

Appendix A

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Basic Module: NFIRS-1 Scenario 1-2 Answers

NFIRS 5.0 Self-Study Program

A FDID <u>92188</u> State <u>VA</u> Incident Date MM <u>05</u> DD <u>01</u> YYYY <u>2002</u> Station <u>002</u> Incident Number <u>0005433</u> Exposure <u>000</u> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity				NFIRS-1 Basic								
B Location Type <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 checked="" 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 <u>05011</u> - <u>10</u> Number/Milepost <u>5</u> Prefix <u>E</u> Street or Highway <u>Cary</u> Street Type <u>ST</u> Suffix Apt./Suite/Room _____ City <u>Brunswick</u> State <u>VA</u> ZIP Code <u>23351</u> - <u>_____</u> Cross Street, Directions or National Grid, as applicable										
C Incident Type <input checked="" type="checkbox"/> <u>113</u> <u>Cooking Fire</u> Incident Type		E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm <input checked="" type="checkbox"/> Month <u>05</u> Day <u>01</u> Year <u>2002</u> Hour <u>12</u> Min <u>53</u> ARRIVAL required, unless canceled or did not arrive Arrival <input type="checkbox"/> Month <u>05</u> Day <u>01</u> Year <u>2002</u> Hour <u>13</u> Min <u>05</u> CONTROLLED optional, except for wildland fires Controlled <input type="checkbox"/> _____ LAST UNIT CLEARED, required except for wildland fires Last Unit Cleared <input type="checkbox"/> Month <u>05</u> Day <u>01</u> Year <u>2002</u> Hour <u>13</u> Min <u>40</u>										
D Aid Given or Received <input type="checkbox"/> <input checked="" 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		E2 Shifts and Alarms Local Option Shift or Platoon <u>A</u> Alarms <u>A12</u> District _____ E3 Special Studies Local Option Special Study ID# _____ Special Study Value _____										
F Actions Taken <input checked="" type="checkbox"/> <u>51</u> <u>Ventilate</u> Primary Action Taken (1) _____ Additional Action Taken (2) _____ Additional Action Taken (3)		G1 Resources <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.										
G2 Estimated Dollar Losses and Values Required for all fires if known. Optional for non-fires. None LOSSES: Property \$ _____, _____, _____ Contents \$ _____, _____, _____ PRE-INCIDENT VALUE: Optional Property \$ _____, _____, _____ Contents \$ _____, _____, _____												
Completed Modules <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		H1 Casualties <input type="checkbox"/> None Deaths _____ Injuries _____ Fire Service _____ Civilian _____ H2 Detector Required for confined fires. 1 <input checked="" type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown										
H3 Hazardous Materials Release <input checked="" 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.)		I Mixed Use Property <input checked="" 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										
J Property Use <input checked="" type="checkbox"/> None Structures 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 checked="" type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/boarding 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 Outside 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. <table style="float: right; border: 1px solid black; padding: 5px;"> <tr> <td style="border: none;">➔</td> <td style="border: none;">Property Use</td> <td style="border: none;">Code</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; width: 100px;">_____</td> <td style="border: none; width: 50px;">_____</td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none; font-size: small;">Property Use Description</td> </tr> </table>				➔	Property Use	Code		_____	_____		Property Use Description	
➔	Property Use	Code										
	_____	_____										
	Property Use Description											

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. **X** Christy Gordon

5 East Cary Street

Brunswick

VA 23351

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

K2 Owner

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

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

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 _____ Mrs. Christy A. Gordon was warming her lunch on the stove when the grease from the pan began to burn.

Fire Module Required?

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

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

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

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

M Authorization

Officer in charge ID _____ Signature *Tonya Gordon* Position or rank *Captain* Assignment _____ Month *05* Day *01* Year *2002*

Check box if same as Officer in charge. Member making report ID _____ Signature *Adam Wallner* Position or rank *FF1* Assignment _____ Month *05* Day *01* Year *2002*

Fire Module: NFIRS-2

Scenario 2-2 Answers

NFIRS 5.0 Self-Study Program

A FDID 92188 State VA Incident Date MM 05 DD 03 YYYY 2002 Station 002 Incident Number 0005455 Exposure 000 Delete Change No Activity **NFIRS-1 Basic**

B Location Type Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B. "Alternative Location Specification." Use only for wildland fires. Census Tract 0501-10

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

MM 73 Prefix I-95 Street or Highway ST Street Type S Suffix T

Apt./Suite/Room Brunswick City Brunswick State VA ZIP Code 23351

Near Exit 2B
 Cross Street, Directions or National Grid, as applicable

C Incident Type Passenger Vehicle
 Incident Type 131

E1 Dates and Times Midnight is 0000

Month 05 Day 03 Year 2002 Hour 23 Min 58

Alarm 05 03 2002 23 58

ARRIVAL required, unless canceled or did not arrive
 Arrival 05 04 2002 00 04

CONTROLLED optional, except for wildland fires
 Controlled 05 04 2002 00 10

LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared 05 04 2002 00 35

E2 Shifts and Alarms Local Option

Shift or Platoon C Alarms A05 District 05

D Aid Given or Received None

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

Their FDID _____ Their State _____
 Their Incident Number _____

E3 Special Studies Local Option

Special Study ID# _____ Special Study Value _____

F Actions Taken Extinguish
 Primary Action Taken (1) 11

Additional Action Taken (2) _____
 Additional Action Taken (3) _____

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

Apparatus _____ Personnel _____

Suppression 2 6

EMS 0 0

Other 0 0

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 \$ _____, 26, 000

Contents \$ _____, _____, 0

PRE-INCIDENT VALUE: Optional

Property \$ _____, _____, _____

Contents \$ _____, _____, _____

Completed Modules

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

H1 Casualties None

Deaths _____ Injuries _____

Fire Service _____
 Civilian _____

H2 Detector Required for confined fires.

1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release None

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

I Mixed Use Property Not mixed

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

J Property Use Structures None

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

Outside

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

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

936 Vacant lot
 938 Graded/cared for plot of land
 946 Lake, river, stream
 951 Railroad right-of-way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway

539 Household goods, sales, repairs
 571 Gas or service station
 579 Motor vehicle/boat sales/repairs
 599 Business office
 615 Electric-generating plant
 629 Laboratory/science laboratory
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

981 Construction site
 984 Industrial plant yard

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

Property Use Code

Property Use Description

K1 Person/Entity Involved

Local Option: Business Name (if applicable): _____ Area Code: 414 Phone Number: 432-0987

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

Mr., Ms., Mrs.: First Name: Robert MI: L Last Name: Anderson Suffix: _____

Number: 630 Prefix: _____ Street or Highway: Second Street Type: Ave Suffix: _____

Post Office Box: _____ Apt./Suite/Room: _____ City: Jarrett

State: NC ZIP Code: 24501

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: He said that his front seat caught on fire from a cigarette. He was drowsy from a prescription drug that he took.

Fire Module Required?

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

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

 ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!

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

M Authorization

Officer in charge ID: 100 Signature: Ernest Greene Position or rank: Captain Assignment: 05042002

Check box if same as Officer in charge: Member making report ID: 230 Signature: Steve LaCivita Position or rank: FF1 Assignment: 05042002

A FDID <input type="text" value="92188"/> State <input type="text" value="VA"/> Incident Date <input type="text" value="05"/> <input type="text" value="03"/> <input type="text" value="20"/> <input type="text" value="02"/> Station <input type="text" value="002"/> Incident Number <input type="text" value="0005455"/> Exposure <input type="text" value="000"/> <div style="float: right;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change </div>		
B Property Details B1 <input type="text" value="0"/> <input checked="" type="checkbox"/> Not Residential Estimated number of residential living units in building of origin <i>whether or not all units became involved</i> B2 <input type="text" value="0"/> <input type="checkbox"/> Buildings not involved Number of buildings involved B3 <input type="text" value=""/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than one acre Acres burned (outside fires)	C On-Site Materials or Products <input type="checkbox"/> None 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 type="text" value=""/> On-site material (2) <input type="text" value=""/> On-site material (3) <input type="text" value=""/> 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 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 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	
D Ignition D1 <input type="text" value="81"/> Operator/passenger area Area of fire origin D2 <input type="text" value="61"/> Cigarette Heat source D3 <input type="text" value="21"/> Upholstered sofa, chair, ... Item first ignited <input type="checkbox"/> Check box if fire spread was confined to object of origin. D4 <input type="text" value="71"/> Fabric, fiber, cotton, ... Type of material first ignited <small>Required only if item first ignited code is 00 or <70</small>	E1 Cause of Ignition <input checked="" type="checkbox"/> <input type="checkbox"/> Check box if this is an exposure report. ➔ Skip to Section G 1 <input type="checkbox"/> Intentional 2 <input checked="" 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 E2 Factors Contributing to Ignition <input type="checkbox"/> None Abandoned or discarded materials or products <input type="text" value="11"/> Factor contributing to ignition (1) <input type="text" value=""/> Factor contributing to ignition (2)	E3 Human Factors Contributing to Ignition <input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input checked="" 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 Estimated age of person involved <input type="text" value=""/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
F1 Equipment Involved in Ignition <input checked="" type="checkbox"/> None ➔ If equipment was not involved, skip to Section G Equipment Involved <input type="text" value=""/> Brand <input type="text" value=""/> Model <input type="text" value=""/> Serial # <input type="text" value=""/> Year <input type="text" value=""/>	F2 Equipment Power Source <input type="text" value=""/> Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <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>	G Fire Suppression Factors <input checked="" type="checkbox"/> None Enter up to three codes. Fire suppression factor (1) <input type="text" value=""/> Fire suppression factor (2) <input type="text" value=""/> Fire suppression factor (3) <input type="text" value=""/>
H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input checked="" type="checkbox"/> Involved in ignition and burned Explorer Mobile property model License Plate Number <input type="text" value="ACZ586"/> State <input type="text" value="VA"/> VIN <input type="text" value="1FBEU54XABC45634"/> Year <input type="text" value="1999"/>	H2 Mobile Property Type and Make <input type="text" value="11"/> Passenger Car Mobile property type <input type="text" value="FO"/> Ford Mobile property make	Local Use <input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies:</small> <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).		

Structure Fire Module: NFIRS-3

Scenario 3-2 Answers

A FDID 92188 State VA Incident Date MM 05 DD 01 YYYY 2005 Station 002 Incident Number 0005433 Exposure 000 Delete Change No Activity **NFIRS-1 Basic**

B Location Type Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B. "Alternative Location Specification." Use only for wildland fires. Census Tract 5011-12

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

Number/Milepost 5 Prefix E Street or Highway Cary Street Type ST Suffix

Apt./Suite/Room City Brunswick State VA ZIP Code 23351

Cross Street, Directions or National Grid, as applicable

C Incident Type Building Fires 111

Incident Type

E1 Dates and Times Midnight is 0000

Month Day Year Hour Min

Alarm 05 01 2005 12 53

ARRIVAL required, unless canceled or did not arrive

Arrival 05 01 2005 13 05

CONTROLLED optional, except for wildland fires

Controlled 05 01 2005 13 25

LAST UNIT CLEARED, required except for wildland fires

Last Unit Cleared 05 01 2005 14 40

E2 Shifts and Alarms Local Option

Shift or Platoon A Alarms A12 District

D Aid Given or Received None

1 Mutual aid received

2 Auto. aid received

3 Mutual aid given

4 Auto. aid given

5 Other aid given

Their FDID Their State

Their Incident Number

E3 Special Studies Local Option

Special Study ID# Special Study Value

F Actions Taken

11 Extinguish

Primary Action Taken (1)

51 Ventilate

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources

Check this box and skip this block if an Apparatus or Personnel Module is used.

Apparatus Personnel

Suppression 3 12

EMS 0 0

Other 0 0

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 \$ 24 000

Contents \$ 9 600

PRE-INCIDENT VALUE: Optional

Property \$ 161 1000

Contents \$ 80 400

Completed Modules

Fire-2

Structure Fire-3

Civilian Fire Cas.-4

Fire Service Cas.-5

EMS-6

HazMat-7

Wildland Fire-8

Apparatus-9

Personnel-10

Arson-11

H1 Casualties None

Deaths Injuries

Fire Service

Civilian

H2 Detector Required for confined fires.

1 Detector alerted occupants

2 Detector did not alert them

U Unknown

H3 Hazardous Materials Release None

1 Natural gas: slow leak, no evacuation or HazMat actions

2 Propane gas: <21-lb tank (as in home BBQ grill)

3 Gasoline: vehicle fuel tank or portable container

4 Kerosene: fuel burning equipment or portable storage

5 Diesel fuel/fuel oil: vehicle fuel tank or portable storage

6 Household solvents: home/office spill, cleanup only

7 Motor oil: from engine or portable container

8 Paint: from paint cans totaling <55 gallons

0 Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)

I Mixed Use Property Not mixed

10 Assembly use

20 Education use

33 Medical use

40 Residential use

51 Row of stores

53 Enclosed mall

58 Business & residential

59 Office use

60 Industrial use

63 Military use

65 Farm use

00 Other mixed use

J Property Use Structures None

131 Church, place of worship

161 Restaurant or cafeteria

162 Bar/tavern or nightclub

213 Elementary school, kindergarten

215 High school, junior high

241 College, adult education

311 Nursing home

331 Hospital

Outside

124 Playground or park

655 Crops or orchard

669 Forest (timberland)

807 Outdoor storage area

919 Dump or sanitary landfill

931 Open land or field

341 Clinic, clinic-type infirmary

342 Doctor/dentist office

361 Prison or jail, not juvenile

419 1- or 2-family dwelling

429 Multifamily dwelling

439 Rooming/boarding house

449 Commercial hotel or motel

459 Residential, board and care

464 Dormitory/barracks

519 Food and beverage sales

936 Vacant lot

938 Graded/cared for plot of land

946 Lake, river, stream

951 Railroad right-of-way

960 Other street

961 Highway/divided highway

962 Residential street/driveway

539 Household goods, sales, repairs

571 Gas or service station

579 Motor vehicle/boat sales/repairs

599 Business office

615 Electric-generating plant

629 Laboratory/science laboratory

700 Manufacturing plant

819 Livestock/poultry storage (barn)

882 Non-residential parking garage

891 Warehouse

981 Construction site

984 Industrial plant yard

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

Property Use Code

Property Use Description

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. **X** First Name **Christy** MI **A** Last Name **Gordon** Suffix _____

Number **5** Prefix _____ Street or Highway **East Cary** Street Type **ST** Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City **Brunswick**

State **VA** ZIP Code **23351**

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

K2 Owner Same as person involved? Then check this box and skip the rest of this block.

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 _____

L **Remarks:**

Local Option _____

Mrs. Christy A. Gordon was warming her lunch on the stove when the grease from the pan began to burn.

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

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

ITEMS WITH A ★ MUST ALWAYS BE COMPLETED!

