

## **Appendix A**

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# **PAPER FORMS FOR NFIRS 5.0 MODULES**

**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** ☐ 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 ☐ 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

Cross Street, Directions or National Grid, as applicable

**C Incident Type** ☐ Star Incident Type ☐ ☐ ☐

**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

**E1 Dates and Times** Midnight is 0000

Check boxes if dates are the same as Alarm Date.

Alarm ☐ Star Month Day Year Hour Min

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

**E2 Shifts and Alarms** Local Option

Shift or Platoon Alarms District

**E3 Special Studies** Local Option

Special Study ID# Special Study Value

**F Actions Taken** ☐ 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

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

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

**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

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

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 161-164 | 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

<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS-2 Fire	
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 20%;"> <b>A</b>            FDID <input type="text"/>            State <input type="text"/> </div> <div style="width: 20%;">           MM <input type="text"/> DD <input type="text"/>            Incident Date         </div> <div style="width: 20%;">           YYYY <input type="text"/>            Station <input type="text"/> </div> <div style="width: 20%;">           Incident Number <input type="text"/> </div> <div style="width: 20%;">           Exposure <input type="text"/> </div> </div>			
<b>B Property Details</b>  <b>B<sub>1</sub></b> <input type="text"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved.</small>  <b>B<sub>2</sub></b> <input type="text"/> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small>  <b>B<sub>3</sub></b> <input type="text"/> , <input type="text"/> <input type="checkbox"/> None <input type="checkbox"/> Less than one acre <small>Acres burned (outside fires)</small>		<b>C On-Site Materials or Products</b> <input type="checkbox"/> None <small>Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved.</small> <small>Enter up to three codes. Check one box for each code entered.</small> <div style="margin-bottom: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>On-site material (1)</small> </div> <div style="margin-bottom: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>On-site material (2)</small> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>On-site material (3)</small> </div> <div style="font-size: small;"> <b>On-Site Materials Storage Use</b>            1 <input type="checkbox"/> Bulk storage or warehousing            2 <input type="checkbox"/> Processing or manufacturing            3 <input type="checkbox"/> Packaged goods for sale            4 <input type="checkbox"/> Repair or service            U <input type="checkbox"/> Undetermined         </div>	
<b>D Ignition</b>  <b>D<sub>1</sub></b> <input type="text"/> <input type="checkbox"/> Area of fire origin  <b>D<sub>2</sub></b> <input type="text"/> <input type="checkbox"/> Heat source  <b>D<sub>3</sub></b> <input type="text"/> <input type="checkbox"/> Item first ignited <input type="checkbox"/> Check box if fire spread was confined to object of origin.  <b>D<sub>4</sub></b> <input type="text"/> <input type="checkbox"/> Type of material first ignited <small>Required only if item first ignited code is 00 or &lt;70.</small>		<b>E<sub>1</sub> Cause of Ignition</b> <input type="checkbox"/> Check box if this is an exposure report. <span style="float: right;"><input type="button" value="Skip to Section G"/></span> 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation  <b>E<sub>2</sub> Factors Contributing to Ignition</b> <input type="checkbox"/> None <div style="margin-bottom: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>Factor contributing to ignition (1)</small> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>Factor contributing to ignition (2)</small> </div>	
<b>F<sub>1</sub> Equipment Involved in Ignition</b> <input type="checkbox"/> None <span style="font-size: x-small;">If equipment was not involved, skip to Section G.</span> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>Equipment Involved</small> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/>  <small>Brand</small> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/>  <small>Model</small> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/>  <small>Serial #</small> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/>  <small>Year</small> </div>		<b>F<sub>2</sub> Equipment Power Source</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Equipment Power Source</small>  <b>F<sub>3</sub> Equipment Portability</b> 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <small>Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.</small>	
<b>G Fire Suppression Factors</b> <input type="checkbox"/> None <small>Enter up to three codes.</small> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>Fire suppression factor (1)</small> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>Fire suppression factor (2)</small> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>Fire suppression factor (3)</small> </div>			
<b>H<sub>1</sub> Mobile Property Involved</b> <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>Mobile property model</small> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>License Plate Number</small> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>State VIN</small> </div>		<b>H<sub>2</sub> Mobile Property Type and Make</b> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>Mobile property type</small> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>Mobile property make</small> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>Year</small> </div>	
		<b>Local Use</b> <input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies:</small> <div style="margin-top: 10px;"> <input type="checkbox"/> Arson report attached  <input type="checkbox"/> Police report attached  <input type="checkbox"/> Coroner report attached  <input type="checkbox"/> Other reports attached         </div>	

<b>I1 Structure Type</b> ☆ 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: 5px; margin-top: 10px;">           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         </div>	<b>I2 Building Status</b> ☆ <div style="margin-top: 10px;">           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         </div>	<b>I3 Building Height</b> ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div>           Total number of stories at or above grade.         </div> <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div>           Total number of stories below grade.         </div>	<b>I4 Main Floor Size</b> ☆ <div style="text-align: right; border: 1px solid black; padding: 2px; font-weight: bold;">NFIRS-3 Structure Fire</div> <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 8px;">Total square feet</span> </div> <p style="text-align: center; margin: 5px 0;">OR</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 8px;">Length in feet</span> </div> <div style="font-size: 12px;">BY</div> <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 8px;">Width in feet</span> </div> </div> </div>
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<b>J1 Fire Origin</b> ☆ <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 8px;">Story of fire origin</span> </div> <div style="margin-left: 10px;"> <input type="checkbox"/> Below grade         </div> </div>	<b>J3 Number of Stories Damaged by Flame</b> Count the roof as part of the highest story. <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 8px;">Number of stories w/minor damage (1 to 24% flame damage)</span> </div> <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 8px;">Number of stories w/significant damage (25 to 49% flame damage)</span> </div> <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 8px;">Number of stories w/heavy damage (50 to 74% flame damage)</span> </div> <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 8px;">Number of stories w/extreme damage (75 to 100% flame damage)</span> </div> </div> </div> </div> </div>	<b>K Type of Material Contributing Most to Flame Spread</b> <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="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">Skip to Section L</div> </div> <div style="margin-top: 10px;"> <b>K1</b> <div style="border: 1px solid black; width: 150px; height: 20px; display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 8px;">Item contributing most to flame spread</span> </div> </div> <div style="margin-top: 10px;"> <b>K2</b> <div style="border: 1px solid black; width: 150px; height: 20px; display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 8px;">Type of material contributing most to flame spread</span> <span style="font-size: 8px;">Required only if item contributing code is 00 or &lt;70.</span> </div> </div>
<b>J2 Fire Spread</b> ☆ If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module). <div style="margin-top: 10px;">           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>		

