

Arson and Juvenile Firesetter Module: NFIRS-11

Objectives

After completing the Arson and Juvenile Firesetter Module you will be able to:

1. Describe when the Arson and Juvenile Firesetter Module is to be used.
 2. Demonstrate how to complete the Arson and Juvenile Firesetter Module and identify appropriate other modules, given the scenario of a hypothetical incident.
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Pretest #11 - Arson and Juvenile Firesetter Module

1. Arson is to unlawfully and intentionally damage, or attempt to damage, any real or personal property by fire or incendiary device.
 - (a) True.
 - (b) False.

2. The Basic Module must be completed if the Arson and Juvenile Firesetter Module is completed.
 - (a) True.
 - (b) False.

3. The Arson and Juvenile Firesetter Module is a required NFIRS Module.
 - (a) True.
 - (b) False.

4. The Juvenile Firesetter Module is completed only for fires where the person involved in the ignition of the fire was under the age of 21.
 - (a) True.
 - (b) False.

5. The Juvenile Firesetter section of the module can be completed without completing the Arson section.
 - (a) True.
 - (b) False.

Using the Arson and Juvenile Firesetter Module

An indispensable tool in the war against arson is the ability to identify when and where the crime takes place, what form it takes, and the characteristics of its targets and perpetrators. Armed with such information, fire service and law enforcement agencies can develop and implement arson prevention initiatives—allowing them to use their resources in the most efficient and effective manner. The NFIRS 5.0 Arson Module (NFIRS-11) was developed with this goal in mind.

The optional Arson Module may be used whenever the Cause of Ignition, (NFIRS-2 E1) is coded as “intentional,” or as “under investigation” without a distinction as to whether or not a crime has occurred, or a determination of criminal intent. You also can use the Arson Module in cases where the cause is “Undetermined after investigation.”

In addition, use the Arson Module to document juvenile-set fires, whether determined to be intentional or not. This information will permit analysis of juvenile firesetting trends, including intervention strategies and repeated activity.

ARSON—To unlawfully and intentionally damage, or attempt to damage, any real or personal property by fire or incendiary device.

NOTE: Nothing in this definition is meant to alter or affect compliance with State or local incident reporting requirements. In States with mandatory reporting, the State Program Manager determines which optional modules (EMS, Hazardous Materials, Wildland, Arson, etc.) are to be submitted to the State.

The Arson Module consists of two parts: a local investigation module, which permits a fire department or arson investigation unit to document certain details concerning the incident; and a juvenile firesetter section, which identifies key items of information that could be used for local, State, and national intervention programs.

Many arson investigation units use an arson information management system to collect and compile information on arson incidents. This module is not intended to replace those systems, but to identify data elements that could be exported to the NFIRS and be included as an integral part of the U.S. Fire Administration (USFA) National Fire Database and the Bureau of Alcohol, Tobacco, Firearms, Arson and Explosives (ATF) National Repository.

Section A: FDID, State, Incident Date, Station, Incident Number, Exposure

A	FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure	<input type="checkbox"/> Delete	NFIRS-11 Arson
	★	★	★	★	★	★	★	★	<input type="checkbox"/> Change	

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

Section B: Agency Referred To

B Agency Referred To	<input type="checkbox"/> None	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
		Street address	Their case number
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Agency name	City	Their ORI	
<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>
Agency phone number	State	ZIP code	Their Federal Identifier (FID) Their FDID

This section identifies the agency, if any, that the incident was referred to for followup investigation. This could be a law enforcement agency that has jurisdiction for a criminal investigation, or another fire department that may have been requested to conduct the investigation.

This information provides the details necessary to contact the agency that conducted any follow up of the incident. It also allows for the collection, compilation, and analysis of all data associated with a specific incident.

ORI – is the unique identification number assigned to law enforcement agencies (towns, cities, counties, State police agencies, and some colleges and universities) participating in the FBI’s Uniform Crime Reporting (UCR) system or the National Incident Based Reporting System (NIBRS).

FID – is a two-character identification number used by Federal departments to submit crime data to UCR/NIBRS gathered by its dependent bureau/agencies.

The ORI plus the FID and the incident number provide the necessary uniqueness to avoid the duplication of reported incidents.

Section C: Case Status

C Case Status	
1 <input type="checkbox"/> Investigation open	4 <input type="checkbox"/> Closed with arrest
2 <input type="checkbox"/> Investigation closed	5 <input type="checkbox"/> Closed with exceptional clearance
3 <input type="checkbox"/> Investigation inactive	

Section C identifies the status of the investigation at the time the report was filed. This information is useful in tracking the closure rate of investigations as well as providing information to other agencies concerning the status of cases that may be linked to cases they are investigating.

Section D: Availability of Material First Ignited

D Availability of Material First Ignited	
1 <input type="checkbox"/> Transported to scene	
2 <input type="checkbox"/> Available at scene	
U <input type="checkbox"/> Unknown	

This section identifies the availability of an ignition source (including matches and lighters) to the initial ignition. This information permits analysis of firesetting methods and trends and can assist in the development of prevention and intervention strategies.

Section E: Suspected Motivation Factors

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

Indicates the suspected stimulus that caused the subject(s) to burn, or attempt to burn, any real or personal property. This permits analysis of arson trends based on the possible motivation for the crime. You may select up to three factors.

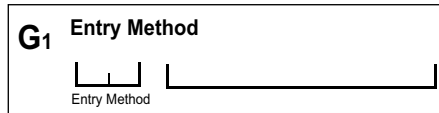
Section F: Apparent Group Involvement

F Apparent Group Involvement	
Check up to three factors	
	<input type="checkbox"/> None
1 <input type="checkbox"/> Terrorist group	
2 <input type="checkbox"/> Gang	
3 <input type="checkbox"/> Anti-government group	
4 <input type="checkbox"/> Outlaw motorcycle organization	
5 <input type="checkbox"/> Organized crime	
6 <input type="checkbox"/> Racial/ethnic hate group	
7 <input type="checkbox"/> Religious hate group	
8 <input type="checkbox"/> Sexual preference hate group	
0 <input type="checkbox"/> Other group	
U <input type="checkbox"/> Unknown	

This section identifies whether the suspect(s) were motivated to commit the arson act because of involvement in a larger group or organization or as a means to promote the cause of a larger group or organization.

This information will permit analysis of arson trends based on participation in criminal groups or organizations. You may check up to three factors.

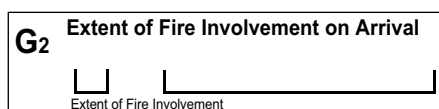
Section G: Entry Method/ Extent of Fire Involvement on Arrival



Block G₁ indicates how the offender(s) gained entrance to the property. This provides additional information on the case and tracks common methods of entry for later analysis and linking of cases.

Entry Method	
11 Door—open or unlocked	21 Vent
12 Door—forced or broken	22 Attic/roof
13 Window—open or unlocked	23 Key
14 Window—forced or broken	24 Help from inside
15 Gate—open or unlocked	25 Wall
16 Gate—forced or broken	26 Crawl space
17 Locks—pried	27 Hid in/on premises
18 Locks—cut	00 Other
19 Floor entry	UU Unknown

Block G₂ documents the fire department’s observation of the extent of the fire’s involvement when it arrived at the incident scene.



Extent of Fire Involvement on Arrival
0 No flame or smoke showing
1 Smoke only showing
2 Flame and smoke showing
3 Fire through roof
4 Fully involved

This provides information about the speed and the pattern of flame spread that is helpful to case investigators.

Section H: Incendiary Devices

This section documents the container, ignition and delay devices, and fuel that were used to burn or attempt to burn any real or personal property.

This provides additional details on the case and tracks common containers and devices for later analysis and linking of cases.