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

M Authorization

Check box if same as Officer in charge.

Officer in charge ID **105** Signature **Tonya Gordon** Position or rank **Captain** Assignment _____ Month **05** Day **01** Year **2005**

Member making report ID **224** Signature **Adam Wallner** Position or rank **FF1** Assignment _____ Month **05** Day **01** Year **2005**

A FDID 9,2,1,8,8 State VA Incident Date 0,5 0,1 2,0,0,5 Station 0,0,2 Incident Number 0,0,0,5,4,3,3 Exposure 0 Delete Change **NFIRS-2 Fire**

B Property Details

B1 1 Not Residential
Estimated number of residential living units in building of origin *whether or not all units became involved*

B2 1 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) Bulk storage or warehousing
 Processing or manufacturing
 Packaged goods for sale
 Repair or service
 Undetermined

On-site material (2) Bulk storage or warehousing
 Processing or manufacturing
 Packaged goods for sale
 Repair or service
 Undetermined

On-site material (3) Bulk storage or warehousing
 Processing or manufacturing
 Packaged goods for sale
 Repair or service
 Undetermined

D Ignition

D1 2,4 Cooking area, kitchen
Area of fire origin

D2 8,1 Heat from direct flame
Heat source

D3 7,6 Cooking materials, incl
Item first ignited Check box if fire spread was confined to object of origin.

D4 2,7 Cooking oil
Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition Check box if this is an exposure report.

1 Intentional
2 Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing to Ignition None

5,3 Equipment unattended
Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition None
Check all applicable boxes

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

7 Age was a factor
Estimated age of person involved
1 Male 2 Female

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

6,4,6 Range with or without oven
Equipment Involved

Brand Whirlpool
Model RF330PXVN
Serial # F925888840
Year 2,0,0,0

F2 Equipment Power Source

2,1 Natural Gas or other
Equipment Power Source

F3 Equipment Portability

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

G Fire Suppression Factors None
Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved None

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

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Year

License Plate Number State VIN

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

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

NFIRS-2 Revision 01/01/05

<p>I1 Structure Type ☆</p> <p>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</p> <p>1 <input checked="" type="checkbox"/> Enclosed building</p> <p>2 <input type="checkbox"/> Portable/mobile structure</p> <p>3 <input type="checkbox"/> Open structure</p> <p>4 <input type="checkbox"/> Air-supported structure</p> <p>5 <input type="checkbox"/> Tent</p> <p>6 <input type="checkbox"/> Open platform (e.g., piers)</p> <p>7 <input type="checkbox"/> Underground structure (work areas)</p> <p>8 <input type="checkbox"/> Connective structure (e.g., fences)</p> <p>0 <input type="checkbox"/> Other type of structure</p>	<p>I2 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input checked="" type="checkbox"/> Occupied & operating</p> <p>3 <input type="checkbox"/> Idle, not routinely used</p> <p>4 <input type="checkbox"/> Under major renovation</p> <p>5 <input type="checkbox"/> Vacant and secured</p> <p>6 <input type="checkbox"/> Vacant and unsecured</p> <p>7 <input type="checkbox"/> Being demolished</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>I3 Building Height ☆</p> <p>Count the roof as part of the highest story.</p> <p style="text-align: center;"> _ _ 2</p> <p>Total number of stories at or above grade</p> <p style="text-align: center;"> _ _ 0</p> <p>Total number of stories below grade</p>	<p>I4 Main Floor Size ☆</p> <p style="text-align: right;">NFIRS-3 Structure Fire</p> <p style="text-align: center;"> _ _ 2 , _ _ 0 0 0</p> <p>Total square feet</p> <p style="text-align: center;">OR</p> <p style="text-align: center;"> _ _ BY _ _ </p> <p>Length in feet Width in feet</p>
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<p>J1 Fire Origin ☆</p> <p style="text-align: center;"> _ _ 1</p> <p>Story of fire origin <input type="checkbox"/> Below grade</p>	<p>J3 Number of Stories Damaged by Flame</p> <p>Count the roof as part of the highest story.</p> <p style="text-align: center;"> _ _ 1</p> <p>Number of stories w/minor damage (1 to 24% flame damage)</p> <p style="text-align: center;"> _ _ 0</p> <p>Number of stories w/significant damage (25 to 49% flame damage)</p> <p style="text-align: center;"> _ _ 0</p> <p>Number of stories w/heavy damage (50 to 74% flame damage)</p> <p style="text-align: center;"> _ _ 0</p> <p>Number of stories w/extreme damage (75 to 100% flame damage)</p>	<p>K Type of Material Contributing Most to Flame Spread</p> <p><input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. → Skip to Section L</p> <p>K1 _ _ _ _ </p> <p>Item contributing most to flame spread</p> <p>K2 _ _ _ _ </p> <p>Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</p>
<p>J2 Fire Spread ☆</p> <p>If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module).</p> <p>2 <input checked="" type="checkbox"/> Confined to room of origin</p> <p>3 <input type="checkbox"/> Confined to floor of origin</p> <p>4 <input type="checkbox"/> Confined to building of origin</p> <p>5 <input type="checkbox"/> Beyond building of origin</p>		

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

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

Civilian Fire Casualty

Module: NFIRS-4

Scenario 4-2 Answers

A FDID 92188 State VA Incident Date MM 05 DD 01 YYYY 2005 Station 002 Incident Number 0005433 Exposure 000 Delete Change No Activity **NFIRS-1 Basic**

B Location Type Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B. "Alternative Location Specification." Use only for wildland fires. Census Tract 0501-10

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

Number/Milepost 5 Prefix E Street or Highway Cary Street Type ST Suffix

Apt./Suite/Room City Brunswick State VA ZIP Code 23351

Cross Street, Directions or National Grid, as applicable

C Incident Type Building Fires 111

Incident Type

E1 Dates and Times Midnight is 0000

Month Day Year Hour Min

Alarm 05 01 2005 12 53

ARRIVAL required, unless canceled or did not arrive

Arrival 05 01 2005 13 05

CONTROLLED optional, except for wildland fires

Controlled 05 01 2005 13 25

LAST UNIT CLEARED, required except for wildland fires

Last Unit Cleared 05 01 2005 14 40

E2 Shifts and Alarms Local Option

Shift or Platoon A Alarms A12 District

D Aid Given or Received None

1 Mutual aid received

2 Auto. aid received

3 Mutual aid given

4 Auto. aid given

5 Other aid given

Their FDID Their State

Their Incident Number

E3 Special Studies Local Option

Special Study ID# Special Study Value

F Actions Taken

11 Extinguish

Primary Action Taken (1)

51 Ventilate

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources

Check this box and skip this block if an Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	<u>3</u>	<u>12</u>
EMS	<u>0</u>	<u>0</u>
Other	<u>0</u>	<u>0</u>

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 \$, 24, 000

Contents \$, 9, 600

PRE-INCIDENT VALUE: Optional

Property \$, 161, 1000

Contents \$, 80, 400

Completed Modules

Fire-2

Structure Fire-3

Civilian Fire Cas.-4

Fire Service Cas.-5

EMS-6

HazMat-7

Wildland Fire-8

Apparatus-9

Personnel-10

Arson-11

H1 Casualties None

	Deaths	Injuries
Fire Service	<u></u> , <u>0</u>	<u></u> , <u>0</u>
Civilian	<u></u> , <u>0</u>	<u></u> , <u>1</u>

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 Structures None

131 Church, place of worship

161 Restaurant or cafeteria

162 Bar/tavern or nightclub

213 Elementary school, kindergarten

215 High school, junior high

241 College, adult education

311 Nursing home

331 Hospital

Outside

124 Playground or park

655 Crops or orchard

669 Forest (timberland)

807 Outdoor storage area

919 Dump or sanitary landfill

931 Open land or field

341 Clinic, clinic-type infirmary

342 Doctor/dentist office

361 Prison or jail, not juvenile

419 1- or 2-family dwelling

429 Multifamily dwelling

439 Rooming/boarding house

449 Commercial hotel or motel

459 Residential, board and care

464 Dormitory/barracks

519 Food and beverage sales

936 Vacant lot

938 Graded/cared for plot of land

946 Lake, river, stream

951 Railroad right-of-way

960 Other street

961 Highway/divided highway

962 Residential street/driveway

539 Household goods, sales, repairs

571 Gas or service station

579 Motor vehicle/boat sales/repairs

599 Business office

615 Electric-generating plant

629 Laboratory/science laboratory

700 Manufacturing plant

819 Livestock/poultry storage (barn)

882 Non-residential parking garage

891 Warehouse

981 Construction site

984 Industrial plant yard

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

Property Use Code

Property Use Description

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.

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

Mr., Ms., Mrs. X Christy A Gordon MI Last Name Suffix

Number 5 Prefix _____ Street or Highway East Cary Street Type ST Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City Brunswick

State VA ZIP Code 23351

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

K2 Owner

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 _____

L **Remarks:**


Local Option _____

Mrs. Christy A. Gordon was warming her lunch on the stove when the grease from the pan began to burn.

Fire Module Required?

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

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

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

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

M Authorization

Officer in charge ID 105 Signature Tonya Gordon Position or rank Captain Assignment _____ Month 05 Day 01 Year 2005

Member making report ID 224 Signature Adam Wallner Position or rank FF1 Assignment _____ Month 05 Day 01 Year 2005

A FDID <input type="text" value="92188"/> State <input type="text" value="VA"/> Incident Date <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="20"/> <input type="text" value="05"/> Station <input type="text" value="002"/> Incident Number <input type="text" value="0005433"/> Exposure <input type="text" value="0"/> <div style="float: right; text-align: right;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change </div>			
B Property Details B1 <input type="text" value="1"/> <input type="checkbox"/> Not Residential Estimated number of residential living units in building of origin <i>whether or not all units became involved</i> B2 <input type="text" value="1"/> <input type="checkbox"/> Buildings not involved Number of buildings involved B3 <input type="text" value=""/> <input type="checkbox"/> None <input type="checkbox"/> Less than one acre Acres burned (outside fires)	C On-Site Materials or Products <input checked="" type="checkbox"/> None 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 type="text"/> On-site material (2) <input type="text"/> On-site material (3) <input type="text"/> <div style="float: right; text-align: right;"> 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 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 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 </div>		
D Ignition D1 <input type="text" value="24"/> Cooking area, kitchen Area of fire origin D2 <input type="text" value="81"/> Heat from direct flame Heat source D3 <input type="text" value="76"/> Cooking materials, incl Item first ignited <input type="checkbox"/> Check box if fire spread was confined to object of origin. D4 <input type="text" value="27"/> Cooking oil, transorme Type of material first ignited Required only if item first ignited code is 00 or <70	E1 Cause of Ignition <input checked="" type="checkbox"/> None <input type="checkbox"/> Check box if this is an exposure report. ➔ Skip to Section G 1 <input type="checkbox"/> Intentional 2 <input checked="" 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 E2 Factors Contributing to Ignition <input type="checkbox"/> None <input type="text" value="53"/> Equipment unattended Factor contributing to ignition (1) <input type="text"/> Factor contributing to ignition (2)	E3 Human Factors Contributing to Ignition <input type="checkbox"/> None Check all applicable boxes 1 <input checked="" 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 Estimated age of person involved <input type="text"/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
F1 Equipment Involved in Ignition <input type="checkbox"/> None ➔ If equipment was not involved, skip to Section G <input type="text" value="646"/> Range with or without oven Equipment Involved Brand <input type="text" value="Whirlpool"/> Model <input type="text" value="RF330PXVN"/> Serial # <input type="text" value="F925888840"/> Year <input type="text" value="2000"/>	F2 Equipment Power Source <input type="text" value="21"/> Natural Gas or other Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> None Enter up to three codes. Fire suppression factor (1) <input type="text"/> Fire suppression factor (2) <input type="text"/> Fire suppression factor (3) <input type="text"/>	
H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned Mobile property model <input type="text"/> License Plate Number <input type="text"/> State <input type="text"/> VIN <input type="text"/>	H2 Mobile Property Type and Make Mobile property type <input type="text"/> Mobile property make <input type="text"/> Year <input type="text"/>	Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other agencies. <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).			NFIRS-2 Revision 01/01/05

<p>I1 Structure Type ☆</p> <p>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</p> <p>1 <input checked="" type="checkbox"/> Enclosed building</p> <p>2 <input type="checkbox"/> Portable/mobile structure</p> <p>3 <input type="checkbox"/> Open structure</p> <p>4 <input type="checkbox"/> Air-supported structure</p> <p>5 <input type="checkbox"/> Tent</p> <p>6 <input type="checkbox"/> Open platform (e.g., piers)</p> <p>7 <input type="checkbox"/> Underground structure (work areas)</p> <p>8 <input type="checkbox"/> Connective structure (e.g., fences)</p> <p>0 <input type="checkbox"/> Other type of structure</p>	<p>I2 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input checked="" type="checkbox"/> Occupied & operating</p> <p>3 <input type="checkbox"/> Idle, not routinely used</p> <p>4 <input type="checkbox"/> Under major renovation</p> <p>5 <input type="checkbox"/> Vacant and secured</p> <p>6 <input type="checkbox"/> Vacant and unsecured</p> <p>7 <input type="checkbox"/> Being demolished</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>I3 Building Height ☆</p> <p>Count the roof as part of the highest story.</p> <p><u> 2 </u></p> <p>Total number of stories at or above grade</p> <p><u> 0 </u></p> <p>Total number of stories below grade</p>	<p>I4 Main Floor Size ☆</p> <p>NFIRS-3 Structure Fire</p> <p><u> </u>, <u> </u>, <u> </u>, <u> </u>, <u> </u>, <u> </u></p> <p>Total square feet</p> <p>OR</p> <p><u> </u>, <u> </u> BY <u> </u>, <u> </u></p> <p>Length in feet Width in feet</p>
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<p>J1 Fire Origin ☆</p> <p><u> 1 </u></p> <p>Story of fire origin</p> <p><input type="checkbox"/> Below grade</p>	<p>J3 Number of Stories Damaged by Flame ☆</p> <p>Count the roof as part of the highest story.</p> <p><u> 1 </u> Number of stories w/minor damage (1 to 24% flame damage)</p> <p><u> 0 </u> Number of stories w/significant damage (25 to 49% flame damage)</p> <p><u> 0 </u> Number of stories w/heavy damage (50 to 74% flame damage)</p> <p><u> 0 </u> Number of stories w/extreme damage (75 to 100% flame damage)</p>	<p>K Type of Material Contributing Most to Flame Spread ☆</p> <p><input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. → Skip to Section L</p> <p>K1 <u> </u> Item contributing most to flame spread</p> <p>K2 <u> </u> Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</p>
<p>J2 Fire Spread ☆</p> <p>If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module).</p> <p>2 <input checked="" type="checkbox"/> Confined to room of origin</p> <p>3 <input type="checkbox"/> Confined to floor of origin</p> <p>4 <input type="checkbox"/> Confined to building of origin</p> <p>5 <input type="checkbox"/> Beyond building of origin</p>		

