

A

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="text"/>	<input type="checkbox"/> Delete	NFIRS - 1 Basic
<input type="checkbox"/> Star	<input type="checkbox"/> Star	<input type="checkbox"/> Star		<input type="checkbox"/> Star	<input type="checkbox"/> Star	<input type="checkbox"/> Change	
						<input type="checkbox"/> No Activity	

B Location Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract -

<input type="checkbox"/> Street address	<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="checkbox"/> Intersection	Number/Milepost	Prefix	Street or Highway			Street Type	Suffix		
<input type="checkbox"/> In front of				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Rear of	Apt./Suite/Room	City				State	Zip Code		
<input type="checkbox"/> Adjacent to									
<input type="checkbox"/> Directions	Cross street or directions, as applicable								

C Incident Type <input type="text"/>	E1 Dates & Times <input type="text"/>	E2 Shifts & Alarms <input type="text"/>
Incident Type <input type="text"/>	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> Hour <input type="text"/> Min <input type="text"/>	Local Option <input type="text"/>
D Aid Given or Received <input type="checkbox"/>	Check boxes if dates are the same as Alarm Date.	Shift or platoon <input type="text"/> Alarms <input type="text"/> District <input type="text"/>
1 <input type="checkbox"/> Mutual aid received	Alarm <input type="checkbox"/> <input type="text"/>	E3 Special Studies <input type="text"/>
2 <input type="checkbox"/> Automatic aid recv.	<input type="checkbox"/> Arrival <input type="checkbox"/> <input type="text"/>	Local Option <input type="text"/>
3 <input type="checkbox"/> Mutual aid given	<input type="checkbox"/> Controlled <input type="checkbox"/> <input type="text"/>	Special Study ID# <input type="text"/>
4 <input type="checkbox"/> Automatic aid given	<input type="checkbox"/> Last Unit Cleared <input type="checkbox"/> <input type="text"/>	Special Study Value <input type="text"/>
5 <input type="checkbox"/> Other aid given		
N <input type="checkbox"/> None		

F Actions Taken <input type="text"/>	G1 Resources <input type="checkbox"/>	G2 Estimated Dollar Losses & Values
Primary Action Taken (1) <input type="text"/>	Check this box and skip this section if an Apparatus or Personnel form is used.	LOSSES: Required for all fires if known. Optional for non fires. None
Additional Action Taken (2) <input type="text"/>	Apparatus <input type="text"/> Personnel <input type="text"/>	Property \$ <input type="text"/> , <input type="text"/> , <input type="text"/> <input type="checkbox"/>
Additional Action Taken (3) <input type="text"/>	Suppression <input type="text"/>	Contents \$ <input type="text"/> , <input type="text"/> , <input type="text"/> <input type="checkbox"/>
	EMS <input type="text"/>	PRE-INCIDENT VALUE: Optional
	Other <input type="text"/>	Property \$ <input type="text"/> , <input type="text"/> , <input type="text"/> <input type="checkbox"/>
	<input type="checkbox"/> Check box if resource counts include aid received resources.	Contents \$ <input type="text"/> , <input type="text"/> , <input type="text"/> <input type="checkbox"/>