H Incendiary Devices		
Select one from each category		
CONTAINER		<input type="checkbox"/> No container
11 <input type="checkbox"/> Bottle (glass)	14 <input type="checkbox"/> Pressurized container	17 <input type="checkbox"/> Box
12 <input type="checkbox"/> Bottle (plastic)	15 <input type="checkbox"/> Can (not gas or fuel)	00 <input type="checkbox"/> Other Container
13 <input type="checkbox"/> Jug	16 <input type="checkbox"/> Gasoline or fuel can	UU <input type="checkbox"/> Unknown
IGNITION/DELAY DEVICE		<input type="checkbox"/> No device
11 <input type="checkbox"/> Wick or fuse	17 <input type="checkbox"/> Road flare/fuse	
12 <input type="checkbox"/> Candle	18 <input type="checkbox"/> Chemical component	
13 <input type="checkbox"/> Cigarette and matchbook	19 <input type="checkbox"/> Trailer/streamer	
14 <input type="checkbox"/> Electronic component	20 <input type="checkbox"/> Open flame source	
15 <input type="checkbox"/> Mechanical device	00 <input type="checkbox"/> Other delay device	
16 <input type="checkbox"/> Remote control	UU <input type="checkbox"/> Unknown	
FUEL		<input type="checkbox"/> None
11 <input type="checkbox"/> Ordinary combustibles	16 <input type="checkbox"/> Pyrotechnic material	
12 <input type="checkbox"/> Flammable gas	17 <input type="checkbox"/> Explosive material	
14 <input type="checkbox"/> Ignitable liquid	00 <input type="checkbox"/> Other material	
15 <input type="checkbox"/> Ignitable solid	UU <input type="checkbox"/> Unknown	

This section is divided into three categories: container, ignition/delay device, and fuel. Select one item from each category.

Section I: Other Investigative Information

I Other Investigative Information	
Check all that apply	
1 <input type="checkbox"/> Code violations	
2 <input type="checkbox"/> Structure for sale	
3 <input type="checkbox"/> Structure vacant	
4 <input type="checkbox"/> Other crimes involved	
5 <input type="checkbox"/> Illicit drug activity	
6 <input type="checkbox"/> Change in insurance	
7 <input type="checkbox"/> Financial problem	
8 <input type="checkbox"/> Criminal/civil actions pending	

This section collects other useful investigative information pertinent to the case, such as code violations, whether the property was vacant or for sale, changes in insurance, etc. Mark all that apply. Tracking of these possible indicators of arson will be helpful for later analysis and linking of cases.

Section J: Property Ownership

J Property Ownership	
1	<input type="checkbox"/> Private
2	<input type="checkbox"/> City, town, village, local
3	<input type="checkbox"/> County or parish
4	<input type="checkbox"/> State or province
5	<input type="checkbox"/> Federal
6	<input type="checkbox"/> Foreign
7	<input type="checkbox"/> Military
0	<input type="checkbox"/> Other

This section documents the ownership of the property involved in the arson. Mark all that apply.

Section K: Initial Observations

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

This section identifies important initial observations made at the incident scene relating to the property's secure status or circumvention of the security systems, if present. Mark all that apply.

Section L: Laboratory Used

L Laboratory Used		Check all that apply		<input type="checkbox"/> None
1 <input type="checkbox"/> Local	3 <input type="checkbox"/> ATF	5 <input type="checkbox"/> Other	6 <input type="checkbox"/> Private	
2 <input type="checkbox"/> State	4 <input type="checkbox"/> FBI	Federal		

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This section identifies the laboratory(ies), if any, that conducted analysis of evidence. This information is helpful in the collection and analysis of all data associated with a specific incident. Mark all appropriate boxes.

Juvenile Firesetter Module: NFIRS-11

Use this module to document information concerning juvenile-set fires, whether determined to be intentional or not. This information will permit analysis of juvenile firesetting trends, including intervention strategies and recidivism.

NOTE: This module is completed only for fires where the person(s) involved in the ignition of the fire was a child or juvenile under the age of 18.

Section A: FDID, State, Incident Date, Station, Incident Number, Exposure

A	FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure	<input type="checkbox"/> Delete	NFIRS-11 Juvenile Firesetter
	★	★	★	★	★	★	★	★	<input type="checkbox"/> Change	

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

Section M: Subject Information

If more than one subject is involved in the fire's ignition, complete this section for each subject under age 18.

M1	Subject Number								
	Complete a separate Section M form for each juvenile								
	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="4" style="text-align: center;">Subject Number</td> </tr> </table>					Subject Number			
Subject Number									

Use **Block M1** to assign a number to each juvenile subject under the age of 18 involved in the fire's ignition. The purpose of this field is to allow tracking of any subject less than 18 years of age, and analysis and tracking of juvenile firesetter trends.

M2	Age or Date of Birth													
	<table border="1"> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;">Age (in years)</td> </tr> </table> <p style="text-align: center;">OR</p> <table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Month</td> <td>Day</td> <td colspan="3">Year</td> </tr> </table>			Age (in years)							Month	Day	Year	
Age (in years)														
Month	Day	Year												

Block M₂ documents the age (or date of birth) of the subject in years at the time of the incident. This information can be used with other demographic information to identify arson problems in certain segments of the population and to target arson prevention programs for certain audiences. This data element is particularly useful in tracking juvenile firesetter trends.

M₃		Gender			
1	<input type="checkbox"/>	Male	2	<input type="checkbox"/>	Female

Block M₃ identifies the gender of the subject. The subject's gender can be used with other demographic information to identify arson problems in certain segments of the population and to target arson prevention programs for certain audiences.

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 type="checkbox"/>	Undetermined	

Block M₄ identifies the subject as a certain race based on U.S. Census Bureau categories. This information can be used with other demographic information to identify arson problems in certain segments of the population and to target arson prevention programs for certain audiences.

M₅		Ethnicity	
1	<input type="checkbox"/>	Hispanic or Latino	
0	<input type="checkbox"/>	Non Hispanic or Latino	

Block M₅ identifies the ethnicity of the subject. Ethnicity is an ethnic classification or affiliation. "Hispanic" is the only U.S. Census Bureau classification. Hispanic is not considered a race, because a person can be black and Hispanic, white and Hispanic, etc.

Ethnicity—Designation of a population subgroup that has common cultural heritage, as distinguished by customs, characteristics, language, common history, etc.

This information can be used with other demographic information to identify arson problems in certain segments of the population and to target arson prevention programs for certain audiences.

M₆ Family Type	
1	<input type="checkbox"/> Single parent
2	<input type="checkbox"/> Foster parent(s)
3	<input 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

Block M₆ describes the subject's family type. Information on family type will assist researchers in determining those risk factors that may be a predictor of juvenile firesetting, delinquency, and adult arson.

M₇ Motivation/Risk Factors		Check only one of codes 1-3 and then all others (4-9) that apply
1	<input type="checkbox"/> Mild curiosity about fire	
2	<input type="checkbox"/> Moderate curiosity about fire	
3	<input type="checkbox"/> Extreme curiosity about fire	
4	<input 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 type="checkbox"/> History of fireplay or firesetting	
9	<input type="checkbox"/> Transiency	
0	<input type="checkbox"/> Other	
U	<input type="checkbox"/> Unknown	

Block M₇ documents the stimulus and/or risk factors that were present and constituted a possible motivation for the subject(s) to burn, or attempt to burn, any real or personal property.

The risk factors listed are those that research has shown to be predictors of juvenile firesetting, delinquency and adult arson. However, data on juvenile firesetters is extremely limited, and this information will be useful in determining if these risk factors are valid or if others are more predictive. This information also will be helpful in tracking juvenile firesetting trends and in the development of prevention and intervention strategies.

