

Civilian Fire Casualty Module: NFIRS-4

Objectives

After completing the Civilian Fire Casualty Module the student will be able to:

1. Describe when the Civilian Fire Casualty Module is to be used.
 2. Demonstrate how to complete the Civilian Fire Casualty Module, given the scenario of a hypothetical incident.
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Pretest #4 - Basic Civilian Fire Casualty Module

1. A civilian fire casualty is a nonfire service person who is injured or killed as a result of a fire.
 - (a) True.
 - (b) False.

2. The Civilian Fire Casualty Module can be used for civilian injuries resulting from an automobile accident with no associated fire.
 - (a) True.
 - (b) False.

3. The Civilian Fire Casualty Module is not a required NFIRS Module.
 - (a) True.
 - (b) False.

4. The Civilian Fire Casualty Module can be used to report exposures to hazardous substances.
 - (a) True.
 - (b) False.

5. The Civilian Fire Casualty Module is completed for each civilian casualty reported in H₁ of the Basic Module.
 - (a) True.
 - (b) False.

Using the Civilian Fire Casualty Module

The Civilian Fire Casualty Module is used to record any civilian (nonfire service) casualty associated with a fire-related incident. When you enter information on Block H₁ of the Basic Module, the completion of this Module is required.

NOTE: A casualty is a person who dies or is physically injured as the direct result of a fire-related incident. In this circumstance the term civilian includes, but is not limited to, private citizens, emergency medical responders (not part of the fire department), utility workers, and police. Deaths also include people who die within 1 year of the incident because of injuries sustained from the incident. In this case, it is important to submit a change to the Civilian Fire Casualty Module for that incident.

Section A: FDID, State, Incident Number, Incident

A	FDID	State	MM	DD	YYYY	Incident Date	Station	Incident Number	Exposure	<input type="checkbox"/> Delete	NFIRS-4 Civilian Fire Casualty
	★	★				★		★	★	<input type="checkbox"/> Change	

The information contained in Section A of the Civilian Fire Casualty Module is drawn from Section A of the Basic Module. Use the data in the Basic Module to help you supply the requested information. If you are using an automated system the data need to be entered only once, then they will be transferred automatically into other modules that use the data.

Section B: Injured Person

B	Injured Person			★ Gender
	First Name	MI	Last Name	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
				Suffix

Section B is used to enter the first and last name, middle initial, and any suffix (i.e., Jr., Sr., and III) for the casualty.

Boxes are available to indicate whether the casualty is male or female. You are required to fill in the gender field.

Section C: Casualty Number

C	Casualty Number	★
	Casualty Number	

Each casualty is given a number. The numbers are assigned consecutively starting with one (001) and continuing, based on how many civilians are injured or killed.

Section D: Age or Date of Birth

D Age or Date of Birth ☆		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age		Months (for infants)
OR		
Date of Birth		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Month	Day	Year

Enter either the age or the date of birth of the casualty in **Section D**. Do not enter both. The number associated with the age is assumed to be provided in years unless the months box is marked. The age should be recorded in months only for infants who are less than 1 year old at the time of injury.

Section E: Race and Ethnicity

E₁ 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

Block E₁ contains six boxes. Mark one box to record the race of the casualty, if known.

E₂ Ethnicity	
1	<input type="checkbox"/> Hispanic or Latino
0	<input type="checkbox"/> Non Hispanic or Latino

Block E₂ allows you to identify the ethnicity of the casualty. Ethnicity is an ethnic classification or affiliation. Currently, Hispanic is the only U.S. Census Bureau classification. Hispanic is not considered a race, because a person can be black **and** Hispanic, white **and** Hispanic, etc.

Section F: Affiliation

F Affiliation	
1	<input type="checkbox"/> Civilian
2	<input type="checkbox"/> EMS, not fire department
3	<input type="checkbox"/> Police
0	<input type="checkbox"/> Other

Section F is used to mark the casualty's affiliation - civilian, EMS (not fire department), police, or other.

Section G: Date and Time of Injury

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

Record the month, day, year, and time of the injury in the appropriate spaces. Time - hours and minutes - is entered based on the 24-hour clock where midnight is 0000.

Section H: Severity

H	Severity	☆
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	

Enter the severity of the injury in [Section H](#). Check one of the five boxes shown: minor, moderate, severe, life threatening, and death. Severity is a required field.

