

**A** FDID  Star State  Star Incident Date  Star MM DD YYYY Station Incident Number  Star Exposure  Star

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

**B Location Type**  Star  Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. Census Tract \_\_\_\_\_-\_\_\_\_

Street address  
 Intersection  
 In front of  
 Rear of  
 Adjacent to  
 Directions  
 US National Grid

Number/Milepost Prefix Street or Highway Street Type Suffix  
 Apt./Suite/Room City State ZIP Code

Cross Street, Directions or National Grid, as applicable

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

**D Aid Given or Received**  Star  None

1  Mutual aid received  
 2  Auto. aid received  
 3  Mutual aid given  
 4  Auto. aid given  
 5  Other aid given

Their FDID Their State  
 Their Incident Number

**E1 Dates and Times** Midnight is 0000  
 Check boxes if dates are the same as Alarm Date.  
 Alarm  Star  Arrival  Star  Controlled  Star  Last Unit Cleared  Star

Month Day Year Hour Min  
 ALARM always required  
 ARRIVAL required, unless canceled or did not arrive  
 CONTROLLED optional, except for wildland fires  
 LAST UNIT CLEARED, required except for wildland fires

**E2 Shifts and Alarms** Local Option  
 Shift or Platoon Alarms District

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

**F Actions Taken**  Star

Primary Action Taken (1)  
 Additional Action Taken (2)  
 Additional Action Taken (3)

**G1 Resources**  Star  Check this box and skip this block if an Apparatus or Personnel Module is used.

Apparatus Personnel  
 Suppression EMS Other

Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses and Values**

LOSSES: Required for all fires if known. Optional for non-fires. None

Property \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_   
 Contents \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_   
 PRE-INCIDENT VALUE: Optional  
 Property \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_   
 Contents \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Completed Modules**  
 Fire-2  
 Structure Fire-3  
 Civilian Fire Cas.-4  
 Fire Service Cas.-5  
 EMS-6  
 HazMat-7  
 Wildland Fire-8  
 Apparatus-9  
 Personnel-10  
 Arson-11

**H1 Casualties**  None  
 Fire Service Deaths Injuries  
 Civilian

**H2 Detector** Required for confined fires.  
 1  Detector alerted occupants  
 2  Detector did not alert them  
 U  Unknown

**H3 Hazardous Materials Release**  None

1  Natural gas: slow leak, no evacuation or HazMat actions  
 2  Propane gas: <21-lb tank (as in home BBQ grill)  
 3  Gasoline: vehicle fuel tank or portable container  
 4  Kerosene: fuel burning equipment or portable storage  
 5  Diesel fuel/fuel oil: vehicle fuel tank or portable storage  
 6  Household solvents: home/office spill, cleanup only  
 7  Motor oil: from engine or portable container  
 8  Paint: from paint cans totaling <55 gallons  
 0  Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)

**I Mixed Use Property**  Not mixed

10  Assembly use  
 20  Education use  
 33  Medical use  
 40  Residential use  
 51  Row of stores  
 53  Enclosed mall  
 58  Business & residential  
 59  Office use  
 60  Industrial use  
 63  Military use  
 65  Farm use  
 00  Other mixed use

**J Property Use**  Star  None

**Structures**  
 131  Church, place of worship  
 161  Restaurant or cafeteria  
 162  Bar/tavern or nightclub  
 213  Elementary school, kindergarten  
 215  High school, junior high  
 241  College, adult education  
 311  Nursing home  
 331  Hospital

**Outside**  
 124  Playground or park  
 655  Crops or orchard  
 669  Forest (timberland)  
 807  Outdoor storage area  
 919  Dump or sanitary landfill  
 931  Open land or field

341  Clinic, clinic-type infirmary  
 342  Doctor/dentist office  
 361  Prison or jail, not juvenile  
 419  1- or 2-family dwelling  
 429  Multifamily dwelling  
 439  Rooming/boarded house  
 449  Commercial hotel or motel  
 459  Residential, board and care  
 464  Dormitory/barracks  
 519  Food and beverage sales

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

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

981  Construction site  
 984  Industrial plant yard

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

Property Use Description \_\_\_\_\_ Code \_\_\_\_\_

### K1 Person/Entity Involved

Local Option

Business Name (if applicable)

Area Code

Phone Number

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State ZIP Code



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

### K2 Owner

Local Option

Same as person involved? Then check this box and skip the rest of this block.

