

A FDID Star State Star Incident Date Star MM DD YYYY Station Incident Number Star Exposure Star Delete Change No Activity **NFIRS-1 Basic**

B Location Type Star Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. Census Tract _____-_____
 Street address
 Intersection Number/Milepost Prefix Street or Highway Street Type Suffix
 In front of
 Rear of
 Adjacent to Apt./Suite/Room City State ZIP Code
 Directions
 U.S. National Grid Cross Street, Directions or National Grid, as applicable

C Incident Type Star
 Incident Type _____

E1 Dates and Times Midnight is 0000
 Check boxes if dates are the same as Alarm Date.
 Alarm Star Month Day Year Hour Min
 ALARM always required

E2 Shifts and Alarms Local Option
 Shift or Platoon Alarms District

D Aid Given or Received Star None
 1 Mutual aid received
 2 Auto. aid received
 3 Mutual aid given
 4 Auto. aid given
 5 Other aid given
 Their FDID Their State Their Incident Number

Arrival Star ARRIVAL required, unless canceled or did not arrive
 Controlled CONTROLLED optional, except for wildland fires
 Last Unit Cleared LAST UNIT CLEARED, required except for wildland fires

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

F Actions Taken Star
 Primary Action Taken (1)
 Additional Action Taken (2)
 Additional Action Taken (3)

G1 Resources Star
 Check this box and skip this block if an Apparatus or Personnel Module is used.
 Apparatus Personnel
 Suppression
 EMS
 Other
 Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses and Values
LOSSES: Required for all fires if known. Optional for non-fires. None
 Property \$ _____, _____, _____
 Contents \$ _____, _____, _____
PRE-INCIDENT VALUE: Optional
 Property \$ _____, _____, _____
 Contents \$ _____, _____, _____

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

H1 Casualties None
 Deaths Injuries
 Fire Service _____
 Civilian _____
H2 Detector Required for confined fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release None
 1 Natural gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21-lb tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable storage
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling <55 gallons
 0 Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)

Mixed Use Property Not mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Business & residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use Star None
Structures
 131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school, kindergarten
 215 High school, junior high
 241 College, adult education
 311 Nursing home
 331 Hospital
Outside
 124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field

341 Clinic, clinic-type infirmary
 342 Doctor/Dentist office
 361 Prison or jail, not juvenile
 419 1- or 2-family dwelling
 429 Multifamily dwelling
 439 Rooming/Boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/Barracks
 519 Food and beverage sales
 936 Vacant lot
 938 Graded/Cared for plot of land
 946 Lake, river, stream
 951 Railroad right-of-way
 960 Other street
 961 Highway/Divided highway
 962 Residential street/driveway

539 Household goods, sales, repairs
 571 Gas or service station
 579 Motor vehicle/boat sales/repairs
 599 Business office
 615 Electric-generating plant
 629 Laboratory/Science laboratory
 700 Manufacturing plant
 819 Livestock/Poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse
 981 Construction site
 984 Industrial plant yard
 Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
 Property Use Code
 Property Use Description

K1 Person/Entity Involved

Local Option

Business Name (if applicable)

Area Code

Phone Number

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

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

Number Prefix Street or Highway Street Type Suffix



Post Office Box Apt./Suite/Room City

State ZIP Code

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

K2 Owner

Local Option

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

Business Name (if applicable)

Area Code

Phone Number

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

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

Number Prefix Street or Highway Street Type Suffix



Post Office Box Apt./Suite/Room City

State ZIP Code



Remarks:

Local Option

Fire Module Required?

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

- | | |
|---|--|
| <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 & Structure Modules |
| <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

A

FDID State Incident Date MM DD YYYY Station Incident Number Exposure

Delete Change

NFIRS-2 Fire

B Property Details

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

B2 Buildings not involved
Number of buildings involved

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

C On-Site Materials or Products None

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

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

On-site material (1)

On-site material (2)

On-site material (3)

On-Site Materials Storage Use

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

D Ignition

D1
Area of fire origin

D2
Heat source

D3
Item first ignited

1 Check box if fire spread was confined to object of origin.

D4
Type of material first ignited

Required only if item first ignited code is 00 or <70.

