

# **Civilian Fire Casualty Module: NFIRS-4**

## **Objectives**

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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**

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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 H<sub>1</sub> 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 H<sub>1</sub> 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

<b>A</b>	FDID ☆	State ☆	MM DD YYYY Incident Date ☆	Station	Incident Number ☆	Exposure ☆	<input type="checkbox"/> Delete	<b>NFIRS-4 Civilian Fire Casualty</b>
							<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>B</b>	Injured Person		☆ Gender	
			1 <input type="checkbox"/> Male	2 <input type="checkbox"/> Female
	First Name	MI	Last Name	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

<b>C</b>	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

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

<b>E<sub>1</sub> Race</b>	
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 E<sub>1</sub>** contains six boxes. Mark one box to record the race of the casualty, if known.

<b>E<sub>2</sub> Ethnicity</b>	
1	<input type="checkbox"/> Hispanic or Latino
0	<input type="checkbox"/> Non Hispanic or Latino

**Block E<sub>2</sub>** 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

<b>F Affiliation</b>	
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

<b>J</b>	<b>Human Factors Contributing to Injury</b>	<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

<b>K</b>	<b>Factors Contributing to Injury</b>	<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

<b>L</b>	<b>Activity When Injured</b>
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

<b>M1</b>	<b>Location at Time of Incident</b>	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
<b>M2</b>	<b>General Location at Time of Injury</b>	1 <input type="checkbox"/> In area of fire origin <span style="float: right;">→ Skip to Section N</span> 2 <input type="checkbox"/> In building, but not in area <span style="float: right;">→ Skip to Block M5</span> 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.

<b>M3</b>	<b>Story at Start of Incident</b>	Complete ONLY if injury occurred INSIDE  Story at start of incident <input style="width: 50px;" 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 Ms   Below grade

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

**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

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<b>P</b> <b>Disposition</b> <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

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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 H<sub>1</sub> 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

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**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.

<b>A</b>	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	<b>NFIRS-4 Civilian Fire Casualty</b>
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<b>B Injured Person</b>	Gender 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>C Casualty Number</b>
First Name <input type="text" value="Mike"/> MI <input type="text" value=""/> Last Name <input type="text" value="Johnson"/> Suffix <input type="text" value=""/>		Casualty Number <input type="text" value="001"/>

<b>D Age or Date of Birth</b> ★	<b>E1 Race</b>	<b>F Affiliation</b>	<b>H Severity</b> ★
Age <input type="text" value="028"/> <input type="checkbox"/> Months (for infants)  OR Date of Birth Month <input type="text" value="02"/> Day <input type="text" value="28"/> Year <input type="text" value="00"/>	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
	<b>E2 Ethnicity</b>	<b>G Date and Time of Injury</b> <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"/>	

<b>I Cause of Injury</b>	<b>J Human Factors Contributing to Injury</b> <input type="checkbox"/> None	<b>K Factors Contributing to Injury</b> <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) _____

<b>L Activity When Injured</b>	<b>M1 Location at Time of Incident</b>	<b>M3 Story at Start of Incident</b>
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" value=""/> <input type="checkbox"/> Below grade
	<b>M2 General Location at Time of Injury</b>	<b>M4 Story Where Injury Occurred</b>
	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" value=""/> <input type="checkbox"/> Below grade
		<b>M5 Specific Location at Time of Injury</b>
		Complete ONLY if casualty NOT in area of origin Specific location at time of injury <input type="text" value=""/>

<b>N Primary Apparent Symptom</b>	<b>O Primary Area of Body Injured</b>	<b>P Disposition</b>
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 <input type="text" value=""/>	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 <input type="text" value="Regan Burn Center"/> Local option