Section I: Cause of Injury

I	Cause of 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

Mark one box to record the main cause of injury. You must choose from the eleven possibilities provided.

Section J: Human Factors Contributing to Injury

J	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 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	

You may mark as many of the items shown in Section J as you think apply to the casualty. If no human factors contributed to the injury, check the box marked None.

Section K: Factors Contributing to Injury

K	Factors Contributing to Injury	<input type="checkbox"/> None
Enter up to three contributing factors		
<input type="text"/>	<input type="text"/>	
Contributing factor (1)		
<input type="text"/>	<input type="text"/>	
Contributing factor (2)		
<input type="text"/>	<input type="text"/>	
Contributing factor (3)		

If there are factors other than human ones that contributed to the injury, record them in Section K. If there were no other factors, check the box marked None.

Codes found in the NFIRS Complete Reference Guide (CRG) can be used to identify up to three factors.

Section L: Activity When Injured

L	Activity When Injured
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

Record what the casualty was doing at the time of the injury by checking one of the boxes in Section L.

How people respond to an emergency provides important information to the people who develop safety codes and standards.

Public education programs are designed to prevent injuries. However, they also teach people how to react in the safest manner possible during an emergency. Recording information about the activity associated with an injury can help determine the focus of a new public education program, or help determine if an existing public education program is having the desired result.

Section M: Location at Time of Incident, General Location at Time of Injury, Story at Start of Incident, Story When Injury Occurred, and Specific Location at Time of Injury

M1	Location at Time of Incident	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
M2	General Location at Time of Injury	1 <input type="checkbox"/> In area of fire origin → Skip to Section N 2 <input type="checkbox"/> In building, but not in area → Skip to Block M5 3 <input type="checkbox"/> Outside, but not in area U <input type="checkbox"/> Undetermined

Use [Section M](#) to record information that identifies when and where the injury took place.

Use [Block M1](#) to mark one box that describes the location of the casualty at the time that the fire started.

Mark one of the boxes in [M2](#) to indicate the general location of the casualty at the time of the injury. Leave this block blank and skip to Section N if the location is undetermined.

If you mark the box “In area of fire origin,” skip the rest of the section and continue on to [Section N](#).

If you mark “Outside, but not in area,” skip to M5.

You will complete [M3](#) only if the injury occurred inside the building but not in the area of origin. Enter the story where the casualty was at the start of the incident.

M3	Story at Start of Incident	Complete ONLY if injury occurred INSIDE Story at start of incident <input style="width: 100px;" type="text"/> <input type="checkbox"/> Below grade
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Stories are numbered with 1 representing the ground level. A “Below grade” box is marked if that story is below grade. For an ordinary residential basement, enter 1 for “Story at start of incident” and mark the “Below grade” box. If the story where the injury occurred is different from the story at the start of the incident, enter that information in [M4](#).

M4 Story Where Injury Occurred

Story where injury occurred, if different from M3 Below grade

If the injury happened in the building but did not occur in the area of fire origin, complete **Block M5**.

M5 Specific Location at Time of Injury

Complete ONLY if casualty NOT in area of origin

Specific location at time of injury

Enter the description and code found in the CRG which best explains the location.

The code set table used for this data element is the same set that is used for Area of Fire Origin - D1 in the Fire Module. Please see the codes listed for the data element found in the CRG.

Section N: Primary Apparent Symptom

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

Use **Section N** to record the symptom of the most apparent serious injury. Section N lists several of the most common symptoms along with specific identifying codes. Check the appropriate box.

If the primary symptom is not on the list, look for a suitable code in the CRG. Enter the appropriate code on the line provided.

Section O: Primary Area of Body Injured

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

Use Section O to identify the area of the body that sustained the most serious injury.

Make one choice from the nine listed in the section. It should be the same part of the body affected by the Primary Apparent Symptom in Section N.

Section P: Disposition

P Disposition <input type="checkbox"/> Transported to emergency care facility
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Mark the box in this section if the casualty was transported to an emergency care facility.

If you are using paper forms instead of the software program, use the space on the forms to supply additional remarks.

SUMMARY

The Civilian Fire Casualty Module captures data regarding any civilian (nonfire service) casualty associated with fire-related incidents. If civilian injuries or deaths are recorded in H₁ of the Basic Module, then you are required to complete the Civilian Fire Casualty Module.