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

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

A	FDID <input type="text" value="92188"/> ★	State <input type="text" value="VA"/> ★	Incident Date <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> ★	Station <input type="text" value="002"/> <input type="text" value="005433"/> ★	Incident Number <input type="text" value="0005433"/> ★	Exposure <input type="text" value="0"/> ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-4 Civilian Fire Casualty
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B Injured Person	Gender 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female	C Casualty Number <input type="text" value="1"/>
First Name <input type="text" value="Christy"/> MI <input type="text" value=""/> Last Name <input type="text" value="Gordon"/> Suffix <input type="text" value=""/>		Casualty Number <input type="text" value="1"/>

D Age or Date of Birth ★ <input type="text" value="66"/> Months (for infants) OR Date of Birth <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	E1 Race 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	F Affiliation 1 <input checked="" type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other	H Severity ★ 1 <input checked="" type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death U <input type="checkbox"/> Undetermined
	E2 Ethnicity 1 <input type="checkbox"/> Hispanic or Latino 0 <input checked="" type="checkbox"/> Non Hispanic or Latino	G Date and Time of Injury <small>Midnight is 0000.</small> Date of Injury <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> Time of Injury <input type="text" value="1250"/> <input type="text" value="0"/>	

I Cause of Injury 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	J Human Factors Contributing to Injury <input type="checkbox"/> None Check all applicable boxes 1 <input checked="" type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	K Factors Contributing to Injury <input type="checkbox"/> None Enter up to three contributing factors <input type="text" value="23"/> Vision blocked or impaired by smoke Contributing factor (1) <input type="text" value="63"/> Improper use of cooking equipment Contributing factor (2) <input type="text" value=""/> <input type="text" value=""/> Contributing factor (3)
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L Activity When Injured 1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input 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	M1 Location at Time of Incident 1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin and not involved 3 <input 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	M3 Story at Start of Incident <small>Complete ONLY if injury occurred INSIDE</small> Story at start of incident <input type="text" value="2"/> <input type="checkbox"/> Below grade
	M2 General Location at Time of Injury 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 U <input type="checkbox"/> Undetermined	M4 Story Where Injury Occurred Story where injury occurred, if different from M3 <input type="text" value="2"/> <input type="checkbox"/> Below grade
		M5 Specific Location at Time of Injury <small>Complete ONLY if casualty NOT in area of origin</small> <input type="text" value="21"/> Bedroom - < 5 persons; incl Specific location at time of injury

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

NFIRS 5.0 Self-Study Program

A FDID 92188 State VA MM 05 DD 01 YYYY 2005 Station 002 Incident Number 0005433 Exposure 000 Delete Change No Activity **NFIRS-1 Basic**

B Location Type Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B. "Alternative Location Specification." Use only for wildland fires. Census Tract 0501-10

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

Number/Milepost 5 Prefix E Street or Highway Cary Street Type ST Suffix

Apt./Suite/Room City Brunswick State VA ZIP Code 23351

Cross Street, Directions or National Grid, as applicable

C Incident Type Building Fires 111

Incident Type

E1 Dates and Times Midnight is 0000

Month Day Year Hour Min

Alarm 05 01 2005 12 53

ARRIVAL required, unless canceled or did not arrive

Arrival 05 01 2005 13 05

CONTROLLED optional, except for wildland fires

Controlled 05 01 2005 13 25

LAST UNIT CLEARED, required except for wildland fires

Last Unit Cleared 05 01 2005 14 40

E2 Shifts and Alarms Local Option

Shift or Platoon A Alarms A12 District

D Aid Given or Received None

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

Their FDID Their State

Their Incident Number

E3 Special Studies Local Option

Special Study ID# Special Study Value

F Actions Taken

11 Extinguish
Primary Action Taken (1)

51 Ventilate
Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources

Check this box and skip this block if an Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	<u>3</u>	<u>12</u>
EMS	<u>0</u>	<u>0</u>
Other	<u>0</u>	<u>0</u>

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 \$, 24, 000

Contents \$, 9, 600

PRE-INCIDENT VALUE: Optional

Property \$, 161, 000

Contents \$, 80, 400

Completed Modules

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

H1 Casualties None

	Deaths	Injuries
Fire Service	<u>0</u>	<u>1</u>
Civilian	<u>0</u>	<u>1</u>

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 Structures None

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

Outside

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

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

936 Vacant lot
938 Graded/cared for plot of land
946 Lake, river, stream
951 Railroad right-of-way
960 Other street
961 Highway/divided highway
962 Residential street/driveway

539 Household goods, sales, repairs
571 Gas or service station
579 Motor vehicle/boat sales/repairs
599 Business office
615 Electric-generating plant
629 Laboratory/science laboratory
700 Manufacturing plant
819 Livestock/poultry storage (barn)
882 Non-residential parking garage
891 Warehouse

981 Construction site
984 Industrial plant yard

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

Property Use Code

Property Use Description

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. **X** Christy **A** Gordon
 First Name MI Last Name Suffix

Number **5** Prefix _____ Street or Highway **East Cary** Street Type **ST** Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City **Brunswick**

State **VA** ZIP Code **23351**

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

K2 Owner

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

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

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 _____ Mrs. Christy A. Gordon was warming her lunch on the stove when the grease from the pan began to burn.

Fire Module Required?

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

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

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

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

M Authorization

Check box if same as Officer in charge.

Officer in charge ID **105** Signature **Tonya Gordon** Position or rank **Captain** Assignment _____ Month **05** Day **01** Year **2005**

Member making report ID **224** Signature **Adam Wallner** Position or rank **FF1** Assignment _____ Month **05** Day **01** Year **2005**

A FDID 92188 State VA Incident Date MM 05 DD 01 YYYY 2005 Station 002 Incident Number 0005433 Exposure 0 Delete Change **NFIRS-2 Fire**

B Property Details

B1 1 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 24 Cooking area, kitchen
Area of fire origin

D2 81 Heat from direct flame
Heat source

D3 76 Cooking materials, incl
Item first ignited Check box if fire spread was confined to object of origin.

D4 27 Cooking oil, transorme
Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition Check box if this is an exposure report.

1 Intentional
2 Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing to Ignition None

53 Equipment unattended
Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition None

Check all applicable boxes

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

7 Age was a factor

Estimated age of person involved

1 Male 2 Female

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

646 Range with or without oven
Equipment Involved

Brand Whirlpool

Model RF330PXVN

Serial # F925888840

Year 2000

F2 Equipment Power Source

21 Natural Gas or other
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

Year

License Plate Number State VIN

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

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

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

<p>I1 Structure Type ☆</p> <p>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</p> <p>1 <input checked="" type="checkbox"/> Enclosed building</p> <p>2 <input type="checkbox"/> Portable/mobile structure</p> <p>3 <input type="checkbox"/> Open structure</p> <p>4 <input type="checkbox"/> Air-supported structure</p> <p>5 <input type="checkbox"/> Tent</p> <p>6 <input type="checkbox"/> Open platform (e.g., piers)</p> <p>7 <input type="checkbox"/> Underground structure (work areas)</p> <p>8 <input type="checkbox"/> Connective structure (e.g., fences)</p> <p>0 <input type="checkbox"/> Other type of structure</p>	<p>I2 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input checked="" type="checkbox"/> Occupied & operating</p> <p>3 <input type="checkbox"/> Idle, not routinely used</p> <p>4 <input type="checkbox"/> Under major renovation</p> <p>5 <input type="checkbox"/> Vacant and secured</p> <p>6 <input type="checkbox"/> Vacant and unsecured</p> <p>7 <input type="checkbox"/> Being demolished</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>I3 Building Height ☆</p> <p>Count the roof as part of the highest story.</p> <p><input type="text" value="2"/></p> <p>Total number of stories at or above grade</p> <p><input type="text" value="0"/></p> <p>Total number of stories below grade</p>	<p>I4 Main Floor Size ☆</p> <p>NFIRS-3 Structure Fire</p> <p><input type="text" value="1"/> , <input type="text" value="000"/></p> <p>Total square feet</p> <p>OR</p> <p><input type="text" value=""/> BY <input type="text" value=""/></p> <p>Length in feet Width in feet</p>
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<p>J1 Fire Origin ☆</p> <p><input type="text" value="1"/></p> <p>Story of fire origin</p> <p><input type="checkbox"/> Below grade</p>	<p>J3 Number of Stories Damaged by Flame ☆</p> <p>Count the roof as part of the highest story.</p> <p><input type="text" value="1"/> Number of stories w/minor damage (1 to 24% flame damage)</p> <p><input type="text" value="0"/> Number of stories w/significant damage (25 to 49% flame damage)</p> <p><input type="text" value="0"/> Number of stories w/heavy damage (50 to 74% flame damage)</p> <p><input type="text" value="0"/> Number of stories w/extreme damage (75 to 100% flame damage)</p>	<p>K Type of Material Contributing Most to Flame Spread ☆</p> <p><input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. → Skip to Section L</p> <p>K1 <input type="text" value=""/></p> <p>Item contributing most to flame spread</p> <p>K2 <input type="text" value=""/></p> <p>Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</p>
<p>J2 Fire Spread ☆</p> <p>If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module).</p> <p>2 <input checked="" type="checkbox"/> Confined to room of origin</p> <p>3 <input type="checkbox"/> Confined to floor of origin</p> <p>4 <input type="checkbox"/> Confined to building of origin</p> <p>5 <input type="checkbox"/> Beyond building of origin</p>		

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

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

A	FDID <input type="text" value="92188"/> ★	State <input type="text" value="VA"/> ★	Incident Date <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> ★	Station <input type="text" value="002"/> ★	Incident Number <input type="text" value="0005433"/> ★	Exposure <input type="text" value="0"/> ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-4 Civilian Fire Casualty
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B Injured Person	Gender 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female	C Casualty Number <input type="text" value="1"/>
First Name <input type="text" value="Christy"/> MI <input type="text" value=""/> Last Name <input type="text" value="Gordon"/> Suffix <input type="text" value=""/>		Casualty Number

D Age or Date of Birth ★ <input type="text" value="66"/> Months (for infants) OR Date of Birth <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	E1 Race 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	F Affiliation 1 <input checked="" type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other	H Severity ★ 1 <input checked="" type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death U <input type="checkbox"/> Undetermined
	E2 Ethnicity 1 <input type="checkbox"/> Hispanic or Latino 0 <input checked="" type="checkbox"/> Non Hispanic or Latino	G Date and Time of Injury <small>Midnight is 0000.</small> Date of Injury <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> Time of Injury <input type="text" value="1250"/> <small>Hour Minute</small>	

I Cause of Injury 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	J Human Factors Contributing to Injury <input type="checkbox"/> None <small>Check all applicable boxes</small> 1 <input checked="" type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	K Factors Contributing to Injury <input type="checkbox"/> None <small>Enter up to three contributing factors</small> <input type="text" value="23"/> Vision blocked or impaired by smoke Contributing factor (1) <input type="text" value="63"/> Improper use of cooking equipment Contributing factor (2) <input type="text" value=""/> <input type="text" value=""/> Contributing factor (3)
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L Activity When Injured 1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input 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	M1 Location at Time of Incident 1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin and not involved 3 <input 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	M3 Story at Start of Incident <small>Complete ONLY if injury occurred INSIDE</small> Story at start of incident <input type="text" value="2"/> <input type="checkbox"/> Below grade
	M2 General Location at Time of Injury 1 <input type="checkbox"/> In area of fire origin <small>Skip to Section N</small> 2 <input checked="" type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area <small>Skip to Block Ms</small> U <input type="checkbox"/> Undetermined	M4 Story Where Injury Occurred <small>Story where injury occurred, if different from M3</small> <input type="text" value="2"/> <input type="checkbox"/> Below grade
		M5 Specific Location at Time of Injury <small>Complete ONLY if casualty NOT in area of origin</small> <input type="text" value="21"/> Bedroom - < 5 persons; incl Specific location at time of injury

N Primary Apparent Symptom 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 <small>Look up a code only if the symptom is NOT found above</small> <input type="text" value=""/> <input type="text" value=""/> Primary apparent symptom	O Primary Area of Body Injured 1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck and shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input checked="" type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	P Disposition <input checked="" type="checkbox"/> Transported to emergency care facility Remarks <small>Local option</small> _____ _____ _____ _____ _____
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A	FDID <input type="text" value="92188"/> ★	State <input type="text" value="VA"/> ★	Incident Date <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> ★	Station <input type="text" value="002"/>	Incident Number <input type="text" value="0005433"/> ★	Exposure <input type="text" value="0"/> ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-5 Fire Service Casualty
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B Injured Person	C Casualty Number ★
Identification Number <input type="text" value="317"/> <input type="text" value=""/> <input type="text" value=""/> 1 <input checked="" type="checkbox"/> Male ★ 1 <input type="checkbox"/> Career 2 <input type="checkbox"/> Female 2 <input type="checkbox"/> Volunteer First Name <input type="text" value="Juan"/> MI <input type="text" value="M"/> Last Name <input type="text" value="Mills"/> Suffix <input type="text" value=""/> Casualty Number <input type="text" value="1"/>	

D Age or Date of Birth ★	E Date and Time of Injury ★ <small>Midnight is 0000.</small>	F Responses
Age <input type="text" value="36"/> In years OR Date of Birth <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Month Day Year	Date of Injury <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> Time of Injury <input type="text" value="14"/> <input type="text" value="15"/> Month Day Year Hour Minute	Number of prior responses during past 24 hours <input type="text" value="0"/>

G1 Usual Assignment	G2 Physical Condition Just Prior to Injury	G4 Taken To <input type="checkbox"/> Not transported
1 <input type="checkbox"/> Suppression 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Prevention 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Communications 7 <input type="checkbox"/> Administration 8 <input checked="" type="checkbox"/> Fire investigation 0 <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Rested 0 <input type="checkbox"/> Other 2 <input type="checkbox"/> Fatigued U <input type="checkbox"/> Undetermined 4 <input type="checkbox"/> Ill or injured	1 <input checked="" type="checkbox"/> Hospital 4 <input type="checkbox"/> Doctor's office 5 <input type="checkbox"/> Morgue/funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Station or quarters 0 <input type="checkbox"/> Other
	G3 Severity ★	G5 Activity at Time of Injury
	1 <input type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input checked="" type="checkbox"/> Treated by physician (no lost time) 4 <input type="checkbox"/> Moderate (lost time) 5 <input type="checkbox"/> Severe (lost time) 6 <input type="checkbox"/> Life threatening (lost time) 7 <input type="checkbox"/> Death	<input type="text" value="91"/> Incident investigation, during Activity at time of injury

