

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

Delete Change No Activity

NFIRS-1 Basic
OMB 1660-0069
Expires 04/30/2019
*Paperwork Burden Notice on Back

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.

Street address Intersection In front of Rear of Adjacent to Directions U.S. National Grid

Number/Milepost Prefix Street or Highway Street Type Suffix

Apt./Suite/Room City State ZIP Code

Census Tract -

Cross Street, Directions or National Grid, as applicable

C Incident Type Star

Incident Type

E1 Dates and Times Midnight is 0000

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

Check boxes if dates are the same as Alarm Date.

Alarm Star

ARRIVAL required, unless canceled or did not arrive

Arrival Star

CONTROLLED optional, except for wildland fires

Controlled

LAST UNIT CLEARED, required except for wildland fires

Last Unit Cleared

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.)

I Mixed Use Property Not mixed

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

J Property Use Star None

Structures

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

Outside

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

341 Clinic, clinic-type infirmary
342 Doctor/Dentist office
361 Prison or jail, not juvenile
419 1- or 2-family dwelling
429 Multifamily dwelling
439 Rooming/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 Description Code

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NFIRS-1

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NOTE: Do not send your completed form to this address.

K1 Person/Entity Involved

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

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

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

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State ZIP Code - _____

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

K2 Owner

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

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

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

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

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State ZIP Code - _____

L **Remarks:**

Local Option

Fire Module Required?

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

<input type="checkbox"/> Buildings 111	Complete Fire & Structure Modules
<input type="checkbox"/> Special structure 112	Complete Fire Module & Section I, Structure Module
<input type="checkbox"/> Confined 113-118	Basic Module Only
<input type="checkbox"/> Mobile property 120-123	Complete Fire & 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 161-164	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 _____

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NFIRS-1S**

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E3

Supplemental Special Studies

Local Option

**NFIRS-1S
Supplemental**

1
Special Study ID# Special Study Value

2
Special Study ID# Special Study Value

3
Special Study ID# Special Study Value

4
Special Study ID# Special Study Value

5
Special Study ID# Special Study Value

6
Special Study ID# Special Study Value

7
Special Study ID# Special Study Value

8
Special Study ID# Special Study Value

L

Remarks:

Local Option

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NFIRS-1S**

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B Property Details

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

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

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

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

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

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 **None**

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** **None**

Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power Source

Equipment Power Source

F3 Equipment Portability

1 Portable
2 Stationary

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

G Fire Suppression Factors **None**

Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved **None**

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

Mobile property model

License Plate Number State VIN

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Year

Local Use

Pre-Fire Plan Available

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

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

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

***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-2**

Paperwork burden for this form (NFIRS Version 5.0 Modules 1-12 (Electronic)) is estimated to average 27 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collection Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472. Paperwork Reduction Project (1660-0069)

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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"/> In normal use 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; width: 50px; margin: 5px 0;"> _____ </div> Total number of stories at or above grade. <div style="border: 1px solid black; padding: 2px; width: 50px; margin: 5px 0;"> _____ </div> Total number of stories below grade.	I4 Main Floor Size ☆ <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 5px 0;"> _____, _____, _____ </div> Total square feet <p style="text-align: center; font-weight: bold; margin: 10px 0;">OR</p> <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 5px 0;"> _____ BY _____ </div> Length in feet Width in feet
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NFIRS-3 Structure Fire
 OMB 1660-0069
 Expires 04/30/2019
 *Paperwork Burden Notice on Back

J1 Fire Origin ☆ <div style="border: 1px solid black; padding: 2px; width: 50px; margin: 5px 0;"> _____ </div> 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. <div style="border: 1px solid black; padding: 2px; width: 50px; margin: 5px 0;"> _____ </div> Number of stories w/minor damage (1 to 24% 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="border: 1px solid black; padding: 2px; width: 50px; margin: 5px 0; float: right;"> Skip to Section L </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 	<div style="border: 1px solid black; padding: 2px; width: 50px; margin: 5px 0;"> _____ </div> Number of stories w/significant damage (25 to 49% flame damage)	K1 <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 5px 0;"> _____ </div> Item contributing most to flame spread
	<div style="border: 1px solid black; padding: 2px; width: 50px; margin: 5px 0;"> _____ </div> Number of stories w/heavy damage (50 to 74% flame damage)	K2 <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 5px 0;"> _____ </div> Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.
	<div style="border: 1px solid black; padding: 2px; width: 50px; margin: 5px 0;"> _____ </div> Number of stories w/extreme damage (75 to 100% flame damage)	