A civilian casualty can be a private citizen, emergency medical responder (nonfire department), or police officer who dies or is physically injured as the result of a fire-related incident. This description is not meant to exclude other people who fall into this category. For instance, any number of public and emergency services personnel may be on the scene of an emergency, such as public works personnel, State highway personnel, and other Federal, State, or local employees/officials.

EXAMPLE: Burn Victim

Directions: Read the call information in the example below. Then look at the completed Civilian Fire Casualty Module form. Look at each section and follow along with the proper use of the information as applicable to the Civilian Fire Casualty Module.

At 2135 hours on October 31, 2000, FDID #TR200 Ambulance 29 received a call at 2918 Kilroy Ave., Norman, OK, for a burn victim. Upon arrival, the crew found a 28-year-old white male with severe burns on the hands.

The victim was cooking dinner after having a couple of beers and fell asleep leaving the food unattended. His smoke detector sounded and woke him up. The victim saw a grease fire on the stove and tried to extinguish it. After trying unsuccessfully picking up the pan to move to the sink, he was able to reach under the kitchen cabinet and remove a fire extinguisher. He then successfully extinguished the fire.

The grease fire caused second-degree burns to hands, fingers, and the chest area. Ambulance 29 called for an engine company to check for fire extension to the cabinets. Ambulance 29 treated and transported the patient, Mike Johnson, to the Regan Burn Center for further treatment. The engine company found no extension and returned to service at 2200 hours.

The incident number, 8797051, was assigned to Station #2.

A	FDID <input type="text" value="TR200"/> ★	State <input type="text" value="OK"/> ★	Incident Date <input type="text" value="10"/> <input type="text" value="31"/> <input type="text" value="2000"/> ★	Station <input type="text" value="002"/> ★	Incident Number <input type="text" value="8797051"/> ★	Exposure <input type="text" value="000"/> ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-4 Civilian Fire Casualty
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B Injured Person	Gender 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	C Casualty Number
First Name <input type="text" value="Mike"/> MI <input type="text"/> Last Name <input type="text" value="Johnson"/> Suffix <input type="text"/>		Casualty Number <input type="text" value="001"/>

D Age or Date of Birth ★	E1 Race	F Affiliation	H Severity ★
Age <input type="text" value="028"/> <input type="checkbox"/> Months (for infants) OR Date of Birth Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	1 <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death U <input type="checkbox"/> Undetermined
	E2 Ethnicity	G Date and Time of Injury <small>Midnight is 0000.</small>	
	1 <input type="checkbox"/> Hispanic or Latino 0 <input type="checkbox"/> Non Hispanic or Latino	Date of Injury <input type="text" value="10"/> <input type="text" value="31"/> <input type="text" value="2000"/> Time of Injury <input type="text" value="2135"/>	

I Cause of Injury	J Human Factors Contributing to Injury <input type="checkbox"/> None	K Factors Contributing to Injury <input type="checkbox"/> None
1 <input checked="" 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	Check all applicable boxes 1 <input checked="" type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input checked="" 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	Enter up to three contributing factors Improper Use <input type="text" value="63"/> <input type="text" value="Cooking Equipment"/> Contributing factor (1) _____ Contributing factor (2) _____ Contributing factor (3) _____

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 checked="" 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 checked="" 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
	Check ONE box. If undetermined, leave blank and skip to Section N. 1 <input checked="" type="checkbox"/> In area of fire origin → Skip to Section N 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area → Skip to Block M5 U <input type="checkbox"/> Undetermined	Story where injury occurred, if different from M3 <input type="text"/> <input type="checkbox"/> 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	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 checked="" type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up a code only if the symptom is NOT found above _____ Primary apparent symptom	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 checked="" type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	<input checked="" type="checkbox"/> Transported to emergency care facility Remarks <small>Local option</small> Regan Burn Center _____ _____ _____

EXERCISE SCENARIO 4-1: Market Street Fire

Directions: Read the call information in the exercise below. Use the information provided to complete the Civilian Casualty Module form. Compare your work to the answers provided on the completed Structure Fire Module form. If your answers are different from the ones provided, read over the Civilian Casualty Module again.

