

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 06/30/2009
*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. Census Tract _____

Street address
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions
 US 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
 Month Day Year Hour Min
 Alarm Star Check boxes if dates are the same as Alarm Date. ALARM always required
 Arrival Star ARRIVAL required, unless canceled or did not arrive
 Controlled CONTROLLED optional, except for wildland fires
 Last Unit Cleared LAST UNIT CLEARED, required except for wildland fires

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
 Fire Service Deaths Injuries
 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/boarded house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales

936 Vacant lot
 938 Graded/cared for plot of land
 946 Lake, river, stream
 951 Railroad right-of-way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway

539 Household goods, sales, repairs
 571 Gas or service station
 579 Motor vehicle/boat sales/repairs
 599 Business office
 615 Electric-generating plant
 629 Laboratory/science laboratory
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

981 Construction site
 984 Industrial plant yard

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

Property Use Code
 Property Use Description

K1 Person/Entity Involved

Local Option

Business Name (if applicable)

Area Code

Phone Number

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

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

Number Prefix Street or Highway Street Type Suffix



Post Office Box Apt./Suite/Room City

State ZIP Code

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

K2 Owner

Local Option

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

Business Name (if applicable)

Area Code

Phone Number

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

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

Number Prefix Street or Highway Street Type Suffix



Post Office Box Apt./Suite/Room City

State ZIP Code



Remarks:

Local Option

*PAPERWORK BURDEN DISCLOSURE NOTICE NFIRS-1

Paperwork burden for this form is estimated to average 75 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 Collections 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.

Fire Module Required?

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

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



ITEMS WITH A ★ MUST ALWAYS BE COMPLETED!

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

M Authorization

Check box if same as Officer in charge.

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

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

B Property Details

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

B2 Buildings not involved
 Number of buildings involved

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

C On-Site Materials or Products None
 Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, *whether or not they became involved*

On-Site Materials Storage Use

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

On-site material (1)

On-site material (2)

On-site material (3)

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

D4
 Type of material first ignited Required only if item first ignited code is 00 or <70

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

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

E2 Factors Contributing to Ignition None

Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition None

Check all applicable boxes

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

7 Age was a factor

Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved in Ignition None

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

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

Paperwork burden for this form is estimated to average 75 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 Collections 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.

I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air-supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g., piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g., fences) 0 <input type="checkbox"/> Other type of structure 	I2 Building Status ☆ <ul style="list-style-type: none"> 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	I3 Building Height ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: small;">Total number of stories at or above grade</p> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: small;">Total number of stories below grade</p> </div>	I4 Main Floor Size ☆ <div style="margin-top: 10px;"> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: small;">Total square feet</p> </div> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">OR</p> <div style="margin-top: 10px;"> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: small;">Length in feet Width in feet</p> </div>
---	--	---	--

NFIRS-3 STRUCTURE FIRE
 OMB 1660-0069
 Expires 06/30/2009
 *Paperwork Burden Notice on Back

J1 Fire Origin ☆ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: x-small;">Story of fire origin</p> <input type="checkbox"/> Below grade	J3 Number of Stories Damaged by Flame Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: x-small;">Number of stories w/minor damage (1 to 24% flame damage)</p> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: x-small;">Number of stories w/significant damage (25 to 49% flame damage)</p> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: x-small;">Number of stories w/heavy damage (50 to 74% flame damage)</p> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: x-small;">Number of stories w/extreme damage (75 to 100% flame damage)</p> </div>	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="float: right; border: 1px solid black; padding: 2px; font-size: x-small;"> 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 	K1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: x-small;">Item contributing most to flame spread</p>	K2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: x-small;">Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</p>

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="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: x-small;">Number of sprinkler heads operating</p> </div>	

***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-3**

Paperwork burden for this form is estimated to average 40 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 Collections 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.