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

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="border: 1px solid black; padding: 2px; width: 50px; margin: 5px 0;"> _____ </div> Number of sprinkler heads operating	

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A FDID State Incident Date Station Incident Number Exposure Delete Change

MM DD YYYY

NFIRS-4 Civilian Fire Casualty
OMB 1660-0069
Expires 04/30/2019
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B Injured Person Gender 1 Male 2 Female

First Name MI Last Name Suffix

C Casualty Number

Casualty Number

D Age or Date of Birth Months (for infants) OR Date of Birth

Age Month Day Year

E1 Race

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

E2 Ethnicity

1 Hispanic or Latino
0 Non Hispanic or Latino

F Affiliation

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

G Date and Time of Injury Midnight is 0000.

Date of Injury Time of Injury

Month Day Year Hour Minute

H Severity

1 Minor
2 Moderate
3 Severe
4 Life threatening
5 Death
U Undetermined

I Cause of Injury

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

J Human Factors Contributing to Injury None

Check all applicable boxes

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

K Factors Contributing to Injury None

Enter up to three contributing factors

Contributing factor (1)
Contributing factor (2)
Contributing factor (3)

L Activity When Injured

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

M1 Location at Time of Incident

1 In area of origin and not involved
2 Not in area of origin and not involved
3 Not in area of origin, but involved
4 In area of origin and involved
0 Other location
U Undetermined

M2 General Location at Time of Injury

1 In area of fire origin → Skip to Section N
2 In building, but not in area
3 Outside, but not in area → Skip to Block M5
U Undetermined

M3 Story at Start of Incident Complete ONLY if injury occurred INSIDE

Story at start of incident Below grade

M4 Story Where Injury Occurred

Story where injury occurred, if different from M3 Below grade

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

Specific location at time of injury

N Primary Apparent Symptom

01 Smoke only, asphyxiation
11 Burns and smoke inhalation
12 Burns only
21 Cut, laceration
33 Strain or sprain
96 Shock
98 Pain only

Look up a code only if the symptom is NOT found above

Primary apparent symptom

O Primary Area of Body Injured

1 Head
2 Neck and shoulder
3 Thorax
4 Abdomen
5 Spine
6 Upper extremities
7 Lower extremities
8 Internal
9 Multiple body parts

P Disposition

Transported to emergency care facility

Remarks Local option

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NFIRS-4

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A	<input type="text" value="____"/> FDID ★	<input type="text" value="____"/> State ★	<input type="text" value="____"/> MM <input type="text" value="____"/> DD <input type="text" value="____"/> YYYY Incident Date ★	<input type="text" value="____"/> Station	<input type="text" value="____"/> Incident Number ★	<input type="text" value="____"/> Exposure ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change
----------	---	--	--	--	--	---	--

B Injured Person <input type="text" value="____"/> Identification Number <input type="text" value="____"/> 1 Male ★ <input type="text" value="____"/> 1 Career <input type="text" value="____"/> 2 Female <input type="text" value="____"/> 2 Volunteer <input type="text" value="____"/> First Name <input type="text" value="____"/> MI <input type="text" value="____"/> Last Name <input type="text" value="____"/> Suffix	C Casualty Number ★ <input type="text" value="____"/> Casualty Number
--	--

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

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

H1 Primary Apparent Symptom <input type="text" value="____"/> Primary apparent symptom	I1 Cause of Firefighter Injury <input type="text" value="____"/> Cause of injury	I3 Object Involved in Injury <input type="checkbox"/> None <input type="text" value="____"/> Object involved in injury
H2 Primary Part of Body Injured <input type="checkbox"/> None <input type="text" value="____"/> Primary injured body part	I2 Factor Contributing to Injury <input type="checkbox"/> None <input type="text" value="____"/> Contributing factor	

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

Paperwork burden for this form (NFIRS Version 5.0 Modules 1-12 (Electronic)) is estimated to average 27 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collection Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472. Paperwork Reduction Project (1660-0069)

NOTE: Do not send your completed form to this address.