At 2:36 a.m. on December 25, 1997, the 911 center receives a telephone call reporting a fire in a building at 1326 Market Street, (12345 zip code). The East Wind, Wisconsin, Fire Department (FDID #TR100, Station #2) is dispatched and responds with two engines, one truck, and one deputy chief, a total of 12 personnel. The dispatch center receives additional calls reporting a fire at this location and dispatches one engine from the Lakeview Fire Department (FDID #11077).

Engine 422 arrives on the scene at 2:41 a.m. and reports a two-story single-family dwelling of approximately 2,000 square feet. Fire is showing on the first floor. The crew from Engine 422 advances a 1-3/4-inch line to the fire, searching for occupants as they proceed.

D/C Depew arrives on the scene at 2:42 a.m. and assumes command of the incident. Truck 42 arrives at 2:43 a.m. The truck company is split into two crews. One crew performs search and rescue and the other performs ventilation. When the crews complete their initial tasks, they do salvage and overhaul.

Engine 425 arrives on the scene at 2:44 a.m., lays a supply line to Engine 422, and takes a hydrant. The crew then takes a 1-3/4-inch line to the second floor and finds that the fire has extended into a bedroom. The extension was through existing balloon framing and combustible insulation.

D/C Depew determines the fire is under control at 3:01 a.m.

The Truck Company Captain reports that most of the family escaped the fire when they heard the smoke detectors sounding. (Detectors were hardwired with battery back up.) The search and rescue team from Truck 42 found one white male victim - 60 year old Robert Thomas - in a second story bedroom. They carried the victim down stairs and outside to safety.

Mr. Thomas was treated for smoke inhalation by the East Wind Fire Department EMT's on the scene. He improved and was transported by private ambulance to the Mercy Hospital Emergency Room. Mr. Thomas stated later that he had been on the sofa drinking alcohol and watching television. He also stated that he had been smoking earlier in the evening and left the ashtray on the sofa when he went to bed at 1 a.m. The estimated time of Mr. Thomas' injury was 2:30 p.m.

The investigator determined that the fire started in the living room where the couch was located. It appeared that the ashtray fell into the couch cushions and a smoldering cigarette started the fire. Building property loss was estimated at \$65,000; loss to contents, \$15,000.

Mr. Robert Thomas was the recorded occupant of the home. His phone number is 888/555-5555. The owner of the dwelling is P&K Development Corporation of Parrot Island, Florida. Their phone number is 888/235-8888. Ms. Laurie Burnetti of 1 Mango Drive is their agent.

An incident number of 9706231 was assigned to the call, which had no exposures. Engine 422 cleared the scene at 3 a.m. and was available for duty at 3:25 a.m. Truck 42 cleared the scene at 3:20 a.m. and was available at 3:45 a.m. D/C Depew cleared the scene at 3:35 a.m. and was available at 3:36 a.m. and Engine 425 cleared at 3:50 a.m. and was available at 4:10 a.m.

The value of the property is set at \$185,000 and contents at \$47,000. There is no loss as a result of the fire.

A FDID <input type="text"/> State <input type="text"/> Incident Date <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	NFIRS-4 Civilian Fire Casualty
B Injured Person <input type="text"/> First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/> Suffix		C Casualty Number <input type="text"/>		
D Age or Date of Birth <input type="text"/> Age <input type="checkbox"/> Months (for infants) OR Date of Birth <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>		E1 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		
E2 Ethnicity 1 <input type="checkbox"/> Hispanic or Latino 0 <input type="checkbox"/> Non Hispanic or Latino		F Affiliation 1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other		
G Date and Time of Injury <small>Midnight is 0000.</small> Date of Injury <input type="text"/> Time of Injury <input type="text"/>		H Severity 1 <input type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death U <input type="checkbox"/> Undetermined		
I Cause of Injury 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		J 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 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		
K Factors Contributing to Injury <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 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		
M1 Location at Time of Incident 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		M3 Story at Start of Incident 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 Check ONE box. If undetermined, leave blank and skip to Section N. 1 <input type="checkbox"/> In area of fire origin Skip to Section N 2 <input type="checkbox"/> In building, but not in area Skip to Section N 3 <input type="checkbox"/> Outside, but not in area Skip to Block M5 U <input type="checkbox"/> Undetermined		M4 Story Where Injury Occurred Story where injury occurred, if different from M3 <input type="text"/> <input type="checkbox"/> Below grade		
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 01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns and smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up a code only if the symptom is NOT found above Primary apparent symptom <input type="text"/>		
O Primary Area of Body Injured 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		P Disposition <input type="checkbox"/> Transported to emergency care facility Remarks <input type="text"/> Local option _____ _____ _____ _____		