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

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

E2 Factors Contributing to Ignition None

Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition None

Check all applicable boxes

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

Estimated age of person involved

1 Male 2 Female

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

Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power Source

Equipment Power Source

F3 Equipment Portability

1 Portable
2 Stationary

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

G Fire Suppression Factors None

Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved None

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

Mobile property model

License Plate Number State VIN

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Year

Local Use

Pre-Fire Plan Available

Some of the information presented in this report may be based upon reports from other agencies:

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

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

I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/Mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air-supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g., piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g., fences) 0 <input type="checkbox"/> Other type of structure 	I2 Building Status ☆ <ul style="list-style-type: none"> 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	I3 Building Height ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text"/> Total number of stories at or above grade. </div> <div style="margin-top: 10px;"> <input type="text"/> Total number of stories below grade. </div>	I4 Main Floor Size ☆ <div style="margin-top: 10px;"> <input type="text"/>, <input type="text"/>, <input type="text"/> Total square feet </div> <p style="text-align: center;">OR</p> <div style="margin-top: 10px;"> <input type="text"/>, <input type="text"/> BY <input type="text"/>, <input type="text"/> Length in feet Width in feet </div>
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NFIRS-3
Structure
Fire

J1 Fire Origin ☆ <input type="text"/> 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="text"/> Number of stories w/minor damage (1 to 24% flame damage) <input type="text"/> Number of stories w/significant damage (25 to 49% flame damage) <input type="text"/> Number of stories w/heavy damage (50 to 74% flame damage) <input type="text"/> Number of stories w/extreme damage (75 to 100% flame damage) 	K Type of Material Contributing Most to Flame Spread <input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. <div style="margin-top: 10px;"> <input type="text"/> Item contributing most to flame spread </div> <div style="margin-top: 10px;"> <input type="text"/> Type of material contributing most to flame spread Required only if item contributing code is 00 or <70. </div>
J2 Fire Spread ☆ If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module). <ul style="list-style-type: none"> 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 		

Skip to
Section L

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

Skip to
Section M

Complete
Block L5

Complete
Block L6

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

K1 Did protective equipment fail and contribute to the injury?

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

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

Head or Face Protection

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

Coat, Shirt, or Trousers

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

Boots or Shoes

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

Respiratory Protection

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

Hand Protection

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

Special Equipment

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

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

K3 Protective Equipment Problem

Check one box to indicate the main problem that occurred.

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

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

A FDID Delete Change
 State Incident Date Station Incident Number Exposure

B Number of Patients Patient Number
 Use a separate form for each patient

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

D Provider Impression/Assessment Check one box only None/no patient or refused treatment

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"/> Electrocution	29 <input type="checkbox"/> OD/Poisoning	37 <input type="checkbox"/> Syncope
14 <input type="checkbox"/> Behavioral/Psych	22 <input type="checkbox"/> General illness	30 <input type="checkbox"/> Pregnancy/OB	38 <input type="checkbox"/> Trauma
15 <input type="checkbox"/> Burns	23 <input type="checkbox"/> Hemorrhaging/Bleeding	31 <input type="checkbox"/> Respiratory arrest	00 <input type="checkbox"/> Other
16 <input type="checkbox"/> Cardiac arrest	24 <input type="checkbox"/> Hyperthermia	32 <input type="checkbox"/> Respiratory distress	
17 <input type="checkbox"/> Cardiac dysrhythmia	25 <input type="checkbox"/> Hypothermia	33 <input type="checkbox"/> Seizure	

E1 Age or Date of Birth Months (for infants)
 Age OR
 Month Day Year

F1 Race None

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

G1 Human Factors Contributing to Injury None
 Check all applicable boxes

1 Asleep
 2 Unconscious
 3 Possibly impaired by alcohol
 4 Possibly impaired by drug
 5 Possibly mentally disabled
 6 Physically disabled
 7 Physically restrained
 8 Unattended person

G2 Other Factors None

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

1 Accidental
 2 Self-inflicted
 3 Inflicted, not self

E2 Gender
 1 Male 2 Female

F2 Ethnicity

1 Hispanic or Latino
 2 Non Hispanic or Latino

H1 Body Site of Injury
 List up to five body sites

H2 Injury Type
 List one injury type for each body site listed under H1

H3 Cause of Illness/Injury
 Cause of illness/injury

I Procedures Used No treatment
 Check all applicable boxes

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

J Safety Equipment None
 Used or deployed by patient. Check all applicable boxes.

