

**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  In front of  Rear of  Adjacent to  Directions  US National Grid

Number/Milepost Prefix Street or Highway Street Type Suffix

Apt./Suite/Room City State ZIP Code

Cross Street, Directions or National Grid, as applicable

**C Incident Type**  Star \_\_\_\_\_ Incident Type

**D Aid Given or Received**  Star  None

1  Mutual aid received  Their FDID  Their State

2  Auto. aid received

3  Mutual aid given

4  Auto. aid given

5  Other aid given  Their Incident Number

**E1 Dates and Times** Midnight is 0000

Month Day Year Hour Min

Alarm  Star  ALARM always required

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

**E2 Shifts and Alarms** Local Option

Shift or Platoon Alarms District

**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.)

**I 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/boarded 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 Description \_\_\_\_\_ Code \_\_\_\_\_

### 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

L

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 Module                               |
| <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  Star State  Star Incident Date MM DD YYYY  Star Station Incident Number  Star Exposure  Star  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**  Star  
Area of fire origin

**D2**  Star  
Heat source

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

**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

<b>I1 Structure Type</b> ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Enclosed building</li> <li>2 <input type="checkbox"/> Portable/mobile structure</li> <li>3 <input type="checkbox"/> Open structure</li> <li>4 <input type="checkbox"/> Air-supported structure</li> <li>5 <input type="checkbox"/> Tent</li> <li>6 <input type="checkbox"/> Open platform (e.g., piers)</li> <li>7 <input type="checkbox"/> Underground structure (work areas)</li> <li>8 <input type="checkbox"/> Connective structure (e.g., fences)</li> <li>0 <input type="checkbox"/> Other type of structure</li> </ul>	<b>I2 Building Status</b> ☆ <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Under construction</li> <li>2 <input type="checkbox"/> Occupied &amp; operating</li> <li>3 <input type="checkbox"/> Idle, not routinely used</li> <li>4 <input type="checkbox"/> Under major renovation</li> <li>5 <input type="checkbox"/> Vacant and secured</li> <li>6 <input type="checkbox"/> Vacant and unsecured</li> <li>7 <input type="checkbox"/> Being demolished</li> <li>0 <input type="checkbox"/> Other</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>I3 Building Height</b> ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <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 style="font-size: small;">Total number of stories at or above grade</p> </div> <div style="margin-top: 10px;"> <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 style="font-size: small;">Total number of stories below grade</p> </div>	<b>I4 Main Floor Size</b> ☆ <div style="margin-top: 10px;"> <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 style="font-size: small;">Total square feet</p> </div> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">OR</p> <div style="margin-top: 10px;"> <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 style="font-size: small;">Length in feet                      Width in feet</p> </div>
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<b>J1 Fire Origin</b> ☆ <div style="margin-top: 10px;"> <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 style="font-size: small;">Story of fire origin</p> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Below grade         </div>	<b>J3 Number of Stories Damaged by Flame</b> ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <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 style="font-size: small;">Number of stories w/minor damage (1 to 24% flame damage)</p> </div> <div style="margin-top: 10px;"> <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 style="font-size: small;">Number of stories w/significant damage (25 to 49% flame damage)</p> </div> <div style="margin-top: 10px;"> <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 style="font-size: small;">Number of stories w/heavy damage (50 to 74% flame damage)</p> </div> <div style="margin-top: 10px;"> <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 style="font-size: small;">Number of stories w/extreme damage (75 to 100% flame damage)</p> </div>	<b>K Type of Material Contributing Most to Flame Spread</b> <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>
<b>J2 Fire Spread</b> ☆ 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"> <li>2 <input type="checkbox"/> Confined to room of origin</li> <li>3 <input type="checkbox"/> Confined to floor of origin</li> <li>4 <input type="checkbox"/> Confined to building of origin</li> <li>5 <input type="checkbox"/> Beyond building of origin</li> </ul>	<b>K1</b> <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 style="font-size: small;">Item contributing most to flame spread</p>	<b>K2</b> <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 style="font-size: small;">Type of material contributing most to flame spread                      Required only if item contributing code is 00 or &lt;70.</p>

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

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

**A** FDID  Star State  Star Incident Date MM DD YYYY  Star Station Incident Number  Star Exposure  Star  Delete  Change **NFIRS-4 Civilian Fire Casualty**