A	FDID <input type="text" value="TR100"/> ★	State <input type="text" value="WI"/> ★	Incident Date <input type="text" value="12"/> <input type="text" value="25"/> <input type="text" value="1997"/> ★	Station <input type="text" value="902"/> ★	Incident Number <input type="text" value="9706231"/> ★	Exposure <input type="text" value="000"/> ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-4 Civilian Fire Casualty
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B Injured Person	★ Gender 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	C Casualty Number ★
First Name <input type="text" value="Robert"/> MI <input type="text"/> Last Name <input type="text" value="Thomas"/> Suffix <input type="text"/>		Casualty Number <input type="text" value="001"/>

D Age or Date of Birth ★	E1 Race	F Affiliation	H Severity ★
Age <input type="text" value="060"/> <input type="checkbox"/> Months (for infants) OR Date of Birth Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	1 <input checked="" 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 checked="" type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other	1 <input checked="" 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
	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" value="12"/> <input type="text" value="25"/> <input type="text" value="1997"/> Time of Injury <input type="text" value="0230"/> <small>Midnight is 0000.</small>	

I Cause of Injury	J Human Factors Contributing to Injury <input type="checkbox"/> None	K Factors Contributing to Injury <input checked="" type="checkbox"/> None
1 <input checked="" 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	Check all applicable boxes 1 <input checked="" type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input checked="" 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	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 checked="" 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 checked="" 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" value="002"/> <input type="checkbox"/> Below grade
	M2 General Location at Time of Injury	M4 Story Where Injury Occurred
	Check ONE box. If undetermined, leave blank and skip to Section N. 1 <input type="checkbox"/> In area of fire origin → Skip to Section N 2 <input checked="" type="checkbox"/> In building, but not in area → Skip to Block M5 3 <input type="checkbox"/> Outside, but not in area → Skip to Block M5 U <input type="checkbox"/> Undetermined	Story where injury occurred, if different from M3 <input type="text" value="002"/> <input type="checkbox"/> Below grade
		M5 Specific Location at Time of Injury
		Complete ONLY if casualty NOT in area of origin <input type="text" value="21"/> <input type="text" value="Bedroom"/> Specific location at time of injury

N Primary Apparent Symptom	O Primary Area of Body Injured	P Disposition
01 <input checked="" type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns and smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up a code only if the symptom is NOT found above Primary apparent symptom <input type="text"/>	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 checked="" type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	<input checked="" type="checkbox"/> Transported to emergency care facility Remarks <small>Local option</small> Mercy Hospital, ER, treated at the scene and then transported by private ambulance

EXERCISE SCENARIO 4-2: Cary Street Fire

Directions: Read the call information in the exercise below. Use the information provided to complete the entire Civilian Fire Casualty Module form and the other required forms. Compare your work to the answers provided in Appendix A. If your answers are different from the ones provided, read over the Civilian Fire Casualty Module again.

The Alberta Fire Department (FDID #92188) received a call for a reported house fire at 5 East Cary Street, Brunswick, Virginia 23351, on May 1, 2005. The dispatcher assigned the incident (#5433) to Engine 1, Engine 2, and Truck 1 from Shift A, Station 2. The units received the alarm at 12:53 p.m. and arrived at the scene at 1:05 p.m. Each piece of apparatus was staffed with four firefighters.

The owner of the single-family dwelling, Mrs. Christy A. Gordon, said that she was warming her lunch on the stove when the grease from the pan began to burn. The gas stove was a Whirlpool, Model RF330PXVN, Serial Number F925888840, Year 2000. The fire spread from the pan to the curtains. She had fallen asleep upstairs and was alerted when the hardwired smoke detector activated. The flame damage was confined to the kitchen. The 2,000-square-foot, two-story home was filled with smoke in the other rooms. She called 9-1-1. The firefighters extinguished the fire and removed smoke from the other rooms. The fire was brought under control at 1:25 p.m. There was \$24,000 fire loss to property and \$9,600 content loss. The value of the property was \$161,000 and the content value was \$80,400. The last unit cleared the scene at 2:40 p.m. FF1 Adam C. Wallner, Badge No. 224, completed the report after returning to Station No. 2. Captain Tonya S. Gordon, Badge No. 105, was the officer in charge. The fire department keeps records on the location of all responses. The incident was in Census Tract 501.10, District A12.