1 Safety/Seat belts
 2 Child safety seat
 3 Airbag
 4 Helmet
 5 Protective clothing
 6 Flotation device
 0 Other
 U Undetermined

K Cardiac Arrest None
 Check all applicable boxes

1 Pre-arrival arrest?
 If pre-arrival arrest, was it:
 1 Witnessed?
 2 Bystander CPR?
 2 Post-arrival arrest?
 Initial Arrest Rhythm
 1 V-Fib/V-Tach
 0 Other
 U Undetermined

L1 Initial Level of Provider None

1 First Responder
 2 EMT-B (Basic)
 3 EMT-I (Intermediate)
 4 EMT-P (Paramedic)
 0 Other provider
 N No Training

L2 Highest Level of Care Provided On Scene None

1 First Responder
 2 EMT-B (Basic)
 3 EMT-I (Intermediate)
 4 EMT-P (Paramedic)
 0 Other provider

M Patient Status

1 Improved
 2 Remained same
 3 Worsened

Check if:
 1 Pulse on transfer
 2 No pulse on transfer

N EMS Disposition Not transported

1 FD transport to ECF
 2 Non-FD transport
 3 Non-FD trans/FD attend
 4 Non-emergency transfer
 0 Other

A

FDID State Incident Date MM DD YYYY Station Incident Number Exposure

Delete Change

NFIRS-8 Wildland Fire

B Alternate Location Specification

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

Latitude Longitude

OR

Township Range Section Subsection Meridian

North South East West

C Area Type

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

D1 Wildland Fire Cause

1 Natural source
 2 Equipment
 3 Smoking
 4 Open/Outdoor fire
 5 Debris/Vegetation burn
 6 Structure (exposure)
 7 Incendiary

8 Misuse of fire
 0 Other
 U Undetermined

D2 Human Factors Contributing to Ignition

Check as many boxes as are applicable.

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

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 / /

OR / /

Month Day Year

L4 Activity of Person Involved

Activity of Person Involved

M Type of Right-of-Way

Required if less than 100 feet.

Feet Type of right-of-way

Horizontal distance from right-of-way

N Fire Behavior

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

Feet
Elevation

Relative position on slope

Aspect

Feet
Flame length

Chains per Hour
Rate of spread

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

B Agency Referred To None
 Agency Name Their case number
 Number Prefix Street or Highway Street Type Suffix Their ORI
 Post Office Box Apt./Suite/Room City Their Federal Identifier (FID)
 State ZIP Code Agency phone number 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 Extortion 22 Hate crime 42 Vanity/Recognition 54 Burglary
 12 Labor unrest 23 Institutional 43 Thrills 61 Homicide concealment
 13 Insurance fraud 24 Societal 44 Attention/Sympathy 62 Burglary concealment
 14 Intimidation 31 Protest 45 Sexual excitement 63 Auto theft concealment
 15 Void contract/lease 32 Civil unrest 51 Homicide 64 Destroy records/evidence
 21 Personal 41 Fireplay/Curiosity 52 Suicide 00 Other suspected motivation
 53 Domestic violence UU Unknown motivation

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

H Incendiary Devices CONTAINER No container
 Select one from each category
 11 Bottle (glass) 14 Pressurized container 17 Box
 12 Bottle (plastic) 15 Can (not gas or fuel) 00 Other Container
 13 Jug 16 Gasoline or fuel can UU Unknown

IGNITION/DELAY DEVICE No device
 11 Wick or fuse 17 Road flare/fuse
 12 Candle 18 Chemical component
 13 Cigarette and matchbook 19 Trailer/Streamer
 14 Electronic component 20 Open flame source
 15 Mechanical device 00 Other delay device
 16 Remote control UU Unknown

G1 Entry Method
 Entry Method

FUEL None
 11 Ordinary combustibles 16 Pyrotechnic material
 12 Flammable gas 17 Explosive material
 14 Ignitable liquid 00 Other material
 15 Ignitable solid UU Unknown

G2 Extent of Fire Involvement on Arrival
 Extent of Fire Involvement

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

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

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

L Laboratory Used Check all that apply None
 1 Local 3 ATF 5 Other 6 Private
 2 State 4 FBI Federal

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

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Post Office Box Apt./Suite/Room City
State ZIP Code

E3

Supplemental Special Studies

Local Option

**NFIRS-1S
Supplemental**

1

Special Study ID#	Special Study Value
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2

Special Study ID#	Special Study Value
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3

Special Study ID#	Special Study Value
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4

Special Study ID#	Special Study Value
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5

Special Study ID#	Special Study Value
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6

Special Study ID#	Special Study Value
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7

Special Study ID#	Special Study Value
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8

Special Study ID#	Special Study Value
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L

Remarks:

Local Option