**B Injured Person**  Star Gender 1  Male 2  Female **C Casualty Number**  Star

First Name MI Last Name Suffix Casualty Number

**D Age or Date of Birth**  Star Age  Months (for infants) **OR** Date of Birth Month Day Year

**E1 Race**  
 1  White  
 2  Black, African American  
 3  Am. Indian, Alaska Native  
 4  Asian  
 5  Native Hawaiian, Other Pacific Islander  
 0  Other, multiracial  
 U  Undetermined

**E2 Ethnicity**  
 1  Hispanic or Latino  
 0  Non Hispanic or Latino

**F Affiliation**  
 1  Civilian  
 2  EMS, not fire department  
 3  Police  
 0  Other

**G Date and Time of Injury** Midnight is 0000.  
 Date of Injury Month Day Year Time of Injury Hour Minute

**H Severity**  Star  
 1  Minor  
 2  Moderate  
 3  Severe  
 4  Life threatening  
 5  Death  
 U  Undetermined

**I Cause of Injury**  
 1  Exposed to fire products including flame heat, smoke, and gas  
 2  Exposed to toxic fumes other than smoke  
 3  Jumped in escape attempt  
 4  Fell, slipped, or tripped  
 5  Caught or trapped  
 6  Structural collapse  
 7  Struck by or contact with object  
 8  Overexertion or strain  
 9  Multiple causes  
 0  Other  
 U  Undetermined

**J Human Factors Contributing to Injury**  None  
 Check all applicable boxes  
 1  Asleep  
 2  Unconscious  
 3  Possibly impaired by alcohol  
 4  Possibly impaired by other drug  
 5  Possibly mentally disabled  
 6  Physically disabled  
 7  Physically restrained  
 8  Unattended person

**K Factors Contributing to Injury**  None  
 Enter up to three contributing factors  
 Contributing factor (1)  
 Contributing factor (2)  
 Contributing factor (3)

**L Activity When Injured**  
 1  Escaping  
 2  Rescue attempt  
 3  Fire control  
 4  Return to fire before control  
 5  Return to fire after control  
 6  Sleeping  
 7  Unable to act  
 8  Irrational act  
 0  Other  
 U  Undetermined

**M1 Location at Time of Incident**  
 1  In area of origin and not involved  
 2  Not in area of origin and not involved  
 3  Not in area of origin, but involved  
 4  In area of origin and involved  
 0  Other location  
 U  Undetermined

**M2 General Location at Time of Injury**  
 1  In area of fire origin → Skip to Section N  
 2  In building, but not in area  
 3  Outside, but not in area → Skip to Block Ms  
 U  Undetermined

**M3 Story at Start of Incident** Complete ONLY if injury occurred INSIDE  
 Story at start of incident  Below grade

**M4 Story Where Injury Occurred**  
 Story where injury occurred, if different from M3  Below grade

**M5 Specific Location at Time of Injury** Complete ONLY if casualty NOT in area of origin  
 Specific location at time of injury

**N Primary Apparent Symptom**  
 01  Smoke only, asphyxiation  
 11  Burns and smoke inhalation  
 12  Burns only  
 21  Cut, laceration  
 33  Strain or sprain  
 96  Shock  
 98  Pain only  
 Look up a code only if the symptom is NOT found above  
 Primary apparent symptom

**O Primary Area of Body Injured**  
 1  Head  
 2  Neck and shoulder  
 3  Thorax  
 4  Abdomen  
 5  Spine  
 6  Upper extremities  
 7  Lower extremities  
 8  Internal  
 9  Multiple body parts

**P Disposition**  
 Transported to emergency care facility  
 Remarks Local option

**A**

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

Delete  Change

**B Injured Person**

Identification Number (11 digits)

1  Male ☆ 1  Career  
2  Female 2  Volunteer

First Name MI Last Name Suffix

**C Casualty Number** ☆

Casualty Number (3 digits)

**D Age or Date of Birth** ☆

Age (In years) OR Date of Birth (Month Day Year)

**E Date and Time of Injury** ☆

Date of Injury (Month Day Year) Time of Injury (Hour Minute)

Midnight is 0000.