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

NFIRS-4 CIVILIAN FIRE CASUALTY
OMB 1660-0069
Expires 06/30/2009
*Paperwork Burden Notice on Back

B Injured Person Star Gender 1 Male 2 Female

First Name MI Last Name Suffix

C Casualty Number Star

Casualty Number

D Age or Date of Birth Star

Age Months (for infants)

OR

Date of Birth Month Day Year

E1 Race

1 White
2 Black, 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 Star

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 → Skip to Block M5
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

***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-4**

Paperwork burden for this form is estimated to average 75 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 Collections 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.

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

NFIRS-5 FIRE SERVICE CASUALTY
 OMB 1660-0069
 Expires 06/30/2009
 *Paperwork Burden Notice on Back

B Injured Person Identification Number 1 Male Star 1 Career 2 Female 2 Volunteer

First Name MI Last Name Suffix

C Casualty Number Star Casualty Number

D Age or Date of Birth Star Age OR Date of Birth Star

In years OR Month Day Year

E Date and Time of Injury Star Midnight is 0000. Date of Injury Time of Injury

Month Day Year Hour Minute

F Responses Star Number of prior responses during past 24 hours

G1 Usual Assignment

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

G2 Physical Condition Just Prior to Injury

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

G3 Severity Star

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

G4 Taken To Not transported

1 Hospital
 4 Doctor's office
 5 Morgue/funeral home
 6 Residence
 7 Station or quarters
 0 Other

G5 Activity at Time of Injury

Activity at time of injury

H1 Primary Apparent Symptom Star Primary apparent symptom

H2 Primary Part of Body Injured None Primary injured body part

I1 Cause of Firefighter Injury Star Cause of injury

I2 Factor Contributing to Injury None Contributing factor

I3 Object Involved in Injury None Object involved in injury

J1 Where Injury Occurred

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

J2 Story Where Injury Occurred

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

2 Injury occurred outside

J3 Specific Location Where Injury Occurred

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

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

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

Remarks

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

NFIRS-5 Revision 01/01/07

K1 Did protective equipment fail and contribute to the injury?

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

Yes YNo NEquipment
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

***PAPERWORK BURDEN DISCLOSURE NOTICE**

NFIRS-5

Paperwork burden for this form is estimated to average 75 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 Collections 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.

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

MM DD YYYY

Delete Change

NFIRS-6 EMS
OMB 1660-0069
Expires 06/30/2009
*Paperwork Burden Notice on Back

B Number of Patients Patient Number Star **C** Date/Time

Use a separate form for each patient

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

Month Day Year Hour/Min

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

10 <input type="checkbox"/> Abdominal pain	18 <input type="checkbox"/> Chest pain	26 <input type="checkbox"/> Hypovolemia	34 <input type="checkbox"/> Sexual assault
11 <input type="checkbox"/> Airway obstruction	19 <input type="checkbox"/> Diabetic symptom	27 <input type="checkbox"/> Inhalation injury	35 <input type="checkbox"/> Sting/bite
12 <input type="checkbox"/> Allergic reaction	20 <input type="checkbox"/> Do not resuscitate	28 <input type="checkbox"/> Obvious death	36 <input type="checkbox"/> Stroke/CVA
13 <input type="checkbox"/> Altered LOC	21 <input type="checkbox"/> Electrocutation	29 <input type="checkbox"/> OD/poisoning	37 <input type="checkbox"/> Syncope
14 <input type="checkbox"/> Behavioral/psych	22 <input type="checkbox"/> General illness	30 <input type="checkbox"/> Pregnancy/OB	38 <input type="checkbox"/> Trauma
15 <input type="checkbox"/> Burns	23 <input type="checkbox"/> Hemorrhaging/bleeding	31 <input type="checkbox"/> Respiratory arrest	00 <input type="checkbox"/> Other
16 <input type="checkbox"/> Cardiac arrest	24 <input type="checkbox"/> Hyperthermia	32 <input type="checkbox"/> Respiratory distress	
17 <input type="checkbox"/> Cardiac dysrhythmia	25 <input type="checkbox"/> Hypothermia	33 <input type="checkbox"/> Seizure	