Of the motivation and risk factors listed, only one should be selected concerning "Curiosity about fire" (codes 1 to 3). All other motivation and risk factors that apply then should be selected.

M₈ Disposition of Person Under 18
1 <input type="checkbox"/> Handled within department
2 <input type="checkbox"/> Released to parent/guardian
3 <input 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

Block M₈ is a description of how the juvenile firesetter was handled at the end of the incident. The purpose of this field is to track the disposition of any subject under 18 years of age. This data element permits analysis of how juvenile offenders are handled and is particularly useful in tracking juvenile firesetter trends. At the local level, this field also is useful in determining who repeat offenders have been turned over to in the past.

Section N: Remarks

The supplemental “Remarks” section on paper forms is additional area for comments concerning this module.

N Remarks (local use)

SUMMARY

The Arson Module may be used whenever the Cause of Ignition (NFIRS-2 E₁) is coded as “Intentional,” or as “Under investigation” without any distinction made as to whether or not a crime has occurred, or a determination of criminal intent. The Arson Module also may be used when the fire is under investigation or in cases where the cause is “Undetermined after investigation.”

The Arson Module also may be used to document juvenile-set fires, whether determined to be intentional or not. This information will permit analysis of juvenile firesetting trends, including intervention strategies and repeated activity.

EXAMPLE: Restaurant Fire

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

Department FDID #TR100 received Box Alarm 1-12 at 2:15 a.m. on May 20, 2000, for a reported building fire at the corner of 1st and 15th Ave., Kansas City, KS. The fire was reported by police on a routine patrol. Incident #9300324 was assigned. Engine 1 arrived on the scene and reported heavy fire coming from the rear of a restaurant. After forcible entry through the front door, a semiconscious victim was found lying near the entrance. The victim was taken outside where he identified himself as the store owner.

The fire was brought under control within 25 minutes. However, two firefighters received minor burns on their hands and necks. A fire investigator was called to the scene. During the overhaul process a 5-gallon gasoline container was found near the point of a rescue. Through radio communications, the scene commander was advised that the fire investigator was 1 hour away. The captain also was advised to start a preliminary investigation. The captain found the back door of the restaurant had been forced open, the cash register had been broken into, and the office area had been ransacked. He also noted that a strong odor of gasoline was present and found the remainder of a flare in the office area.

The restaurant layout was divided into three areas - a kitchen with an attached office, a serving area, and a dining area. The investigator learned that the restaurant was being forced to close due to several fire and health code violations. When the investigator called the alarm monitoring company, he was told that the alarm system contract had been canceled due to lack of payment.

A car was found in the rear of the restaurant that contained several bottles of alcohol and computer equipment that seemed to have been removed from the restaurant. Later in the investigation, evidence was found showing that the owner had filed for bankruptcy but had continued paying fire insurance payments. The owner was arrested and charged with arson.

A FDID State Incident Date 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 checked="" type="checkbox"/> Insurance fraud	24 <input type="checkbox"/> Societal	44 <input type="checkbox"/> Attention/sympathy	62 <input checked="" 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 Check up to three factors None

1 <input type="checkbox"/> Terrorist group	11 <input type="checkbox"/> Bottle (glass)	14 <input type="checkbox"/> Pressurized container	17 <input type="checkbox"/> Box
2 <input type="checkbox"/> Gang	12 <input type="checkbox"/> Bottle (plastic)	15 <input type="checkbox"/> Can (not gas or fuel)	00 <input type="checkbox"/> Other Container
3 <input type="checkbox"/> Anti-government group	13 <input type="checkbox"/> Jug	16 <input checked="" type="checkbox"/> Gasoline or fuel can	UU <input type="checkbox"/> Unknown
4 <input type="checkbox"/> Outlaw motorcycle organization			
5 <input type="checkbox"/> Organized crime			
6 <input type="checkbox"/> Racial/ethnic hate group			
7 <input type="checkbox"/> Religious hate group			
8 <input type="checkbox"/> Sexual preference hate group			
0 <input type="checkbox"/> Other group			
U <input type="checkbox"/> Unknown			

H Incendiary Devices CONTAINER No container
 Select one from each category

IGNITION/DELAY DEVICE No device

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

FUEL None

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

G1 Entry Method
 Door-Forced Open
 Entry Method

G2 Extent of Fire Involvement on Arrival
 Flame and Smoke Showing
 Extent of Fire Involvement

I Other Investigative Information Check all that apply

1 <input type="checkbox"/> Code violations	5 <input type="checkbox"/> Illicit drug activity
2 <input type="checkbox"/> Structure for sale	6 <input checked="" type="checkbox"/> Change in insurance
3 <input type="checkbox"/> Structure vacant	7 <input checked="" type="checkbox"/> Financial problem
4 <input type="checkbox"/> Other crimes involved	8 <input type="checkbox"/> Criminal/civil actions pending

J Property Ownership

1 <input checked="" type="checkbox"/> Private
2 <input type="checkbox"/> City, town, village, local
3 <input type="checkbox"/> County or parish
4 <input type="checkbox"/> State or province
5 <input type="checkbox"/> Federal
6 <input type="checkbox"/> Foreign
7 <input type="checkbox"/> Military
0 <input type="checkbox"/> Other

K Initial Observations Check all that apply

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

L Laboratory Used Check all that apply None

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

EXERCISE SCENARIO 11-1: Mattress Fire

Directions: Read the call information in the exercise below. Use the information provided to complete the Arson and Juvenile Firesetter Module form. If your answers are different from the ones provided, read over the Arson and Juvenile Firesetter Module again.

At 1000 hours on Saturday, the 23rd of May, 1998, engine 25 from station 2 of the Anytown, MD Fire Department (FDID TR100/Incident # 4369) was dispatched to a fire reported in a residence at 400 Liberty Way. Upon arrival, a mattress was observed smoldering on the curb. The crew from engine 25 also observed a woman in her mid thirties on the front lawn, apparently scolding a young boy.

The woman approached engine 25's captain and identified herself as Susan Davis. She tells the captain that her 7-year old son, Kevin was "playing with matches" in his bedroom, and set his mattress on fire. She was able to extinguish the fire with a bucket of water and her neighbors helped her pull the mattress out to the curb, but the bedroom still smells of smoke.

Engine 25's crew entered the house to investigate, check for extension, and ventilate the room, while the captain continued to interview the mother. Ms. Davis told the captain that Kevin has been a lot of trouble ever since his father disappeared. She confided to the captain that her husband was laid off from his job and has not been seen or heard from for more than a year. She told the captain that Kevin was recently diagnosed as ADHD and has been in trouble for shoplifting, but he has never intentionally started a fire. According to Ms. Davis, her son recently exhibited some curiosity about fire, but she was quick to point out that this fire was an "accident," as was the fire he started in the bushes last week. Ms. Davis stated "the field fire last month was Bobby's fault, not Kevin's."

After receiving permission from Ms. Davis the captain interviewed Kevin. Kevin explained to the captain that he was "bored" and was "playing with matches" when one burned his fingers and he dropped it on the mattress. Kevin admits having set two or three other fires, but says they were all "accidents."

Engine 25's crew found no fire extension, but they found some evidence of a previous fire in the closet. They also report finding a lighter next to the bed frame and box springs. The mattress also appeared to have been ignited by direct flame contact on the side, which would not have been caused by a dropped match.

The captain advised Ms. Davis of his findings and explained to her that a public education officer would be calling her to discuss the department's juvenile firesetter intervention program.

Upon returning to the station the captain called the fire prevention bureau and referred Kevin Davis to the public education officer on duty. The address of the Fire Prevention Bureau is 123 Jump St., Anytown MD 88858-5555. The Bureau's telephone number is 555-555-5555.