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
NumberNFIRS-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

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NFIRS-5**

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NOTE: Do not send your completed form to this address.

A FDID Star State Star Incident Date Star Station Incident Number Star Exposure Star

Delete Change

B Number of Patients Patient Number Star

Use a separate form for each patient

C Date/Time None/no patient or refused treatment

Month Day Year Hour/Min

Check if same date as Alarm date Time Arrived at Patient

Time of Patient Transfer

D Provider Impression/Assessment Star Check one box only

10 <input type="checkbox"/> Abdominal pain	18 <input type="checkbox"/> Chest pain	26 <input type="checkbox"/> Hypovolemia	34 <input type="checkbox"/> Sexual assault
11 <input type="checkbox"/> Airway obstruction	19 <input type="checkbox"/> Diabetic symptom	27 <input type="checkbox"/> Inhalation injury	35 <input type="checkbox"/> Sting/Bite
12 <input type="checkbox"/> Allergic reaction	20 <input type="checkbox"/> Do not resuscitate	28 <input type="checkbox"/> Obvious death	36 <input type="checkbox"/> Stroke/CVA
13 <input type="checkbox"/> Altered LOC	21 <input type="checkbox"/> 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

1 White

2 Black, African American

3 Am. Indian, Alaska Native

4 Asian

5 Native Hawaiian, Other Pacific Islander

0 Other, multiracial

U Undetermined

G1 Human Factors Contributing to Injury None

Check all applicable boxes

1 Asleep

2 Unconscious

3 Possibly impaired by alcohol

4 Possibly impaired by drug

5 Possibly mentally disabled

6 Physically disabled

7 Physically restrained

8 Unattended person

G2 Other Factors None

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

1 Accidental

2 Self-inflicted

3 Inflicted, not self

E2 Gender

1 Male 2 Female

F2 Ethnicity

1 Hispanic or Latino

2 Non Hispanic or Latino

H1 Body Site of Injury

List up to five body sites

H2 Injury Type

List one injury type for each body site listed under H1

H3 Cause of Illness/Injury

Cause of illness/Injury

I Procedures Used Check all applicable boxes No treatment

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

J Safety Equipment None

Used or deployed by patient. Check all applicable boxes.

1 Safety/Seat belts

2 Child safety seat

3 Airbag

4 Helmet

5 Protective clothing

6 Flotation device

0 Other

U Undetermined

K Cardiac Arrest Check all applicable boxes

1 Pre-arrival arrest?

If pre-arrival arrest, was it:

1 Witnessed?

2 Bystander CPR?

2 Post-arrival arrest?

Initial Arrest Rhythm

1 V-Fib/V-Tach

0 Other

U Undetermined

L1 Initial Level of Provider Star

1 First Responder

2 EMT-B (Basic)

3 EMT-I (Intermediate)

4 EMT-P (Paramedic)

0 Other provider

N No Training

L2 Highest Level of Care Provided On Scene None

1 First Responder

2 EMT-B (Basic)

3 EMT-I (Intermediate)

4 EMT-P (Paramedic)

0 Other provider

M Patient Status

1 Improved

2 Remained same

3 Worsened

Check if:

1 Pulse on transfer

2 No pulse on transfer

N EMS Disposition Not transported

1 FD transport to ECF

2 Non-FD transport

3 Non-FD trans/FD attend

4 Non-emergency transfer

0 Other

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NFIRS-6**

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A FDID Star State Star Incident Date Star Station Incident Number Star Exposure Star Haz No. Star Delete Change