<b>L1 Presence of Detectors</b> ☆ (In area of the fire) <div style="margin-top: 10px;">           N <input type="checkbox"/> None Present <div style="border: 1px solid black; padding: 2px; font-weight: bold; margin-left: 10px;">Skip to Section M</div>            1 <input type="checkbox"/> Present            U <input type="checkbox"/> Undetermined         </div>	<b>L3 Detector Power Supply</b> <div style="margin-top: 10px;">           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 &amp; power supplies            0 <input type="checkbox"/> Other            U <input type="checkbox"/> Undetermined         </div>	<b>L5 Detector Effectiveness</b> Required if detector operated. <div style="margin-top: 10px;">           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         </div>
<b>L2 Detector Type</b> <div style="margin-top: 10px;">           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         </div>	<b>L4 Detector Operation</b> <div style="margin-top: 10px;">           1 <input type="checkbox"/> Fire too small to activate            2 <input type="checkbox"/> Operated <div style="border: 1px solid black; padding: 2px; font-weight: bold; margin-left: 10px;">Complete Block L5</div>            3 <input type="checkbox"/> Failed to operate <div style="border: 1px solid black; padding: 2px; font-weight: bold; margin-left: 10px;">Complete Block L6</div>            U <input type="checkbox"/> Undetermined         </div>	<b>L6 Detector Failure Reason</b> Required if detector failed to operate. <div style="margin-top: 10px;">           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         </div>

<b>M1 Presence of Automatic Extinguishing System</b> ☆ <div style="margin-top: 10px;">           N <input type="checkbox"/> None Present <div style="border: 1px solid black; padding: 2px; font-weight: bold; margin-left: 10px;">Complete rest of Section M</div>            1 <input type="checkbox"/> Present            2 <input type="checkbox"/> Partial System Present            U <input type="checkbox"/> Undetermined         </div>	<b>M3 Operation of Automatic Extinguishing System</b> Required if fire was within designed range. <div style="margin-top: 10px;">           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         </div>	<b>M5 Reason for Automatic Extinguishing System Failure</b> Required if system failed or not effective. <div style="margin-top: 10px;">           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         </div>
<b>M2 Type of Automatic Extinguishing System</b> Required if fire was within designed range of AES. <div style="margin-top: 10px;">           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 (CO<sub>2</sub>) system            0 <input type="checkbox"/> Other special hazard system            U <input type="checkbox"/> Undetermined         </div>	<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated. <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 8px;">Number of sprinkler heads operating</span> </div> </div>	

<b>A</b>	FDID <input type="text"/>	State <input type="text"/>	Incident Date <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS-4 Civilian Fire Casualty</b>
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<b>B Injured Person</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="text"/> <input type="text"/> <input type="text"/>  <small>First Name MI Last Name</small> </div> <div style="text-align: center;"> <b>Gender</b>            1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female         </div> </div>	<b>C Casualty</b> <input type="text"/> <small>Casualty Number</small>
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<b>D Age or Date of Birth</b> <input type="text"/> <input type="text"/> <input type="checkbox"/> Months (for infants) <small>Age</small> <b>OR</b> <div style="display: flex; justify-content: space-between;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <small>Date of Birth</small>	<b>E1 Race</b> 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American 3 <input type="checkbox"/> Am. Indian, Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian, Other Pacific Islander 0 <input type="checkbox"/> Other, multiracial U <input type="checkbox"/> Undetermined <b>E2 Ethnicity</b> 1 <input type="checkbox"/> Hispanic or Latino 0 <input type="checkbox"/> Non Hispanic or Latino	<b>F Affiliation</b> 1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other <b>G Date and Time of Injury</b> <small>Midnight is 0000.</small> <div style="display: flex; justify-content: space-between;"> <div> <input type="text"/> <input type="text"/> <input type="text"/>  <small>Date of Injury</small> </div> <div> <input type="text"/> <input type="text"/>  <small>Time of Injury</small> </div> </div>	<b>H Severity</b> 1 <input type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death U <input type="checkbox"/> Undetermined
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<b>I Cause of Injury</b> 1 <input type="checkbox"/> Exposed to fire products including flame heat, smoke, and gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped, or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by or contact with object 8 <input type="checkbox"/> Overexertion or strain 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>J Human Factors Contributing to Injury</b> <input type="checkbox"/> None <small>Check all applicable boxes</small> 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 other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	<b>K Factors Contributing to Injury</b> <input type="checkbox"/> None <small>Enter up to three contributing factors</small> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="text"/> </div> <small>Contributing factor (1)</small> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="text"/> </div> <small>Contributing factor (2)</small> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> </div> <small>Contributing factor (3)</small>
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<b>L Activity When Injured</b> 1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>M1 Location at Time of Incident</b> 1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin and not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area of origin and involved 0 <input type="checkbox"/> Other location U <input type="checkbox"/> Undetermined <b>M2 General Location at Time of Injury</b> 1 <input type="checkbox"/> In area of fire origin → <div style="border: 1px solid black; padding: 2px; font-size: small;">Skip to Section N</div> 2 <input type="checkbox"/> In building, but not in area → <div style="border: 1px solid black; padding: 2px; font-size: small;">Skip to Block M5</div> 3 <input type="checkbox"/> Outside, but not in area U <input type="checkbox"/> Undetermined	<b>M3 Story at Start of Incident</b> <small>Complete ONLY if injury occurred INSIDE</small> Story at start of incident <input type="text"/> <input type="checkbox"/> Below grade <b>M4 Story Where Injury Occurred</b> Story where injury occurred, if different from M3 <input type="text"/> <input type="checkbox"/> Below grade <b>M5 Specific Location at Time of Injury</b> <small>Complete ONLY if casualty NOT in area of origin</small> <input type="text"/> <input type="text"/> <small>Specific location at time of injury</small>
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<b>N Primary Apparent Symptom</b> 01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns and smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only <small>Look up a code only if the symptom is NOT found above</small> <input type="text"/> <input type="text"/> <small>Primary apparent symptom</small>	<b>O Primary Area of Body Injured</b> 1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck and shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	<b>P Disposition</b> <input type="checkbox"/> Transported to emergency care facility <hr/> <b>Remarks</b> <small>Local option</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<b>A</b>	FDID <input type="text"/>	State <input type="text"/>	Incident Date <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS-5 Fire Service Casualty</b>
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<b>B Injured Person</b> Identification Number <input type="text"/> First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/> Suffix <input type="text"/>	1 <input type="checkbox"/> Male <input type="checkbox"/> Career 2 <input type="checkbox"/> Female <input type="checkbox"/> Volunteer	<b>C Casualty Number</b> Casualty Number <input type="text"/>
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<b>D Age or Date of Birth</b> Age <input type="text"/> OR Date of Birth <input type="text"/>	<b>E Date and Time of Injury</b> Date of Injury <input type="text"/> Time of Injury <input type="text"/>	<b>F Responses</b> Number of prior responses during past 24 hours <input type="text"/>
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<b>G1 Usual Assignment</b> 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	<b>G2 Physical Condition Just Prior to Injury</b> 1 <input type="checkbox"/> Rested 2 <input type="checkbox"/> Fatigued 4 <input type="checkbox"/> Ill or injured 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>G4 Taken To</b> <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
<b>G3 Severity</b> 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		<b>G5 Activity at Time of Injury</b> Activity at time of injury <input type="text"/>