Business Name (if applicable)

Area Code

Phone Number

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State ZIP Code



Remarks:

Local Option

#### Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

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



ITEMS WITH A ★ MUST ALWAYS BE COMPLETED!

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

### M Authorization

Check box if same as Officer in charge.

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

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

**A** FDID  Star State  Star Incident Date MM DD YYYY  Star Station Incident Number  Star Exposure  Star

Delete  Change

**NFIRS-2 Fire**

**B Property Details**

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

**B2**  Buildings not involved  
Number of buildings involved

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

**C On-Site Materials or Products**  None

Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, *whether or not they became involved*

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

On-site material (1) \_\_\_\_\_

On-site material (2) \_\_\_\_\_

On-site material (3) \_\_\_\_\_

**On-Site Materials Storage Use**

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

**D Ignition**

**D1**  Star  
Area of fire origin

**D2**  Star  
Heat source

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

**D4** \_\_\_\_\_  
Type of material first ignited Required only if item first ignited code is 00 or <70

**E1 Cause of Ignition**  Star  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**  Star  None

Factor contributing to ignition (1) \_\_\_\_\_

Factor contributing to ignition (2) \_\_\_\_\_

**E3 Human Factors Contributing to Ignition**  Star

Check all applicable boxes  None

1  Asleep  
2  Possibly impaired by alcohol or drugs  
3  Unattended person  
4  Possibly mentally disabled  
5  Physically disabled  
6  Multiple persons involved  
7  Age was a factor

Estimated age of person involved \_\_\_\_\_

1  Male 2  Female

**F1 Equipment Involved in Ignition**  None ➔ If equipment was not involved, skip to Section G

Equipment Involved \_\_\_\_\_

Brand \_\_\_\_\_

Model \_\_\_\_\_

Serial # \_\_\_\_\_

Year \_\_\_\_\_

**F2 Equipment Power Source** \_\_\_\_\_  
Equipment Power Source

**F3 Equipment Portability**

1  Portable  
2  Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

**G Fire Suppression Factors**  None

Enter up to three codes.

Fire suppression factor (1) \_\_\_\_\_

Fire suppression factor (2) \_\_\_\_\_

Fire suppression factor (3) \_\_\_\_\_

**H1 Mobile Property Involved**  None

1  Not involved in ignition, but burned  
2  Involved in ignition, but did not burn  
3  Involved in ignition and burned

Mobile property model \_\_\_\_\_

License Plate Number \_\_\_\_\_ State \_\_\_\_\_ VIN \_\_\_\_\_

**H2 Mobile Property Type and Make**

Mobile property type \_\_\_\_\_

Mobile property make \_\_\_\_\_

Year \_\_\_\_\_

**Local Use**

Pre-Fire Plan Available  
Some of the information presented in this report may be based upon reports from other agencies:

Arson report attached  
 Police report attached  
 Coroner report attached  
 Other reports attached