## 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.

<b>A</b> 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	<b>NFIRS-4 Civilian Fire Casualty</b>
<b>B Injured Person</b> <input type="text"/> First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/> Suffix		<b>C Casualty Number</b> <input type="text"/>	
<b>D Age or Date of Birth</b> <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"/>		<b>E1 Race</b> 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	
<b>E2 Ethnicity</b> 1 <input type="checkbox"/> Hispanic or Latino 0 <input type="checkbox"/> Non Hispanic or Latino		<b>F Affiliation</b> 1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other	
<b>G Date and Time of Injury</b> <small>Midnight is 0000.</small> Date of Injury <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> Time of Injury <input type="text"/> Hour <input type="text"/> Minute <input type="text"/>		<b>H Severity</b> 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	
<b>I Cause of Injury</b> 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		<b>J Human Factors Contributing to Injury</b> <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	
<b>K Factors Contributing to Injury</b> <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"/>		<b>L Activity When Injured</b> 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	
<b>M1 Location at Time of Incident</b> 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		<b>M3 Story at Start of Incident</b> Complete ONLY if injury occurred INSIDE Story at start of incident <input type="text"/> <input type="checkbox"/> Below grade	
<b>M2 General Location at Time of Injury</b> Check ONE box. If undetermined, leave blank and skip to Section N. 1 <input type="checkbox"/> In area of fire origin <span style="border: 1px solid black; padding: 2px;">Skip to Section N</span> 2 <input type="checkbox"/> In building, but not in area <span style="border: 1px solid black; padding: 2px;">Skip to Section N</span> 3 <input type="checkbox"/> Outside, but not in area <span style="border: 1px solid black; padding: 2px;">Skip to Block M5</span> U <input type="checkbox"/> Undetermined		<b>M4 Story Where Injury Occurred</b> Story where injury occurred, if different from M3 <input type="text"/> <input type="checkbox"/> Below grade	
<b>M5 Specific Location at Time of Injury</b> Complete ONLY if casualty NOT in area of origin Specific location at time of injury <input type="text"/>		<b>N Primary Apparent Symptom</b> 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"/>	
<b>O Primary Area of Body Injured</b> 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		<b>P Disposition</b> <input type="checkbox"/> Transported to emergency care facility Remarks <input type="text"/> Local option	

<b>A</b>	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	<b>NFIRS-4 Civilian Fire Casualty</b>
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<b>B Injured Person</b>	Gender 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>C Casualty Number</b>
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"/>

<b>D Age or Date of Birth</b> ★	<b>E1 Race</b>	<b>F Affiliation</b>	<b>H Severity</b> ★
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
	<b>E2 Ethnicity</b>	<b>G Date and Time of Injury</b>	
	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"/> <input type="text" value="00"/>	

<b>I Cause of Injury</b>	<b>J Human Factors Contributing to Injury</b> <input type="checkbox"/> None	<b>K Factors Contributing to Injury</b> <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"/>

<b>L Activity When Injured</b>	<b>M1 Location at Time of Incident</b>	<b>M3 Story at Start of Incident</b>
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
	<b>M2 General Location at Time of Injury</b>	<b>M4 Story Where Injury Occurred</b>
	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
		<b>M5 Specific Location at Time of Injury</b>
		Complete ONLY if casualty NOT in area of origin <input type="text" value="21"/> <input type="text" value="Bedroom"/>

<b>N Primary Apparent Symptom</b>	<b>O Primary Area of Body Injured</b>	<b>P Disposition</b>
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 <input type="text" value="Mercy Hospital, ER, treated at the scene and then transported by private ambulance"/>

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## EXERCISE SCENARIO 4-2: Cary Street Fire

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**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.