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

<b>J1 Where Injury Occurred</b> 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	<b>J3 Specific Location Where Injury Occurred</b> 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 36 <input type="checkbox"/> In water 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 00 <input type="checkbox"/> Other UU <input type="checkbox"/> Undetermined	<b>J4 Vehicle Type</b> 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 Complete ONLY if Specific Location code is >60
<b>J2 Story Where Injury Occurred</b> 1 <input type="checkbox"/> Check this box and enter the story if the injury occurred inside or on a structure Story of injury <input type="text"/> Below grade <input type="checkbox"/> 2 <input type="checkbox"/> Injury occurred outside		<b>Remarks</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         If protective equipment failed and was a factor in this injury, please complete the other side of this form.       </div>

<b>K1 Did protective equipment fail and contribute to the injury?</b> Please complete the remainder of this form ONLY if you answer YES.	Yes Y <input type="checkbox"/> No N <input type="checkbox"/>	Equipment Sequence Number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px auto;"></div>	<b>NFIRS-5 Fire Service Casualty</b>
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<b>K2 Protective Equipment Item</b> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Head or Face Protection</b>            11 <input type="checkbox"/> Helmet            12 <input type="checkbox"/> Full face protector            13 <input type="checkbox"/> Partial face protector            14 <input type="checkbox"/> Goggles/eye protection            15 <input type="checkbox"/> Hood            16 <input type="checkbox"/> Ear protector            17 <input type="checkbox"/> Neck protector            18 <input type="checkbox"/> Other         </td> <td style="width: 50%; vertical-align: top;"> <b>Coat, Shirt, or Trousers</b>            21 <input type="checkbox"/> Protective coat            22 <input type="checkbox"/> Protective trousers            23 <input type="checkbox"/> Uniform shirt            24 <input type="checkbox"/> Uniform T-shirt            25 <input type="checkbox"/> Uniform trousers            26 <input type="checkbox"/> Uniform coat or jacket            27 <input type="checkbox"/> Coveralls            28 <input type="checkbox"/> Apron or gown            29 <input type="checkbox"/> Other         </td> </tr> </table> <b>Boots or Shoes</b> 31 <input type="checkbox"/> Knee length boots with steel baseplate and steel toes 32 <input type="checkbox"/> Knee length boots with steel toes only 33 <input type="checkbox"/> 3/4 length boots with steel baseplate and steel toes 34 <input type="checkbox"/> 3/4 length boots with steel toes only 35 <input type="checkbox"/> Boots without steel baseplate and steel toes 36 <input type="checkbox"/> Safety shoes with steel baseplate and steel toes 37 <input type="checkbox"/> Safety shoes with steel toes only 38 <input type="checkbox"/> Non-safety shoes 39 <input type="checkbox"/> Other <b>Respiratory Protection</b> 41 <input type="checkbox"/> SCBA (demand) open circuit 42 <input type="checkbox"/> SCBA (positive pressure) open circuit 43 <input type="checkbox"/> SCBA closed circuit 44 <input type="checkbox"/> Not self-contained 45 <input type="checkbox"/> Cartridge respirator 46 <input type="checkbox"/> Dust or particle mask 47 <input type="checkbox"/> Other <b>Hand Protection</b> 51 <input type="checkbox"/> Firefighter gloves with wristlets 52 <input type="checkbox"/> Firefighter gloves without wristlets 53 <input type="checkbox"/> Work gloves 54 <input type="checkbox"/> HazMat gloves 55 <input type="checkbox"/> Medical gloves 56 <input type="checkbox"/> Other <b>Special Equipment</b> 61 <input type="checkbox"/> Proximity suit for entry 62 <input type="checkbox"/> Proximity suit for non-entry 63 <input type="checkbox"/> Totally encapsulated, reusable chemical suit 64 <input type="checkbox"/> Totally encapsulated, disposable chemical suit 65 <input type="checkbox"/> Partially encapsulated, reusable chemical suit 66 <input type="checkbox"/> Partially encapsulated, disposable chemical suit 67 <input type="checkbox"/> Flash protection suit 68 <input type="checkbox"/> Flight or jump suit 69 <input type="checkbox"/> Brush suit 71 <input type="checkbox"/> Exposure suit 72 <input type="checkbox"/> Self-contained underwater breathing apparatus (SCUBA) 73 <input type="checkbox"/> Life preserver 74 <input type="checkbox"/> Life belt or ladder belt 75 <input type="checkbox"/> Personal alert safety system (PASS) 76 <input type="checkbox"/> Radio distress device 77 <input type="checkbox"/> Personal lighting 78 <input type="checkbox"/> Fire shelter or tent 79 <input type="checkbox"/> Vehicle safety belt 80 <input type="checkbox"/> Special equipment, other 81 <input type="checkbox"/> Protective equipment, other <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: fit-content;">           Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this form for each piece of failed equipment.         </div>	<b>Head or Face Protection</b> 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 18 <input type="checkbox"/> Other	<b>Coat, Shirt, or Trousers</b> 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 29 <input type="checkbox"/> Other	<b>K3 Protective Equipment Problem</b> Check one box to indicate the main problem that occurred. <div style="margin-top: 10px;">           11 <input type="checkbox"/> Burned            12 <input type="checkbox"/> Melted            21 <input type="checkbox"/> Fractured, cracked or broken            22 <input type="checkbox"/> Punctured            23 <input type="checkbox"/> Scratched            24 <input type="checkbox"/> Knocked off            25 <input type="checkbox"/> Cut or ripped            31 <input type="checkbox"/> Trapped steam or hazardous gas            32 <input type="checkbox"/> Insufficient insulation            33 <input type="checkbox"/> Object fell in or onto equipment item            41 <input type="checkbox"/> Failed under impact            42 <input type="checkbox"/> Face piece or hose detached            43 <input type="checkbox"/> Exhalation valve inoperative or damaged            44 <input type="checkbox"/> Harness detached or separated            45 <input type="checkbox"/> Regulator failed to operate            46 <input type="checkbox"/> Regulator damaged by contact            47 <input type="checkbox"/> Problem with admissions valve            48 <input type="checkbox"/> Alarm failed to operate            49 <input type="checkbox"/> Alarm damaged by contact            51 <input type="checkbox"/> Supply cylinder or valve failed to operate            52 <input type="checkbox"/> Supply cylinder/valve damaged by contact            53 <input type="checkbox"/> Supply cylinder—insufficient air/oxygen            94 <input type="checkbox"/> Did not fit properly            95 <input type="checkbox"/> Not properly serviced or stored prior to use            96 <input type="checkbox"/> Not used for designed purpose            97 <input type="checkbox"/> Not used as recommended by manufacturer            00 <input type="checkbox"/> Other equipment problem            UU <input type="checkbox"/> Undetermined         </div> <b>K4 Equipment Manufacturer, Model and Serial Number</b> <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: small; margin-bottom: 5px;">Manufacturer</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: small; margin-bottom: 5px;">Model</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: small;">Serial Number</div> </div>
<b>Head or Face Protection</b> 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 18 <input type="checkbox"/> Other	<b>Coat, Shirt, or Trousers</b> 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 29 <input type="checkbox"/> Other		