Fire Prevention Bureau Case information:

Case #: 384

ORI #: 567

FiD#: 12

FDID #: TR100

A	FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure	<input type="checkbox"/> Delete	NFIRS-11 Arson
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Change	

B	Agency Referred To <input type="checkbox"/> None		Street address	Their case number
	Agency name	City	Their ORI	
	Agency phone number	State	ZIP code	Their Federal Identifier (FID)

C	Case Status		D	Availability of Material First Ignited	
	1 <input type="checkbox"/> Investigation open	4 <input type="checkbox"/> Closed with arrest		1 <input type="checkbox"/> Transported to scene	2 <input type="checkbox"/> Available at scene
	2 <input type="checkbox"/> Investigation closed	5 <input type="checkbox"/> Closed with exceptional clearance		U <input type="checkbox"/> Unknown	3 <input type="checkbox"/> Investigation inactive

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

F	Apparent Group Involvement		H	Incendiary Devices	
	Check up to three factors <input type="checkbox"/> None			CONTAINER <input type="checkbox"/> No container	
	1 <input type="checkbox"/> Terrorist group	2 <input type="checkbox"/> Gang		11 <input type="checkbox"/> Bottle (glass)	14 <input type="checkbox"/> Pressurized container
3 <input type="checkbox"/> Anti-government group	4 <input type="checkbox"/> Outlaw motorcycle organization	12 <input type="checkbox"/> Bottle (plastic)	15 <input type="checkbox"/> Can (not gas or fuel)	00 <input type="checkbox"/> Other Container	
5 <input type="checkbox"/> Organized crime	6 <input type="checkbox"/> Racial/ethnic hate group	13 <input type="checkbox"/> Jug	16 <input type="checkbox"/> Gasoline or fuel can	UU <input type="checkbox"/> Unknown	
7 <input type="checkbox"/> Religious hate group	8 <input type="checkbox"/> Sexual preference hate group	IGNITION/DELAY DEVICE <input type="checkbox"/> No device			
0 <input type="checkbox"/> Other group	U <input type="checkbox"/> Unknown	11 <input type="checkbox"/> Wick or fuse	17 <input type="checkbox"/> Road flare/fuse	18 <input type="checkbox"/> Chemical component	
		12 <input type="checkbox"/> Candle	19 <input type="checkbox"/> Trailer/streamer	20 <input type="checkbox"/> Open flame source	
		13 <input type="checkbox"/> Cigarette and matchbook	00 <input type="checkbox"/> Other delay device	UU <input type="checkbox"/> Unknown	
		14 <input type="checkbox"/> Electronic component	FUEL <input type="checkbox"/> None		
		15 <input type="checkbox"/> Mechanical device	11 <input type="checkbox"/> Ordinary combustibles	16 <input type="checkbox"/> Pyrotechnic material	
		16 <input type="checkbox"/> Remote control	12 <input type="checkbox"/> Flammable gas	17 <input type="checkbox"/> Explosive material	
			14 <input type="checkbox"/> Ignitable liquid	00 <input type="checkbox"/> Other material	
			15 <input type="checkbox"/> Ignitable solid	UU <input type="checkbox"/> Unknown	

G1	Entry Method
	Entry Method

G2	Extent of Fire Involvement on Arrival
	Extent of Fire Involvement

I	Other Investigative Information		J	Property Ownership		K	Initial Observations	
	Check all that apply						Check all that apply	
	1 <input type="checkbox"/> Code violations	2 <input type="checkbox"/> Structure for sale		1 <input type="checkbox"/> Private	2 <input type="checkbox"/> City, town, village, local		1 <input type="checkbox"/> Windows ajar	5 <input type="checkbox"/> Fire department forced entry
3 <input type="checkbox"/> Structure vacant	4 <input type="checkbox"/> Other crimes involved	3 <input type="checkbox"/> County or parish	4 <input type="checkbox"/> State or province	3 <input type="checkbox"/> Doors locked	7 <input type="checkbox"/> Security system activated	4 <input type="checkbox"/> Doors unlocked	8 <input type="checkbox"/> Security system present (not activated)	
5 <input type="checkbox"/> Illicit drug activity	6 <input type="checkbox"/> Change in insurance	4 <input type="checkbox"/> Federal	5 <input type="checkbox"/> Foreign	5 <input type="checkbox"/> Federal	6 <input type="checkbox"/> Private			
7 <input type="checkbox"/> Financial problem	8 <input type="checkbox"/> Criminal/civil actions pending	6 <input type="checkbox"/> Military	7 <input type="checkbox"/> Other	0 <input type="checkbox"/> Other				
				L Laboratory Used <input type="checkbox"/> None				
				1 <input type="checkbox"/> Local	3 <input type="checkbox"/> ATF	5 <input type="checkbox"/> Other	6 <input type="checkbox"/> Private	
				2 <input type="checkbox"/> State	4 <input type="checkbox"/> FBI	Federal		

A	FDID ☆	State ☆	MM	DD	YYYY	Incident Date ☆	Station	Incident Number ☆	Exposure ☆	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-11 Juvenile Firesetter
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Complete this section if the person involved in the ignition of the fire was a child or Juvenile under the age of 18	M2 Age or Date of Birth <input type="text"/> Age (in years) OR <input type="text"/> Month <input type="text"/> Day <input type="text"/> 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 type="checkbox"/> Undetermined	M6 Family Type 1 <input type="checkbox"/> Single parent 2 <input type="checkbox"/> Foster parent(s) 3 <input 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
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M1 Subject Number Complete a separate Section M form for each juvenile <input type="text"/> Subject Number	M3 Gender 1 <input 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
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M7 Motivation/Risk Factors <small>Check only one of codes 1-3 and then all others (4-9) that apply</small> 1 <input type="checkbox"/> Mild curiosity about fire 2 <input type="checkbox"/> Moderate curiosity about fire 3 <input type="checkbox"/> Extreme curiosity about fire 4 <input 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 type="checkbox"/> History of fireplay or firesetting 9 <input type="checkbox"/> Transiency 0 <input type="checkbox"/> Other U <input type="checkbox"/> Unknown	M8 Disposition of Person Under 18 1 <input type="checkbox"/> Handled within department 2 <input type="checkbox"/> Released to parent/guardian 3 <input 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
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N Remarks (local use)

A FDID State Incident Date Station Incident Number Exposure Delete Change **NFIRS-11 Arson**

B Agency Referred To None Street address Their case number
 Fire Prevention Bureau City Their ORI
-- Agency phone number State ZIP code Their Federal Identifier (FID) Their FDID

C Case Status
 1 Investigation open
 2 Investigation closed
 3 Investigation inactive
 4 Closed with arrest
 5 Closed with exceptional clearance

D Availability of Material First Ignited
 1 Transported to scene
 2 Available at scene
 U Unknown

E Suspected Motivation Factors Check up to three factors

11 <input type="checkbox"/> Extortion	22 <input type="checkbox"/> Hate crime	42 <input type="checkbox"/> Vanity/recognition	54 <input type="checkbox"/> Burglary
12 <input type="checkbox"/> Labor unrest	23 <input type="checkbox"/> Institutional	43 <input type="checkbox"/> Thrills	61 <input type="checkbox"/> Homicide concealment
13 <input type="checkbox"/> Insurance fraud	24 <input type="checkbox"/> Societal	44 <input type="checkbox"/> Attention/sympathy	62 <input type="checkbox"/> Burglary concealment
14 <input type="checkbox"/> Intimidation	31 <input type="checkbox"/> Protest	45 <input type="checkbox"/> Sexual excitement	63 <input type="checkbox"/> Auto theft concealment
15 <input type="checkbox"/> Void contract/lease	32 <input type="checkbox"/> Civil unrest	51 <input type="checkbox"/> Homicide	64 <input type="checkbox"/> Destroy records/evidence
21 <input type="checkbox"/> Personal	41 <input checked="" 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 Check up to three factors None

