01/06</p>

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.

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

#1 #2

D4 Fire Suppression Factors

#1 #2 #3

Enter up to three factors

E Heat Source

F Mobile Property Type

G Equipment Involved in Ignition

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 % 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

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

Delete
 Change

NFIRS-9 Apparatus or Resources

B	Apparatus or Resources Use codes listed below	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 ★ 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.
		Dispatch	Arrival	Clear					
1	ID [][][][][][][][][][] ★ Type [][][]	Dispatch <input type="checkbox"/> []	Arrival <input type="checkbox"/> []	Clear <input type="checkbox"/> []	<input type="checkbox"/>	[][][][][]	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	[][][][][] [][][][][]	
2	ID [][][][][][][][][][] ★ Type [][][]	Dispatch <input type="checkbox"/> []	Arrival <input type="checkbox"/> []	Clear <input type="checkbox"/> []	<input type="checkbox"/>	[][][][][]	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	[][][][][] [][][][][]	
3	ID [][][][][][][][][][] ★ Type [][][]	Dispatch <input type="checkbox"/> []	Arrival <input type="checkbox"/> []	Clear <input type="checkbox"/> []	<input type="checkbox"/>	[][][][][]	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	[][][][][] [][][][][]	
4	ID [][][][][][][][][][] ★ Type [][][]	Dispatch <input type="checkbox"/> []	Arrival <input type="checkbox"/> []	Clear <input type="checkbox"/> []	<input type="checkbox"/>	[][][][][]	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	[][][][][] [][][][][]	
5	ID [][][][][][][][][][] ★ Type [][][]	Dispatch <input type="checkbox"/> []	Arrival <input type="checkbox"/> []	Clear <input type="checkbox"/> []	<input type="checkbox"/>	[][][][][]	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	[][][][][] [][][][][]	
6	ID [][][][][][][][][][] ★ Type [][][]	Dispatch <input type="checkbox"/> []	Arrival <input type="checkbox"/> []	Clear <input type="checkbox"/> []	<input type="checkbox"/>	[][][][][]	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	[][][][][] [][][][][]	
7	ID [][][][][][][][][][] ★ Type [][][]	Dispatch <input type="checkbox"/> []	Arrival <input type="checkbox"/> []	Clear <input type="checkbox"/> []	<input type="checkbox"/>	[][][][][]	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	[][][][][] [][][][][]	
8	ID [][][][][][][][][][] ★ Type [][][]	Dispatch <input type="checkbox"/> []	Arrival <input type="checkbox"/> []	Clear <input type="checkbox"/> []	<input type="checkbox"/>	[][][][][]	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	[][][][][] [][][][][]	
9	ID [][][][][][][][][][] ★ Type [][][]	Dispatch <input type="checkbox"/> []	Arrival <input type="checkbox"/> []	Clear <input type="checkbox"/> []	<input type="checkbox"/>	[][][][][]	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	[][][][][] [][][][][]	

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 Incident Date MM DD YYYY Station Incident Number Exposure Delete Change **NFIRS-10 Personnel**

B Apparatus or Resources **Dates and Times** Midnight is 0000
 Check if same date as Alarm date on the Basic Module (Block E1).
 Month Day Year Hour/Min
Sent **Number of People** **Apparatus Use** **Actions Taken**
 Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.
 Dispatch
 Arrival
 Clear
Sent **Suppression**
 EMS
 Other

Personnel ID <input type="checkbox"/>	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 **Dispatch**
Arrival
Clear
 Suppression
 EMS
 Other

Personnel ID <input type="checkbox"/>	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 **Dispatch**
Arrival
Clear
 Suppression
 EMS
 Other

Personnel ID <input type="checkbox"/>	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 MM DD YYYY Incident Date Star 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 4 Closed with arrest

2 Investigation closed 5 Closed with exceptional clearance

3 Investigation inactive

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 <input type="checkbox"/> Extortion	22 <input type="checkbox"/> Hate crime	42 <input type="checkbox"/> Vanity/Recognition	54 <input type="checkbox"/> Burglary
12 <input type="checkbox"/> Labor unrest	23 <input type="checkbox"/> Institutional	43 <input type="checkbox"/> Thrills	61 <input type="checkbox"/> Homicide concealment
13 <input type="checkbox"/> Insurance fraud	24 <input type="checkbox"/> Societal	44 <input type="checkbox"/> Attention/Sympathy	62 <input type="checkbox"/> Burglary concealment
14 <input type="checkbox"/> Intimidation	31 <input type="checkbox"/> Protest	45 <input type="checkbox"/> Sexual excitement	63 <input type="checkbox"/> Auto theft concealment
15 <input type="checkbox"/> Void contract/lease	32 <input type="checkbox"/> Civil unrest	51 <input type="checkbox"/> Homicide	64 <input type="checkbox"/> Destroy records/evidence
21 <input type="checkbox"/> Personal	41 <input type="checkbox"/> Fireplay/Curiosity	52 <input type="checkbox"/> Suicide	00 <input type="checkbox"/> Other suspected motivation
		53 <input type="checkbox"/> Domestic violence	UU <input type="checkbox"/> 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) 14 Pressurized container 17 Box

12 Bottle (plastic) 15 Can (not gas or fuel) 00 Other Container

13 Jug 16 Gasoline or fuel can UU Unknown

IGNITION/DELAY DEVICE No device

11 Wick or fuse 17 Road flare/fuse

12 Candle 18 Chemical component

13 Cigarette and matchbook 19 Trailer/Streamer

14 Electronic component 20 Open flame source

15 Mechanical device 00 Other delay device

16 Remote control UU Unknown

G1 Entry Method

Entry Method _____

FUEL None

11 Ordinary combustibles 16 Pyrotechnic material

12 Flammable gas 17 Explosive material

14 Ignitable liquid 00 Other material

15 Ignitable solid 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 5 Fire department forced entry

2 Doors ajar 6 Entry forced prior to FD arrival

3 Doors locked 7 Security system activated

4 Doors unlocked 8 Security system present (not activated)

L Laboratory Used Check all that apply None

1 Local 3 ATF 5 Other 6 Private

2 State 4 FBI Federal