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<b>A</b>	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"/>	Haz No. <input type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS-7 HazMat</b>
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<b>B</b>	HazMat ID <input type="text"/>	UN Number <input type="text"/>	DOT Hazard Classification <input type="text"/>	CAS Registration Number <input type="text"/>	Chemical Name <input type="text"/>
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<b>C1</b> Container Type <input type="checkbox"/> None <input type="text"/> Container Type	<b>C2</b> Estimated Container Capacity <input type="text"/> Capacity: by volume or weight	<b>D1</b> Estimated Amount Released <input type="checkbox"/> <input type="text"/> Amount released: by volume or weight	<b>E1</b> Physical State When Released 1 <input type="checkbox"/> Solid 2 <input type="checkbox"/> Liquid 3 <input type="checkbox"/> Gas U <input type="checkbox"/> Undetermined
More hazardous materials? Use additional sheets.	<b>C3</b> Units: Capacity Check one box VOLUME 11 <input type="checkbox"/> Ounces 12 <input type="checkbox"/> Gallons 13 <input type="checkbox"/> Barrels: 42 gal. 14 <input type="checkbox"/> Liters 15 <input type="checkbox"/> Cubic feet 16 <input type="checkbox"/> Cubic meters WEIGHT 21 <input type="checkbox"/> Ounces 22 <input type="checkbox"/> Pounds 23 <input type="checkbox"/> Grams 24 <input type="checkbox"/> Kilograms MICRO UNITS <input type="text"/> Enter Code	<b>D2</b> Units: Released Check one box VOLUME 11 <input type="checkbox"/> Ounces 12 <input type="checkbox"/> Gallons 13 <input type="checkbox"/> Barrels: 42 gal. 14 <input type="checkbox"/> Liters 15 <input type="checkbox"/> Cubic feet 16 <input type="checkbox"/> Cubic meters WEIGHT 21 <input type="checkbox"/> Ounces 22 <input type="checkbox"/> Pounds 23 <input type="checkbox"/> Grams 24 <input type="checkbox"/> Kilograms MICRO UNITS <input type="text"/> Enter Code	<b>E2</b> Released Into <input type="text"/> Released into

Complete the remainder of this form only for the first hazardous material involved in this incident.	<b>F2</b> Population Density 1 <input type="checkbox"/> Urban 2 <input type="checkbox"/> Suburban 3 <input type="checkbox"/> Rural	<b>G2</b> Area Evacuated <input type="checkbox"/> None 1 <input type="checkbox"/> Square feet <input type="text"/> 2 <input type="checkbox"/> Blocks <input type="text"/> 3 <input type="checkbox"/> Square miles <input type="text"/> Enter measurement	<b>H</b> HazMat Actions Taken Enter up to three actions taken <input type="text"/> Primary action taken (1) <input type="text"/> Additional action taken (2) <input type="text"/> Additional action taken (3)
	<b>F1</b> Released From Check all applicable boxes <input type="checkbox"/> Below grade 1 <input type="checkbox"/> Inside/on structure <input type="text"/> Story of release 2 <input type="checkbox"/> Outside of structure	<b>G1</b> Area Affected 1 <input type="checkbox"/> Square feet 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square miles <input type="text"/> Enter measurement	<b>G3</b> Estimated Number of People Evacuated <input type="text"/> <b>G4</b> Estimated Number of Buildings Evacuated <input type="text"/> <input type="checkbox"/> None