Completed Modules	H1 Casualties <input type="checkbox"/>	H3 Hazardous Materials Release	I Mixed Use Property
<input type="checkbox"/> Fire-2	Deaths <input type="text"/> Injuries <input type="text"/>	N <input type="checkbox"/> None	NN <input type="checkbox"/> Not mixed
<input type="checkbox"/> Structure-3	Fire Service <input type="text"/>	1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions	10 <input type="checkbox"/> Assembly Use
<input type="checkbox"/> Civilian Fire Cas.-4	Civilian <input type="text"/>	2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)	20 <input type="checkbox"/> Education use
<input type="checkbox"/> Fire Serv. Casualty-5		3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container	33 <input type="checkbox"/> Medical use
<input type="checkbox"/> EMS-6	H2 Detector	4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage	40 <input type="checkbox"/> Residential use
<input type="checkbox"/> HazMat-7	Required for confined fires.	5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage	51 <input type="checkbox"/> Row of stores
<input type="checkbox"/> Wildland Fire-8	1 <input type="checkbox"/> Detector alerted occupants	6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only	53 <input type="checkbox"/> Enclosed mall
<input type="checkbox"/> Apparatus-9	2 <input type="checkbox"/> Detector did not alert them	7 <input type="checkbox"/> Motor oil: from engine or portable container	58 <input type="checkbox"/> Business & residential
<input type="checkbox"/> Personnel-10	U <input type="checkbox"/> Unknown	8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons	59 <input type="checkbox"/> Office use
<input type="checkbox"/> Arson-11		0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form	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"/>	<input type="checkbox"/> Clinic, clinic type infirmary	<input type="checkbox"/> Household goods, sales, repairs
131 <input type="checkbox"/> Church, place of worship	<input type="checkbox"/> Doctor/dentist office	579 <input type="checkbox"/> Motor vehicle/boat sales/repairs
161 <input type="checkbox"/> Restaurant or cafeteria	<input type="checkbox"/> Prison or jail, not juvenile	571 <input type="checkbox"/> Gas or service station
162 <input type="checkbox"/> Bar/tavern or nightclub	<input type="checkbox"/> 1- or 2- family dwelling	599 <input type="checkbox"/> Business office
213 <input type="checkbox"/> Elementary school or kindergart.	<input type="checkbox"/> Multi-family dwelling	615 <input type="checkbox"/> Electric generating plant
215 <input type="checkbox"/> High school or junior high	<input type="checkbox"/> Rooming/boardng house	629 <input type="checkbox"/> Laboratory/science lab
241 <input type="checkbox"/> College, adult ed.	<input type="checkbox"/> Commercial hotel or motel	700 <input type="checkbox"/> Manufacturing plant
311 <input type="checkbox"/> Care facility for the aged	<input type="checkbox"/> Residential, board and care	819 <input type="checkbox"/> Livestock/poultry storage (barn)
331 <input type="checkbox"/> Hospital	<input type="checkbox"/> Dormitory/barracks	882 <input type="checkbox"/> Non-residential parking garage
	<input type="checkbox"/> Food and beverage sales	891 <input type="checkbox"/> Warehouse
Outside	<input type="checkbox"/> Vacant lot	<input type="checkbox"/> Construction site
124 <input type="checkbox"/> Playground or park	<input type="checkbox"/> Graded/cared for plot of land	984 <input type="checkbox"/> Industrial plant yard
655 <input type="checkbox"/> Crops or orchard	<input type="checkbox"/> Lake, river, stream	
669 <input type="checkbox"/> Forest (timberland)	<input type="checkbox"/> Railroad right of way	Look up and enter a Property Use code only if you have NOT checked a Property Use box: <input type="text"/>
807 <input type="checkbox"/> Outdoor storage area	<input type="checkbox"/> Other street	
919 <input type="checkbox"/> Dump or sanitary landfill	<input type="checkbox"/> Highway/divided highway	
931 <input type="checkbox"/> Open land or field	<input type="checkbox"/> Residential street/driveway	

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 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 section.

Business name (if applicable)

Area Code

Phone Number

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

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

Number Prefix Street or Highway Street Type Suffix



Post Office Box Apt./Suite/Room City

State Zip Code



Remarks:

Local Option

Fire Module Required?

Check the box that applies and then complete the additional Fire mod. based on Incident Type as follows:

- | | |
|---|--|
| <input type="checkbox"/> Buildings 111 | Complete Fire & Structure |
| <input type="checkbox"/> Special structure 112 | Complete Fire Mod. & the I block on Structure Module |
| <input type="checkbox"/> Confined 113-118 | Complete Basic Module |
| <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 |
| <input type="checkbox"/> Outside rubbish fire 150-155 | Complete Basic Module |
| <input type="checkbox"/> Special outside fire 160-164 | Complete Fire Module |
| <input type="checkbox"/> Crop fire 170-173 | Complete Fire 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