<b>I1 Structure Type</b> ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Enclosed building</li> <li>2 <input type="checkbox"/> Portable/mobile structure</li> <li>3 <input type="checkbox"/> Open structure</li> <li>4 <input type="checkbox"/> Air-supported structure</li> <li>5 <input type="checkbox"/> Tent</li> <li>6 <input type="checkbox"/> Open platform (e.g., piers)</li> <li>7 <input type="checkbox"/> Underground structure (work areas)</li> <li>8 <input type="checkbox"/> Connective structure (e.g., fences)</li> <li>0 <input type="checkbox"/> Other type of structure</li> </ul>	<b>I2 Building Status</b> ☆ <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Under construction</li> <li>2 <input type="checkbox"/> Occupied &amp; operating</li> <li>3 <input type="checkbox"/> Idle, not routinely used</li> <li>4 <input type="checkbox"/> Under major renovation</li> <li>5 <input type="checkbox"/> Vacant and secured</li> <li>6 <input type="checkbox"/> Vacant and unsecured</li> <li>7 <input type="checkbox"/> Being demolished</li> <li>0 <input type="checkbox"/> Other</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>I3 Building Height</b> ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: small;">Total number of stories at or above grade</p> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: small;">Total number of stories below grade</p> </div>	<b>I4 Main Floor Size</b> ☆ <div style="margin-top: 10px;"> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: small;">Total square feet</p> </div> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">OR</p> <div style="margin-top: 10px;"> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: small;">Length in feet                      Width in feet</p> </div>
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<b>J1 Fire Origin</b> ☆ <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: small;">Story of fire origin</p> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Below grade         </div>	<b>J3 Number of Stories Damaged by Flame</b> ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: small;">Number of stories w/minor damage (1 to 24% flame damage)</p> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: small;">Number of stories w/significant damage (25 to 49% flame damage)</p> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: small;">Number of stories w/heavy damage (50 to 74% flame damage)</p> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: small;">Number of stories w/extreme damage (75 to 100% flame damage)</p> </div>	<b>K Type of Material Contributing Most to Flame Spread</b> <div style="margin-top: 10px;"> <input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.         </div> <div style="margin-top: 10px; text-align: right;"> <input type="button" value="Skip to Section L"/> </div>
<b>J2 Fire Spread</b> ☆ If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module). <ul style="list-style-type: none"> <li>2 <input type="checkbox"/> Confined to room of origin</li> <li>3 <input type="checkbox"/> Confined to floor of origin</li> <li>4 <input type="checkbox"/> Confined to building of origin</li> <li>5 <input type="checkbox"/> Beyond building of origin</li> </ul>	<b>K1</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: small;">Item contributing most to flame spread</p>	<b>K2</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: small;">Type of material contributing most to flame spread                      Required only if item contributing code is 00 or &lt;70.</p>

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

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

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

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

First Name MI Last Name Suffix Casualty Number

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NFIRS-4 Revision 01/01/04

**A** FDID  Star State  Star Incident Date  Star MM DD YYYY Station Incident Number  Star Exposure  Star  Delete  Change **NFIRS-5 Fire Service Casualty**

**B Injured Person** Identification Number  Star 1  Male  Star 1  Career 2  Female 2  Volunteer

First Name MI Last Name Suffix

**C Casualty Number**  Star Casualty Number

**D Age or Date of Birth**  Star Age OR Date of Birth  Star

In years OR Month Day Year

**E Date and Time of Injury**  Star Midnight is 0000. Date of Injury Time of Injury

Month Day Year Hour Minute

**F Responses**  Star Number of prior responses during past 24 hours

**G1 Usual Assignment**

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

**G2 Physical Condition Just Prior to Injury**

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

**G3 Severity**  Star

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

**G4 Taken To**  Not transported

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

**G5 Activity at Time of Injury**

Activity at time of injury

**H1 Primary Apparent Symptom**  Star Primary apparent symptom

**H2 Primary Part of Body Injured**  None Primary injured body part

**I1 Cause of Firefighter Injury**  Star Cause of injury

**I2 Factor Contributing to Injury**  None Contributing factor

**I3 Object Involved in Injury**  None Object involved in injury

**J1 Where Injury Occurred**

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

**J2 Story Where Injury Occurred**

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

2  Injury occurred outside

**J3 Specific Location Where Injury Occurred**

65  In aircraft  
64  In boat, ship, or barge  
63  In rail vehicle  
61  In motor vehicle  
54  In sewer  
53  In tunnel  
49  In structure  
45  In attic 00  Other  
36  In water UU  Undetermined  
35  In well  
34  In ravine  
33  In quarry or mine  
32  In ditch or trench  
31  In open pit  
28  On steep grade  
27  On fire escape/outside stairs  
26  On vertical surface or ledge  
25  On ground ladder  
24  On aerial ladder or in basket  
23  On roof  
22  Outside at grade

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

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

Remarks

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

NFIRS-5 Revision 01/01/05

**K1 Did protective equipment fail and contribute to the injury?**

Please complete the remainder of this form ONLY if you answer YES.