<b>J</b> Cause of Release <input type="checkbox"/> 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	<b>K</b> Factors Contributing to Release Enter up to three contributing factors <input type="text"/> Factor contributing to release (1) <input type="text"/> Factor contributing to release (2) <input type="text"/> Factor contributing to release (3)	<b>L</b> Factors Affecting Mitigation <input type="checkbox"/> None Enter up to three factors or impediments that affected the mitigation of the incident. <input type="text"/> Factor or impediment (1) <input type="text"/> Factor or impediment (2) <input type="text"/> Factor or impediment (3)
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<b>M</b> Equipment Involved in Release <input type="checkbox"/> None <input type="text"/> Equipment involved in release Brand <input type="text"/> Model <input type="text"/> Serial # <input type="text"/> Year <input type="text"/>	<b>N</b> Mobile Property Involved in Release <input type="checkbox"/> None <input type="text"/> Mobile property type <input type="text"/> Mobile property make Model <input type="text"/> Year <input type="text"/> License plate number <input type="text"/> State <input type="text"/> DOT number/ ICC number <input type="text"/>	<b>O</b> HazMat Disposition <input type="checkbox"/> 1 <input type="checkbox"/> Completed by fire service only 2 <input type="checkbox"/> Completed w/fire service present 3 <input type="checkbox"/> Released to local agency 4 <input type="checkbox"/> Released to county agency 5 <input type="checkbox"/> Released to State agency 6 <input type="checkbox"/> Released to Federal agency 7 <input type="checkbox"/> Released to private agency 8 <input type="checkbox"/> Released to property owner or manager
		<b>P</b> HazMat Civilian Casualties Deaths <input type="text"/> Injuries <input type="text"/> NFIRS-7 Revision 01/01/06

<p><b>J Property Management</b></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">             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.         </div> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>Ownership</b>  <div style="text-align: center;">↓</div> </td> <td style="width: 50%;"> <b>% Total Acres Burned</b>  <div style="text-align: center;">↓</div> </td> </tr> </table> <p><b>U</b> <input type="checkbox"/> <b>Undetermined</b> <span style="float: right;">____ %</span></p> <p><b>Private</b></p> <p><b>1</b> <input type="checkbox"/> <b>Tax paying</b> <span style="float: right;">____ %</span></p> <p><b>2</b> <input type="checkbox"/> <b>Non-tax paying</b> <span style="float: right;">____ %</span></p> <p><b>Public</b></p> <p><b>3</b> <input type="checkbox"/> <b>City, town, village, local</b> <span style="float: right;">____ %</span></p> <p><b>4</b> <input type="checkbox"/> <b>County or parish</b> <span style="float: right;">____ %</span></p> <p><b>5</b> <input type="checkbox"/> <b>State or province</b> <span style="float: right;">____ %</span></p> <p><b>6</b> <input type="checkbox"/> <b>Federal</b> <span style="float: right;">____ %</span></p> <div style="text-align: center; margin-top: -10px;"> <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div>         Federal Agency Code     </div> <p><b>7</b> <input type="checkbox"/> <b>Foreign</b> <span style="float: right;">____ %</span></p> <p><b>8</b> <input type="checkbox"/> <b>Military</b> <span style="float: right;">____ %</span></p> <p><b>0</b> <input type="checkbox"/> <b>Other</b> <span style="float: right;">____ %</span></p>	<b>Ownership</b> <div style="text-align: center;">↓</div>	<b>% Total Acres Burned</b> <div style="text-align: center;">↓</div>	<p><b>K NFDRS Fuel Model at Origin</b></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">             Enter the code and the descriptor corresponding to the NFDRS Fuel Model at Origin.         </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">____</div> <div style="width: 60%;">____</div> </div> <p><b>L<sub>1</sub> Person Responsible for Fire</b></p> <p><b>1</b> <input type="checkbox"/> <b>Identified person caused fire</b></p> <p><b>2</b> <input type="checkbox"/> <b>Unidentified person caused fire</b></p> <p><b>3</b> <input type="checkbox"/> <b>Fire not caused by person</b></p> <p style="text-align: center; font-size: small;">If person identified, complete the rest of Section L.</p> <p><b>L<sub>2</sub> Gender of Person Involved</b></p> <p><b>1</b> <input type="checkbox"/> <b>Male</b></p> <p><b>2</b> <input type="checkbox"/> <b>Female</b></p> <p><b>L<sub>3</sub> Age or Date of Birth</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Age in Years</b>              ____         </div> <div style="width: 10%; text-align: center;"> <b>OR</b> </div> <div style="width: 45%;"> <b>Date of Birth</b>  <div style="display: flex; justify-content: space-around;"> <div>____</div> <div>____</div> <div>____</div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> </div> </div> <p><b>L<sub>4</sub> Activity of Person Involved</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">____</div> <div style="width: 60%;">____</div> </div> <p style="text-align: center; font-size: small;">Activity of Person Involved</p>	<p><b>M Type of Right-of-Way</b> <input type="checkbox"/> <b>None</b></p> <p style="text-align: center; font-size: small;">Required if less than 100 feet.</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">             ____ Feet              Horizontal distance              from right-of-way         </div> <div style="text-align: center;">             ____              Type of right-of-way         </div> </div> <p><b>N Fire Behavior</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">             These optional descriptors refer to observations made at the point of initial attack.         </div> <div style="margin-top: 10px;">             ____ Feet              Elevation         </div> <div style="margin-top: 10px;">             ____              Relative position on slope         </div> <div style="margin-top: 10px;">             ____              Aspect         </div> <div style="margin-top: 10px;">             ____ Feet              Flame length         </div> <div style="margin-top: 10px;">             ____ Chains per Hour              Rate of spread         </div>
<b>Ownership</b> <div style="text-align: center;">↓</div>	<b>% Total Acres Burned</b> <div style="text-align: center;">↓</div>			

