

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 Check boxes if dates are the same as Alarm Date. 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 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

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"/> <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>	I4 Main Floor Size ☆ <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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J1 Fire Origin ☆ <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> <input type="checkbox"/> Below grade	J3 Number of Stories Damaged by Flame Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text"/> <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>	K Type of Material Contributing Most to Flame Spread <p><input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. ➔ Skip to Section L</p> <div style="margin-top: 10px;"> K1 <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> </div> <div style="margin-top: 10px;"> K2 <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 <70.</p> </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 ➔ Skip to Section M 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 ➔ Complete Block L5 3 <input type="checkbox"/> Failed to operate ➔ Complete Block L6 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 ➔ Complete rest of Section M 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"/> <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

NFIRS-4 Revision 01/01/04

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 Star State Star Incident Date Star MM DD YYYY Station Incident Number Star Exposure Star Delete Change **NFIRS-6 EMS**

B Number of Patients Patient Number Star **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 Star 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

Age Months (for infants)

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 None

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

A FDID State 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 Check ONE box for each apparatus to indicate its main use at the incident.
 Suppression EMS Other
Actions Taken 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 **Dispatch**
Arrival
Clear
Sent **Number of People**
 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 **Dispatch**
Arrival
Clear
Sent **Number of People**
 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

State

MM DD
Incident Date

YYYY

Station

Incident Number

Exposure

 Delete
 Change**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.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

**K1****Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

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

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

**K1****Person/Entity Involved**

Local Option

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**K1****Person/Entity Involved**

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Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

**K1****Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

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

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code



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