1 <input type="checkbox"/> Terrorist group	2 <input type="checkbox"/> Gang	3 <input type="checkbox"/> Anti-government group	4 <input type="checkbox"/> Outlaw motorcycle organization	5 <input type="checkbox"/> Organized crime	6 <input type="checkbox"/> Racial/ethnic hate group	7 <input type="checkbox"/> Religious hate group	8 <input type="checkbox"/> Sexual preference hate group	0 <input type="checkbox"/> Other group	U <input type="checkbox"/> Unknown
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G1 Entry Method

 Entry Method

G2 Extent of Fire Involvement on Arrival

 Extent of Fire Involvement

H Incendiary Devices CONTAINER No container
 Select one from each category

11 <input type="checkbox"/> Bottle (glass)	12 <input type="checkbox"/> Bottle (plastic)	13 <input type="checkbox"/> Jug	14 <input type="checkbox"/> Pressurized container	15 <input type="checkbox"/> Can (not gas or fuel)	16 <input type="checkbox"/> Gasoline or fuel can	17 <input type="checkbox"/> Box	00 <input type="checkbox"/> Other Container	UU <input type="checkbox"/> Unknown
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IGNITION/DELAY DEVICE No device

11 <input type="checkbox"/> Wick or fuse	12 <input type="checkbox"/> Candle	13 <input type="checkbox"/> Cigarette and matchbook	14 <input type="checkbox"/> Electronic component	15 <input type="checkbox"/> Mechanical device	16 <input type="checkbox"/> Remote control	17 <input type="checkbox"/> Road flare/fuse	18 <input type="checkbox"/> Chemical component	19 <input type="checkbox"/> Trailer/streamer	20 <input type="checkbox"/> Open flame source	00 <input type="checkbox"/> Other delay device	UU <input type="checkbox"/> Unknown
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FUEL None

11 <input checked="" type="checkbox"/> Ordinary combustibles	12 <input type="checkbox"/> Flammable gas	14 <input type="checkbox"/> Ignitable liquid	15 <input type="checkbox"/> Ignitable solid	16 <input type="checkbox"/> Pyrotechnic material	17 <input type="checkbox"/> Explosive material	00 <input type="checkbox"/> Other material	UU <input type="checkbox"/> Unknown
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I Other Investigative Information Check all that apply

1 <input type="checkbox"/> Code violations	2 <input type="checkbox"/> Structure for sale	3 <input type="checkbox"/> Structure vacant	4 <input type="checkbox"/> Other crimes involved	5 <input type="checkbox"/> Illicit drug activity	6 <input type="checkbox"/> Change in insurance	7 <input type="checkbox"/> Financial problem	8 <input type="checkbox"/> Criminal/civil actions pending
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J Property Ownership

1 <input checked="" type="checkbox"/> Private	2 <input type="checkbox"/> City, town, village, local	3 <input type="checkbox"/> County or parish	4 <input type="checkbox"/> State or province	5 <input type="checkbox"/> Federal	6 <input type="checkbox"/> Foreign	7 <input type="checkbox"/> Military	0 <input type="checkbox"/> Other
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K Initial Observations Check all that apply

1 <input type="checkbox"/> Windows ajar	2 <input type="checkbox"/> Doors ajar	3 <input type="checkbox"/> Doors locked	4 <input type="checkbox"/> Doors unlocked	5 <input type="checkbox"/> Fire department forced entry	6 <input type="checkbox"/> Entry forced prior to FD arrival	7 <input type="checkbox"/> Security system activated	8 <input type="checkbox"/> Security system present (not activated)
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L Laboratory Used Check all that apply None

1 <input type="checkbox"/> Local	2 <input type="checkbox"/> State	3 <input type="checkbox"/> ATF	4 <input type="checkbox"/> FBI	5 <input type="checkbox"/> Other Federal	6 <input type="checkbox"/> Private
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NFIRS-11 Revision 01/01/04

NFIRS 5.0 Self-Study Program

A	FDID TR100	State MD	Incident Date MM DD YYYY 05 23 1998	Station 002	Incident Number 0004369	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-11 Juvenile Firesetter
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<div style="border: 1px solid black; padding: 5px; width: fit-content; margin-bottom: 10px;"> Complete this section if the person involved in the ignition of the fire was a child or Juvenile under the age of 18 </div>	<p>M2 Age or Date of Birth</p> <p>Age (in years) <input type="text" value="07"/></p> <p style="text-align: center;">OR</p> <p>Month Day Year</p>	<p>M4 Race</p> <p>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</p>	<p>M6 Family Type</p> <p>1 <input checked="" type="checkbox"/> Single parent 2 <input type="checkbox"/> Foster parent(s) 3 <input 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</p>
<p>M1 Subject Number</p> <p>Complete a separate Section M form for each juvenile</p> <p><input type="text" value="001"/> Subject Number</p>	<p>M3 Gender</p> <p>1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female</p>	<p>M5 Ethnicity</p> <p>1 <input type="checkbox"/> Hispanic or Latino 0 <input type="checkbox"/> Non Hispanic or Latino</p>	

<p>M7 Motivation/Risk Factors <small>Check only one of codes 1-3 and then all others (4-9) that apply</small></p> <p>1 <input type="checkbox"/> Mild curiosity about fire 2 <input checked="" type="checkbox"/> Moderate curiosity about fire 3 <input type="checkbox"/> Extreme curiosity about fire</p> <hr/> <p>4 <input checked="" type="checkbox"/> Diagnosed (or suspected) ADD/ADHD 5 <input type="checkbox"/> History of trouble outside school 6 <input checked="" 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</p>	<p>M8 Disposition of Person Under 18</p> <p>1 <input type="checkbox"/> Handled within department 2 <input type="checkbox"/> Released to parent/guardian 3 <input 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 checked="" type="checkbox"/> Referred to firesetter intervention program 0 <input type="checkbox"/> Other U <input type="checkbox"/> Unknown</p>
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<p>N Remarks (local use)</p> <p>Found 7-year-old male playing with matches who appeared to have set a mattress on fire, passed on all information to the public education officer on duty.</p>

EXERCISE SCENARIO 11-2: Structure Fire

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

The Alberta Fire Department (FDID 92188) received a call of a reported house fire at 222 Main St., Queen Creek, Arizona 85242 on June 25, 2005. The dispatcher assigned the incident #444999 and dispatched Engine 1, Engine 3, and Truck 2 at 3:00 p.m. C shift was on duty which was comprised of 13 personnel that went out with the suppression units. The units arrived on location at 3:07 p.m. and reported fire showing from the second floor of a two-story, single-family dwelling (3,200 square feet.). Crews worked to extinguish the fire in a second-floor bedroom. The second floor received heavy damage; there was no fire damage to the first floor. D/C Barry Storms placed the fire under control at 3:45 p.m. and called for a fire investigator to the scene. The home is owned and occupied by Mr. and Mrs. Joe Stable. They have a 16-year-old son named Stash.

Fire Investigator Thomas Houston (Badge No. 99) discovered that the cause of the fire was not accidental. He opened an investigation when he found a glass jar that reeked of gasoline in the bedroom. After questioning, Mr. Storms's son admitted to starting the fire. He said that he was depressed and needed his parents' attention. Stash used matches to ignite the gasoline that he poured under his bed on clothes that he piled there. Mr. Stable said that his son, Stash has been diagnosed with ADD/ADHD, was extremely curious about fires, and was involved in setting a field on fire 6 months ago. Investigator Mills turned over his evidence to State law enforcement officials and Arizona State child welfare officials. Estimated damage to the home was \$30,000. Captain Joe Mill (ID #333) was the Incident Commander and filed the report. The last unit cleared the incident at 1700 hrs.