Yes Y No N Equipment  
Sequence  
Number**NFIRS-5  
Fire Service  
Casualty****K2 Protective Equipment Item**

## Head or Face Protection

- 11  Helmet  
 12  Full face protector  
 13  Partial face protector  
 14  Goggles/eye protection  
 15  Hood  
 16  Ear protector  
 17  Neck protector  
 10  Other

## Coat, Shirt, or Trousers

- 21  Protective coat  
 22  Protective trousers  
 23  Uniform shirt  
 24  Uniform T-shirt  
 25  Uniform trousers  
 26  Uniform coat or jacket  
 27  Coveralls  
 28  Apron or gown  
 20  Other

## Boots or Shoes

- 31  Knee length boots with steel baseplate and steel toes  
 32  Knee length boots with steel toes only  
 33  3/4 length boots with steel baseplate and steel toes  
 34  3/4 length boots with steel toes only  
 35  Boots without steel baseplate and steel toes  
 36  Safety shoes with steel baseplate and steel toes  
 37  Safety shoes with steel toes only  
 38  Non-safety shoes  
 30  Other

## Respiratory Protection

- 41  SCBA (demand) open circuit  
 42  SCBA (positive pressure) open circuit  
 43  SCBA closed circuit  
 44  Not self-contained  
 45  Cartridge respirator  
 46  Dust or particle mask  
 40  Other

## Hand Protection

- 51  Firefighter gloves with wristlets  
 52  Firefighter gloves without wristlets  
 53  Work gloves  
 54  HazMat gloves  
 55  Medical gloves  
 50  Other

## Special Equipment

- 61  Proximity suit for entry  
 62  Proximity suit for non-entry  
 63  Totally encapsulated, reusable chemical suit  
 64  Totally encapsulated, disposable chemical suit  
 65  Partially encapsulated, reusable chemical suit  
 66  Partially encapsulated, disposable chemical suit  
 67  Flash protection suit  
 68  Flight or jump suit  
 69  Brush suit  
 71  Exposure suit  
 72  Self-contained underwater breathing apparatus (SCUBA)  
 73  Life preserver  
 74  Life belt or ladder belt  
 75  Personal alert safety system (PASS)  
 76  Radio distress device  
 77  Personal lighting  
 78  Fire shelter or tent  
 79  Vehicle safety belt  
 70  Special equipment, other  
 00  Protective equipment, other

Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this form for each piece of failed equipment.

**K3 Protective Equipment Problem**

Check one box to indicate the main problem that occurred.

- 11  Burned  
 12  Melted  
 21  Fractured, cracked or broken  
 22  Punctured  
 23  Scratched  
 24  Knocked off  
 25  Cut or ripped  
 31  Trapped steam or hazardous gas  
 32  Insufficient insulation  
 33  Object fell in or onto equipment item  
 41  Failed under impact  
 42  Face piece or hose detached  
 43  Exhalation valve inoperative or damaged  
 44  Harness detached or separated  
 45  Regulator failed to operate  
 46  Regulator damaged by contact  
 47  Problem with admissions valve  
 48  Alarm failed to operate  
 49  Alarm damaged by contact  
 51  Supply cylinder or valve failed to operate  
 52  Supply cylinder/valve damaged by contact  
 53  Supply cylinder—insufficient air/oxygen  
 94  Did not fit properly  
 95  Not properly serviced or stored prior to use  
 96  Not used for designed purpose  
 97  Not used as recommended by manufacturer  
 00  Other equipment problem  
 UU  Undetermined

**K4 Equipment Manufacturer, Model and Serial Number**  
Manufacturer  
Model  
Serial Number

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

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

Use a separate form for each patient

Check if same date as Alarm date  Time Arrived at Patient  Time of Patient Transfer

Month Day Year Hour/Min

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

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

**E1** Age or Date of Birth

Age  Months (for infants)

OR

Month Day Year

**F1** Race

1  White

2  Black, African American

3  Am. Indian, Alaska Native

4  Asian

5  Native Hawaiian, Other Pacific Islander

0  Other, multiracial

U  Undetermined

**G1** Human Factors Contributing to Injury  None

Check all applicable boxes

1  Asleep

2  Unconscious

3  Possibly impaired by alcohol

4  Possibly impaired by drug

5  Possibly mentally disabled

6  Physically disabled

7  Physically restrained

8  Unattended person

**G2** Other Factors  None

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

1  Accidental

2  Self-inflicted

3  Inflicted, not self

**E2** Gender

1  Male 2  Female

**F2** Ethnicity

1  Hispanic or Latino

2  Non Hispanic or Latino

**H1** Body Site of Injury

List up to five body sites

**H2** Injury Type

List one injury type for each body site listed under H1

**H3** Cause of Illness/Injury

Cause of illness/injury

**I** Procedures Used Check all applicable boxes  No treatment

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

**J** Safety Equipment  None

Used or deployed by patient. Check all applicable boxes.