Mrs. Gordon, 66-year old, white female, was overcome by smoke in her bedroom. She had problems finding the exit because of the smoke. Her injury occurred at 12:50 p.m. Fire department personnel treated her at the scene. Her injury was considered minor, but since she said that she felt dizzy, a local EMS provider transported her to the Proctor Medical Hospital for observation.

A FDID Delete Change No Activity **NFIRS-1 Basic**

State Incident Date Station Incident Number Exposure

B Location Type 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 Incident Type _____

E1 Dates and Times Midnight is 0000
 Month Day Year Hour Min
 Check boxes if dates are the same as Alarm Date.
 Alarm ARRIVAL required, unless canceled or did not arrive
 Arrival CONTROLLED optional, except for wildland fires
 Controlled LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared

E2 Shifts and Alarms Local Option
 Shift or Platoon Alarms District

D Aid Given or Received 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

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

F Actions Taken

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 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

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



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

M Authorization

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

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

Check box if same as Officer in charge.

A FDID State Incident Date Station Incident Number Exposure Delete Change **NFIRS-2 Fire**

B Property Details

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

B2 Buildings not involved
Number of buildings involved

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

C On-Site Materials or Products None
Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved

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

On-site material (1)
On-site material (2)
On-site material (3)

On-Site Materials Storage Use

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

D Ignition

D1 Area of fire origin Not residential

D2 Heat source Not residential

D3 Item first ignited Not residential
1 Check box if fire spread was confined to object of origin.

D4 Type of material first ignited Not residential
Required only if item first ignited code is 00 or <70