NFIRS-1 Basic			
A FDID <input type="checkbox"/> State <input type="checkbox"/> Incident Date <input type="checkbox"/> Station <input type="checkbox"/> Incident Number <input type="checkbox"/> Exposure <input type="checkbox"/>			
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 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			
C Incident Type <input type="checkbox"/>			
D Aid Given or Received <input type="checkbox"/> None		E1 Dates and Times	
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		Month Day Year Hour Min Alarm <input type="checkbox"/> Arrival <input type="checkbox"/> Controlled <input type="checkbox"/> Last Unit Cleared <input type="checkbox"/>	
E2 Shifts and Alarms		E3 Special Studies	
F Actions Taken <input type="checkbox"/>			
G1 Resources <input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used.		G2 Estimated Dollar Losses and Values	
Apparatus Personnel Suppression EMS Other		LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ Contents \$ PRE-INCIDENT VALUE: Optional Property \$ Contents \$	
Completed Modules		H1 Casualties <input type="checkbox"/> None	
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		Deaths Injuries Fire Service Civilian	
H2 Detector <input type="checkbox"/>		H3 Hazardous Materials Release <input type="checkbox"/> None	
1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		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 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 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 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.			
Property Use Description <input type="text"/> Code <input type="text"/>			

K1 Person/Entity Involved

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

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

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

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

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

State _____ ZIP Code _____ - _____

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

K2 Owner

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

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

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

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

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

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

State _____ ZIP Code _____ - _____


L Remarks:

Local Option

Fire Module Required?

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

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

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

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

M Authorization

Check box if same as Officer in charge.

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

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

K	<input type="text"/> FDID	<input type="text"/> State	<input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY	<input type="text"/> Station	<input type="text"/> Incident Number	<input type="text"/> Exposure	<input type="checkbox"/> Delete	NFIRS-1S Supplemental
							<input type="checkbox"/> Change	

K1 Person/Entity Involved

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

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

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

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State ZIP Code

K1 Person/Entity Involved

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

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

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

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State ZIP Code

K1 Person/Entity Involved

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

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

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

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State ZIP Code

K1 Person/Entity Involved

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

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

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

Number Prefix Street or Highway Street Type Suffix

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NFIRS-1S Revision 01/01/04

<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS-2 Fire								
A <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">FDID</td> <td style="width: 15%; border-bottom: 1px solid black;">State</td> <td style="width: 15%; border-bottom: 1px solid black;">MM</td> <td style="width: 15%; border-bottom: 1px solid black;">DD</td> <td style="width: 15%; border-bottom: 1px solid black;">YYYY</td> <td style="width: 15%; border-bottom: 1px solid black;">Station</td> <td style="width: 15%; border-bottom: 1px solid black;">Incident Number</td> <td style="width: 15%; border-bottom: 1px solid black;">Exposure</td> </tr> </table>			FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure
FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure			
B Property Details <p>B1 <input type="checkbox"/> Not Residential Estimated number of residential living units in building of origin <i>whether or not all units became involved</i></p> <p>B2 <input type="checkbox"/> Buildings not involved Number of buildings involved</p> <p>B3 <input type="checkbox"/> None <input type="checkbox"/> Less than one acre Acres burned (outside fires)</p>		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) _____ On-site material (2) _____ On-site material (3) _____								
D Ignition <p>D1 _____ Area of fire origin</p> <p>D2 _____ Heat source</p> <p>D3 _____ Item first ignited <input type="checkbox"/> Check box if fire spread was confined to object of origin.</p> <p>D4 _____ Type of material first ignited Required only if item first ignited code is 00 or <70</p>		E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. ➡ Skip to Section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing to Ignition <input type="checkbox"/> None _____ Factor contributing to ignition (1) _____ 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 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 _____ 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 _____ Equipment Involved Brand _____ Model _____ Serial # _____ Year _____	F2 Equipment Power Source _____ Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input 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 type="checkbox"/> None Enter up to three codes. _____ Fire suppression factor (1) _____ Fire suppression factor (2) _____ Fire suppression factor (3)								
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 _____ License Plate Number State VIN	H2 Mobile Property Type and Make _____ Mobile property type _____ Mobile property make _____ Year	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).										

<p>I1 Structure Type ☆</p> <p>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</p> <p>1 <input type="checkbox"/> Enclosed building</p> <p>2 <input type="checkbox"/> Portable/mobile structure</p> <p>3 <input type="checkbox"/> Open structure</p> <p>4 <input type="checkbox"/> Air-supported structure</p> <p>5 <input type="checkbox"/> Tent</p> <p>6 <input type="checkbox"/> Open platform (e.g., piers)</p> <p>7 <input type="checkbox"/> Underground structure (work areas)</p> <p>8 <input type="checkbox"/> Connective structure (e.g., fences)</p> <p>0 <input type="checkbox"/> Other type of structure</p>	<p>I2 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input type="checkbox"/> Occupied & operating</p> <p>3 <input type="checkbox"/> Idle, not routinely used</p> <p>4 <input type="checkbox"/> Under major renovation</p> <p>5 <input type="checkbox"/> Vacant and secured</p> <p>6 <input type="checkbox"/> Vacant and unsecured</p> <p>7 <input type="checkbox"/> Being demolished</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>I3 Building Height ☆</p> <p>Count the roof as part of the highest story.</p> <p>_____</p> <p>Total number of stories at or above grade</p> <p>_____</p> <p>Total number of stories below grade</p>	<p>I4 Main Floor Size ☆</p> <p>_____, _____, _____</p> <p>Total square feet</p> <p style="text-align: center;">OR</p> <p>_____, _____ BY _____, _____</p> <p>Length in feet Width in feet</p>	<p>NFIRS-3 Structure Fire</p>
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<p>J1 Fire Origin ☆</p> <p>_____</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>_____ Number of stories w/minor damage (1 to 24% flame damage)</p> <p>_____ Number of stories w/significant damage (25 to 49% flame damage)</p> <p>_____ Number of stories w/heavy damage (50 to 74% flame damage)</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 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 type="checkbox"/> Present</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L3 Detector Power Supply</p> <p>1 <input type="checkbox"/> Battery only</p> <p>2 <input type="checkbox"/> Hardwire only</p> <p>3 <input type="checkbox"/> Plug-in</p> <p>4 <input type="checkbox"/> Hardwire with battery</p> <p>5 <input type="checkbox"/> Plug-in with battery</p> <p>6 <input type="checkbox"/> Mechanical</p> <p>7 <input type="checkbox"/> Multiple detectors & power supplies</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L5 Detector Effectiveness</p> <p>Required if detector operated.</p> <p>1 <input type="checkbox"/> Alerted occupants, occupants responded</p> <p>2 <input type="checkbox"/> Alerted occupants, occupants failed to respond</p> <p>3 <input type="checkbox"/> There were no occupants</p> <p>4 <input type="checkbox"/> Failed to alert occupants</p> <p>U <input type="checkbox"/> Undetermined</p>
<p>L2 Detector Type</p> <p>1 <input type="checkbox"/> Smoke</p> <p>2 <input type="checkbox"/> Heat</p> <p>3 <input type="checkbox"/> Combination smoke and heat</p> <p>4 <input type="checkbox"/> Sprinkler, water flow detection</p> <p>5 <input type="checkbox"/> More than one type present</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L4 Detector Operation</p> <p>1 <input type="checkbox"/> Fire too small to activate</p> <p>2 <input type="checkbox"/> Operated → Complete Block L5</p> <p>3 <input type="checkbox"/> Failed to operate → Complete Block L6</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L6 Detector Failure Reason</p> <p>Required if detector failed to operate</p> <p>1 <input type="checkbox"/> Power failure, shutoff, or disconnect</p> <p>2 <input type="checkbox"/> Improper installation or placement</p> <p>3 <input type="checkbox"/> Defective</p> <p>4 <input type="checkbox"/> Lack of maintenance, includes not cleaning</p> <p>5 <input type="checkbox"/> Battery missing or disconnected</p> <p>6 <input type="checkbox"/> Battery discharged or dead</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>