H1 Primary Apparent Symptom	I1 Cause of Firefighter Injury	I3 Object Involved in Injury <input type="checkbox"/> None
<input type="text" value="33"/> Strain or sprain <small>Primary apparent symptom</small>	<input type="text" value="3"/> Slip/trip <small>Cause of injury</small>	
H2 Primary Part of Body Injured <input type="checkbox"/> None	I2 Factor Contributing to Injury <input type="checkbox"/> None	<input type="text" value="42"/> Dirt, stones, or debris <small>Object involved in injury</small>
<input type="text" value="74"/> Ankle <small>Primary injured body part</small>	<input type="text" value="53"/> Loose material on surface <small>Contributing factor</small>	

J1 Where Injury Occurred	J3 Specific Location Where Injury Occurred	J4 Vehicle Type
1 <input type="checkbox"/> En route to FD location 2 <input type="checkbox"/> At FD location 3 <input type="checkbox"/> En route to incident scene 4 <input type="checkbox"/> En route to medical facility 5 <input checked="" type="checkbox"/> At scene in structure 6 <input type="checkbox"/> At scene outside 7 <input type="checkbox"/> At medical facility 8 <input type="checkbox"/> Returning from incident 9 <input type="checkbox"/> Returning from med facility 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	65 <input type="checkbox"/> In aircraft 64 <input type="checkbox"/> In boat, ship, or barge 63 <input type="checkbox"/> In rail vehicle 61 <input type="checkbox"/> In motor vehicle 54 <input type="checkbox"/> In sewer 53 <input type="checkbox"/> In tunnel 49 <input checked="" type="checkbox"/> In structure 45 <input type="checkbox"/> In attic 00 <input type="checkbox"/> Other 36 <input type="checkbox"/> In water UU <input type="checkbox"/> Undetermined 35 <input type="checkbox"/> In well 34 <input type="checkbox"/> In ravine 33 <input type="checkbox"/> In quarry or mine 32 <input type="checkbox"/> In ditch or trench 31 <input type="checkbox"/> In open pit 28 <input type="checkbox"/> On steep grade 27 <input type="checkbox"/> On fire escape/outside stairs 26 <input type="checkbox"/> On vertical surface or ledge 25 <input type="checkbox"/> On ground ladder 24 <input type="checkbox"/> On aerial ladder or in basket 23 <input type="checkbox"/> On roof 22 <input type="checkbox"/> Outside at grade	Complete ONLY if Specific Location code is >60 1 <input type="checkbox"/> Suppression vehicle 2 <input type="checkbox"/> EMS vehicle 3 <input type="checkbox"/> Other FD vehicle 4 <input type="checkbox"/> Non-FD vehicle
J2 Story Where Injury Occurred	Remarks <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
1 <input checked="" type="checkbox"/> Check this box and enter the story if the injury occurred inside or on a structure <input type="text" value="1"/> Story of injury <input type="checkbox"/> Below grade 2 <input type="checkbox"/> Injury occurred outside		
If protective equipment failed and was a factor in this injury, please complete the other side of this form.		

K1 Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answer YES.	Yes Y <input type="checkbox"/> No N <input checked="" type="checkbox"/>	Equipment Sequence Number _____	NFIRS-5 Fire Service Casualty
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K2 Protective Equipment Item	
Head or Face Protection 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input type="checkbox"/> Other	Coat, Shirt, or Trousers 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 20 <input type="checkbox"/> Other
Boots or Shoes 31 <input type="checkbox"/> Knee length boots with steel baseplate and steel toes 32 <input type="checkbox"/> Knee length boots with steel toes only 33 <input type="checkbox"/> 3/4 length boots with steel baseplate and steel toes 34 <input type="checkbox"/> 3/4 length boots with steel toes only 35 <input type="checkbox"/> Boots without steel baseplate and steel toes 36 <input type="checkbox"/> Safety shoes with steel baseplate and steel toes 37 <input type="checkbox"/> Safety shoes with steel toes only 38 <input type="checkbox"/> Non-safety shoes 30 <input type="checkbox"/> Other	
Respiratory Protection 41 <input type="checkbox"/> SCBA (demand) open circuit 42 <input type="checkbox"/> SCBA (positive pressure) open circuit 43 <input type="checkbox"/> SCBA closed circuit 44 <input type="checkbox"/> Not self-contained 45 <input type="checkbox"/> Cartridge respirator 46 <input type="checkbox"/> Dust or particle mask 40 <input type="checkbox"/> Other	
Hand Protection 51 <input type="checkbox"/> Firefighter gloves with wristlets 52 <input type="checkbox"/> Firefighter gloves without wristlets 53 <input type="checkbox"/> Work gloves 54 <input type="checkbox"/> HazMat gloves 55 <input type="checkbox"/> Medical gloves 50 <input type="checkbox"/> Other	
Special Equipment 61 <input type="checkbox"/> Proximity suit for entry 62 <input type="checkbox"/> Proximity suit for non-entry 63 <input type="checkbox"/> Totally encapsulated, reusable chemical suit 64 <input type="checkbox"/> Totally encapsulated, disposable chemical suit 65 <input type="checkbox"/> Partially encapsulated, reusable chemical suit 66 <input type="checkbox"/> Partially encapsulated, disposable chemical suit 67 <input type="checkbox"/> Flash protection suit 68 <input type="checkbox"/> Flight or jump suit 69 <input type="checkbox"/> Brush suit 71 <input type="checkbox"/> Exposure suit 72 <input type="checkbox"/> Self-contained underwater breathing apparatus (SCUBA) 73 <input type="checkbox"/> Life preserver 74 <input type="checkbox"/> Life belt or ladder belt 75 <input type="checkbox"/> Personal alert safety system (PASS) 76 <input type="checkbox"/> Radio distress device 77 <input type="checkbox"/> Personal lighting 78 <input type="checkbox"/> Fire shelter or tent 79 <input type="checkbox"/> Vehicle safety belt 70 <input type="checkbox"/> Special equipment, other 00 <input type="checkbox"/> Protective equipment, other	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> 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. </div>

K3 Protective Equipment Problem Check one box to indicate the main problem that occurred.	
11 <input type="checkbox"/> Burned 12 <input type="checkbox"/> Melted 21 <input type="checkbox"/> Fractured, cracked or broken 22 <input type="checkbox"/> Punctured 23 <input type="checkbox"/> Scratched 24 <input type="checkbox"/> Knocked off 25 <input type="checkbox"/> Cut or ripped 31 <input type="checkbox"/> Trapped steam or hazardous gas 32 <input type="checkbox"/> Insufficient insulation 33 <input type="checkbox"/> Object fell in or onto equipment item 41 <input type="checkbox"/> Failed under impact 42 <input type="checkbox"/> Face piece or hose detached 43 <input type="checkbox"/> Exhalation valve inoperative or damaged 44 <input type="checkbox"/> Harness detached or separated 45 <input type="checkbox"/> Regulator failed to operate 46 <input type="checkbox"/> Regulator damaged by contact 47 <input type="checkbox"/> Problem with admissions valve 48 <input type="checkbox"/> Alarm failed to operate 49 <input type="checkbox"/> Alarm damaged by contact 51 <input type="checkbox"/> Supply cylinder or valve failed to operate 52 <input type="checkbox"/> Supply cylinder/valve damaged by contact 53 <input type="checkbox"/> Supply cylinder—insufficient air/oxygen 94 <input type="checkbox"/> Did not fit properly 95 <input type="checkbox"/> Not properly serviced or stored prior to use 96 <input type="checkbox"/> Not used for designed purpose 97 <input type="checkbox"/> Not used as recommended by manufacturer 00 <input type="checkbox"/> Other equipment problem UU <input type="checkbox"/> Undetermined	

K4 Equipment Manufacturer, Model and Serial Number _____ Manufacturer _____ Model _____ Serial Number	
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**Emergency Medical
Services (EMS) Module:
NFIRS-6**

Scenario 6-2 Answers

A FDID 92188 State VA Incident Date MM 05 DD 03 YYYY 2005 Station 001 Incident Number 0005455 Exposure 000 Delete Change No Activity **NFIRS-1 Basic**

B Location Type Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B. "Alternative Location Specification." Use only for wildland fires. Census Tract 0501-10

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

MM 73 Prefix I-95 Street or Highway ST Suffix
 Apt./Suite/Room Brunswick City VA State ZIP Code 23351
Near Exit 2B
 Cross Street, Directions or National Grid, as applicable

C Incident Type Vehicle accident
 Incident Type 322

E1 Dates and Times Midnight is 0000
 Check boxes if dates are the same as Alarm Date.
 Alarm Month 05 Day 03 Year 2005 Hour 23 Min 58
 Arrival Month 05 Day 04 Year 2005 Hour 00 Min 04
 Controlled Month 05 Day 04 Year 2005 Hour 00 Min 25
 Last Unit Cleared Month 05 Day 04 Year 2005 Hour 00 Min 35

E2 Shifts and Alarms Local Option
 Shift or Platoon
 Alarms
 District

D Aid Given or Received None

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

Their FDID _____ Their State _____
 Their Incident Number _____

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

F Actions Taken Provide basic life support
 Primary Action Taken (1)
 Additional Action Taken (2)
 Additional Action Taken (3)

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

Suppression Apparatus 0 Personnel 0
 EMS 2 8
 Other 0 0
 Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses and Values

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

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

Completed Modules

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

H1 Casualties None
 Deaths Injuries
 Fire Service _____
 Civilian _____

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

H3 Hazardous Materials Release None

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

I Mixed Use Property Not mixed

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

J Property Use Structures None

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

Outside

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

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

936 Vacant lot
 938 Graded/cared for plot of land
 946 Lake, river, stream
 951 Railroad right-of-way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway

539 Household goods, sales, repairs
 571 Gas or service station
 579 Motor vehicle/boat sales/repairs
 599 Business office
 615 Electric-generating plant
 629 Laboratory/science laboratory
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

981 Construction site
 984 Industrial plant yard

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

Property Use Code _____
 Property Use Description _____

K1 Person/Entity Involved

Local Option Business Name (if applicable) _____ Area Code 555 Phone Number 432 0987

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

X Mr., Ms., Mrs. Robert First Name L MI Last Name Anderson Suffix _____

1630 Number Second Prefix Street or Highway Ave Street Type Suffix _____

Jarrett City _____

NC State 24501 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 He said that his front seat caught on fire from a cigarette.
He was drowsy from a prescription drug that he took.

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

Check box if same as Officer in charge.

Officer in charge ID 100 Signature Ernest Greene Position or rank Captain Assignment _____ Month 05 Day 04 Year 2005

Member making report ID 230 Signature Steve LaCivita Position or rank FF1 Assignment _____ Month 05 Day 04 Year 2005