<b>A</b> FDID <input type="checkbox"/> State <input type="checkbox"/> Incident Date MM DD YYYY <input type="checkbox"/> Station <input type="checkbox"/> Incident Number <input type="checkbox"/> Exposure <input type="checkbox"/> <div style="float: right; text-align: right;"> <input type="checkbox"/> Delete  <input type="checkbox"/> Change  <input type="checkbox"/> No Activity                 </div>				<b>NFIRS-1 Basic</b>	
<b>B Location Type</b> <input type="checkbox"/> 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.					
<input type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> US National Grid					
Census Tract _____ - _____ Number/Milepost Prefix Street or Highway Street Type Suffix Apt./Suite/Room City State ZIP Code Cross Street, Directions or National Grid, as applicable					
<b>C Incident Type</b> <input type="checkbox"/> _____ Incident Type		<b>E1 Dates and Times</b> Midnight is 0000 Month Day Year Hour Min Check boxes if dates are the same as Alarm Date. Alarm <input type="checkbox"/> _____ Arrival <input type="checkbox"/> _____ Controlled <input type="checkbox"/> _____ Last Unit Cleared <input type="checkbox"/> _____		<b>E2 Shifts and Alarms</b> Local Option Shift or Platoon Alarms District <b>E3 Special Studies</b> Local Option Special Study ID# Special Study Value	
<b>D Aid Given or Received</b> <input type="checkbox"/> None 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given					
Their FDID Their State Their Incident Number					
<b>F Actions Taken</b> <input type="checkbox"/> _____ Primary Action Taken (1) _____ Additional Action Taken (2) _____ Additional Action Taken (3)		<b>G1 Resources</b> <input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus Personnel Suppression _____ EMS _____ Other _____ <input type="checkbox"/> Check box if resource counts include aid received resources.		<b>G2 Estimated Dollar Losses and Values</b> LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ _____, _____, _____ <input type="checkbox"/> Contents \$ _____, _____, _____ <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ _____, _____, _____ <input type="checkbox"/> Contents \$ _____, _____, _____ <input type="checkbox"/>	
<b>Completed Modules</b> <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		<b>H1 Casualties</b> <input type="checkbox"/> None Deaths Injuries Fire Service _____ Civilian _____ <b>H2 Detector</b> Required for confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		<b>H3 Hazardous Materials Release</b> <input type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21-lb tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)	
<b>I Mixed Use Property</b> <input type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use					
<b>J Property Use</b> <input type="checkbox"/> None <b>Structures</b> 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/tavern or nightclub 213 <input type="checkbox"/> Elementary school, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 331 <input type="checkbox"/> Hospital 341 <input type="checkbox"/> Clinic, clinic-type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/boarded house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 539 <input type="checkbox"/> Household goods, sales, repairs 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/science laboratory 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse <b>Outside</b> 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right-of-way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> 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

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**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.

<b>A</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">FDID <input style="width: 100px;" type="text" value="_____"/></td> <td style="text-align: center;">State <input style="width: 100px;" type="text" value="_____"/></td> <td style="text-align: center;">Incident Date <input style="width: 100px;" type="text" value="MM DD YYYY"/></td> <td style="text-align: center;">Station <input style="width: 100px;" type="text" value="_____"/></td> <td style="text-align: center;">Incident Number <input style="width: 100px;" type="text" value="_____"/></td> <td style="text-align: center;">Exposure <input style="width: 100px;" type="text" value="_____"/></td> </tr> </table>	FDID <input style="width: 100px;" type="text" value="_____"/>	State <input style="width: 100px;" type="text" value="_____"/>	Incident Date <input style="width: 100px;" type="text" value="MM DD YYYY"/>	Station <input style="width: 100px;" type="text" value="_____"/>	Incident Number <input style="width: 100px;" type="text" value="_____"/>	Exposure <input style="width: 100px;" type="text" value="_____"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS-2 Fire</b>
FDID <input style="width: 100px;" type="text" value="_____"/>	State <input style="width: 100px;" type="text" value="_____"/>	Incident Date <input style="width: 100px;" type="text" value="MM DD YYYY"/>	Station <input style="width: 100px;" type="text" value="_____"/>	Incident Number <input style="width: 100px;" type="text" value="_____"/>	Exposure <input style="width: 100px;" type="text" value="_____"/>				

<b>B Property Details</b> <p><b>B1</b> <input style="width: 100px;" type="text" value="_____"/> <input type="checkbox"/> <b>Not Residential</b>        Estimated number of residential living units in building of origin <i>whether or not all units became involved</i></p> <p><b>B2</b> <input style="width: 100px;" type="text" value="_____"/> <input type="checkbox"/> <b>Buildings not involved</b>        Number of buildings involved</p> <p><b>B3</b> <input style="width: 100px;" type="text" value="_____"/> , <input style="width: 100px;" type="text" value="_____"/> <input type="checkbox"/> <b>None</b>        Acres burned (outside fires) <input type="checkbox"/> <b>Less than one acre</b></p>	<b>C On-Site Materials or Products</b> <input type="checkbox"/> <b>None</b> Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, <i>whether or not they became involved</i> Enter up to three codes. Check one box for each code entered. On-site material (1) <input style="width: 100px;" type="text" value="_____"/> On-site material (2) <input style="width: 100px;" type="text" value="_____"/> On-site material (3) <input style="width: 100px;" type="text" value="_____"/>
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**On-Site Materials Storage Use**