I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure complete the rest of this form <div style="border: 1px solid black; padding: 2px; margin-top: 5px; display: inline-block;"> Skip to Section L </div>	I2 Building Status ☆ <ul style="list-style-type: none"> 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	I3 Building Height ☆ Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; margin-top: 5px; display: inline-block;"> Skip to Section L </div>	I4 Main Floor Size ☆ <div style="border: 1px solid black; padding: 2px; margin-top: 5px; display: inline-block;"> Skip to Section L </div>
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J1 Fire Origin ☆ Story of fire origin <input type="checkbox"/> Below grade	J3 Number of Stories Damaged By Flame ☆ Count the ROOF as part of the highest story <ul style="list-style-type: none"> <input type="checkbox"/> Number of stories w/ minor damage (1 to 24% flame damage) <input type="checkbox"/> Number of stories w/ significant damage (25 to 49% flame damage) <input type="checkbox"/> Number of stories w/ heavy damage (50 to 74% flame damage) <input type="checkbox"/> Number of stories w/ extreme damage (75 to 100% flame damage) 	K Material Contributing Most To Flame Spread <ul style="list-style-type: none"> <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine ➔ Skip to Section L K1 <input type="checkbox"/> Item contributing most to flame spread K2 <input type="checkbox"/> Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.
J2 Fire Spread ☆ <ul style="list-style-type: none"> 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin 		

L1 Presence of Detectors ☆ (In area of the fire) <ul style="list-style-type: none"> N <input type="checkbox"/> None Present ➔ Skip to section M 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined 	L3 Detector Power Supply <ul style="list-style-type: none"> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	L5 Detector Effectiveness Required if detector operated. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type <ul style="list-style-type: none"> 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	L4 Detector Operation <ul style="list-style-type: none"> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated ➔ Complete Section L5 3 <input type="checkbox"/> Failed to operate ➔ Complete Section L6 U <input type="checkbox"/> Undetermined 	L6 Detector Failure Reason Required if detector failed to operate <ul style="list-style-type: none"> 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined

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

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

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

First Name MI Last Name Suffix Casualty Number

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

E₁ Race 1 White 2 Black 3 Am. Indian, Eskimo 4 Asian 0 Other, multi-racial U Undetermined

E₂ Ethnicity 1 Hispanic

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

G Date & Time of Injury Midnight is 0000. Date of Injury Month Day Year Time of Injury Hour Minutes

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

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

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

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

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

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

M₂ General Location at Time of Injury Check ONE box. If undetermined, leave blank and skip to Section N. 1 In area of fire origin Skip to Section N 2 In building, but not in area Skip to Section Ms 3 Outside, but not in area

M₃ Story at Start of Incident Complete ONLY if injury occurred INSIDE Story at START of incident below grade

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

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

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

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

P Disposition Transported to emergency care facility

Remarks Local option

NFIRS-4 Revision 11/17/98

A

FDID Star State Star Incident Date Star MM DD YYYY Station Incident Number Star Exposure Star Delete Change

**NFIRS - 5
Fire Service
Casualty**

B Injured Person

Identification Number 1 Male Star 1 Career 2 Female 2 Volunteer

First Name MI Last Name Suffix

C Casualty Number Star

Casualty Number

D Age or Date of Birth Star

Age OR Date of Birth Star

In years Month Day Year

E Date & Time of Injury Star Midnight is 0000.

Date of Injury Time of Injury

Month Day Year Hour Minutes

F Responses

Number of prior responses during past 24 hours

G1 Usual Assignment

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

G2 Physical Condition Just Prior To Injury

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

G3 Severity

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

G4 Taken To

1 Hospital
4 Doctor's office
5 Morgue/funeral home
6 Residence
7 Station or quarters
0 Other
N Not transported

G5 Activity at Time of Injury

Activity at time of injury

H1 Primary Apparent Symptom

Primary apparent symptom

H2 Primary Area of Body Injured

Primary injured body part or area

I1 Cause of Firefighter Injury

Cause of injury

I2 Factor Contributing to Injury

Contributing factor

I3 Object Involved in Injury

None

Object involved in injury

J1 Where Injury Occurred

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

J2 Story Where Injury Occurred

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

Story of injury Below grade

2 Injury occurred outside

J3 Specific Location Complete as applicable

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

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

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

Remarks

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

NFIRS-5 Revision 8/18/99

K1 Did protective equipment fail and contribute to the injury?
Please complete the remainder of this form ONLY if you answered YES.