A FDID <input type="text" value="92188"/> State <input type="text" value="VA"/> Incident Date <input type="text" value="05"/> <input type="text" value="03"/> <input type="text" value="20"/> <input type="text" value="05"/> Station <input type="text" value="001"/> Incident Number <input type="text" value="0005455"/> Exposure <input type="text" value="0"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change NFIRS-6 EMS																														
B Number of Patients <input type="text" value=""/> Patient Number <input type="text" value="1"/>		C Date/Time <input type="checkbox"/> Time Arrived at Patient Month <input type="text" value="05"/> Day <input type="text" value="04"/> Year <input type="text" value="20"/> <input type="text" value="05"/> Hour/Min <input type="text" value="00"/> <input type="text" value="06"/> <input type="checkbox"/> Time of Patient Transfer <input type="checkbox"/> Check if same date as Alarm date																														
D Provider Impression/Assessment <input type="checkbox"/> Check one box only <input type="checkbox"/> None/no patient or refused treatment																																
<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">10 <input type="checkbox"/> Abdominal pain</td> <td style="width:33%; border: none;">18 <input type="checkbox"/> Chest pain</td> <td style="width:33%; border: none;">26 <input type="checkbox"/> Hypovolemia</td> </tr> <tr> <td style="border: none;">11 <input type="checkbox"/> Airway obstruction</td> <td style="border: none;">19 <input type="checkbox"/> Diabetic symptom</td> <td style="border: none;">27 <input type="checkbox"/> Inhalation injury</td> </tr> <tr> <td style="border: none;">12 <input type="checkbox"/> Allergic reaction</td> <td style="border: none;">20 <input type="checkbox"/> Do not resuscitate</td> <td style="border: none;">28 <input type="checkbox"/> Obvious death</td> </tr> <tr> <td style="border: none;">13 <input type="checkbox"/> Altered LOC</td> <td style="border: none;">21 <input type="checkbox"/> Electrocutation</td> <td style="border: none;">29 <input type="checkbox"/> OD/poisoning</td> </tr> <tr> <td style="border: none;">14 <input type="checkbox"/> Behavioral/psych</td> <td style="border: none;">22 <input type="checkbox"/> General illness</td> <td style="border: none;">30 <input type="checkbox"/> Pregnancy/OB</td> </tr> <tr> <td style="border: none;">15 <input type="checkbox"/> Burns</td> <td style="border: none;">23 <input checked="" type="checkbox"/> Hemorrhaging/bleeding</td> <td style="border: none;">31 <input type="checkbox"/> Respiratory arrest</td> </tr> <tr> <td style="border: none;">16 <input type="checkbox"/> Cardiac arrest</td> <td style="border: none;">24 <input type="checkbox"/> Hyperthermia</td> <td style="border: none;">32 <input type="checkbox"/> Respiratory distress</td> </tr> <tr> <td style="border: none;">17 <input type="checkbox"/> Cardiac dysrhythmia</td> <td style="border: none;">25 <input type="checkbox"/> Hypothermia</td> <td style="border: none;">33 <input type="checkbox"/> Seizure</td> </tr> <tr> <td style="border: none;">34 <input type="checkbox"/> Sexual assault</td> <td style="border: none;">35 <input type="checkbox"/> Sting/bite</td> <td style="border: none;">36 <input type="checkbox"/> Stroke/CVA</td> </tr> <tr> <td style="border: none;">37 <input type="checkbox"/> Syncope</td> <td style="border: none;">38 <input type="checkbox"/> Trauma</td> <td style="border: none;">00 <input type="checkbox"/> Other</td> </tr> </table>			10 <input type="checkbox"/> Abdominal pain	18 <input type="checkbox"/> Chest pain	26 <input type="checkbox"/> Hypovolemia	11 <input type="checkbox"/> Airway obstruction	19 <input type="checkbox"/> Diabetic symptom	27 <input type="checkbox"/> Inhalation injury	12 <input type="checkbox"/> Allergic reaction	20 <input type="checkbox"/> Do not resuscitate	28 <input type="checkbox"/> Obvious death	13 <input type="checkbox"/> Altered LOC	21 <input type="checkbox"/> Electrocutation	29 <input type="checkbox"/> OD/poisoning	14 <input type="checkbox"/> Behavioral/psych	22 <input type="checkbox"/> General illness	30 <input type="checkbox"/> Pregnancy/OB	15 <input type="checkbox"/> Burns	23 <input checked="" type="checkbox"/> Hemorrhaging/bleeding	31 <input type="checkbox"/> Respiratory arrest	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	34 <input type="checkbox"/> Sexual assault	35 <input type="checkbox"/> Sting/bite	36 <input type="checkbox"/> Stroke/CVA	37 <input type="checkbox"/> Syncope	38 <input type="checkbox"/> Trauma	00 <input type="checkbox"/> Other
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E1 Age or Date of Birth Age <input type="text" value="4"/> <input type="text" value="9"/> Months (for infants) <input type="checkbox"/> OR Month <input type="text" value=""/> Day <input type="text" value=""/> Year <input type="text" value=""/>	F1 Race 1 <input type="checkbox"/> White 2 <input checked="" 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	G1 Human Factors Contributing to Injury <input type="checkbox"/> None Check all applicable boxes 1 <input checked="" type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input checked="" type="checkbox"/> Possibly impaired by 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																														
E2 Gender 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	F2 Ethnicity 1 <input type="checkbox"/> Hispanic or Latino 2 <input type="checkbox"/> Non Hispanic or Latino	G2 Other Factors <input checked="" type="checkbox"/> None If an illness, not an injury, skip G2 and go to H3 1 <input type="checkbox"/> Accidental 2 <input type="checkbox"/> Self-inflicted 3 <input type="checkbox"/> Inflicted, not self																														
H1 Body Site of Injury List up to five body sites 1 Head _____ _____ _____ _____		H2 Injury Type List one injury type for each body site listed under H1 1,6 Laceration _____ _____ _____																														
H3 Cause of Illness/Injury Cause of illness/injury <input type="text" value="29"/> Motor vehicle																																
I Procedures Used <input type="checkbox"/> No treatment Check all applicable boxes 01 <input type="checkbox"/> Airway insertion 02 <input type="checkbox"/> Anti-shock trousers 03 <input type="checkbox"/> Assist ventilation 04 <input checked="" type="checkbox"/> Bleeding control 05 <input type="checkbox"/> Burn care 06 <input type="checkbox"/> Cardiac pacing 07 <input type="checkbox"/> Cardioversion (defib) manual 08 <input type="checkbox"/> Chest/abdominal thrust 09 <input type="checkbox"/> CPR 10 <input type="checkbox"/> Cricothyroidotomy 11 <input type="checkbox"/> Defibrillation by AED 12 <input type="checkbox"/> EKG monitoring 13 <input type="checkbox"/> Extrication 14 <input type="checkbox"/> Intubation (EGTA) 15 <input type="checkbox"/> Intubation (ET) 16 <input type="checkbox"/> IO/IV therapy 17 <input type="checkbox"/> Medications therapy 18 <input type="checkbox"/> Oxygen therapy 19 <input type="checkbox"/> OB care/delivery 20 <input type="checkbox"/> Prearrival instructions 21 <input type="checkbox"/> Restrain patient 22 <input type="checkbox"/> Spinal immobilization 23 <input type="checkbox"/> Splinted extremities 24 <input type="checkbox"/> Suction/aspirate 00 <input type="checkbox"/> Other		J Safety Equipment <input checked="" type="checkbox"/> None Used or deployed by patient. Check all applicable boxes. 1 <input type="checkbox"/> Safety/seat belts 2 <input type="checkbox"/> Child safety seat 3 <input type="checkbox"/> Airbag 4 <input type="checkbox"/> Helmet 5 <input type="checkbox"/> Protective clothing 6 <input type="checkbox"/> Flotation device 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined																														
K Cardiac Arrest Check all applicable boxes 1 <input type="checkbox"/> Pre-arrival arrest? If pre-arrival arrest, was it: 1 <input type="checkbox"/> Witnessed? 2 <input type="checkbox"/> Bystander CPR? 2 <input type="checkbox"/> Post-arrival arrest? Initial Arrest Rhythm 1 <input type="checkbox"/> V-Fib/V-Tach 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined																																
L1 Initial Level of Provider <input type="checkbox"/> Star 1 <input type="checkbox"/> First Responder 2 <input checked="" type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No Training	L2 Highest Level of Care Provided On Scene <input type="checkbox"/> None 1 <input type="checkbox"/> First Responder 2 <input checked="" type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider	M Patient Status 1 <input checked="" type="checkbox"/> Improved 2 <input type="checkbox"/> Remained same 3 <input type="checkbox"/> Worsened Check if: 1 <input checked="" type="checkbox"/> Pulse on transfer 2 <input type="checkbox"/> No pulse on transfer																														
N EMS Disposition <input checked="" type="checkbox"/> Not transported 1 <input type="checkbox"/> FD transport to ECF 2 <input type="checkbox"/> Non-FD transport 3 <input type="checkbox"/> Non-FD trans/FD attend 4 <input type="checkbox"/> Non-emergency transfer 0 <input type="checkbox"/> Other																																

Hazardous Materials

Module: NFIRS-7

Scenario 7-2 Answers

A FDID <u>92188</u> State <u>VA</u> Incident Date MM <u>05</u> DD <u>03</u> YYYY <u>2005</u> Station <u>001</u> Incident Number <u>0005455</u> Exposure <u>000</u> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS-1 Basic	
B Location Type <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.		Census Tract <u>0501-10</u>	
<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 checked="" type="checkbox"/> Directions <input type="checkbox"/> US National Grid		MM <u>73</u> Prefix <u>I-95</u> Street or Highway City <u>Brunswick</u> State <u>VA</u> ZIP Code <u>23351</u>	
C Incident Type <u>422</u> <u>Chemical Spill or</u> Incident Type		E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm <u>05</u> <u>03</u> <u>2005</u> <u>23</u> <u>58</u> ARRIVAL required, unless canceled or did not arrive Arrival <u>05</u> <u>04</u> <u>2005</u> <u>00</u> <u>04</u> CONTROLLED optional, except for wildland fires Controlled _____ LAST UNIT CLEARED, required except for wildland fires Last Unit Cleared <u>05</u> <u>04</u> <u>2005</u> <u>01</u> <u>05</u>	E2 Shifts and Alarms Local Option <input checked="" type="checkbox"/> Shift or Platoon _____ Alarms _____ District _____
D Aid Given or Received <input checked="" 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		E3 Special Studies Local Option Special Study ID# _____ Special Study Value _____	
F Actions Taken Primary Action Taken (1) <u>44</u> <u>Hazardous materials leak control and containment</u> Additional Action Taken (2) <u>41</u> <u>Identify, analyze hazardous materials</u> Additional Action Taken (3) _____		G1 Resources <input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus Personnel Suppression _____ <u>2</u> _____ <u>8</u> EMS _____ <u>0</u> _____ <u>0</u> Other _____ <u>1</u> _____ <u>5</u> <input type="checkbox"/> 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 \$ _____, _____, _____ <input type="checkbox"/> Contents \$ _____, _____, _____ <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ _____, _____, _____ <input type="checkbox"/> Contents \$ _____, _____, _____ <input type="checkbox"/>
Completed Modules <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	H1 Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire Service _____ Civilian _____ H2 Detector 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	H3 Hazardous Materials Release <input checked="" 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.)	I Mixed Use Property <input checked="" 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
J Property Use <input checked="" type="checkbox"/> None Structures 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 Outside 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		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 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 checked="" 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	

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 _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

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

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

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

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State ZIP Code -


L Remarks:

Local Option _____

Fire Module Required?

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

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

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

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

M Authorization

Check box if same as Officer in charge.

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

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

NFIRS 5.0 Self-Study Program

A FID 92188 State VA Incident Date 05/03/2005 Station 001 Incident Number 0005455 Exposure 0 Haz No. 1 Delete Change **NFIRS-7 HazMat**

B HazMat ID 1072 UN Number 22 DOT Hazard Classification 7782-44-7 CAS Registration Number Chemical Name Oxygen (compressed gas)

<p>C1 Container Type <input type="checkbox"/> None</p> <p><u>12</u> Container Type</p> <p>More hazardous materials? Use additional sheets.</p>	<p>C2 Estimated Container Capacity</p> <p><u>122</u> Capacity: by volume or weight</p>	<p>D1 Estimated Amount Released <input checked="" type="checkbox"/> Star</p> <p><u>90</u> Amount released: by volume or weight</p>	<p>E1 Physical State When Released</p> <p>1 <input type="checkbox"/> Solid 2 <input type="checkbox"/> Liquid 3 <input checked="" type="checkbox"/> Gas U <input type="checkbox"/> Undetermined</p> <p>E2 Released Into</p> <p><u>1-Air</u> Released into</p>																																																						
	<p>C3 Units: Capacity Check one box</p> <table border="0"> <tr> <th colspan="2">VOLUME</th> <th colspan="2">WEIGHT</th> </tr> <tr> <td>11 <input type="checkbox"/> Ounces</td> <td>21 <input type="checkbox"/> Ounces</td> <td>11 <input type="checkbox"/> Ounces</td> <td>21 <input type="checkbox"/> Ounces</td> </tr> <tr> <td>12 <input type="checkbox"/> Gallons</td> <td>22 <input type="checkbox"/> Pounds</td> <td>12 <input type="checkbox"/> Gallons</td> <td>22 <input type="checkbox"/> Pounds</td> </tr> <tr> <td>13 <input type="checkbox"/> Barrels: 42 gal.</td> <td>23 <input type="checkbox"/> Grams</td> <td>13 <input type="checkbox"/> Barrels: 42 gal.</td> <td>23 <input type="checkbox"/> Grams</td> </tr> <tr> <td>14 <input type="checkbox"/> Liters</td> <td>24 <input type="checkbox"/> Kilograms</td> <td>14 <input type="checkbox"/> Liters</td> <td>24 <input type="checkbox"/> Kilograms</td> </tr> <tr> <td>15 <input checked="" type="checkbox"/> Cubic feet</td> <td>MICRO UNITS</td> <td>15 <input checked="" type="checkbox"/> Cubic feet</td> <td>MICRO UNITS</td> </tr> <tr> <td>16 <input type="checkbox"/> Cubic meters</td> <td><u> </u> Enter Code</td> <td>16 <input type="checkbox"/> Cubic meters</td> <td><u> </u> Enter Code</td> </tr> </table>	VOLUME		WEIGHT		11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces	11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces	12 <input type="checkbox"/> Gallons	22 <input type="checkbox"/> Pounds	12 <input type="checkbox"/> Gallons	22 <input type="checkbox"/> Pounds	13 <input type="checkbox"/> Barrels: 42 gal.	23 <input type="checkbox"/> Grams	13 <input type="checkbox"/> Barrels: 42 gal.	23 <input type="checkbox"/> Grams	14 <input type="checkbox"/> Liters	24 <input type="checkbox"/> Kilograms	14 <input type="checkbox"/> Liters	24 <input type="checkbox"/> Kilograms	15 <input checked="" type="checkbox"/> Cubic feet	MICRO UNITS	15 <input checked="" type="checkbox"/> Cubic feet	MICRO UNITS	16 <input type="checkbox"/> Cubic meters	<u> </u> Enter Code	16 <input type="checkbox"/> Cubic meters	<u> </u> Enter Code	<p>D2 Units: Released Check one box</p> <table border="0"> <tr> <th colspan="2">VOLUME</th> <th colspan="2">WEIGHT</th> </tr> <tr> <td>11 <input type="checkbox"/> Ounces</td> <td>21 <input type="checkbox"/> Ounces</td> <td>11 <input type="checkbox"/> Ounces</td> <td>21 <input type="checkbox"/> Ounces</td> </tr> <tr> <td>12 <input type="checkbox"/> Gallons</td> <td>22 <input type="checkbox"/> Pounds</td> <td>12 <input type="checkbox"/> Gallons</td> <td>22 <input type="checkbox"/> Pounds</td> </tr> <tr> <td>13 <input type="checkbox"/> Barrels: 42 gal.</td> <td>23 <input type="checkbox"/> Grams</td> <td>13 <input type="checkbox"/> Barrels: 42 gal.</td> <td>23 <input type="checkbox"/> Grams</td> </tr> <tr> <td>14 <input type="checkbox"/> Liters</td> <td>24 <input type="checkbox"/> Kilograms</td> <td>14 <input type="checkbox"/> Liters</td> <td>24 <input type="checkbox"/> Kilograms</td> </tr> <tr> <td>15 <input checked="" type="checkbox"/> Cubic feet</td> <td>MICRO UNITS</td> <td>15 <input checked="" type="checkbox"/> Cubic feet</td> <td>MICRO UNITS</td> </tr> <tr> <td>16 <input type="checkbox"/> Cubic meters</td> <td><u> </u> Enter Code</td> <td>16 <input type="checkbox"/> Cubic meters</td> <td><u> </u> Enter Code</td> </tr> </table>	VOLUME		WEIGHT		11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces	11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces	12 <input type="checkbox"/> Gallons	22 <input type="checkbox"/> Pounds	12 <input type="checkbox"/> Gallons	22 <input type="checkbox"/> Pounds	13 <input type="checkbox"/> Barrels: 42 gal.	23 <input type="checkbox"/> Grams	13 <input type="checkbox"/> Barrels: 42 gal.	23 <input type="checkbox"/> Grams	14 <input type="checkbox"/> Liters	24 <input type="checkbox"/> Kilograms	14 <input type="checkbox"/> Liters	24 <input type="checkbox"/> Kilograms	15 <input checked="" type="checkbox"/> Cubic feet	MICRO UNITS	15 <input checked="" type="checkbox"/> Cubic feet	MICRO UNITS	16 <input type="checkbox"/> Cubic meters	<u> </u> Enter Code	16 <input type="checkbox"/> Cubic meters
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<p>Complete the remainder of this form only for the first hazardous material involved in this incident.</p>	<p>F2 Population Density</p> <p>1 <input checked="" type="checkbox"/> Urban 2 <input type="checkbox"/> Suburban 3 <input type="checkbox"/> Rural</p>	<p>G2 Area Evacuated <input checked="" type="checkbox"/> None</p> <p>1 <input type="checkbox"/> Square feet <u> </u>, <u> </u> <u>0</u> 2 <input type="checkbox"/> Blocks Enter measurement 3 <input type="checkbox"/> Square miles</p>	<p>H HazMat Actions Taken</p> <p>Enter up to three actions taken</p> <p><u>11</u> Identify, analyze hazardous materials Primary action taken (1) <u>15</u> Remove hazard or hazardous materials Additional action taken (2) <u>22</u> Isolate area & Additional action taken (3)</p> <p>I If fire or explosion is involved with a release, which occurred first?</p> <p>1 <input type="checkbox"/> Ignition U <input type="checkbox"/> Undetermined 2 <input type="checkbox"/> Release</p>
	<p>F1 Released From</p> <p>Check all applicable boxes</p> <p><input type="checkbox"/> Below grade</p> <p>1 <input type="checkbox"/> Inside/on structure <u> </u> Story of release 2 <input checked="" type="checkbox"/> Outside of structure</p>	<p>G1 Area Affected</p> <p>1 <input checked="" type="checkbox"/> Square feet 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square miles</p> <p><u> </u>, <u> </u> <u>15</u> Enter measurement</p>	