NFIRS-8 Revision 01/01/07

<b>A</b>	FDID <input style="width: 40px;" type="text"/>	State <input style="width: 20px;" type="text"/>	MM <input style="width: 20px;" type="text"/> DD <input style="width: 20px;" type="text"/> YYYY <input style="width: 40px;" type="text"/>	Station <input style="width: 40px;" type="text"/>	Incident Number <input style="width: 40px;" type="text"/>	Exposure <input style="width: 40px;" type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS-9 Apparatus or Resources</b>
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B Apparatus or Resources <small>Use codes listed below</small>	Dates and Times <small>Midnight is 0000</small> <div style="text-align: center;"> <input type="checkbox"/> Check if same date as Alarm date on the Basic Module (Block E1).  <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> <span>Hour/Min</span> </div> </div>	Sent <input checked="" type="checkbox"/>	Number of People <input type="checkbox"/>	Apparatus Use <input type="checkbox"/> <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus.</small>
1 ID <input style="width: 40px;" type="text"/> ★ Type <input style="width: 20px;" type="text"/>	Dispatch <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Arrival <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Clear <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
2 ID <input style="width: 40px;" type="text"/> ★ Type <input style="width: 20px;" type="text"/>	Dispatch <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Arrival <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Clear <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
3 ID <input style="width: 40px;" type="text"/> ★ Type <input style="width: 20px;" type="text"/>	Dispatch <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Arrival <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Clear <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
4 ID <input style="width: 40px;" type="text"/> ★ Type <input style="width: 20px;" type="text"/>	Dispatch <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Arrival <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Clear <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
5 ID <input style="width: 40px;" type="text"/> ★ Type <input style="width: 20px;" type="text"/>	Dispatch <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Arrival <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Clear <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
6 ID <input style="width: 40px;" type="text"/> ★ Type <input style="width: 20px;" type="text"/>	Dispatch <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Arrival <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Clear <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
7 ID <input style="width: 40px;" type="text"/> ★ Type <input style="width: 20px;" type="text"/>	Dispatch <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Arrival <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Clear <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
8 ID <input style="width: 40px;" type="text"/> ★ Type <input style="width: 20px;" type="text"/>	Dispatch <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Arrival <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Clear <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
9 ID <input style="width: 40px;" type="text"/> ★ Type <input style="width: 20px;" type="text"/>	Dispatch <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Arrival <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Clear <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

<b>Apparatus or Resource Type</b>  <b>Ground Fire Suppression</b> 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  <b>Heavy Ground Equipment</b> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy ground equipment, other	<b>Aircraft</b> 41 Aircraft: fixed-wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other  <b>Marine Equipment</b> 51 Fire boat with pump 52 Boat, no pump 50 Marine equipment, other  <b>Support Equipment</b> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other	<b>Medical and Rescue</b> 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  <b>Other</b> 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	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>More apparatus?</b>            Use additional sheets.         </div> <div>           NN None            UU Undetermined         </div>
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<b>A</b>	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 Resources	Dates and Times	Sent	Number of People	Apparatus Use	Actions Taken
	<div style="text-align: right; font-size: small;">Midnight is 0000</div> <div style="text-align: center; font-size: x-small;">             Check if same date as Alarm date on the Basic Module (Block E1).              ↻              Month Day Year Hour/Min           </div>	<input checked="" type="checkbox"/>		<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	List up to 4 actions for each apparatus and each personnel. <div style="display: flex; justify-content: space-between;"> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="text"/></div> <div><input type="text"/></div> </div>
<b>1</b> ID <input type="text"/> ☆Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>		

Personnel ID ☆	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"/>				
<input type="text"/>			<input type="checkbox"/>				

<b>2</b> ID <input type="text"/> ☆Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sent <input type="checkbox"/>	Number of People <input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="text"/></div> <div><input type="text"/></div> </div>
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Personnel ID ☆	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"/>				
<input type="text"/>			<input type="checkbox"/>				

<b>3</b> ID <input type="text"/> ☆Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sent <input type="checkbox"/>	Number of People <input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="text"/></div> <div><input type="text"/></div> </div>
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Personnel ID ☆	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"/>				
<input type="text"/>			<input type="checkbox"/>				

<b>A</b>	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 <input type="checkbox"/> Change	<b>NFIRS-11</b> <b>Arson</b>
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<b>B Agency Referred To</b> <input type="checkbox"/> None	
Agency Name <input type="text"/>	Their case number <input type="text"/>
Number <input type="text"/> Prefix <input type="text"/> Street or Highway <input type="text"/>	Street Type <input type="text"/> Suffix <input type="text"/> Their ORI <input type="text"/>
Post Office Box <input type="text"/> Apt./Suite/Room <input type="text"/> City <input type="text"/>	Their Federal Identifier (FID) <input type="text"/>
State <input type="text"/> ZIP Code <input type="text"/> - <input type="text"/> Agency phone number <input type="text"/> - <input type="text"/>	Their FDID <input type="text"/>

<b>C Case Status</b> 1 <input type="checkbox"/> Investigation open 2 <input type="checkbox"/> Investigation closed 3 <input type="checkbox"/> Investigation inactive 4 <input type="checkbox"/> Closed with arrest 5 <input type="checkbox"/> Closed with exceptional clearance	<b>D Availability of Material First Ignited</b> 1 <input type="checkbox"/> Transported to scene 2 <input type="checkbox"/> Available at scene U <input type="checkbox"/> Unknown
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<b>E Suspected Motivation Factors</b> <small>Check up to three factors</small>			
11 <input type="checkbox"/> Extortion 12 <input type="checkbox"/> Labor unrest 13 <input type="checkbox"/> Insurance fraud 14 <input type="checkbox"/> Intimidation 15 <input type="checkbox"/> Void contract/lease 21 <input type="checkbox"/> Personal	22 <input type="checkbox"/> Hate crime 23 <input type="checkbox"/> Institutional 24 <input type="checkbox"/> Societal 31 <input type="checkbox"/> Protest 32 <input type="checkbox"/> Civil unrest 41 <input type="checkbox"/> Fireplay/Curiosity	42 <input type="checkbox"/> Vanity/Recognition 43 <input type="checkbox"/> Thrills 44 <input type="checkbox"/> Attention/Sympathy 45 <input type="checkbox"/> Sexual excitement 51 <input type="checkbox"/> Homicide 52 <input type="checkbox"/> Suicide 53 <input type="checkbox"/> Domestic violence	54 <input type="checkbox"/> Burglary 61 <input type="checkbox"/> Homicide concealment 62 <input type="checkbox"/> Burglary concealment 63 <input type="checkbox"/> Auto theft concealment 64 <input type="checkbox"/> Destroy records/evidence 00 <input type="checkbox"/> Other suspected motivation UU <input type="checkbox"/> Unknown motivation