1  Safety/seat belts

2  Child safety seat

3  Airbag

4  Helmet

5  Protective clothing

6  Flotation device

0  Other

U  Undetermined

**K** Cardiac Arrest Check all applicable boxes

1  Pre-arrival arrest?

If pre-arrival arrest, was it:

1  Witnessed?

2  Bystander CPR?

2  Post-arrival arrest?

Initial Arrest Rhythm

1  V-Fib/V-Tach

0  Other

U  Undetermined

**L1** Initial Level of Provider  Star

1  First Responder

2  EMT-B (Basic)

3  EMT-I (Intermediate)

4  EMT-P (Paramedic)

0  Other provider

N  No Training

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

1  First Responder

2  EMT-B (Basic)

3  EMT-I (Intermediate)

4  EMT-P (Paramedic)

0  Other provider

**M** Patient Status

1  Improved

2  Remained same

3  Worsened

Check if:

1  Pulse on transfer

2  No pulse on transfer

**N** EMS Disposition  Not transported

1  FD transport to ECF

2  Non-FD transport

3  Non-FD trans/FD attend

4  Non-emergency transfer

0  Other



**A** FDID  Star State  Star Incident Date MM DD YYYY  Star Station Incident Number  Star Exposure  Star Haz No.  Star  Delete  Change **NFIRS-7 HazMat**

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

**C1 Container Type**  None  
 Container Type  
**More hazardous materials? Use additional sheets.**

**C2 Estimated Container Capacity**  
 ,  ,   
Capacity: by volume or weight

**C3 Units: Capacity** Check one box  
VOLUME: 11  Ounces, 12  Gallons, 13  Barrels: 42 gal., 14  Liters, 15  Cubic feet, 16  Cubic meters  
WEIGHT: 21  Ounces, 22  Pounds, 23  Grams, 24  Kilograms  
MICRO UNITS:  Enter Code

**D1 Estimated Amount Released**  Star  
 ,  ,   
Amount released: by volume or weight

**D2 Units: Released** Check one box  
VOLUME: 11  Ounces, 12  Gallons, 13  Barrels: 42 gal., 14  Liters, 15  Cubic feet, 16  Cubic meters  
WEIGHT: 21  Ounces, 22  Pounds, 23  Grams, 24  Kilograms  
MICRO UNITS:  Enter Code

**E1 Physical State When Released**  
1  Solid, 2  Liquid, 3  Gas, U  Undetermined

**E2 Released Into**  
  
Released into

Complete the remainder of this form only for the first hazardous material involved in this incident.

**F1 Released From** Check all applicable boxes  
 Below grade  
1  Inside/on structure  Story of release  
2  Outside of structure

**F2 Population Density**  
1  Urban, 2  Suburban, 3  Rural

**G1 Area Affected**  
1  Square feet, 2  Blocks, 3  Square miles  
 ,   
Enter measurement

**G2 Area Evacuated**  None  
1  Square feet  ,   
2  Blocks  
3  Square miles  
Enter measurement

**G3 Estimated Number of People Evacuated**  
 ,

**G4 Estimated Number of Buildings Evacuated**  
 ,   None

**H HazMat Actions Taken**  
Enter up to three actions taken  
Primary action taken (1)   
Additional action taken (2)   
Additional action taken (3)

**I If fire or explosion is involved with a release, which occurred first?**  
1  Ignition, 2  Release, U  Undetermined

**J Cause of Release**  Star  
1  Intentional, 2  Unintentional release, 3  Container/containment failure, 4  Act of nature, 5  Cause under investigation, U  Cause undetermined after investigation