1 <input type="checkbox"/> Bulk storage or warehousing
2 <input type="checkbox"/> Processing or manufacturing
3 <input type="checkbox"/> Packaged goods for sale
4 <input type="checkbox"/> Repair or service
U <input type="checkbox"/> Undetermined

<b>D Ignition</b> <p><b>D1</b> <input style="width: 100px;" type="text" value="_____"/> <input style="width: 100px;" type="text" value="_____"/>        Area of fire origin <input style="width: 100px;" type="text" value="_____"/></p> <p><b>D2</b> <input style="width: 100px;" type="text" value="_____"/> <input style="width: 100px;" type="text" value="_____"/>        Heat source <input style="width: 100px;" type="text" value="_____"/></p> <p><b>D3</b> <input style="width: 100px;" type="text" value="_____"/> <input style="width: 100px;" type="text" value="_____"/>        Item first ignited <input style="width: 100px;" type="text" value="_____"/> <input type="checkbox"/> Check box if fire spread was confined to object of origin.</p> <p><b>D4</b> <input style="width: 100px;" type="text" value="_____"/> <input style="width: 100px;" type="text" value="_____"/>        Type of material first ignited <input style="width: 100px;" type="text" value="_____"/> Required only if item first ignited code is 00 or &lt;70</p>	<b>E1 Cause of Ignition</b> <input style="width: 100px;" type="text" value="_____"/> <input type="checkbox"/> <b>None</b> <input type="checkbox"/> Check box if this is an exposure report. <span style="float: right;">➡ Skip to Section G</span> <table style="width: 100%;"> <tr> <td>1 <input type="checkbox"/> Intentional</td> </tr> <tr> <td>2 <input type="checkbox"/> Unintentional</td> </tr> <tr> <td>3 <input type="checkbox"/> Failure of equipment or heat source</td> </tr> <tr> <td>4 <input type="checkbox"/> Act of nature</td> </tr> <tr> <td>5 <input type="checkbox"/> Cause under investigation</td> </tr> <tr> <td>U <input type="checkbox"/> Cause undetermined after investigation</td> </tr> </table>	1 <input type="checkbox"/> Intentional	2 <input type="checkbox"/> Unintentional	3 <input type="checkbox"/> Failure of equipment or heat source	4 <input type="checkbox"/> Act of nature	5 <input type="checkbox"/> Cause under investigation	U <input type="checkbox"/> Cause undetermined after investigation	<b>E3 Human Factors Contributing to Ignition</b> <input style="width: 100px;" type="text" value="_____"/> <input type="checkbox"/> <b>None</b> Check all applicable boxes <table style="width: 100%;"> <tr> <td>1 <input type="checkbox"/> Asleep</td> </tr> <tr> <td>2 <input type="checkbox"/> Possibly impaired by alcohol or drugs</td> </tr> <tr> <td>3 <input type="checkbox"/> Unattended person</td> </tr> <tr> <td>4 <input type="checkbox"/> Possibly mentally disabled</td> </tr> <tr> <td>5 <input type="checkbox"/> Physically disabled</td> </tr> <tr> <td>6 <input type="checkbox"/> Multiple persons involved</td> </tr> <tr> <td>7 <input type="checkbox"/> Age was a factor</td> </tr> </table> <p>Estimated age of person involved <input style="width: 100px;" type="text" value="_____"/></p> <p>1 <input type="checkbox"/> Male      2 <input type="checkbox"/> Female</p>	1 <input type="checkbox"/> Asleep	2 <input type="checkbox"/> Possibly impaired by alcohol or drugs	3 <input type="checkbox"/> Unattended person	4 <input type="checkbox"/> Possibly mentally disabled	5 <input type="checkbox"/> Physically disabled	6 <input type="checkbox"/> Multiple persons involved	7 <input type="checkbox"/> Age was a factor
1 <input type="checkbox"/> Intentional															
2 <input type="checkbox"/> Unintentional															
3 <input type="checkbox"/> Failure of equipment or heat source															
4 <input type="checkbox"/> Act of nature															
5 <input type="checkbox"/> Cause under investigation															
U <input type="checkbox"/> Cause undetermined after investigation															
1 <input type="checkbox"/> Asleep															
2 <input type="checkbox"/> Possibly impaired by alcohol or drugs															
3 <input type="checkbox"/> Unattended person															
4 <input type="checkbox"/> Possibly mentally disabled															
5 <input type="checkbox"/> Physically disabled															
6 <input type="checkbox"/> Multiple persons involved															
7 <input type="checkbox"/> Age was a factor															