Yes Y
No N

Equipment Sequence Number

**NFIRS - 5
Fire Service
Casualty**

K2 Protective Equipment Item

Head or Face Protection

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

Coat, shirt, or trousers

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

Boots or Shoes

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

Respiratory Protection

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

Hand Protection

- 51 Firefighter gloves w/ wristlets
- 52 Firefighter gloves without wristlets
- 53 Work gloves
- 54 Hazmat gloves
- 55 Medical gloves
- 50 Other

Special Equipment

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

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

K3 Protective Equipment Problem

Check one box to indicate the main problem that occurred.

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

K4 Equipment Manufacturer, Model & Serial Number

Manufacturer
Model
Serial Number

A FDID State Incident Date Station Incident Number Exposure Delete Change **NFIRS-6 EMS**

B Number of Patients Patient Number **C** Date/Time Time Arrived at Patient Time of Patient Transfer

Use a separate form for each patient

Check if same date as alarm date

Month Day Year Hour/Min

D Provider Impression/Assessment Check one box only

10 <input type="checkbox"/> Abdominal pain	18 <input type="checkbox"/> Chest pain	26 <input type="checkbox"/> Hypovolemia	34 <input type="checkbox"/> Sexual assault
11 <input type="checkbox"/> Airway obstruction	19 <input type="checkbox"/> Diabetic symptom	27 <input type="checkbox"/> Inhalation injury	35 <input type="checkbox"/> Sting/bite
12 <input type="checkbox"/> Allergic reaction	20 <input type="checkbox"/> Do not resuscitate	28 <input type="checkbox"/> Obvious death	36 <input type="checkbox"/> Stroke/CVA
13 <input type="checkbox"/> Altered LOC	21 <input type="checkbox"/> Electrocutation	29 <input type="checkbox"/> OD/poisoning	37 <input type="checkbox"/> Syncope
14 <input type="checkbox"/> Behavioral/psych	22 <input type="checkbox"/> General illness	30 <input type="checkbox"/> Pregnancy/OB	38 <input type="checkbox"/> Trauma
15 <input type="checkbox"/> Burns	23 <input type="checkbox"/> Hemorrhaging/bleeding	31 <input type="checkbox"/> Respiratory arrest	00 <input type="checkbox"/> Other
16 <input type="checkbox"/> Cardiac arrest	24 <input type="checkbox"/> Hyperthermia	32 <input type="checkbox"/> Respiratory distress	NN <input type="checkbox"/> None/no patient or refused treatment
17 <input type="checkbox"/> Cardiac dysrhythmia	25 <input type="checkbox"/> Hypothermia	33 <input type="checkbox"/> Seizure	

E1 Age or Date of Birth Age <input type="checkbox"/> Months (for infants) OR Month Day Year	F1 Race 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian/Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined	G1 Human Factors 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 drugs 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 N <input type="checkbox"/> None	G2 Other Factors 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 N <input type="checkbox"/> None
E2 Gender 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	F2 Ethnicity 1 <input type="checkbox"/> Hispanic		

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
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I Procedures Used 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"/> Prerarrival instructions 21 <input type="checkbox"/> Restrain patient 22 <input type="checkbox"/> Spinal immobilization 23 <input type="checkbox"/> Splint extremities 24 <input type="checkbox"/> Suction/aspirate NN <input type="checkbox"/> No Treatment 00 <input type="checkbox"/> Other	J Safety Equipment Used or deployed by Patient 1 <input type="checkbox"/> Safety/seat belts 2 <input type="checkbox"/> Child safety seat 3 <input type="checkbox"/> Airbag 4 <input type="checkbox"/> Helmet 5 <input type="checkbox"/> Protective clothing 6 <input type="checkbox"/> Flotation device N <input type="checkbox"/> None 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	K Cardiac Arrest Check all applicable boxes 1 <input type="checkbox"/> Pre-arrival arrest? If pre-arrival arrest, was it? 1 <input type="checkbox"/> Witnessed 2 <input type="checkbox"/> Bystander CPR 2 <input type="checkbox"/> Post-arrival arrest? Initial Arrest Rhythm 1 <input type="checkbox"/> V-Fib/ V-Tach 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
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L1 Initial Level of Provider <input type="checkbox"/> 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	L2 Highest Level of Provider On Scene 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 care provided	M Patient Status 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	N Disposition 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 N <input type="checkbox"/> Not transported
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A FDID Star State Star Incident Date MM DD YYYY Star Station Incident Number Star Exposure Star Haz No Star Delete Change **NFIRS - 7 HazMat**