**K Factors Contributing to Release**  
Enter up to three contributing factors  
Factor contributing to release (1)   
Factor contributing to release (2)   
Factor contributing to release (3)

**L Factors Affecting Mitigation**  None  
Enter up to three factors or impediments that affected the mitigation of the incident  
Factor or impediment (1)   
Factor or impediment (2)   
Factor or impediment (3)

**M Equipment Involved in Release**  None  
Equipment involved in release   
Brand   
Model   
Serial #   
Year

**N Mobile Property Involved in Release**  None  
Mobile property type   
Mobile property make   
Model  Year   
License plate number  State   
DOT number/ ICC number

**O HazMat Disposition**  Star  
1  Completed by fire service only, 2  Completed w/fire service present, 3  Released to local agency, 4  Released to county agency, 5  Released to state agency, 6  Released to federal agency, 7  Released to private agency, 8  Released to property owner or manager

**P HazMat Civilian Casualties**  
Deaths  Injuries   
NFIRS-7 Revision 01/01/06

**A**  Delete  Change **NFIRS-8 Wildland Fire**

FDID  State  Incident Date  Station  Incident Number  Exposure

MM DD YYYY

**B Alternate Location Specification**

Enter Latitude/Longitude OR Township/Range/Section/Subsection Meridian if Section B on the Basic Module is not completed

Latitude Longitude

**OR**

Township Range East West North South

Section Subsection Meridian

**C Area Type**

- 1  Rural, farms >50 acres
- 2  Urban (heavily populated)
- 3  Rural/urban or suburban
- 4  Urban-wildland interface area

**D1 Wildland Fire Cause**

- 1  Natural source
- 2  Equipment
- 3  Smoking
- 4  Open/outdoor fire
- 5  Debris/vegetation burn
- 6  Structure (exposure)
- 7  Incendiary
- 8  Misuse of fire
- 0  Other
- U  Undetermined

**D2 Human Factors Contributing to Ignition**  None

Check as many boxes as are applicable.

- 1  Asleep
- 2  Possibly impaired by alcohol or drugs
- 3  Unattended person
- 4  Possibly mentally disabled
- 5  Physically disabled
- 6  Multiple persons involved
- 7  Age was a factor

**D3 Factors Contributing to Ignition**  None

#1 #2

**D4 Fire Suppression Factors**  None

#1 #2 #3

Enter up to three factors

**E Heat Source**  None

**F Mobile Property Type**

**G Equipment Involved in Ignition**  None

**H Weather Information**

NFDRS Weather Station ID

Weather Type Wind Direction

Wind Speed (mph) Air Temperature F° Check if negative

Relative Humidity Fuel Moisture Fire Danger Rating

**I1 Number of Buildings Ignited**  None

Number of buildings that were ignited in Wildland fire

**I2 Number of Buildings Threatened**  None

Number of buildings that were threatened by Wildland fire but were not involved

**I3 Total Acres Burned**

**I4 Primary Crops Burned**

Identify up to 3 crops if any crops were burned

Crop 1

Crop 2

Crop 3

**J Property Management**

Indicate the percent of the total acres burned for each ownership type then check the ONE box to identify the property ownership at the origin of the fire. If the ownership at origin is Federal, enter the Federal Agency Code.

Ownership	% Total Acres Burned
<b>U</b> <input type="checkbox"/> <b>Undetermined</b>	
<b>Private</b>	
1 <input type="checkbox"/> <b>Tax paying</b>	
2 <input type="checkbox"/> <b>Non-tax paying</b>	
<b>Public</b>	
3 <input type="checkbox"/> <b>City, town, village, local</b>	
4 <input type="checkbox"/> <b>County or parish</b>	
5 <input type="checkbox"/> <b>State or province</b>	
6 <input type="checkbox"/> <b>Federal</b>	
Federal Agency Code	
7 <input type="checkbox"/> <b>Foreign</b>	
8 <input type="checkbox"/> <b>Military</b>	
0 <input type="checkbox"/> <b>Other</b>	

**K NFDRS Fuel Model at Origin**

Enter the code and the descriptor corresponding to the NFDRS Fuel Model at Origin