<p>M1 Presence of Automatic Extinguishing System ☆</p> <p>N <input type="checkbox"/> None Present → 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>_____</p> <p>Number of sprinkler heads operating</p>	

NFIRS-6 EMS			
A FDID <input type="text"/> State <input type="text"/> Incident Date <input type="text"/> Station <input type="text"/> Incident Number <input type="text"/> Exposure <input type="text"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change	
B Number of Patients <input type="text"/> Patient Number <input type="text"/>		C Date/Time <input type="text"/> / <input type="text"/> / <input type="text"/> Hour/Min <input type="text"/> : <input type="text"/>	
Use a separate form for each patient		<input type="checkbox"/> Time Arrived at Patient <input type="checkbox"/> Time of Patient Transfer	
D Provider Impression/Assessment <input type="checkbox"/> Check one box only <input type="checkbox"/> None/no patient or refused treatment			
10 <input type="checkbox"/> Abdominal pain 11 <input type="checkbox"/> Airway obstruction 12 <input type="checkbox"/> Allergic reaction 13 <input type="checkbox"/> Altered LOC 14 <input type="checkbox"/> Behavioral/psych 15 <input type="checkbox"/> Burns 16 <input type="checkbox"/> Cardiac arrest 17 <input type="checkbox"/> Cardiac dysrhythmia	18 <input type="checkbox"/> Chest pain 19 <input type="checkbox"/> Diabetic symptom 20 <input type="checkbox"/> Do not resuscitate 21 <input type="checkbox"/> Electrocutation 22 <input type="checkbox"/> General illness 23 <input type="checkbox"/> Hemorrhaging/bleeding 24 <input type="checkbox"/> Hyperthermia 25 <input type="checkbox"/> Hypothermia	26 <input type="checkbox"/> Hypovolemia 27 <input type="checkbox"/> Inhalation injury 28 <input type="checkbox"/> Obvious death 29 <input type="checkbox"/> OD/poisoning 30 <input type="checkbox"/> Pregnancy/OB 31 <input type="checkbox"/> Respiratory arrest 32 <input type="checkbox"/> Respiratory distress 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
E1 Age or Date of Birth <input type="text"/> <input type="checkbox"/> Months (for infants) Age OR <input type="text"/> / <input type="text"/> / <input type="text"/>	F1 Race 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American 3 <input type="checkbox"/> Am. Indian, Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian, Other Pacific Islander 0 <input type="checkbox"/> Other, multiracial U <input type="checkbox"/> Undetermined	G1 Human Factors Contributing to Injury <input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by 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	G2 Other Factors <input 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
E2 Gender 1 <input 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		
H1 Body Site of Injury List up to five body sites		H2 Injury Type List one injury type for each body site listed under H1	H3 Cause of Illness/Injury Cause of illness/injury
I Procedures Used <input type="checkbox"/> No treatment Check all applicable boxes		J Safety Equipment <input type="checkbox"/> None Used or deployed by patient. Check all applicable boxes.	K Cardiac Arrest 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 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	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"/>	L2 Highest Level of Care Provided On Scene <input type="checkbox"/> None	M Patient Status	N EMS Disposition <input type="checkbox"/> Not transported
1 <input type="checkbox"/> First Responder 2 <input 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	1 <input type="checkbox"/> First Responder 2 <input 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	1 <input type="checkbox"/> Improved 2 <input type="checkbox"/> Remained same 3 <input type="checkbox"/> Worsened Check if: 1 <input type="checkbox"/> Pulse on transfer 2 <input type="checkbox"/> No pulse on transfer	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

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B HazMat ID UN Number <input type="text"/> <input type="text"/> DOT Hazard Classification <input type="text"/> <input type="text"/> CAS Registration Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Chemical Name <input type="text"/> <input type="text"/>																																																											
C1 Container Type <input type="checkbox"/> None <input type="text"/> Container Type <div style="border: 1px solid black; padding: 2px; width: fit-content;"> More hazardous materials? Use additional sheets. </div>	C2 Estimated Container Capacity <input type="text"/> , <input type="text"/> , <input type="text"/> Capacity: by volume or weight C3 Units: Capacity Check one box <table style="width: 100%; font-size: small;"> <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 type="checkbox"/> Cubic feet</td> <td>MICRO UNITS</td> <td>15 <input type="checkbox"/> Cubic feet</td> <td>MICRO UNITS</td> </tr> <tr> <td>16 <input type="checkbox"/> Cubic meters</td> <td><input type="text"/> Enter Code</td> <td>16 <input type="checkbox"/> Cubic meters</td> <td><input type="text"/> 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 type="checkbox"/> Cubic feet	MICRO UNITS	15 <input type="checkbox"/> Cubic feet	MICRO UNITS	16 <input type="checkbox"/> Cubic meters	<input type="text"/> Enter Code	16 <input type="checkbox"/> Cubic meters	<input type="text"/> Enter Code	D1 Estimated Amount Released <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Amount released: by volume or weight D2 Units: Released Check one box <table style="width: 100%; font-size: small;"> <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 type="checkbox"/> Cubic feet</td> <td>MICRO UNITS</td> <td>15 <input type="checkbox"/> Cubic feet</td> <td>MICRO UNITS</td> </tr> <tr> <td>16 <input type="checkbox"/> Cubic meters</td> <td><input type="text"/> Enter Code</td> <td>16 <input type="checkbox"/> Cubic meters</td> <td><input type="text"/> 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 type="checkbox"/> Cubic feet	MICRO UNITS	15 <input type="checkbox"/> Cubic feet	MICRO UNITS	16 <input type="checkbox"/> Cubic meters	<input type="text"/> Enter Code	16 <input type="checkbox"/> Cubic meters	<input type="text"/> Enter Code	E1 Physical State When Released 1 <input type="checkbox"/> Solid 2 <input type="checkbox"/> Liquid 3 <input type="checkbox"/> Gas U <input type="checkbox"/> Undetermined E2 Released Into <input type="text"/> Released into
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Complete the remainder of this form only for the first hazardous material involved in this incident.	F2 Population Density 1 <input type="checkbox"/> Urban 2 <input type="checkbox"/> Suburban 3 <input type="checkbox"/> Rural	G2 Area Evacuated <input type="checkbox"/> None 1 <input type="checkbox"/> Square feet <input type="text"/> , <input type="text"/> 2 <input type="checkbox"/> Blocks <input type="text"/> Enter measurement 3 <input type="checkbox"/> Square miles	H HazMat Actions Taken Enter up to three actions taken <input type="text"/> Primary action taken (1) <input type="text"/> Additional action taken (2) <input type="text"/> Additional action taken (3)																																																								
F1 Released From Check all applicable boxes <input type="checkbox"/> Below grade 1 <input type="checkbox"/> Inside/on structure <input type="text"/> Story of release 2 <input type="checkbox"/> Outside of structure	G1 Area Affected 1 <input type="checkbox"/> Square feet 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square miles <input type="text"/> , <input type="text"/> Enter measurement	G3 Estimated Number of People Evacuated <input type="text"/> , <input type="text"/>	I If fire or explosion is involved with a release, which occurred first? 1 <input type="checkbox"/> Ignition U <input type="checkbox"/> Undetermined 2 <input type="checkbox"/> Release																																																								
J Cause of Release <input type="text"/> <input type="text"/> 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional release 3 <input type="checkbox"/> Container/containerment failure 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation	K Factors Contributing to Release Enter up to three contributing factors <input type="text"/> <input type="text"/> Factor contributing to release (1) <input type="text"/> <input type="text"/> Factor contributing to release (2) <input type="text"/> <input type="text"/> Factor contributing to release (3)	L Factors Affecting Mitigation <input type="checkbox"/> None Enter up to three factors or impediments that affected the mitigation of the incident <input type="text"/> <input type="text"/> Factor or impediment (1) <input type="text"/> <input type="text"/> Factor or impediment (2) <input type="text"/> <input type="text"/> Factor or impediment (3)																																																									
M Equipment Involved in Release <input type="checkbox"/> None <input type="text"/> <input type="text"/> Equipment involved in release Brand <input type="text"/> Model <input type="text"/> Serial # <input type="text"/> Year <input type="text"/> <input type="text"/>	N Mobile Property Involved in Release <input type="checkbox"/> None <input type="text"/> <input type="text"/> Mobile property type <input type="text"/> <input type="text"/> Mobile property make <input type="text"/> <input type="text"/> <input type="text"/> Model Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> License plate number State <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DOT number/ ICC number	O HazMat Disposition <input type="checkbox"/> <input type="checkbox"/> 1 <input 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 HazMat Civilian Casualties Deaths <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Injuries <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																									