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

<p>C1 Container Type</p> <p><input type="text"/></p> <p>Container Type</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>More hazardous materials? Use additional sheets.</p> </div>	<p>C2 Estimated Container Capacity</p> <p><input type="text"/>, <input type="text"/>, <input type="text"/></p> <p>Capacity: by volume or weight</p>	<p>D1 Estimated Amount Released <input type="checkbox"/> Star</p> <p><input type="text"/>, <input type="text"/>, <input type="text"/></p> <p>Amount released: by volume or weight</p>	<p>E1 Physical State When Released</p> <p>1 <input type="checkbox"/> Solid</p> <p>2 <input type="checkbox"/> Liquid</p> <p>3 <input type="checkbox"/> Gas</p> <p>U <input type="checkbox"/> Undetermined</p>
	<p>C3 Units: Capacity Check one box</p> <p>VOLUME</p> <p>11 <input type="checkbox"/> Ounces</p> <p>12 <input type="checkbox"/> Gallons</p> <p>13 <input type="checkbox"/> Barrels: 42 gal.</p> <p>14 <input type="checkbox"/> Liters</p> <p>15 <input type="checkbox"/> Cubic feet</p> <p>16 <input type="checkbox"/> Cubic meters</p> <p>WEIGHT</p> <p>21 <input type="checkbox"/> Ounces</p> <p>22 <input type="checkbox"/> Pounds</p> <p>23 <input type="checkbox"/> Grams</p> <p>24 <input type="checkbox"/> Kilograms</p>	<p>D2 Units: Released Check one box</p> <p>VOLUME</p> <p>11 <input type="checkbox"/> Ounces</p> <p>12 <input type="checkbox"/> Gallons</p> <p>13 <input type="checkbox"/> Barrels: 42 gal.</p> <p>14 <input type="checkbox"/> Liters</p> <p>15 <input type="checkbox"/> Cubic feet</p> <p>16 <input type="checkbox"/> Cubic meters</p> <p>WEIGHT</p> <p>21 <input type="checkbox"/> Ounces</p> <p>22 <input type="checkbox"/> Pounds</p> <p>23 <input type="checkbox"/> Grams</p> <p>24 <input type="checkbox"/> Kilograms</p>	<p>E2 Released Into</p> <p><input type="text"/></p> <p>Released into</p>

<p>Complete the remainder of this form only for the first hazardous material involved in this incident.</p>	<p>F2 Population Density</p> <p>1 <input type="checkbox"/> Urban</p> <p>2 <input type="checkbox"/> Suburban</p> <p>3 <input type="checkbox"/> Rural</p>	<p>G2 Area Evacuated <input type="checkbox"/> None</p> <p>1 <input type="checkbox"/> Square Feet <input type="text"/>, <input type="text"/></p> <p>2 <input type="checkbox"/> Blocks Enter Measurement</p> <p>3 <input type="checkbox"/> Square Miles</p>	<p>H HazMat Actions Taken</p> <p>Enter up to three actions taken</p> <p><input type="text"/></p> <p>Primary Action Taken (1)</p> <p><input type="text"/></p> <p>Additional Action Taken (2)</p> <p><input type="text"/></p> <p>Additional Action Taken (3)</p>
	<p>F1 Released From:</p> <p>Check all applicable boxes</p> <p><input type="checkbox"/> Below grade</p> <p>1 <input type="checkbox"/> Inside/on structure <input type="text"/> Story of release</p> <p>2 <input type="checkbox"/> Outside of structure</p>	<p>G1 Area Affected</p> <p>1 <input type="checkbox"/> Square Feet</p> <p>2 <input type="checkbox"/> Blocks</p> <p>3 <input type="checkbox"/> Square Miles</p> <p><input type="text"/>, <input type="text"/></p> <p>Enter measurement</p>	<p>G3 Estimated Number of People Evacuated</p> <p><input type="text"/>, <input type="text"/></p>