<p>J Cause of Release <input checked="" type="checkbox"/> Star</p> <p>1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional release 3 <input checked="" type="checkbox"/> Container/containment failure 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation</p>	<p>K Factors Contributing to Release</p> <p>Enter up to three contributing factors</p> <p><u>71</u> Collision, overturn, knockdown Factor contributing to release (1)</p> <p><u> </u> Factor contributing to release (2)</p> <p><u> </u> Factor contributing to release (3)</p>	<p>L Factors Affecting Mitigation <input checked="" type="checkbox"/> None</p> <p>Enter up to three factors or impediments that affected the mitigation of the incident</p> <p><u> </u> Factor or impediment (1)</p> <p><u> </u> Factor or impediment (2)</p> <p><u> </u> Factor or impediment (3)</p>
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<p>M Equipment Involved in Release <input type="checkbox"/> None</p> <p><u> </u> Equipment involved in release</p> <p>Brand <u> </u> Model <u> </u> Serial # <u> </u> Year <u> </u></p>	<p>N Mobile Property Involved in Release <input type="checkbox"/> None</p> <p><u>23</u> Trailer - semi, designed f Mobile property type</p> <p><u> </u> Mobile property make</p> <p><u> </u> Year <u> </u> Model</p> <p><u> </u> State <u> </u> License plate number</p> <p><u> </u> DOT number/ ICC number</p>	<p>O HazMat Disposition <input checked="" type="checkbox"/> Star</p> <p>1 <input checked="" type="checkbox"/> Completed by fire service only 2 <input type="checkbox"/> Completed w/fire service present 3 <input type="checkbox"/> Released to local agency 4 <input type="checkbox"/> Released to county agency 5 <input type="checkbox"/> Released to state agency 6 <input type="checkbox"/> Released to federal agency 7 <input type="checkbox"/> Released to private agency 8 <input type="checkbox"/> Released to property owner or manager</p> <p>P HazMat Civilian Casualties</p> <p>Deaths <u> </u> <u>0</u> Injuries <u> </u> <u>0</u> NFIRS-7 Revision 01/01/06</p>
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Wildland Fire Module: NFIRS-8

Scenario 8-2 Answers

A FDID <u>92188</u> State <u>VA</u> Incident Date MM <u>05</u> DD <u>03</u> YYYY <u>2005</u> Station _____ Incident Number <u>0005455</u> Exposure <u>0</u>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS-1 Basic
B Location Type <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.		Census Tract <u>0501-10</u>	
<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 checked="" type="checkbox"/> Directions <input type="checkbox"/> US National Grid		MM <u>73</u> Prefix _____ Street or Highway <u>I-95</u> Street Type _____ Suffix _____ City <u>Brunswick</u> State <u>VA</u> ZIP Code <u>23351</u> Apt./Suite/Room _____ City _____ State _____ ZIP Code _____ Cross Street, Directions or National Grid, as applicable <u>Near Exit 2B</u>	
C Incident Type <input checked="" type="checkbox"/> <u>143</u> Grass fire Incident Type _____		E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm <input checked="" type="checkbox"/> Month <u>05</u> Day <u>03</u> Year <u>2005</u> Hour <u>23</u> Min <u>58</u> ARRIVAL required, unless canceled or did not arrive Arrival <input type="checkbox"/> Month <u>05</u> Day <u>04</u> Year <u>2005</u> Hour <u>00</u> Min <u>04</u> CONTROLLED optional, except for wildland fires Controlled <input type="checkbox"/> Month <u>05</u> Day <u>04</u> Year <u>2005</u> Hour <u>00</u> Min <u>40</u> LAST UNIT CLEARED, required except for wildland fires Last Unit Cleared <input type="checkbox"/> Month <u>05</u> Day <u>04</u> Year <u>2005</u> Hour <u>01</u> Min <u>05</u>	
D Aid Given or Received <input checked="" 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		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 <input checked="" type="checkbox"/> <u>11</u> Extinguish Primary Action Taken (1) Additional Action Taken (2) _____ Additional Action Taken (3) _____		G1 Resources <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.	
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 <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		H1 Casualties <input checked="" type="checkbox"/> None Deaths _____ Injuries _____ Fire Service _____ Civilian _____ H2 Detector 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	
H3 Hazardous Materials Release <input checked="" 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.)		I Mixed Use Property <input checked="" 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	
J Property Use <input checked="" type="checkbox"/> Structures 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 Outside 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		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/boarding 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 936 <input type="checkbox"/> Vacant lot 938 <input checked="" 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 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 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 Code _____ Property Use Description _____	

K1 Person/Entity Involved

Local Option _____ Business Name (if applicable) _____ Area Code 555 Phone Number 432 0987

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

Mr., Ms., Mrs. X First Name Robert MI L Last Name Anderson Suffix _____

Number 1630 Prefix _____ Street or Highway Second Street Type Av Suffix e

Post Office Box _____ Apt./Suite/Room _____ City Jarrett

State NC ZIP Code 24501

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

K2 Owner

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

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

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

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

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ ZIP Code _____


L Remarks:

Local Option _____

Fire Module Required?

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

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

 ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!

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

M Authorization

Officer in charge ID _____ Signature Ernest Greene Position or rank Captain Assignment _____ Month 05 Day 04 Year 2005

Check box if same as Officer in charge. Member making report ID 123 Signature Michael Harris Position or rank FF2 Assignment _____ Month 05 Day 04 Year 2005

A FDID State Incident Date MM DD YYYY Station Incident Number Exposure Delete Change **NFIRS-8 Wildland Fire**

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 North South Range East West

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
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

None

D3 Factors Contributing to Ignition None

#1 High Wind #2

D4 Fire Suppression Factors None

Enter up to three factors
#1
#2
#3

E Heat Source None

Hot ember or ash

F Mobile Property Type

G Equipment Involved in Ignition None

Grill, hibachi, barb

H Weather Information

NFDRS Weather Station ID

Clear, less than 1/10 cloud

Weather Type Wind Direction East

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

Relative Humidity % Fuel Moisture % Fire Danger Rating Moderate

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 None

, , .

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 Undetermined Private Public

% Total Acres Burned

Private

1 Tax paying %
2 Non-tax paying %

Public

3 City, town, village, local %
4 County or parish %
5 State or province %
6 Federal %
Federal Agency Code

7 Foreign %
8 Military %
0 Other %

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

Picnicking

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

Apparatus or Resources

Module: NFIRS-9

Scenario 9-2 Answers

A FDID 92188 State VA Incident Date MM 05 DD 01 YYYY 2005 Station _____ Incident Number 0005433 Exposure 000 Delete Change No Activity **NFIRS-1 Basic**

B Location Type Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B. "Alternative Location Specification." Use only for wildland fires. Census Tract 0501-10

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

Number/Milepost 5 Prefix E Street or Highway Cary Street Type ST Suffix _____

Apt./Suite/Room _____ City Brunswick State VA ZIP Code 23351

Cross Street, Directions or National Grid, as applicable _____

C Incident Type Building fires 111

Incident Type _____

E1 Dates and Times Midnight is 0000

Month Day Year Hour Min

Alarm 05 01 2005 12 53

ARRIVAL required, unless canceled or did not arrive

Arrival 05 01 2005 12 58

CONTROLLED optional, except for wildland fires

Controlled 05 01 2005 13 25

LAST UNIT CLEARED, required except for wildland fires

Last Unit Cleared 05 01 2005 14 40

E2 Shifts and Alarms Local Option

Shift or Platoon A Alarms A12 District _____

D Aid Given or Received None

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

Their FDID _____ Their State _____
Their Incident Number _____

E3 Special Studies Local Option

Special Study ID# _____ Special Study Value _____

F Actions Taken

11 Extinguish
Primary Action Taken (1)

12 Salvage & Overhaul
Additional Action Taken (2)

Additional Action Taken (3) _____

G1 Resources

Check this box and skip this block if an Apparatus or Personnel Module is used.

Apparatus Personnel

Suppression 3 12

EMS 0 0

Other 0 0

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 \$ 24, 000

Contents \$ 9, 600

PRE-INCIDENT VALUE: Optional

Property \$ 161, 000

Contents \$ 80, 400

Completed Modules

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

H1 Casualties None

Deaths Injuries

Fire Service 0 0

Civilian 0 1

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 Structures None

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

Outside

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

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

936 Vacant lot
938 Graded/cared for plot of land
946 Lake, river, stream
951 Railroad right-of-way
960 Other street
961 Highway/divided highway
962 Residential street/driveway

539 Household goods, sales, repairs
571 Gas or service station
579 Motor vehicle/boat sales/repairs
599 Business office
615 Electric-generating plant
629 Laboratory/science laboratory
700 Manufacturing plant
819 Livestock/poultry storage (barn)
882 Non-residential parking garage
891 Warehouse

981 Construction site
984 Industrial plant yard

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

Property Use Code

Property Use Description _____

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. **X** Christy **A** Gordon
 First Name MI Last Name Suffix

Number **5** Prefix _____ Street or Highway **East Cary** Street Type **St** Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City **Brunswick**

State **VA** ZIP Code **23351**

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

K2 Owner

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

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

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 _____ Mrs. Christy A. Gordon was warming her lunch on the stove when the grease from the pan began to burn.

Fire Module Required?

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

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

 ITEMS WITH A ★ MUST ALWAYS BE COMPLETED!

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

M Authorization

Officer in charge ID **105** Signature **Tonya Gordon** Position or rank **Captain** Assignment _____ Month **05** Day **01** Year **2005**

Member making report ID **224** Signature **Adam Wallner** Position or rank **FF1** Assignment _____ Month **05** Day **01** Year **2005**

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

<p>B Property Details</p> <p>B1 <input type="text" value="1"/> <input type="checkbox"/> Not Residential Estimated number of residential living units in building of origin whether or not all units became involved</p> <p>B2 <input type="text" value="1"/> <input type="checkbox"/> Buildings not involved Number of buildings involved</p> <p>B3 <input type="text" value=""/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than one acre Acres burned (outside fires)</p>	<p>C On-Site Materials or Products <input checked="" type="checkbox"/> None <small>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</small></p> <p>Enter up to three codes. Check one box for each code entered.</p> <p><input type="text" value=""/> On-site material (1)</p> <p><input type="text" value=""/> On-site material (2)</p> <p><input type="text" value=""/> On-site material (3)</p> <p>On-Site Materials Storage Use</p> <p>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</p> <p>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</p> <p>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</p>
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<p>D Ignition</p> <p>D1 <input type="text" value="24"/> <input type="checkbox"/> Cooking area, kitchen Area of fire origin</p> <p>D2 <input type="text" value="11"/> <input type="checkbox"/> Spark, ember or flame Heat source</p> <p>D3 <input type="text" value="12"/> <input type="checkbox"/> Radiated/conducted heat from operating equipment Item first ignited <input type="checkbox"/> Check box if fire spread was confined to object of origin.</p> <p>D4 <input type="text" value="27"/> <input type="checkbox"/> Cooking oil Type of material first ignited <small>Required only if item first ignited code is 00 or <70</small></p>	<p>E1 Cause of Ignition <input checked="" type="checkbox"/> None</p> <p><input type="checkbox"/> Check box if this is an exposure report. <input type="button" value="Skip to Section G"/></p> <p>1 <input type="checkbox"/> Intentional 2 <input checked="" 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</p> <p>E2 Factors Contributing to Ignition <input checked="" type="checkbox"/> None</p> <p><input type="text" value="53"/> <input type="checkbox"/> Equipment unattended Factor contributing to ignition (1)</p> <p><input type="text" value=""/> <input type="checkbox"/> Factor contributing to ignition (2)</p>	<p>E3 Human Factors Contributing to Ignition <input type="checkbox"/> None</p> <p>Check all applicable boxes</p> <p>1 <input checked="" 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</p> <p>7 <input type="checkbox"/> Age was a factor</p> <p>Estimated age of person involved <input type="text" value=""/></p> <p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p>
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<p>F1 Equipment Involved in Ignition</p> <p><input type="checkbox"/> None <input checked="" type="checkbox"/> If equipment was not involved, skip to Section G</p> <p><input type="text" value="646"/> <input type="checkbox"/> Range with or without oven Equipment Involved</p> <p>Brand <input type="text" value="Whirlpool"/></p> <p>Model <input type="text" value="RF330PXVN"/></p> <p>Serial # <input type="text" value="F925888840"/></p> <p>Year <input type="text" value="2000"/></p>	<p>F2 Equipment Power Source</p> <p><input type="text" value="21"/> <input type="checkbox"/> Natural Gas or other Equipment Power Source</p> <p>F3 Equipment Portability</p> <p>1 <input type="checkbox"/> Portable 2 <input checked="" type="checkbox"/> Stationary</p> <p><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></p>	<p>G Fire Suppression Factors <input checked="" type="checkbox"/> None</p> <p>Enter up to three codes.</p> <p><input type="text" value=""/> Fire suppression factor (1)</p> <p><input type="text" value=""/> Fire suppression factor (2)</p> <p><input type="text" value=""/> Fire suppression factor (3)</p>
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<p>H1 Mobile Property Involved <input checked="" type="checkbox"/> None</p> <p>1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned</p> <p><input type="text" value=""/> Mobile property model</p> <p><input type="text" value=""/> License Plate Number <input type="text" value=""/> State <input type="text" value=""/> VIN</p> <p>Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).</p>	<p>H2 Mobile Property Type and Make</p> <p><input type="text" value=""/> Mobile property type</p> <p><input type="text" value=""/> Mobile property make</p> <p><input type="text" value=""/> Year</p>	<p>Local Use</p> <p><input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies.</small></p> <p><input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached</p>
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<p>I1 Structure Type ☆</p> <p>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</p> <p>1 <input checked="" type="checkbox"/> Enclosed building</p> <p>2 <input type="checkbox"/> Portable/mobile structure</p> <p>3 <input type="checkbox"/> Open structure</p> <p>4 <input type="checkbox"/> Air-supported structure</p> <p>5 <input type="checkbox"/> Tent</p> <p>6 <input type="checkbox"/> Open platform (e.g., piers)</p> <p>7 <input type="checkbox"/> Underground structure (work areas)</p> <p>8 <input type="checkbox"/> Connective structure (e.g., fences)</p> <p>0 <input type="checkbox"/> Other type of structure</p>	<p>I2 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input checked="" type="checkbox"/> Occupied & operating</p> <p>3 <input type="checkbox"/> Idle, not routinely used</p> <p>4 <input type="checkbox"/> Under major renovation</p> <p>5 <input type="checkbox"/> Vacant and secured</p> <p>6 <input type="checkbox"/> Vacant and unsecured</p> <p>7 <input type="checkbox"/> Being demolished</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>I3 Building Height ☆</p> <p>Count the roof as part of the highest story.</p> <p><input type="text" value="2"/></p> <p>Total number of stories at or above grade</p> <p><input type="text" value="0"/></p> <p>Total number of stories below grade</p>	<p>I4 Main Floor Size ☆</p> <p><input type="text" value="1"/> , <input type="text" value="000"/></p> <p>Total square feet</p> <p>OR</p> <p><input type="text" value=""/> BY <input type="text" value=""/> , <input type="text" value=""/></p> <p>Length in feet Width in feet</p>	<p>NFIRS-3 Structure Fire</p>
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<p>J1 Fire Origin ☆</p> <p><input type="text" value="1"/></p> <p>Story of fire origin</p> <p><input type="checkbox"/> Below grade</p>	<p>J3 Number of Stories Damaged by Flame ☆</p> <p>Count the roof as part of the highest story.</p> <p><input type="text" value="1"/> Number of stories w/minor damage (1 to 24% flame damage)</p> <p><input type="text" value="0"/> Number of stories w/significant damage (25 to 49% flame damage)</p> <p><input type="text" value="0"/> Number of stories w/heavy damage (50 to 74% flame damage)</p> <p><input type="text" value="0"/> Number of stories w/extreme damage (75 to 100% flame damage)</p>	<p>K Type of Material Contributing Most to Flame Spread ☆</p> <p><input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. → Skip to Section L</p> <p>K1 <input type="text" value=""/></p> <p>Item contributing most to flame spread</p> <p>K2 <input type="text" value=""/></p> <p>Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</p>
<p>J2 Fire Spread ☆</p> <p>If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module).</p> <p>2 <input checked="" type="checkbox"/> Confined to room of origin</p> <p>3 <input type="checkbox"/> Confined to floor of origin</p> <p>4 <input type="checkbox"/> Confined to building of origin</p> <p>5 <input type="checkbox"/> Beyond building of origin</p>		