E1 Cause of Ignition Check box if this is an exposure report. Skip to Section G

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

H2 Mobile Property Type and Make

Mobile property type
Mobile property make
Year

Mobile property model

License Plate Number State VIN

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

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

NFIRS-2 Revision 01/01/05

<p>I1 Structure Type ☆</p> <p>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</p> <p>1 <input type="checkbox"/> Enclosed building</p> <p>2 <input type="checkbox"/> Portable/mobile structure</p> <p>3 <input type="checkbox"/> Open structure</p> <p>4 <input type="checkbox"/> Air-supported structure</p> <p>5 <input type="checkbox"/> Tent</p> <p>6 <input type="checkbox"/> Open platform (e.g., piers)</p> <p>7 <input type="checkbox"/> Underground structure (work areas)</p> <p>8 <input type="checkbox"/> Connective structure (e.g., fences)</p> <p>0 <input type="checkbox"/> Other type of structure</p>	<p>I2 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input type="checkbox"/> Occupied & operating</p> <p>3 <input type="checkbox"/> Idle, not routinely used</p> <p>4 <input type="checkbox"/> Under major renovation</p> <p>5 <input type="checkbox"/> Vacant and secured</p> <p>6 <input type="checkbox"/> Vacant and unsecured</p> <p>7 <input type="checkbox"/> Being demolished</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>I3 Building Height ☆</p> <p>Count the roof as part of the highest story.</p> <p>_____</p> <p>Total number of stories at or above grade</p> <p>_____</p> <p>Total number of stories below grade</p>	<p>I4 Main Floor Size ☆</p> <p>_____ , _____ , _____</p> <p>Total square feet</p> <p>OR</p> <p>_____ BY _____ , _____</p> <p>Length in feet Width in feet</p>	<p>NFIRS-3 Structure Fire</p>
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<p>J1 Fire Origin ☆</p> <p>_____ <input type="checkbox"/> Below grade</p> <p>Story of fire origin</p>	<p>J3 Number of Stories Damaged by Flame ☆</p> <p>Count the roof as part of the highest story.</p> <p>_____</p> <p>Number of stories w/minor damage (1 to 24% flame damage)</p> <p>_____</p> <p>Number of stories w/significant damage (25 to 49% flame damage)</p> <p>_____</p> <p>Number of stories w/heavy damage (50 to 74% flame damage)</p> <p>_____</p> <p>Number of stories w/extreme damage (75 to 100% flame damage)</p> <p>_____</p>	<p>K Type of Material Contributing Most to Flame Spread ☆</p> <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> <p>K1 _____</p> <p>Item contributing most to flame spread</p> <p>K2 _____</p> <p>Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</p>
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<p>L1 Presence of Detectors ☆</p> <p>(In area of the fire)</p> <p>N <input type="checkbox"/> None Present → Skip to Section M</p> <p>1 <input type="checkbox"/> Present</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L3 Detector Power Supply ☆</p> <p>1 <input type="checkbox"/> Battery only</p> <p>2 <input type="checkbox"/> Hardwire only</p> <p>3 <input type="checkbox"/> Plug-in</p> <p>4 <input type="checkbox"/> Hardwire with battery</p> <p>5 <input type="checkbox"/> Plug-in with battery</p> <p>6 <input type="checkbox"/> Mechanical</p> <p>7 <input type="checkbox"/> Multiple detectors & power supplies</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L5 Detector Effectiveness ☆</p> <p>Required if detector operated.</p> <p>1 <input type="checkbox"/> Alerted occupants, occupants responded</p> <p>2 <input type="checkbox"/> Alerted occupants, occupants failed to respond</p> <p>3 <input type="checkbox"/> There were no occupants</p> <p>4 <input type="checkbox"/> Failed to alert occupants</p> <p>U <input type="checkbox"/> Undetermined</p>
<p>L2 Detector Type ☆</p> <p>1 <input type="checkbox"/> Smoke</p> <p>2 <input type="checkbox"/> Heat</p> <p>3 <input type="checkbox"/> Combination smoke and heat</p> <p>4 <input type="checkbox"/> Sprinkler, water flow detection</p> <p>5 <input type="checkbox"/> More than one type present</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L4 Detector Operation ☆</p> <p>1 <input type="checkbox"/> Fire too small to activate</p> <p>2 <input type="checkbox"/> Operated → Complete Block L5</p> <p>3 <input type="checkbox"/> Failed to operate → Complete Block L6</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L6 Detector Failure Reason ☆</p> <p>Required if detector failed to operate</p> <p>1 <input type="checkbox"/> Power failure, shutoff, or disconnect</p> <p>2 <input type="checkbox"/> Improper installation or placement</p> <p>3 <input type="checkbox"/> Defective</p> <p>4 <input type="checkbox"/> Lack of maintenance, includes not cleaning</p> <p>5 <input type="checkbox"/> Battery missing or disconnected</p> <p>6 <input type="checkbox"/> Battery discharged or dead</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>

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

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	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>
		Suffix <input type="text"/>
		C Casualty ★
		Casualty Number <input type="text"/>

D Age or Date of Birth ★	E1 Race	F Affiliation	H Severity ★
Age <input type="text"/> <input type="checkbox"/> Months (for infants)	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
OR	E2 Ethnicity	G Date and Time of Injury	
Date of Birth <input type="text"/>	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"/>		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 <input type="checkbox"/> None	K Factors Contributing to Injury <input type="checkbox"/> None
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	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	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 → Skip to Section N 2 <input type="checkbox"/> In building, but not in area → Skip to Block Ms 3 <input type="checkbox"/> Outside, but not in area U <input type="checkbox"/> Undetermined	Story where injury occurred, if different from Ms <input type="text"/> <input type="checkbox"/> Below grade
		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

Civilian Fire Casualty Module Test

1. The civilian casualty is a (check all that apply)
 - (a) firefighter.
 - (b) private citizen.
 - (c) emergency medical responder (nonfire department).
 - (d) police officer.

2. Asleep and physically disabled are examples of this data element.
 - (a) Primary Apparent Symptom.
 - (b) Cause of Injury.
 - (c) Factors Contributing to Injury.
 - (d) Human Factors Contributing to Injury.

3. Minor and death are examples of this data element.
 - (a) Severity.
 - (b) Primary Apparent Symptom.
 - (c) Disposition.
 - (d) Age.

4. Sleeping and rescue attempt are examples of this data element.
 - (a) Factors Contributing to Injury.
 - (b) Cause of Injury.
 - (c) Activity When Injured.
 - (d) Actions Taken.

5. Shock and burns are examples of this data element.
 - (a) Cause of Injury.
 - (b) Primary Apparent Symptom.
 - (c) Factors Contributing to Injury.
 - (d) Observed Observation.