**F Responses**

Number of prior responses during past 24 hours (3 digits)

**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 0  Other
- 2  Fatigued U  Undetermined
- 4  Ill or injured

**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 (3 digits)

**H1 Primary Apparent Symptom**

Primary apparent symptom (20 digits)

**H2 Primary Part of Body Injured**  None

Primary injured body part (20 digits)

**I1 Cause of Firefighter Injury**

Cause of injury (20 digits)

**I2 Factor Contributing to Injury**  None

Contributing factor (20 digits)

**I3 Object Involved in Injury**  None

Object involved in injury (20 digits)

**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 (20 digits)  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 00  Other  
36  In water UU  Undetermined  
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

Complete Block J4

**J4 Vehicle Type**

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

Complete ONLY if Specific Location code is >60

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  
NumberNFIRS-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  State  Incident Date  Station  Incident Number  Exposure   Delete  Change **NFIRS-6 EMS**

**B** Number of Patients  Patient Number  **C** Date/Time  Time Arrived at Patient  Time of Patient Transfer  None/no patient or refused treatment

Use a separate form for each patient

Check if same date as Alarm date

Month Day Year Hour/Min

**D** Provider Impression/Assessment  Check one box only

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"/> Electrocutation	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  Months (for infants)

Age  OR

Month Day Year

**F1** Race

1  White

2  Black, African American

3  Am. Indian, Alaska Native

4  Asian

5  Native Hawaiian, Other Pacific Islander

0  Other, multiracial

U  Undetermined

**G1** Human Factors Contributing to Injury  None

Check all applicable boxes

1  Asleep

2  Unconscious

3  Possibly impaired by alcohol

4  Possibly impaired by drug

5  Possibly mentally disabled

6  Physically disabled

7  Physically restrained

8  Unattended person

**G2** Other Factors  None

If an illness, not an injury, skip G2 and go to H3

1  Accidental

2  Self-inflicted

3  Inflicted, not self

**E2** Gender

1  Male 2  Female

**F2** Ethnicity

1  Hispanic or Latino

2  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  No treatment

Check all applicable boxes

01 <input type="checkbox"/> Airway insertion	14 <input type="checkbox"/> Intubation (EGTA)
02 <input type="checkbox"/> Anti-shock trousers	15 <input type="checkbox"/> Intubation (ET)
03 <input type="checkbox"/> Assist ventilation	16 <input type="checkbox"/> IO/IV therapy
04 <input type="checkbox"/> Bleeding control	17 <input type="checkbox"/> Medications therapy
05 <input type="checkbox"/> Burn care	18 <input type="checkbox"/> Oxygen therapy
06 <input type="checkbox"/> Cardiac pacing	19 <input type="checkbox"/> OB care/delivery
07 <input type="checkbox"/> Cardioversion (defib) manual	20 <input type="checkbox"/> Prearrival instructions
08 <input type="checkbox"/> Chest/abdominal thrust	21 <input type="checkbox"/> Restrain patient
09 <input type="checkbox"/> CPR	22 <input type="checkbox"/> Spinal immobilization
10 <input type="checkbox"/> Cricothyroidotomy	23 <input type="checkbox"/> Splinted extremities
11 <input type="checkbox"/> Defibrillation by AED	24 <input type="checkbox"/> Suction/aspirate
12 <input type="checkbox"/> EKG monitoring	00 <input type="checkbox"/> Other
13 <input type="checkbox"/> Extrication	

**J** Safety Equipment  None

Used or deployed by patient. Check all applicable boxes.

1  Safety/seat belts

2  Child safety seat

3  Airbag

4  Helmet

5  Protective clothing

6  Flotation device

0  Other

U  Undetermined

**K** Cardiac Arrest  Check all applicable boxes

1  Pre-arrival arrest?

If pre-arrival arrest, was it:

1  Witnessed?

2  Bystander CPR?

2  Post-arrival arrest?

Initial Arrest Rhythm

1  V-Fib/V-Tach

0  Other

U  Undetermined

**L1** Initial Level of Provider  Star

1  First Responder

2  EMT-B (Basic)

3  EMT-I (Intermediate)

4  EMT-P (Paramedic)

0  Other provider

N  No Training

**L2** Highest Level of Care Provided On Scene  None

1  First Responder

2  EMT-B (Basic)

3  EMT-I (Intermediate)

4  EMT-P (Paramedic)

0  Other provider

**M** Patient Status

1  Improved

2  Remained same

3  Worsened

Check if:

1  Pulse on transfer

2  No pulse on transfer

**N** EMS Disposition  Not transported

1  FD transport to ECF

2  Non-FD transport

3  Non-FD trans/FD attend

4  Non-emergency transfer

0  Other

NFIRS-6 Revision 01/01/04









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

**B** **Apparatus or Resources** **Dates and Times** Midnight is 0000 **Sent**  **Number of People**  **Apparatus Use**  **Actions Taken**

Check if same date as Alarm date on the Basic Module (Block E1)  
 Dispatch        
 Arrival        
 Clear

Check ONE box for each apparatus to indicate its main use at the incident.  
 Suppression    
 EMS    
 Other

List up to 4 actions for each apparatus and each personnel.

Personnel <input checked="" type="checkbox"/> 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   Type  Dispatch         
Arrival         
Clear

Sent    Suppression    
 EMS    
 Other

Personnel <input checked="" type="checkbox"/> 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   Type  Dispatch         
Arrival         
Clear

Sent    Suppression    
 EMS    
 Other

Personnel <input checked="" type="checkbox"/> 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 <input type="text"/>	State <input type="text"/>	MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change
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**NFIRS-1S  
Supplemental****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. <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	Suffix <input type="text"/>
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Number <input type="text"/>	Prefix <input type="text"/>	Street or Highway <input type="text"/>	Street Type <input type="text"/>	Suffix <input type="text"/>
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Post Office Box <input type="text"/>	Apt./Suite/Room <input type="text"/>	City <input type="text"/>
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State <input type="text"/>	ZIP Code <input type="text"/>	- <input type="text"/>
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**K1****Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

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

Mr., Ms., Mrs. <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	Suffix <input type="text"/>
-------------------------------------	---------------------------------	-------------------------	--------------------------------	-----------------------------

Number <input type="text"/>	Prefix <input type="text"/>	Street or Highway <input type="text"/>	Street Type <input type="text"/>	Suffix <input type="text"/>
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Post Office Box <input type="text"/>	Apt./Suite/Room <input type="text"/>	City <input type="text"/>
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State <input type="text"/>	ZIP Code <input type="text"/>	- <input type="text"/>
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**K1****Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

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

Mr., Ms., Mrs. <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	Suffix <input type="text"/>
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Number <input type="text"/>	Prefix <input type="text"/>	Street or Highway <input type="text"/>	Street Type <input type="text"/>	Suffix <input type="text"/>
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Post Office Box <input type="text"/>	Apt./Suite/Room <input type="text"/>	City <input type="text"/>
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State <input type="text"/>	ZIP Code <input type="text"/>	- <input type="text"/>
----------------------------	-------------------------------	------------------------

**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. <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	Suffix <input type="text"/>
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Number <input type="text"/>	Prefix <input type="text"/>	Street or Highway <input type="text"/>	Street Type <input type="text"/>	Suffix <input type="text"/>
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Post Office Box <input type="text"/>	Apt./Suite/Room <input type="text"/>	City <input type="text"/>
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State <input type="text"/>	ZIP Code <input type="text"/>	- <input type="text"/>
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**K1****Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

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

Mr., Ms., Mrs. <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	Suffix <input type="text"/>
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Number <input type="text"/>	Prefix <input type="text"/>	Street or Highway <input type="text"/>	Street Type <input type="text"/>	Suffix <input type="text"/>
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Post Office Box <input type="text"/>	Apt./Suite/Room <input type="text"/>	City <input type="text"/>
--------------------------------------	--------------------------------------	---------------------------

State <input type="text"/>	ZIP Code <input type="text"/>	- <input type="text"/>
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**E3**

**Supplemental Special Studies**

Local Option

**NFIRS-1S  
Supplemental**

1 [ ] [ ]  
Special Study ID# Special Study Value

2 [ ] [ ]  
Special Study ID# Special Study Value

3 [ ] [ ]  
Special Study ID# Special Study Value

4 [ ] [ ]  
Special Study ID# Special Study Value

5 [ ] [ ]  
Special Study ID# Special Study Value

6 [ ] [ ]  
Special Study ID# Special Study Value

7 [ ] [ ]  
Special Study ID# Special Study Value

8 [ ] [ ]  
Special Study ID# Special Study Value

**L**

**Remarks:**

Local Option