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 4 Closed with arrest
 2 Investigation closed 5 Closed with exceptional clearance
 3 Investigation inactive

D Availability of Material First Ignited
 1 Transported to scene
 2 Available at scene
 U Unknown

E Suspected Motivation Factors Check up to three factors

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

F Apparent Group Involvement Check up to three factors None

1 <input type="checkbox"/> Terrorist group	2 <input type="checkbox"/> Gang	3 <input type="checkbox"/> Anti-government group	4 <input type="checkbox"/> Outlaw motorcycle organization	5 <input type="checkbox"/> Organized crime	6 <input type="checkbox"/> Racial/ethnic hate group	7 <input type="checkbox"/> Religious hate group	8 <input type="checkbox"/> Sexual preference hate group	0 <input type="checkbox"/> Other group	U <input type="checkbox"/> Unknown
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G1 Entry Method

 Entry Method

G2 Extent of Fire Involvement on Arrival

 Extent of Fire Involvement

H Incendiary Devices CONTAINER No container
 Select one from each category

11 <input type="checkbox"/> Bottle (glass)	12 <input type="checkbox"/> Bottle (plastic)	13 <input type="checkbox"/> Jug	14 <input type="checkbox"/> Pressurized container	15 <input type="checkbox"/> Can (not gas or fuel)	16 <input type="checkbox"/> Gasoline or fuel can	17 <input type="checkbox"/> Box	00 <input type="checkbox"/> Other Container	UU <input type="checkbox"/> Unknown
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IGNITION/DELAY DEVICE No device

11 <input type="checkbox"/> Wick or fuse	12 <input type="checkbox"/> Candle	13 <input type="checkbox"/> Cigarette and matchbook	14 <input type="checkbox"/> Electronic component	15 <input type="checkbox"/> Mechanical device	16 <input type="checkbox"/> Remote control	17 <input type="checkbox"/> Road flare/fuse	18 <input type="checkbox"/> Chemical component	19 <input type="checkbox"/> Trailer/streamer	20 <input type="checkbox"/> Open flame source	00 <input type="checkbox"/> Other delay device	UU <input type="checkbox"/> Unknown
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FUEL None

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

1 <input type="checkbox"/> Code violations	2 <input type="checkbox"/> Structure for sale	3 <input type="checkbox"/> Structure vacant	4 <input type="checkbox"/> Other crimes involved	5 <input type="checkbox"/> Illicit drug activity	6 <input type="checkbox"/> Change in insurance	7 <input type="checkbox"/> Financial problem	8 <input type="checkbox"/> Criminal/civil actions pending
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J Property Ownership

1 <input type="checkbox"/> Private	2 <input type="checkbox"/> City, town, village, local	3 <input type="checkbox"/> County or parish	4 <input type="checkbox"/> State or province	5 <input type="checkbox"/> Federal	6 <input type="checkbox"/> Foreign	7 <input type="checkbox"/> Military	0 <input type="checkbox"/> Other
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K Initial Observations Check all that apply

1 <input type="checkbox"/> Windows ajar	2 <input type="checkbox"/> Doors ajar	3 <input type="checkbox"/> Doors locked	4 <input type="checkbox"/> Doors unlocked	5 <input type="checkbox"/> Fire department forced entry	6 <input type="checkbox"/> Entry forced prior to FD arrival	7 <input type="checkbox"/> Security system activated	8 <input type="checkbox"/> Security system present (not activated)
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L Laboratory Used Check all that apply None

1 <input type="checkbox"/> Local	2 <input type="checkbox"/> State	3 <input type="checkbox"/> ATF	4 <input type="checkbox"/> FBI	5 <input type="checkbox"/> Other Federal	6 <input type="checkbox"/> Private
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NFIRS-11 Revision 01/01/04

A	FDID <input type="text"/> ☆	State <input type="text"/> ☆	Incident Date <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY ☆	Station <input type="text"/>	Incident Number <input type="text"/> ☆	Exposure <input type="text"/> ☆	<input type="checkbox"/> Delete	NFIRS-11 Juvenile Firesetter
							<input type="checkbox"/> Change	

<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">Complete this section if the person involved in the ignition of the fire was a child or Juvenile under the age of 18</p> </div>	M2 Age or Date of Birth <input type="text"/> <small>Age (in years)</small> <p style="text-align: center;">OR</p> <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	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 type="checkbox"/> Undetermined	M6 Family Type 1 <input type="checkbox"/> Single parent 2 <input type="checkbox"/> Foster parent(s) 3 <input 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 <small>Complete a separate Section M form for each juvenile</small> <input type="text"/> <small>Subject Number</small>	M3 Gender 1 <input 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 <small>Check only one of codes 1-3 and then all others (4-9) that apply</small> 1 <input type="checkbox"/> Mild curiosity about fire 2 <input type="checkbox"/> Moderate curiosity about fire 3 <input type="checkbox"/> Extreme curiosity about fire 4 <input 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 type="checkbox"/> History of fireplay or firesetting 9 <input type="checkbox"/> Transiency 0 <input type="checkbox"/> Other U <input type="checkbox"/> Unknown	M8 Disposition of Person Under 18 1 <input type="checkbox"/> Handled within department 2 <input type="checkbox"/> Released to parent/guardian 3 <input 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
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N Remarks (local use)

Arson and Juvenile Firesetter Module Test

1. The Arson Module may be used when (check all that apply):
 - (a) cause of Ignition is coded as intentional.
 - (b) cause of Ignition is coded as under investigation.
 - (c) cause of Ignition is coded as undetermined after investigation.
 - (d) documenting juvenile-set fires, whether intentional or not.

2. In the Arson Module, ORI and FID are examples of this data element:
 - (a) Agency Referred To.
 - (b) Laboratory Used.
 - (c) Section A Information.
 - (d) Other Investigative Information.

3. Extortion and curiosity are examples of this data element.
 - (a) Apparent Group Involvement.
 - (b) Case Status.
 - (c) Actions Taken.
 - (d) Suspected Motivation Factors.

4. Closed with exceptional clearance and investigation closed are examples of this data element.
 - (a) Case Status.
 - (b) Initial Observations.
 - (c) Actions Taken.
 - (d) Entry Method.

5. This data element is used to describe how the juvenile firesetter was handled at the end of the incident.
 - (a) Initial Observations.
 - (b) Case Status.
 - (c) Disposition.
 - (d) Actions Taken.