<b>F1 Equipment Involved in Ignition</b> <input type="checkbox"/> <b>None</b> ➡ If equipment was not involved, skip to Section G <input style="width: 100px;" type="text" value="_____"/> Equipment Involved Brand <input style="width: 100px;" type="text" value="_____"/> Model <input style="width: 100px;" type="text" value="_____"/> Serial # <input style="width: 100px;" type="text" value="_____"/> Year <input style="width: 100px;" type="text" value="_____"/>	<b>F2 Equipment Power Source</b> <input style="width: 100px;" type="text" value="_____"/> Equipment Power Source <b>F3 Equipment Portability</b> 1 <input type="checkbox"/> <b>Portable</b> 2 <input type="checkbox"/> <b>Stationary</b> <small>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.</small>	<b>G Fire Suppression Factors</b> <input type="checkbox"/> <b>None</b> Enter up to three codes. <input style="width: 100px;" type="text" value="_____"/> Fire suppression factor (1) <input style="width: 100px;" type="text" value="_____"/> Fire suppression factor (2) <input style="width: 100px;" type="text" value="_____"/> Fire suppression factor (3)
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<b>H1 Mobile Property Involved</b> <input type="checkbox"/> <b>None</b> 1 <input type="checkbox"/> <b>Not involved in ignition, but burned</b> 2 <input type="checkbox"/> <b>Involved in ignition, but did not burn</b> 3 <input type="checkbox"/> <b>Involved in ignition and burned</b>	<b>H2 Mobile Property Type and Make</b> <input style="width: 100px;" type="text" value="_____"/> Mobile property type <input style="width: 100px;" type="text" value="_____"/> Mobile property make <input style="width: 100px;" type="text" value="_____"/> Year	<b>Local Use</b> <input type="checkbox"/> <b>Pre-Fire Plan Available</b> <small>Some of the information presented in this report may be based upon reports from other agencies:</small> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Arson report attached</td> </tr> <tr> <td><input type="checkbox"/> Police report attached</td> </tr> <tr> <td><input type="checkbox"/> Coroner report attached</td> </tr> <tr> <td><input type="checkbox"/> Other reports attached</td> </tr> </table>	<input type="checkbox"/> Arson report attached	<input type="checkbox"/> Police report attached	<input type="checkbox"/> Coroner report attached	<input type="checkbox"/> Other reports attached
<input type="checkbox"/> Arson report attached						
<input type="checkbox"/> Police report attached						
<input type="checkbox"/> Coroner report attached						
<input type="checkbox"/> Other reports attached						