<p>J Cause of Release <input type="checkbox"/> Star</p> <p>1 <input type="checkbox"/> Intentional</p> <p>2 <input type="checkbox"/> Unintentional release</p> <p>3 <input type="checkbox"/> Container/containment failure</p> <p>4 <input type="checkbox"/> Act of nature</p> <p>5 <input type="checkbox"/> Cause under investigation</p> <p>U <input type="checkbox"/> Cause undetermined after investigation</p>	<p>K Factors Contributing to Release</p> <p>Enter up to three contributing factors</p> <p><input type="text"/></p> <p>Factor Contributing To Release (1)</p> <p><input type="text"/></p> <p>Factor Contributing To Release (2)</p> <p><input type="text"/></p> <p>Factor Contributing To Release (3)</p>	<p>L Factors Affecting Mitigation</p> <p>Enter up to three factors or impediments that affected the mitigation of the incident</p> <p><input type="text"/></p> <p>Factor or impediment (1)</p> <p><input type="text"/></p> <p>Factor or impediment (2)</p> <p><input type="text"/></p> <p>Factor or impediment (3)</p>
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<p>M Equipment Involved In Release <input type="checkbox"/> None</p> <p><input type="text"/></p> <p>Equipment involved in release</p> <p>Brand <input type="text"/></p> <p>Model <input type="text"/></p> <p>Serial Number <input type="text"/></p> <p>Year <input type="text"/></p>	<p>N Mobile Property Involved in Release <input type="checkbox"/> None</p> <p><input type="text"/></p> <p>Mobile property type</p> <p><input type="text"/></p> <p>Mobile property make</p> <p>Model <input type="text"/> Year <input type="text"/></p> <p>License Plate Number <input type="text"/> State <input type="text"/></p> <p><input type="text"/></p> <p>DOT Number/ ICC Number</p>	<p>O HazMat Disposition <input type="checkbox"/> Star</p> <p>1 <input type="checkbox"/> Completed by fire service only</p> <p>2 <input type="checkbox"/> Completed w/ fire service present</p> <p>3 <input type="checkbox"/> Released to local agency</p> <p>4 <input type="checkbox"/> Released to county agency</p> <p>5 <input type="checkbox"/> Released to state agency</p> <p>6 <input type="checkbox"/> Released to federal agency</p> <p>7 <input type="checkbox"/> Released to private agency</p> <p>8 <input type="checkbox"/> Released to property owner or manager</p> <p>P HazMat Civilian Casualties</p> <p>Deaths <input type="text"/> Injuries <input type="text"/></p> <p>NFIRS-7 Revision 5/6/99</p>
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A FDID Delete **NFIRS - 8 Wildland Fire**
 State Change
 Incident Date MM DD YYYY
 Station Incident Number Exposure

B Alternate Location Specification
 Enter latitude/longitude OR Section/Township/Range/Subsection/
 Meridian if Section B on the Basic Module is not completed

Latitude Longitude **OR**
 Township North South East West
 Range
 Section Subsection Meridian

C Area Type

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

D1 Wildland Fire Cause

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

D2 Human Factors Contributing To Ignition None
 Check as many boxes as are applicable.

1 Asleep
 2 Possible alcohol or drug impairment
 3 Unattended person
 4 Possibly mentally disabled
 5 Physically disabled
 6 Multiple persons involved
 7 Age was a factor

D3 Factors Contributing to Ignition
 #1 #2

D4 Fire Suppression Factors
 #1 #2 #3
 Enter up to three factors

E Heat Source

F Mobile Property Type

G Equipment Involved in Ignition

H Weather Information
 NFDRS Weather Station ID
 Weather Type Wind Direction
 Wind speed MPH Air Temperature F° Check if negative
 Relative Humidity Fuel Moisture Fire Danger Rating

I1 Number of Buildings Ignited None
 Number of buildings that were ignited in Wildland fire

I2 Number of Buildings Threatened None
 Number of buildings that were threatened by Wildland fire but were not involved

I3 Total Acres Burned

I4 Primary Crops Burned
 Identify up to 3 crops if any crops were burned
 Crop 1
 Crop 2
 Crop 3

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

Ownership Undetermined % Total Acres Burned
 Private
 1 Tax paying
 2 Non tax paying
 Public
 3 City, town, village, local
 4 County or parish
 5 State or province
 6 Federal Federal Agency Code
 7 Foreign
 8 Military
 0 Other