**L1 Person Responsible for Fire**

- 1  Identified person caused fire
- 2  Unidentified person caused fire
- 3  Fire not caused by person

If person identified, complete the rest of Section L

**L2 Gender of Person Involved**

- 1  Male
- 2  Female

**L3 Age or Date of Birth**

Age in Years OR Date of Birth

Month Day Year

**L4 Activity of Person Involved**

Activity of Person Involved

**M Type of Right-of-Way**  None

Required if less than 100 feet

Feet Horizontal distance from right-of-way

Type of right-of-way

**N Fire Behavior**

These optional descriptors refer to observations made at the point of initial attack

Feet Elevation

Relative position on slope

Aspect

Feet Flame length

Chains per Hour Rate of spread

**A**

FDID <input style="width: 100%;" type="text"/>	State <input style="width: 100%;" type="text"/>	Incident Date	Station <input style="width: 100%;" type="text"/>	Incident Number <input style="width: 100%;" type="text"/>	Exposure <input style="width: 100%;" type="text"/>	
		MM DD YYYY				

Delete  
 Change

**NFIRS-9**  
**Apparatus or Resources**

<b>B Apparatus or Resources</b> <small>Use codes listed below</small>	<b>Dates and Times</b> <small>Midnight is 0000</small> <small>Check if same date as Alarm date on the Basic Module (Block E1)</small> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> <span>Hour/Min</span> </div>	<b>Sent</b> <input checked="checked" type="checkbox"/>	<b>Number of People</b> <input type="text"/>	<b>Apparatus Use</b> <input checked="checked" type="checkbox"/> <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	<b>Actions Taken</b> <small>List up to 4 actions for each apparatus.</small>
1					
2					
3					
4					
5					
6					
7					
8					
9					

<b>Apparatus or Resource Type</b> <b>Ground Fire Suppression</b> 11 Engine 12 Truck or aerial 13 Quint 14 Tanker and pumper combination 16 Brush truck 17 ARFF (aircraft rescue and firefighting) 10 Ground fire suppression, other  <b>Heavy Ground Equipment</b> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy ground equipment, other	<b>Aircraft</b> 41 Aircraft: fixed-wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other  <b>Marine Equipment</b> 51 Fire boat with pump 52 Boat, no pump 50 Marine equipment, other  <b>Support Equipment</b> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other	<b>Medical and Rescue</b> 71 Rescue unit 72 Urban search and rescue unit 73 High-angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other  <b>Other</b> 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type I hand crew 95 Type II hand crew 99 Privately owned vehicle 00 Other apparatus/resources	<b>More apparatus?</b> Use additional sheets.  NN None UU Undetermined
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<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-10 Personnel</b>
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<b>B</b>	<b>Apparatus or Resources</b>	<b>Dates and Times</b> <small>Midnight is 0000</small> <input type="checkbox"/> Check if same date as Alarm date on the Basic Module (Block E1) Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> Hour/Min <input type="text"/>	<b>Sent</b> <input checked="" type="checkbox"/>	<b>Number of People</b> <input type="text"/>	<b>Apparatus Use</b> <input type="checkbox"/> Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<b>Actions Taken</b> List up to 4 actions for each apparatus and each personnel. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>1</b>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	Sent <input type="checkbox"/>	<input type="text"/>		<input type="text"/> <input type="text"/>

Personnel ID <input type="checkbox"/>	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

<b>2</b>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	Sent <input type="checkbox"/>	<input type="text"/>		<input type="text"/> <input type="text"/>
----------	--	--	-------------------------------	----------------------	--	---

Personnel ID <input type="checkbox"/>	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

<b>3</b>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	Sent <input type="checkbox"/>	<input type="text"/>		<input type="text"/> <input type="text"/>
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Personnel ID <input type="checkbox"/>	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

**A** FDID  State  Incident Date  MM  DD  YYY  Station  Incident Number  Exposure

Delete  Change

**NFIRS-11 Arson**

**B Agency Referred To**  None

Street address  Their case number

Agency name  City  Their ORI

Agency phone number -- State  ZIP code - Their Federal Identifier (FID)  Their FDID