<b>F Apparent Group Involvement</b> <input type="checkbox"/> None <small>Check up to three factors</small> 1 <input type="checkbox"/> Terrorist group 2 <input type="checkbox"/> Gang 3 <input type="checkbox"/> Anti-government group 4 <input type="checkbox"/> Outlaw motorcycle organization 5 <input type="checkbox"/> Organized crime 6 <input type="checkbox"/> Racial/Ethnic hate group 7 <input type="checkbox"/> Religious hate group 8 <input type="checkbox"/> Sexual preference hate group 0 <input type="checkbox"/> Other group U <input type="checkbox"/> Unknown	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>H Incendiary Devices</b> <input type="checkbox"/> No container</td> </tr> <tr> <td colspan="2"><small>Select one from each category</small></td> </tr> <tr> <td style="width: 50%;">           11 <input type="checkbox"/> Bottle (glass)            12 <input type="checkbox"/> Bottle (plastic)            13 <input type="checkbox"/> Jug         </td> <td style="width: 50%;">           14 <input type="checkbox"/> Pressurized container            15 <input type="checkbox"/> Can (not gas or fuel)            16 <input type="checkbox"/> Gasoline or fuel can         </td> </tr> <tr> <td colspan="2"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>IGNITION/DELAY DEVICE</b> <input type="checkbox"/> No device</td> </tr> <tr> <td style="width: 50%;">               11 <input type="checkbox"/> Wick or fuse                12 <input type="checkbox"/> Candle                13 <input type="checkbox"/> Cigarette and matchbook                14 <input type="checkbox"/> Electronic component                15 <input type="checkbox"/> Mechanical device                16 <input type="checkbox"/> Remote control             </td> <td style="width: 50%;">               17 <input type="checkbox"/> Road flare/fuse                18 <input type="checkbox"/> Chemical component                19 <input type="checkbox"/> Trailer/Streamer                20 <input type="checkbox"/> Open flame source                00 <input type="checkbox"/> Other delay device                UU <input type="checkbox"/> Unknown             </td> </tr> </table> </td> </tr> <tr> <td colspan="2"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>FUEL</b> <input type="checkbox"/> None</td> </tr> <tr> <td style="width: 50%;">               11 <input type="checkbox"/> Ordinary combustibles                12 <input type="checkbox"/> Flammable gas                14 <input type="checkbox"/> Ignitable liquid                15 <input type="checkbox"/> Ignitable solid             </td> <td style="width: 50%;">               16 <input type="checkbox"/> Pyrotechnic material                17 <input type="checkbox"/> Explosive material                00 <input type="checkbox"/> Other material                UU <input type="checkbox"/> Unknown             </td> </tr> </table> </td> </tr> </table>	<b>H Incendiary Devices</b> <input type="checkbox"/> No container		<small>Select one from each category</small>		11 <input type="checkbox"/> Bottle (glass) 12 <input type="checkbox"/> Bottle (plastic) 13 <input type="checkbox"/> Jug	14 <input type="checkbox"/> Pressurized container 15 <input type="checkbox"/> Can (not gas or fuel) 16 <input type="checkbox"/> Gasoline or fuel can	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>IGNITION/DELAY DEVICE</b> <input type="checkbox"/> No device</td> </tr> <tr> <td style="width: 50%;">               11 <input type="checkbox"/> Wick or fuse                12 <input type="checkbox"/> Candle                13 <input type="checkbox"/> Cigarette and matchbook                14 <input type="checkbox"/> Electronic component                15 <input type="checkbox"/> Mechanical device                16 <input type="checkbox"/> Remote control             </td> <td style="width: 50%;">               17 <input type="checkbox"/> Road flare/fuse                18 <input type="checkbox"/> Chemical component                19 <input type="checkbox"/> Trailer/Streamer                20 <input type="checkbox"/> Open flame source                00 <input type="checkbox"/> Other delay device                UU <input type="checkbox"/> Unknown             </td> </tr> </table>		<b>IGNITION/DELAY DEVICE</b> <input type="checkbox"/> No device		11 <input type="checkbox"/> Wick or fuse 12 <input type="checkbox"/> Candle 13 <input type="checkbox"/> Cigarette and matchbook 14 <input type="checkbox"/> Electronic component 15 <input type="checkbox"/> Mechanical device 16 <input type="checkbox"/> Remote control	17 <input type="checkbox"/> Road flare/fuse 18 <input type="checkbox"/> Chemical component 19 <input type="checkbox"/> Trailer/Streamer 20 <input type="checkbox"/> Open flame source 00 <input type="checkbox"/> Other delay device UU <input type="checkbox"/> Unknown	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>FUEL</b> <input type="checkbox"/> None</td> </tr> <tr> <td style="width: 50%;">               11 <input type="checkbox"/> Ordinary combustibles                12 <input type="checkbox"/> Flammable gas                14 <input type="checkbox"/> Ignitable liquid                15 <input type="checkbox"/> Ignitable solid             </td> <td style="width: 50%;">               16 <input type="checkbox"/> Pyrotechnic material                17 <input type="checkbox"/> Explosive material                00 <input type="checkbox"/> Other material                UU <input type="checkbox"/> Unknown             </td> </tr> </table>		<b>FUEL</b> <input type="checkbox"/> None		11 <input type="checkbox"/> Ordinary combustibles 12 <input type="checkbox"/> Flammable gas 14 <input type="checkbox"/> Ignitable liquid 15 <input type="checkbox"/> Ignitable solid	16 <input type="checkbox"/> Pyrotechnic material 17 <input type="checkbox"/> Explosive material 00 <input type="checkbox"/> Other material UU <input type="checkbox"/> Unknown
<b>H Incendiary Devices</b> <input type="checkbox"/> No container																			
<small>Select one from each category</small>																			