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

L1 Person Responsible For Fire
 1 Identified person caused fire
 2 Unidentified person caused fire
 3 Fire not caused by person
 If person identified complete the rest of Section L

L2 Gender of Person Involved
 1 Male
 2 Female

L3 Age or Date of Birth
 Age in Years Date of Birth
 Month Day Year

L4 Activity of Person
 Activity of Person Involved

M Right of Way
 Required if less than 100 feet
 Feet Horizontal distance from right of way
 Type of right of way

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

Elevation Feet
 Relative position on slope
 Aspect
 Feet Flame Length
 Chains per Hour Rate of spread

A	FDID <input type="text"/>	State <input type="text"/>	Incident Date <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel
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B Apparatus or Resource <input style="float:right" type="checkbox"/>	Dates and Times	Sent	Number of People <input style="float:right" type="checkbox"/>	Use <input style="float:right" type="checkbox"/>	Actions Taken
1 ID <input type="text"/> Type <input type="text"/>	<input type="checkbox"/> Check if same date as alarm date Month Day Year Hours/Mins	<input checked="" type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	List up to 4 actions for each apparatus and each personnel. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	#	

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

2 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	#	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Personnel ID <input style="float:right" type="checkbox"/>	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

3 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	#	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Personnel ID <input style="float:right" type="checkbox"/>	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

A FDID State Incident Date MM DD 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 <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	

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 motivation
		53 <input type="checkbox"/> Domestic violence	UU <input type="checkbox"/> Unknown motivation

F Apparent Group Involvement Check up to three factors

1 Terrorist group
 2 Gang
 3 Anti-government group
 4 Outlaw motorcycle organization
 5 Organized crime
 6 Racial/ethnic hate group
 7 Religious hate group
 8 Sexual preference hate group
 0 Other group
 N No group involvement, acted alone
 U Unknown

H Incendiary Devices Select one from each category

CONTAINER NN None

11 Bottle (glass) 14 Pressurized Container 17 Box
 12 Bottle (plastic) 15 Can 00 Other Container
 13 Jug 16 Gasoline or fuel can UU Unknown

IGNITION/DELAY DEVICE NN None

11 Wick or Fuse 17 Road flare/fuse
 12 Candle 18 Chemical Component
 13 Cigarette & Matchbook 19 Trailer/Streamer
 14 Electronic Component 20 Open flame source
 15 Mechanical Device 00 Other delay device
 16 Remote Control UU Unknown

G1 Entry Method

Entry Method

FUEL NN None

11 Ordinary Combustibles 16 Pyrotechnic material
 12 Flammable gas 17 Explosive material
 14 Ignitable liquid 00 Other material
 15 Ignitable solid UU Unknown

G2 Extent of Fire Involvement on Arrival

Extent of Fire Involvement

I Other Investigative Information Check all that apply

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

J Property Ownership

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

K Initial Observations Check all that apply

1 Windows ajar 5 Fire department forced entry
 2 Doors ajar 6 Forced entry prior to FD arrival
 3 Doors locked 7 Security system activated
 4 Doors unlocked 8 Security present, (didn't activate)

L Laboratory Used Check all that apply

1 Local 3 ATF 5 Other 6 Private
 2 State 4 FBI Federal N None

NFIRS-11 Revision 11/17/98

K

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"/>
		MM DD YYYY			

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

Local Option Business name if applicable 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 -

K2 Person/Entity Involved

Business name if applicable 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 number Apt./Suite/Room City

State Zip Code -

K3 Person/Entity Involved

Business name if applicable 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 number Apt./Suite/Room City

State Zip Code -

K4 Person/Entity Involved

Business name if applicable 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 -

K5 Person/Entity Involved

Business name if applicable 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 number Apt./Suite/Room City

State Zip Code -

L1

Supplemental Special Studies

Local Option

Page Number

**NFIRS - 1S
Supplemental**

1
Special Special
Study ID# Study Value

2
Special Special
Study ID# Study Value

3
Special Special
Study ID# Study Value

4
Special Special
Study ID# Study Value

5
Special Special
Study ID# Study Value

6
Special Special
Study ID# Study Value

7
Special Special
Study ID# Study Value

8
Special Special
Study ID# Study Value

L2

Remarks:

Local Option