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

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

A FDID State Incident Date Station Exposure Delete Change **NFIRS-9 Apparatus or Resources**

B Apparatus or Resources Use codes listed below	Dates and Times Midnight is 0000 Check if same date as Alarm date on the Basic Module (Block E1)				Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="4"/>	Apparatus Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken List up to 4 actions for each apparatus.	
	Dispatch	Arrival	Clear	Month				Day	Year
1 ID <input type="text" value="Eng1"/> ★ Type <input type="text" value="11"/>	Dispatch <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1253"/>	Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1258"/>	Clear <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1440"/>	<input type="checkbox"/> <input type="text" value="05"/> <input type="checkbox"/> <input type="text" value="01"/> <input type="checkbox"/> <input type="text" value="2005"/> <input type="checkbox"/> <input type="text" value="1253"/>	<input checked="" type="checkbox"/>	<input type="text" value="4"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="11"/>	<input type="text" value="11"/>
2 ID <input type="text" value="Truck"/> ★ Type <input type="text" value="12"/>	Dispatch <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1253"/>	Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1258"/>	Clear <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1440"/>	<input type="checkbox"/> <input type="text" value="05"/> <input type="checkbox"/> <input type="text" value="01"/> <input type="checkbox"/> <input type="text" value="2005"/> <input type="checkbox"/> <input type="text" value="1253"/>	<input checked="" type="checkbox"/>	<input type="text" value="4"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="12"/>	<input type="text" value="11"/>
3 ID <input type="text" value="Eng2"/> ★ Type <input type="text" value="11"/>	Dispatch <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1253"/>	Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1300"/>	Clear <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1440"/>	<input type="checkbox"/> <input type="text" value="05"/> <input type="checkbox"/> <input type="text" value="01"/> <input type="checkbox"/> <input type="text" value="2005"/> <input type="checkbox"/> <input type="text" value="1253"/>	<input checked="" type="checkbox"/>	<input type="text" value="4"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="11"/>	<input type="text" value="11"/>
4 ID <input type="text" value=""/> ★ Type <input type="text" value=""/>	Dispatch <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Arrival <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Clear <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/>	<input type="text" value=""/>
5 ID <input type="text" value=""/> ★ Type <input type="text" value=""/>	Dispatch <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Arrival <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Clear <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/>	<input type="text" value=""/>
6 ID <input type="text" value=""/> ★ Type <input type="text" value=""/>	Dispatch <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Arrival <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Clear <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/>	<input type="text" value=""/>
7 ID <input type="text" value=""/> ★ Type <input type="text" value=""/>	Dispatch <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Arrival <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Clear <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/>	<input type="text" value=""/>
8 ID <input type="text" value=""/> ★ Type <input type="text" value=""/>	Dispatch <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Arrival <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Clear <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/>	<input type="text" value=""/>
9 ID <input type="text" value=""/> ★ Type <input type="text" value=""/>	Dispatch <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Arrival <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Clear <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/> <input type="checkbox"/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/>	<input type="text" value=""/>

Apparatus or Resource Type Ground Fire Suppression 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 Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy ground equipment, other	Aircraft 41 Aircraft: fixed-wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine equipment, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other	Medical and Rescue 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 Other 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	More apparatus? Use additional sheets. NN None UU Undetermined
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**Personnel Module:
NFIRS-10
Scenario 10-2 Answers**

A FDID 92188 State VA Incident Date MM 05 DD 01 YYYY 2005 Station 002 Incident Number 0005433 Exposure 000 Delete Change No Activity **NFIRS-1 Basic**

B Location Type Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B. "Alternative Location Specification." Use only for wildland fires. Census Tract 5011-12

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

Number/Milepost 5 Prefix E Street or Highway Cary Street Type ST Suffix

Apt./Suite/Room City Brunswick State VA ZIP Code 23351

Cross Street, Directions or National Grid, as applicable

C Incident Type Building Fires 111

Incident Type

E1 Dates and Times Midnight is 0000

Month Day Year Hour Min

Alarm 05 01 2005 12 53

ARRIVAL required, unless canceled or did not arrive

Arrival 05 01 2005 13 05

CONTROLLED optional, except for wildland fires

Controlled 05 01 2005 13 25

LAST UNIT CLEARED, required except for wildland fires

Last Unit Cleared 05 01 2005 14 40

E2 Shifts and Alarms Local Option

Shift or Platoon A Alarms A12 District

D Aid Given or Received None

1 Mutual aid received

2 Auto. aid received

3 Mutual aid given

4 Auto. aid given

5 Other aid given

Their FDID Their State

Their Incident Number

E3 Special Studies Local Option

Special Study ID# Special Study Value

F Actions Taken

11 Extinguish

Primary Action Taken (1)

51 Ventilate

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources

Check this box and skip this block if an Apparatus or Personnel Module is used.

Apparatus Personnel

Suppression 3 12

EMS 0 0

Other 0 0

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 \$, 24, 000

Contents \$, 9, 600

PRE-INCIDENT VALUE: Optional

Property \$, 161, 1000

Contents \$, 80, 400

Completed Modules

Fire-2

Structure Fire-3

Civilian Fire Cas.-4

Fire Service Cas.-5

EMS-6

HazMat-7

Wildland Fire-8

Apparatus-9

Personnel-10

Arson-11

H1 Casualties None

Deaths Injuries

Fire Service

Civilian

H2 Detector Required for confined fires.

1 Detector alerted occupants

2 Detector did not alert them

U Unknown

H3 Hazardous Materials Release None

1 Natural gas: slow leak, no evacuation or HazMat actions

2 Propane gas: <21-lb tank (as in home BBQ grill)

3 Gasoline: vehicle fuel tank or portable container

4 Kerosene: fuel burning equipment or portable storage

5 Diesel fuel/fuel oil: vehicle fuel tank or portable storage

6 Household solvents: home/office spill, cleanup only

7 Motor oil: from engine or portable container

8 Paint: from paint cans totaling <55 gallons

0 Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)

I Mixed Use Property Not mixed

10 Assembly use

20 Education use

33 Medical use

40 Residential use

51 Row of stores

53 Enclosed mall

58 Business & residential

59 Office use

60 Industrial use

63 Military use

65 Farm use

00 Other mixed use

J Property Use Structures None

131 Church, place of worship

161 Restaurant or cafeteria

162 Bar/tavern or nightclub

213 Elementary school, kindergarten

215 High school, junior high

241 College, adult education

311 Nursing home

331 Hospital

Outside

124 Playground or park

655 Crops or orchard

669 Forest (timberland)

807 Outdoor storage area

919 Dump or sanitary landfill

931 Open land or field

341 Clinic, clinic-type infirmary

342 Doctor/dentist office

361 Prison or jail, not juvenile

419 1- or 2-family dwelling

429 Multifamily dwelling

439 Rooming/boarding house

449 Commercial hotel or motel

459 Residential, board and care

464 Dormitory/barracks

519 Food and beverage sales

936 Vacant lot

938 Graded/cared for plot of land

946 Lake, river, stream

951 Railroad right-of-way

960 Other street

961 Highway/divided highway

962 Residential street/driveway

539 Household goods, sales, repairs

571 Gas or service station

579 Motor vehicle/boat sales/repairs

599 Business office

615 Electric-generating plant

629 Laboratory/science laboratory

700 Manufacturing plant

819 Livestock/poultry storage (barn)

882 Non-residential parking garage

891 Warehouse

981 Construction site

984 Industrial plant yard

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

Property Use Code

Property Use Description

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. **X** Christy A Gordon MI Last Name Suffix

5 East Cary S, T Street or Highway Street Type Suffix

Post Office Box _____ Apt./Suite/Room _____ City Brunswick

V A 23351 State ZIP Code

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

K2 Owner

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

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

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 _____ Mrs. Christy A. Gordon was warming her lunch on the stove when the grease from the pan began to burn.

Fire Module Required?

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

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

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

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

M Authorization

Officer in charge ID _____ Signature *Tonya Gordon* Position or rank *Captain* Assignment _____ Month *05* Day *01* Year *2005*

Check box if same as Officer in charge. Member making report ID _____ Signature *Adam Wallner* Position or rank *FF1* Assignment _____ Month *05* Day *01* Year *2005*

A FDID 9,2,1,8,8 State VA Incident Date MM 0,5 DD 0,1 YYYY 2,0,0,5 Station 0,0,2 Incident Number 0,0,0,5,4,3,3 Exposure 0 Delete Change **NFIRS-2 Fire**

B Property Details

B1 1 Not Residential
Estimated number of residential living units in building of origin *whether or not all units became involved*

B2 1 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 2,4 Cooking area, kitchen
Area of fire origin

D2 8,1 Heat from direct flame
Heat source

D3 7,6 Cooking materials, incl
Item first ignited Check box if fire spread was confined to object of origin.

D4 2,7 Cooking oil
Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition Check box if this is an exposure report.

1 Intentional
2 Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing to Ignition None

5,3 Equipment unattended
Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition None

Check all applicable boxes

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

7 Age was a factor

Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved in Ignition None None

6,4,6 Range with or without oven
Equipment Involved

Brand Whirlpool

Model RF330PXVN

Serial # F925888840

Year 2,0,0,0

F2 Equipment Power Source

2,1 Natural Gas or other
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

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

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

NFIRS-2 Revision 01/01/05

<p>I1 Structure Type ☆</p> <p>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</p> <p>1 <input checked="" type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air-supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g., piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g., fences) 0 <input type="checkbox"/> Other type of structure</p>	<p>I2 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined</p>	<p>I3 Building Height ☆</p> <p>Count the roof as part of the highest story.</p> <p style="text-align: center;"> _ 2 _ </p> <p>Total number of stories at or above grade</p> <p style="text-align: center;"> _ 0 _ </p> <p>Total number of stories below grade</p>	<p>I4 Main Floor Size ☆</p> <p style="text-align: right;">NFIRS-3 Structure Fire</p> <p style="text-align: center;"> _ , _ 2 , _ 0 0 0 _ </p> <p>Total square feet</p> <p style="text-align: center;">OR</p> <p style="text-align: center;"> _ , _ BY _ , _ </p> <p>Length in feet Width in feet</p>
--	---	--	--

<p>J1 Fire Origin ☆</p> <p style="text-align: center;"> _ 1 _ <input type="checkbox"/> Below grade</p> <p>Story of fire origin</p>	<p>J3 Number of Stories Damaged by Flame</p> <p>Count the roof as part of the highest story.</p> <p style="text-align: center;"> _ 1 _ Number of stories w/minor damage (1 to 24% flame damage)</p> <p style="text-align: center;"> _ 0 _ Number of stories w/significant damage (25 to 49% flame damage)</p> <p style="text-align: center;"> _ 0 _ Number of stories w/heavy damage (50 to 74% flame damage)</p> <p style="text-align: center;"> _ 0 _ Number of stories w/extreme damage (75 to 100% flame damage)</p>	<p>K Type of Material Contributing Most to Flame Spread</p> <p><input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. → Skip to Section L</p> <p>K1 _ _ _ </p> <p>Item contributing most to flame spread</p> <p>K2 _ _ _ </p> <p>Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</p>
<p>J2 Fire Spread ☆</p> <p>If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module).</p> <p>2 <input checked="" type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin</p>		

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

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

NFIRS 5.0 Self-Study Program

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

B Apparatus or Resources **Dates and Times** Midnight is 0000
 Check if same date as Alarm date on the Basic Module (Block E1)
 Month Day Year Hour/Min
 Dispatch 05 01 2005 1253
 Arrival 05 01 2005 1258
 Clear 05 01 2005 1440
 Sent **Number of People**
Apparatus Use Suppression EMS Other
Actions Taken List up to 4 actions for each apparatus and each personnel.