11 <input type="checkbox"/> Bottle (glass) 12 <input type="checkbox"/> Bottle (plastic) 13 <input type="checkbox"/> Jug	14 <input type="checkbox"/> Pressurized container 15 <input type="checkbox"/> Can (not gas or fuel) 16 <input type="checkbox"/> Gasoline or fuel can																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>IGNITION/DELAY DEVICE</b> <input type="checkbox"/> No device</td> </tr> <tr> <td style="width: 50%;">               11 <input type="checkbox"/> Wick or fuse                12 <input type="checkbox"/> Candle                13 <input type="checkbox"/> Cigarette and matchbook                14 <input type="checkbox"/> Electronic component                15 <input type="checkbox"/> Mechanical device                16 <input type="checkbox"/> Remote control             </td> <td style="width: 50%;">               17 <input type="checkbox"/> Road flare/fuse                18 <input type="checkbox"/> Chemical component                19 <input type="checkbox"/> Trailer/Streamer                20 <input type="checkbox"/> Open flame source                00 <input type="checkbox"/> Other delay device                UU <input type="checkbox"/> Unknown             </td> </tr> </table>		<b>IGNITION/DELAY DEVICE</b> <input type="checkbox"/> No device		11 <input type="checkbox"/> Wick or fuse 12 <input type="checkbox"/> Candle 13 <input type="checkbox"/> Cigarette and matchbook 14 <input type="checkbox"/> Electronic component 15 <input type="checkbox"/> Mechanical device 16 <input type="checkbox"/> Remote control	17 <input type="checkbox"/> Road flare/fuse 18 <input type="checkbox"/> Chemical component 19 <input type="checkbox"/> Trailer/Streamer 20 <input type="checkbox"/> Open flame source 00 <input type="checkbox"/> Other delay device UU <input type="checkbox"/> Unknown														
<b>IGNITION/DELAY DEVICE</b> <input type="checkbox"/> No device																			
11 <input type="checkbox"/> Wick or fuse 12 <input type="checkbox"/> Candle 13 <input type="checkbox"/> Cigarette and matchbook 14 <input type="checkbox"/> Electronic component 15 <input type="checkbox"/> Mechanical device 16 <input type="checkbox"/> Remote control	17 <input type="checkbox"/> Road flare/fuse 18 <input type="checkbox"/> Chemical component 19 <input type="checkbox"/> Trailer/Streamer 20 <input type="checkbox"/> Open flame source 00 <input type="checkbox"/> Other delay device UU <input type="checkbox"/> Unknown																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>FUEL</b> <input type="checkbox"/> None</td> </tr> <tr> <td style="width: 50%;">               11 <input type="checkbox"/> Ordinary combustibles                12 <input type="checkbox"/> Flammable gas                14 <input type="checkbox"/> Ignitable liquid                15 <input type="checkbox"/> Ignitable solid             </td> <td style="width: 50%;">               16 <input type="checkbox"/> Pyrotechnic material                17 <input type="checkbox"/> Explosive material                00 <input type="checkbox"/> Other material                UU <input type="checkbox"/> Unknown             </td> </tr> </table>		<b>FUEL</b> <input type="checkbox"/> None		11 <input type="checkbox"/> Ordinary combustibles 12 <input type="checkbox"/> Flammable gas 14 <input type="checkbox"/> Ignitable liquid 15 <input type="checkbox"/> Ignitable solid	16 <input type="checkbox"/> Pyrotechnic material 17 <input type="checkbox"/> Explosive material 00 <input type="checkbox"/> Other material UU <input type="checkbox"/> Unknown														
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<b>I Other Investigative Information</b> <small>Check all that apply</small> 1 <input type="checkbox"/> Code violations 2 <input type="checkbox"/> Structure for sale 3 <input type="checkbox"/> Structure vacant 4 <input type="checkbox"/> Other crimes involved 5 <input type="checkbox"/> Illicit drug activity 6 <input type="checkbox"/> Change in insurance 7 <input type="checkbox"/> Financial problem 8 <input type="checkbox"/> Criminal/Civil actions pending	<b>J Property Ownership</b> 1 <input type="checkbox"/> Private 2 <input type="checkbox"/> City, town, village, local 3 <input type="checkbox"/> County or parish 4 <input type="checkbox"/> State or province 5 <input type="checkbox"/> Federal 6 <input type="checkbox"/> Foreign 7 <input type="checkbox"/> Military 0 <input type="checkbox"/> Other	<b>K Initial Observations</b> <small>Check all that apply</small> 1 <input type="checkbox"/> Windows ajar 2 <input type="checkbox"/> Doors ajar 3 <input type="checkbox"/> Doors locked 4 <input type="checkbox"/> Doors unlocked 5 <input type="checkbox"/> Fire department forced entry 6 <input type="checkbox"/> Entry forced prior to FD arrival 7 <input type="checkbox"/> Security system activated 8 <input type="checkbox"/> Security system present (not activated)								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4"><b>L Laboratory Used</b> <small>Check all that apply</small> <input type="checkbox"/> None</td> </tr> <tr> <td style="width: 25%;">           1 <input type="checkbox"/> Local            2 <input type="checkbox"/> State         </td> <td style="width: 25%;">           3 <input type="checkbox"/> ATF            4 <input type="checkbox"/> FBI         </td> <td style="width: 25%;">           5 <input type="checkbox"/> Other            Federal         </td> <td style="width: 25%;">           6 <input type="checkbox"/> Private         </td> </tr> </table>			<b>L Laboratory Used</b> <small>Check all that apply</small> <input type="checkbox"/> None				1 <input type="checkbox"/> Local 2 <input type="checkbox"/> State	3 <input type="checkbox"/> ATF 4 <input type="checkbox"/> FBI	5 <input type="checkbox"/> Other Federal	6 <input type="checkbox"/> Private
<b>L Laboratory Used</b> <small>Check all that apply</small> <input type="checkbox"/> None										
1 <input type="checkbox"/> Local 2 <input type="checkbox"/> State	3 <input type="checkbox"/> ATF 4 <input type="checkbox"/> FBI	5 <input type="checkbox"/> Other Federal	6 <input type="checkbox"/> Private							

[illegible]

**A**

FDID

★

State

★

MM

Incident Date

DD

★

YYYY

★

Station

★

Incident Number

★

Exposure

★

☐ Delete  
☐ Change

**NFIRS-1S  
Supplemental**

**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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State

ZIP Code

**K1 Person/Entity Involved**  
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Area Code - Phone Number

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

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First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code



**E3**

**Supplemental Special Studies**

Local Option

**NFIRS-1S  
Supplemental**

1 

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Special Study ID#      Special Study Value

2 

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Special Study ID#      Special Study Value

3 

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Special Study ID#      Special Study Value

4 

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Special Study ID#      Special Study Value

5 

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Special Study ID#      Special Study Value

6 

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Special Study ID#      Special Study Value

7 

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Special Study ID#      Special Study Value

8 

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Special Study ID#      Special Study Value

**L**

**Remarks:**

Local Option