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

<p><b>I1 Structure Type</b> ☆</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><b>I2 Building Status</b> ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input type="checkbox"/> Occupied &amp; 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><b>I3 Building Height</b> ☆</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><b>I4 Main Floor Size</b> ☆</p> <p>_____ , _____ , _____</p> <p>Total square feet</p> <p>OR</p> <p>_____ BY _____ , _____</p> <p>Length in feet                  Width in feet</p>	<p><b>NFIRS-3 Structure Fire</b></p>
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<p><b>J1 Fire Origin</b> ☆</p> <p>_____</p> <p>Story of fire origin</p> <p><input type="checkbox"/> Below grade</p>	<p><b>J3 Number of Stories Damaged by Flame</b> ☆</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><b>K Type of Material Contributing Most to Flame Spread</b> ☆</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. → <b>Skip to Section L</b></p> <p><b>K1</b> _____</p> <p>Item contributing most to flame spread</p> <p><b>K2</b> _____</p> <p>Type of material contributing most to flame spread          Required only if item contributing code is 00 or &lt;70.</p>
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<p><b>L1 Presence of Detectors</b> ☆</p> <p>(In area of the fire)</p> <p>N <input type="checkbox"/> None Present → <b>Skip to Section M</b></p> <p>1 <input type="checkbox"/> Present</p> <p>U <input type="checkbox"/> Undetermined</p>	<p><b>L3 Detector Power Supply</b> ☆</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 &amp; power supplies</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p><b>L5 Detector Effectiveness</b> ☆</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><b>L2 Detector Type</b> ☆</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><b>L4 Detector Operation</b> ☆</p> <p>1 <input type="checkbox"/> Fire too small to activate</p> <p>2 <input type="checkbox"/> Operated → <b>Complete Block L5</b></p> <p>3 <input type="checkbox"/> Failed to operate → <b>Complete Block L6</b></p> <p>U <input type="checkbox"/> Undetermined</p>	<p><b>L6 Detector Failure Reason</b> ☆</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><b>M1 Presence of Automatic Extinguishing System</b> ☆</p> <p>N <input type="checkbox"/> None Present</p> <p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Partial System Present → <b>Complete rest of Section M</b></p> <p>U <input type="checkbox"/> Undetermined</p>	<p><b>M3 Operation of Automatic Extinguishing System</b> ☆</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><b>M5 Reason for Automatic Extinguishing System Failure</b> ☆</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><b>M2 Type of Automatic Extinguishing System</b> ☆</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 (CO<sub>2</sub>) system</p> <p>0 <input type="checkbox"/> Other special hazard system</p> <p>U <input type="checkbox"/> Undetermined</p>	<p><b>M4 Number of Sprinkler Heads Operating</b> ☆</p> <p>Required if system operated</p> <p>_____</p> <p>Number of sprinkler heads operating</p>	

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

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

<b>I Cause of Injury</b>	<b>J Human Factors</b> <input type="checkbox"/> None Contributing to Injury	<b>K Factors Contributing to Injury</b> <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	<small>Check all applicable boxes</small> 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	<small>Enter up to three contributing factors</small> Contributing factor (1) <input type="text"/> Contributing factor (2) <input type="text"/> Contributing factor (3) <input type="text"/>

<b>L Activity When Injured</b>	<b>M1 Location at Time of Incident</b>	<b>M3 Story at Start of Incident</b> <small>Complete ONLY if injury occurred INSIDE</small>
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	<small>Story at start of incident</small> <input type="text"/> <input type="checkbox"/> Below grade
	<b>M2 General Location at Time of Injury</b>	<b>M4 Story Where Injury Occurred</b> <small>Story where injury occurred, if different from M3</small> <input type="text"/> <input type="checkbox"/> Below grade
	1 <input type="checkbox"/> In area of fire origin <span style="border: 1px solid black; padding: 2px;">Skip to Section N</span> 2 <input type="checkbox"/> In building, but not in area <span style="border: 1px solid black; padding: 2px;">Skip to Block Ms</span> 3 <input type="checkbox"/> Outside, but not in area U <input type="checkbox"/> Undetermined	<b>M5 Specific Location at Time of Injury</b> <small>Complete ONLY if casualty NOT in area of origin</small> <input type="text"/>
		<small>Specific location at time of injury</small>

<b>N Primary Apparent Symptom</b>	<b>O Primary Area of Body Injured</b>	<b>P Disposition</b>
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  <small>Look up a code only if the symptom is NOT found above</small> <input type="text"/>	1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck and shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	<input type="checkbox"/> Transported to emergency care facility  <b>Remarks</b> <small>Local option</small> _____ _____ _____
<small>Primary apparent symptom</small>		<small>NFIRS-4 Revision 01/01/04</small>

## Civilian Fire Casualty Module Test

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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.