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="224"/>	Walner, Andrew	FF	<input checked="" type="checkbox"/>	11	51		
<input type="text" value="111"/>	Winer, Karen	FF	<input checked="" type="checkbox"/>	11	51		
<input type="text" value="130"/>	Starwood, Andrew	FF	<input checked="" type="checkbox"/>	58			
<input type="text" value="105"/>	Gordon, Tonya	Capt	<input checked="" type="checkbox"/>	81			
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

2 ID Dispatch 05 01 2005 1253
 Arrival 05 01 2005 1258
 Clear 05 01 2005 1440
 Sent **Number of People**
 Suppression EMS Other
Actions Taken

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="317"/>	Mills, Juan	FF	<input checked="" type="checkbox"/>	51			
<input type="text" value="847"/>	Fritz, Marion	Capt	<input checked="" type="checkbox"/>	81			
<input type="text" value="299"/>	Harris, Ronald	FF	<input checked="" type="checkbox"/>	58			
<input type="text" value="356"/>	Heilig, Cal	FF	<input checked="" type="checkbox"/>	12			
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

3 ID Dispatch 05 01 2005 1253
 Arrival 05 01 2005 1300
 Clear 05 01 2005 1440
 Sent **Number of People**
 Suppression EMS Other
Actions Taken

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="222"/>	Kritz, Paul	FF	<input checked="" type="checkbox"/>	11			
<input type="text" value="219"/>	Long, Andy	FF	<input checked="" type="checkbox"/>	11			
<input type="text" value="007"/>	Baron, Stan	Capt	<input checked="" type="checkbox"/>	81			
<input type="text" value="234"/>	Mack, John	FF	<input checked="" type="checkbox"/>	58			
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

**Arson and Juvenile
Firesetter Module:
NFIRS-11
Scenario 11-2 Answers**

A FDID <input type="text" value="92188"/> State <input type="text" value="AZ"/> Incident Date MM <input type="text" value="06"/> DD <input type="text" value="25"/> YYYY <input type="text" value="2005"/> Station <input type="text" value="0444999"/> Incident Number <input type="text" value="0"/> Exposure <input type="text" value="0"/> <div style="float: right; text-align: right;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity </div>														
B Location Type <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. Census Tract <input type="text" value="05011"/> <input type="text" value="10"/> <input checked="" type="checkbox"/> Street address <input type="text" value="222"/> <input type="text" value="Main"/> <input type="text" value="ST"/> <input type="checkbox"/> Intersection Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> In front of <input type="text" value="Queen Creek"/> <input type="text" value="AZ"/> <input type="text" value="85242"/> <input type="text" value=""/> <input type="checkbox"/> Rear of Apt./Suite/Room City State ZIP Code <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> US National Grid Cross Street, Directions or National Grid, as applicable														
C Incident Type <input type="text" value="111"/> <input type="text" value="Building Fires"/> Incident Type	E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm <input type="text" value="06"/> <input type="text" value="25"/> <input type="text" value="2005"/> <input type="text" value="15"/> <input type="text" value="00"/> ARRIVAL required, unless canceled or did not arrive Arrival <input type="text" value="06"/> <input type="text" value="25"/> <input type="text" value="2005"/> <input type="text" value="15"/> <input type="text" value="07"/> CONTROLLED optional, except for wildland fires Controlled <input type="text" value="06"/> <input type="text" value="25"/> <input type="text" value="2005"/> <input type="text" value="15"/> <input type="text" value="45"/> LAST UNIT CLEARED, required except for wildland fires Last Unit Cleared <input type="text" value="06"/> <input type="text" value="25"/> <input type="text" value="2005"/> <input type="text" value="17"/> <input type="text" value="00"/>	E2 Shifts and Alarms Local Option <input type="text" value="C"/> <input type="text" value=""/> <input type="text" value=""/> Shift or Alarms District Platoon												
D Aid Given or Received <input type="checkbox"/> <input checked="" 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 <div style="border: 1px solid black; padding: 2px; width: fit-content;"> Their FDID <input type="text" value=""/> Their State <input type="text" value=""/> Their Incident Number <input type="text" value=""/> </div>	E3 Special Studies Local Option <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Special Study ID# Special Study Value													
F Actions Taken <input type="text" value="11"/> <input type="text" value="Extinguish"/> Primary Action Taken (1) <input type="text" value="12"/> <input type="text" value="Salvage & overhaul"/> Additional Action Taken (2) <input type="text" value="86"/> <input type="text" value="Investigate"/> Additional Action Taken (3)	G1 Resources <input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Apparatus</td> <td style="text-align: center;">Personnel</td> </tr> <tr> <td>Suppression</td> <td style="text-align: center;"><input type="text" value="3"/></td> <td style="text-align: center;"><input type="text" value="13"/></td> </tr> <tr> <td>EMS</td> <td style="text-align: center;"><input type="text" value="0"/></td> <td style="text-align: center;"><input type="text" value="0"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="text" value="0"/></td> <td style="text-align: center;"><input type="text" value="0"/></td> </tr> </table> <input type="checkbox"/> Check box if resource counts include aid received resources.		Apparatus	Personnel	Suppression	<input type="text" value="3"/>	<input type="text" value="13"/>	EMS	<input type="text" value="0"/>	<input type="text" value="0"/>	Other	<input type="text" value="0"/>	<input type="text" value="0"/>	G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <input type="text" value=""/> <input type="text" value="30"/> <input type="text" value="00"/> <input type="checkbox"/> Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/> Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/>
	Apparatus	Personnel												
Suppression	<input type="text" value="3"/>	<input type="text" value="13"/>												
EMS	<input type="text" value="0"/>	<input type="text" value="0"/>												
Other	<input type="text" value="0"/>	<input type="text" value="0"/>												
Completed Modules <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	H1 Casualties <input checked="" type="checkbox"/> None <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Deaths</td> <td style="text-align: center;">Injuries</td> </tr> <tr> <td>Fire Service</td> <td style="text-align: center;"><input type="text" value=""/></td> <td style="text-align: center;"><input type="text" value=""/></td> </tr> <tr> <td>Civilian</td> <td style="text-align: center;"><input type="text" value=""/></td> <td style="text-align: center;"><input type="text" value=""/></td> </tr> </table> H2 Detector Required for confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input checked="" type="checkbox"/> Unknown		Deaths	Injuries	Fire Service	<input type="text" value=""/>	<input type="text" value=""/>	Civilian	<input type="text" value=""/>	<input type="text" value=""/>	H3 Hazardous Materials Release <input checked="" 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.)	I Mixed Use Property <input checked="" 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		
	Deaths	Injuries												
Fire Service	<input type="text" value=""/>	<input type="text" value=""/>												
Civilian	<input type="text" value=""/>	<input type="text" value=""/>												
J Property Use <input type="checkbox"/> None <table style="width:100%; border-collapse: collapse;"> <tr> <td style="vertical-align: top;"> Structures 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 </td> <td style="vertical-align: top;"> 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 checked="" 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 </td> <td style="vertical-align: top;"> 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 </td> </tr> <tr> <td style="vertical-align: top;"> Outside 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 </td> <td style="vertical-align: top;"> 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 </td> <td style="vertical-align: top;"> 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard </td> </tr> </table> Look up and enter a Property Use code and description only if you have NOT checked a Property Use box. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Property Use <input type="text" value=""/> Code <input type="text" value=""/> </div>				Structures 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 checked="" 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	Outside 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					
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K1 Person/Entity Involved

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

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

Mr., Ms., Mrs. Stash First Name Stable MI Last Name _____ Suffix _____

222 Number Main Prefix Street or Highway ST Street Type _____ Suffix _____

Queen Creek City

AZ State 85242 ZIP Code _____

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

K2 Owner

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

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

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

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

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____


State _____ ZIP Code _____

L **Remarks:** _____

Local Option _____

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

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

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

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

M Authorization

Officer in charge ID 333 Signature Joe Mill Position or rank Captain Assignment _____ Month _____ Day _____ Year _____

Check box if same as Officer in charge. Member making report ID _____ Signature _____ Position or rank _____ Assignment _____ Month _____ Day _____ Year _____

A FDID State Incident Date MM DD YYYY Station Exposure Delete Change **NFIRS-2 Fire**

B Property Details

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

B2 Buildings not involved
Number of buildings involved

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

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

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

On-site material (1)

On-site material (2)

On-site material (3)

On-Site Materials Storage Use

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

D Ignition

D1 Bedroom < 5 persons
Area of fire origin

D2 Match
Heat source

D3 Flammable liquid/gas
Item first ignited Check box if fire spread was confined to object of origin.

D4 Fabric, fiber, cotton
Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition Check box if this is an exposure report.

1 Intentional
2 Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing to Ignition None

Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition None
Check all applicable boxes

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

F1 Equipment Involved in Ignition None

Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power Source

Equipment Power Source

F3 Equipment Portability

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

G Fire Suppression Factors None
Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved None

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

Mobile property model

License Plate Number State VIN

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Year

Local Use

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

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

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

NFIRS-2 Revision 01/01/05

I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <ul style="list-style-type: none"> 1 <input checked="" type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air-supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g., piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g., fences) 0 <input type="checkbox"/> Other type of structure 	I2 Building Status ☆ <ul style="list-style-type: none"> 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	I3 Building Height ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text" value="2"/> Total number of stories at or above grade </div> <div style="margin-top: 10px;"> <input type="text" value="0"/> Total number of stories below grade </div>	I4 Main Floor Size ☆ <div style="margin-top: 10px;"> <input type="text" value="1"/> , <input type="text" value="600"/> Total square feet </div> <p style="text-align: center; font-weight: bold;">OR</p> <div style="margin-top: 10px;"> <input type="text"/> , <input type="text"/> BY <input type="text"/> , <input type="text"/> Length in feet Width in feet </div>	NFIRS-3 Structure Fire
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J1 Fire Origin ☆ <div style="margin-top: 10px;"> <input type="text" value="2"/> Story of fire origin </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Below grade </div>	J3 Number of Stories Damaged by Flame ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text" value="0"/> Number of stories w/minor damage (1 to 24% flame damage) </div> <div style="margin-top: 10px;"> <input type="text" value="0"/> Number of stories w/significant damage (25 to 49% flame damage) </div> <div style="margin-top: 10px;"> <input type="text" value="1"/> Number of stories w/heavy damage (50 to 74% flame damage) </div> <div style="margin-top: 10px;"> <input type="text" value="0"/> Number of stories w/extreme damage (75 to 100% flame damage) </div>	K Type of Material Contributing Most to Flame Spread ☆ <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> <div style="margin-top: 10px;"> K1 <input type="text"/> Item contributing most to flame spread </div> <div style="margin-top: 10px;"> K2 <input type="text"/> Type of material contributing most to flame spread Required only if item contributing code is 00 or <70. </div>
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L1 Presence of Detectors ☆ (In area of the fire) <ul style="list-style-type: none"> N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present U <input checked="" type="checkbox"/> Undetermined 	L3 Detector Power Supply ☆ <ul style="list-style-type: none"> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug-in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug-in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	L5 Detector Effectiveness ☆ Required if detector operated. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Alerted occupants, occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type ☆ <ul style="list-style-type: none"> 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke and heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than one type present 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	L4 Detector Operation ☆ <ul style="list-style-type: none"> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated 3 <input type="checkbox"/> Failed to operate U <input type="checkbox"/> Undetermined 	L6 Detector Failure Reason ☆ Required if detector failed to operate <ul style="list-style-type: none"> 1 <input type="checkbox"/> Power failure, shutoff, or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes not cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined

M1 Presence of Automatic Extinguishing System ☆ <ul style="list-style-type: none"> N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present 2 <input type="checkbox"/> Partial System Present U <input checked="" type="checkbox"/> Undetermined 	M3 Operation of Automatic Extinguishing System ☆ Required if fire was within designed range <ul style="list-style-type: none"> 1 <input type="checkbox"/> Operated/effective (go to M4) 2 <input type="checkbox"/> Operated/not effective (go to M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	M5 Reason for Automatic Extinguishing System Failure ☆ Required if system failed or not effective <ul style="list-style-type: none"> 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual intervention 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
M2 Type of Automatic Extinguishing System ☆ Required if fire was within designed range of AES <ul style="list-style-type: none"> 1 <input type="checkbox"/> Wet-pipe sprinkler 2 <input type="checkbox"/> Dry-pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen-type system 7 <input type="checkbox"/> Carbon dioxide (CO₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined 	M4 Number of Sprinkler Heads Operating ☆ Required if system operated <div style="margin-top: 10px;"> <input type="text"/> Number of sprinkler heads operating </div>	

A FDID State Incident Date MM DD YYYY 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 checked="" 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 Bottle (glass) 14 Pressurized container 17 Box
 12 Bottle (plastic) 15 Can (not gas or fuel) 00 Other Container
 13 Jug 16 Gasoline or fuel can UU Unknown

IGNITION/DELAY DEVICE No device

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

G1 Entry Method

Entry Method

FUEL None

11 Ordinary combustibles 16 Pyrotechnic material
 12 Flammable gas 17 Explosive material
 14 Ignitable liquid 00 Other material
 15 Ignitable solid UU 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 Windows ajar 5 Fire department forced entry
 2 Doors ajar 6 Entry forced prior to FD arrival
 3 Doors locked 7 Security system activated
 4 Doors unlocked 8 Security system present (not activated)

L Laboratory Used Check all that apply None

1 Local 3 ATF 5 Other 6 Private
 2 State 4 FBI Federal

A	9 2 1 8 8 FDID	A Z State	MM DD YYYY 0 6 2 5 2 0 0 5 Incident Date	Station	0 4 4 4 9 9 9 Incident Number	Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-11 Juvenile Firesetter
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<p>Complete this section if the person involved in the ignition of the fire was a child or Juvenile under the age of 18</p>	M2 Age or Date of Birth [1 6] Age (in years) OR [] [] [] [] Month Day Year	M4 Race 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American 3 <input type="checkbox"/> American 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 checked="" type="checkbox"/> Undetermined	M6 Family Type 1 <input type="checkbox"/> Single parent 2 <input type="checkbox"/> Foster parent(s) 3 <input checked="" type="checkbox"/> Two-parent family 4 <input type="checkbox"/> Extended family N <input type="checkbox"/> No family unit 0 <input type="checkbox"/> Other family type U <input type="checkbox"/> Unknown
	M1 Subject Number Complete a separate Section M form for each juvenile [0 0 1] Subject Number	M3 Gender 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	M5 Ethnicity 1 <input type="checkbox"/> Hispanic or Latino 0 <input type="checkbox"/> Non Hispanic or Latino

M7 Motivation/Risk Factors	Check only one of codes 1-3 and then all others (4-9) that apply	M8 Disposition of Person Under 18
1 <input type="checkbox"/> Mild curiosity about fire 2 <input type="checkbox"/> Moderate curiosity about fire 3 <input checked="" type="checkbox"/> Extreme curiosity about fire		1 <input type="checkbox"/> Handled within department 2 <input type="checkbox"/> Released to parent/guardian 3 <input checked="" type="checkbox"/> Referred to other authority 4 <input type="checkbox"/> Referred to treatment/counseling program 5 <input type="checkbox"/> Arrested, charged as adult 6 <input type="checkbox"/> Referred to firesetter intervention program 0 <input type="checkbox"/> Other U <input type="checkbox"/> Unknown
4 <input checked="" type="checkbox"/> Diagnosed (or suspected) ADD/ADHD 5 <input type="checkbox"/> History of trouble outside school 6 <input type="checkbox"/> History of stealing or shoplifting 7 <input type="checkbox"/> History of physically assaulting others 8 <input checked="" type="checkbox"/> History of fireplay or firesetting 9 <input type="checkbox"/> Transiency 0 <input type="checkbox"/> Other U <input type="checkbox"/> Unknown		

N Remarks (local use)