MM DD YYYY

NFIRS-7 HazMat
OMB 1660-0069
Expires 04/30/2019
*Paperwork Burden Notice on Back

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

<p>C1 Container Type <input type="checkbox"/> None</p> <p>Container Type</p> <p>More hazardous materials? Use additional sheets.</p>	<p>C2 Estimated Container Capacity</p> <p>Capacity: by volume or weight</p>	<p>D1 Estimated Amount Released <input type="checkbox"/> Star</p> <p>Amount released: by volume or weight</p>	<p>E1 Physical State When Released</p> <p>1 <input type="checkbox"/> Solid 2 <input type="checkbox"/> Liquid 3 <input type="checkbox"/> Gas U <input type="checkbox"/> Undetermined</p>
	<p>C3 Units: Capacity Check one box</p> <p>VOLUME WEIGHT</p> <p>11 <input type="checkbox"/> Ounces 21 <input type="checkbox"/> Ounces 12 <input type="checkbox"/> Gallons 22 <input type="checkbox"/> Pounds 13 <input type="checkbox"/> Barrels: 42 gal. 23 <input type="checkbox"/> Grams 14 <input type="checkbox"/> Liters 24 <input type="checkbox"/> Kilograms 15 <input type="checkbox"/> Cubic feet 16 <input type="checkbox"/> Cubic meters</p> <p>MICRO UNITS <input type="checkbox"/> Enter Code</p>	<p>D2 Units: Released Check one box</p> <p>VOLUME WEIGHT</p> <p>11 <input type="checkbox"/> Ounces 21 <input type="checkbox"/> Ounces 12 <input type="checkbox"/> Gallons 22 <input type="checkbox"/> Pounds 13 <input type="checkbox"/> Barrels: 42 gal. 23 <input type="checkbox"/> Grams 14 <input type="checkbox"/> Liters 24 <input type="checkbox"/> Kilograms 15 <input type="checkbox"/> Cubic feet 16 <input type="checkbox"/> Cubic meters</p> <p>MICRO UNITS <input type="checkbox"/> Enter Code</p>	<p>E2 Released Into</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 2 <input type="checkbox"/> Suburban 3 <input type="checkbox"/> Rural</p>	<p>G2 Area Evacuated <input type="checkbox"/> None</p> <p>1 <input type="checkbox"/> Square feet 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square miles</p> <p>Enter measurement</p>	<p>H HazMat Actions Taken</p> <p>Enter up to three actions taken</p> <p>Primary action taken (1)</p> <p>Additional action taken (2)</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="checkbox"/> 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 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square miles</p> <p>Enter measurement</p>	<p>G3 Estimated Number of People Evacuated</p> <p><input type="checkbox"/> None</p>

<p>J Cause of Release <input type="checkbox"/> Star</p> <p>1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional release 3 <input type="checkbox"/> Container/Containment failure 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation</p>	<p>K Factors Contributing to Release</p> <p>Enter up to three contributing factors</p> <p>Factor contributing to release (1)</p> <p>Factor contributing to release (2)</p> <p>Factor contributing to release (3)</p>	<p>L Factors Affecting Mitigation <input type="checkbox"/> None</p> <p>Enter up to three factors or impediments that affected the mitigation of the incident.</p> <p>Factor or impediment (1)</p> <p>Factor or impediment (2)</p> <p>Factor or impediment (3)</p>
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<p>M Equipment Involved in Release <input type="checkbox"/> None</p> <p>Equipment involved in release</p> <p>Brand</p> <p>Model</p> <p>Serial #</p> <p>Year</p>	<p>N Mobile Property Involved in Release <input type="checkbox"/> None</p> <p>Mobile property type</p> <p>Mobile property make</p> <p>Model Year</p> <p>License plate number State</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 2 <input type="checkbox"/> Completed w/fire service present 3 <input type="checkbox"/> Released to local agency 4 <input type="checkbox"/> Released to county agency 5 <input type="checkbox"/> Released to State agency 6 <input type="checkbox"/> Released to Federal agency 7 <input type="checkbox"/> Released to private agency 8 <input type="checkbox"/> Released to property owner or manager</p> <p>P HazMat Civilian Casualties</p> <p>Deaths Injuries</p> <p>NFIRS-7 Revision 01/01/07</p>
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NFIRS-7**

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

Latitude Longitude

OR

Township North South Range East West

Section Subsection Meridian

C Area Type

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

D1 Wildland Fire Cause

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

8 Misuse of fire
 0 Other
 U Undetermined

D2 Human Factors Contributing to Ignition

Check as many boxes as are applicable. None

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

D3 Factors Contributing to Ignition None

#1 #2

D4 Fire Suppression Factors None

#1 #2 #3

Enter up to three factors

E Heat Source

F Mobile Property Type None

G Equipment Involved in Ignition None

H Weather Information

NFDRS Weather Station ID

Weather Type Wind Direction

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

Relative Humidity % Fuel Moisture % Fire Danger Rating

I1 Number of Buildings Ignited None

Number of buildings that were ignited in Wildland fire.