**C Case Status**

1  Investigation open  
 2  Investigation closed  
 3  Investigation inactive

4  Closed with arrest  
 5  Closed with exceptional clearance

**D Availability of Material First Ignited**

1  Transported to scene  
 2  Available at scene  
 U  Unknown

**E Suspected Motivation Factors** Check up to three factors

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

**F Apparent Group Involvement**  None

Check up to three factors

1  Terrorist group  
 2  Gang  
 3  Anti-government group  
 4  Outlaw motorcycle organization  
 5  Organized crime  
 6  Racial/ethnic hate group  
 7  Religious hate group  
 8  Sexual preference hate group  
 0  Other group  
 U  Unknown

**H Incendiary Devices** CONTAINER  No container

Select one from each category

11 <input type="checkbox"/> Bottle (glass)	14 <input type="checkbox"/> Pressurized container	17 <input type="checkbox"/> Box
12 <input type="checkbox"/> Bottle (plastic)	15 <input type="checkbox"/> Can (not gas or fuel)	00 <input type="checkbox"/> Other Container
13 <input type="checkbox"/> Jug	16 <input type="checkbox"/> Gasoline or fuel can	UU <input type="checkbox"/> Unknown

IGNITION/DELAY DEVICE  No device

11 <input type="checkbox"/> Wick or fuse	17 <input type="checkbox"/> Road flare/fuse
12 <input type="checkbox"/> Candle	18 <input type="checkbox"/> Chemical component
13 <input type="checkbox"/> Cigarette and matchbook	19 <input type="checkbox"/> Trailer/streamer
14 <input type="checkbox"/> Electronic component	20 <input type="checkbox"/> Open flame source
15 <input type="checkbox"/> Mechanical device	00 <input type="checkbox"/> Other delay device
16 <input type="checkbox"/> Remote control	UU <input type="checkbox"/> Unknown

**G1 Entry Method**

Entry Method

FUEL  None

11 <input type="checkbox"/> Ordinary combustibles	16 <input type="checkbox"/> Pyrotechnic material
12 <input type="checkbox"/> Flammable gas	17 <input type="checkbox"/> Explosive material
14 <input type="checkbox"/> Ignitable liquid	00 <input type="checkbox"/> Other material
15 <input type="checkbox"/> Ignitable solid	UU <input type="checkbox"/> Unknown

**G2 Extent of Fire Involvement on Arrival**

Extent of Fire Involvement

**I Other Investigative Information** Check all that apply

1  Code violations  
 2  Structure for sale  
 3  Structure vacant  
 4  Other crimes involved  
 5  Illicit drug activity  
 6  Change in insurance  
 7  Financial problem  
 8  Criminal/civil actions pending

**J Property Ownership**

1  Private  
 2  City, town, village, local  
 3  County or parish  
 4  State or province  
 5  Federal  
 6  Foreign  
 7  Military  
 0  Other

**K Initial Observations** Check all that apply

1 <input type="checkbox"/> Windows ajar	5 <input type="checkbox"/> Fire department forced entry
2 <input type="checkbox"/> Doors ajar	6 <input type="checkbox"/> Entry forced prior to FD arrival
3 <input type="checkbox"/> Doors locked	7 <input type="checkbox"/> Security system activated
4 <input type="checkbox"/> Doors unlocked	8 <input type="checkbox"/> Security system present (not activated)

**L Laboratory Used** Check all that apply  None

1 <input type="checkbox"/> Local	3 <input type="checkbox"/> ATF	5 <input type="checkbox"/> Other	6 <input type="checkbox"/> Private
2 <input type="checkbox"/> State	4 <input type="checkbox"/> FBI	Federal	



**A**

FDID

State

MM DD  
Incident Date 

YYYY

Station

Incident Number

Exposure

 Delete  
 Change**NFIRS-1S  
Supplemental****K1****Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

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

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

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

Local Option

Business Name (if applicable)

Area Code

Phone Number

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

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

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State

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State

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

Local Option

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Apt./Suite/Room

City

State

ZIP Code

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

Local Option

Business Name (if applicable)

Area Code

Phone Number

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Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code



**E3**

**Supplemental Special Studies**

Local Option

**NFIRS-1S  
Supplemental**

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

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

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

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

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

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

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

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

**L**

**Remarks:**  
Local Option