I2 Number of Buildings Threatened None

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

I3 Total Acres Burned

, , .

I4 Primary Crops Burned

Identify up to 3 crops if any crops were burned.

Crop 1

Crop 2

Crop 3

J Property Management

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

Ownership Undetermined Private Public

% Total Acres Burned %

Private

1 Tax paying %
 2 Non-tax paying %

Public

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

7 Foreign %
 8 Military %
 0 Other %

K NFDRS Fuel Model at Origin

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

L1 Person Responsible for Fire

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

If person identified, complete the rest of Section L.

L2 Gender of Person Involved

1 Male
 2 Female

L3 Age or Date of Birth

Age in Years Date of Birth

OR

Month Day Year

L4 Activity of Person Involved

Activity of Person Involved

M Type of Right-of-Way None

Required if less than 100 feet.

Feet

Horizontal distance from right-of-way Type of right-of-way

N Fire Behavior

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

Feet
Elevation

Relative position on slope

Aspect

Feet
Flame length

Chains per Hour
Rate of spread

***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-8**

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A

FDID State Incident Date Station Incident Number Exposure

MM DD YYYY

Delete Change

NFIRS-9 Apparatus or Resources
 OMB 1660-0069
 Expires 04/30/2019
 *Paperwork Burden Notice on Back

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

<p>Apparatus or Resource Type</p> <p>Ground Fire Suppression</p> <p>11 Engine 12 Truck or aerial 13 Quint 14 Tanker and pumper combination 16 Brush truck 17 ARFF (aircraft rescue and firefighting) 10 Ground fire suppression, other</p> <p>Heavy Ground Equipment</p> <p>21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy ground equipment, other</p>	<p>Aircraft</p> <p>41 Aircraft: fixed-wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other</p> <p>Marine Equipment</p> <p>51 Fire boat with pump 52 Boat, no pump 50 Marine equipment, other</p> <p>Support Equipment</p> <p>61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other</p>	<p>Medical and Rescue</p> <p>71 Rescue unit 72 Urban search and rescue unit 73 High-angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other</p> <p>Other</p> <p>91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type I hand crew 95 Type II hand crew 99 Privately owned vehicle 00 Other apparatus/resources</p>	<p>More apparatus? Use additional sheets.</p> <p>NN None UU Undetermined</p>
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***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-9**

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A FDID State Incident Date Station Incident Number Exposure Delete Change

NFIRS-10 Personnel
OMB 1660-0069
Expires 04/30/2019
*Paperwork Burden Notice on Back

B **Apparatus or Resources** **Dates and Times** Midnight is 0000 **Sent** **Number of People** **Apparatus Use** **Actions Taken**

Check if same date as Alarm date on the Basic Module (Block E1).
Month Day Year Hour/Min

1 ID **Dispatch** **Arrival** **Clear** **Sent** **Suppression** **EMS** **Other**

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

2 ID **Dispatch** **Arrival** **Clear** **Sent** **Suppression** **EMS** **Other**

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

3 ID **Dispatch** **Arrival** **Clear** **Sent** **Suppression** **EMS** **Other**

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

***PAPERWORK BURDEN DISCLOSURE NOTICE
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A FDID Delete **NFIRS-11 Arson**
 State Change OMB 1660-0069
 Incident Date MM DD YYYY Expires 04/30/2019
 Station Incident Number Exposure *Paperwork Burden
 Notice on Back

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

F Apparent Group Involvement None
 Check up to three factors

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

H Incendiary Devices CONTAINER No container
 Select one from each category

11 Bottle (glass) 14 Pressurized container 17 Box
 12 Bottle (plastic) 15 Can (not gas or fuel) 00 Other Container
 13 Jug 16 Gasoline or fuel can UU Unknown

IGNITION/DELAY DEVICE No device

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

G1 Entry Method

 Entry Method

G2 Extent of Fire Involvement on Arrival

 Extent of Fire Involvement

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

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

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