E1 Age or Date of Birth Age <input type="checkbox"/> Months (for infants) OR Month Day Year	F1 Race 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American 3 <input type="checkbox"/> Am. Indian, Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian, Other Pacific Islander 0 <input type="checkbox"/> Other, multiracial U <input type="checkbox"/> Undetermined	G1 Human Factors Contributing to Injury <input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	G2 Other Factors <input type="checkbox"/> None If an illness, not an injury, skip G2 and go to H3 1 <input type="checkbox"/> Accidental 2 <input type="checkbox"/> Self-inflicted 3 <input type="checkbox"/> Inflicted, not self
E2 Gender 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	F2 Ethnicity 1 <input type="checkbox"/> Hispanic or Latino 0 <input type="checkbox"/> Non Hispanic or Latino		

H1 Body Site of Injury List up to five body sites	H2 Injury Type List one injury type for each body site listed under H1	H3 Cause of Illness/Injury Cause of illness/injury
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

I Procedures Used Check all applicable boxes <input type="checkbox"/> No treatment	J Safety Equipment <input type="checkbox"/> None Used or deployed by patient. Check all applicable boxes.	K Cardiac Arrest Check all applicable boxes
01 <input type="checkbox"/> Airway insertion 02 <input type="checkbox"/> Anti-shock trousers 03 <input type="checkbox"/> Assist ventilation 04 <input type="checkbox"/> Bleeding control 05 <input type="checkbox"/> Burn care 06 <input type="checkbox"/> Cardiac pacing 07 <input type="checkbox"/> Cardioversion (defib) manual 08 <input type="checkbox"/> Chest/abdominal thrust 09 <input type="checkbox"/> CPR 10 <input type="checkbox"/> Cricothyroidotomy 11 <input type="checkbox"/> Defibrillation by AED 12 <input type="checkbox"/> EKG monitoring 13 <input type="checkbox"/> Extrication	14 <input type="checkbox"/> Intubation (EGTA) 15 <input type="checkbox"/> Intubation (ET) 16 <input type="checkbox"/> IO/IV therapy 17 <input type="checkbox"/> Medications therapy 18 <input type="checkbox"/> Oxygen therapy 19 <input type="checkbox"/> OB care/delivery 20 <input type="checkbox"/> Prearrival instructions 21 <input type="checkbox"/> Restrain patient 22 <input type="checkbox"/> Spinal immobilization 23 <input type="checkbox"/> Splinted extremities 24 <input type="checkbox"/> Suction/aspirate 00 <input type="checkbox"/> Other	1 <input type="checkbox"/> Pre-arrival arrest? If pre-arrival arrest, was it: 1 <input type="checkbox"/> Witnessed? 2 <input type="checkbox"/> Bystander CPR? 2 <input type="checkbox"/> Post-arrival arrest? Initial Arrest Rhythm 1 <input type="checkbox"/> V-Fib/V-Tach 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined

L1 Initial Level of Provider <input type="checkbox"/> Star	L2 Highest Level of Care Provided On Scene <input type="checkbox"/> None	M Patient Status	N EMS Disposition <input type="checkbox"/> Not transported
1 <input type="checkbox"/> First Responder 2 <input type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No Training	1 <input type="checkbox"/> First Responder 2 <input type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider	1 <input type="checkbox"/> Improved 2 <input type="checkbox"/> Remained same 3 <input type="checkbox"/> Worsened Check if: 1 <input type="checkbox"/> Pulse on transfer 2 <input type="checkbox"/> No pulse on transfer	1 <input type="checkbox"/> FD transport to ECF 2 <input type="checkbox"/> Non-FD transport 3 <input type="checkbox"/> Non-FD trans/FD attend 4 <input type="checkbox"/> Non-emergency transfer 0 <input type="checkbox"/> Other

NFIRS-6 Revision 01/01/07

***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-6**

Paperwork burden for this form is estimated to average 50 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 Collections 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.

A FDID Delete Change **NFIRS-7 HAZMAT**
 OMB 1660-0069
 Expires 06/30/2009
 *Paperwork Burden Notice on Back

MM DD YYYY
 State Incident Date
 Station Incident Number Exposure Haz No.

B HazMat ID None
 UN Number DOT Hazard Classification CAS Registration Number
 Chemical Name

C1 Container Type None
 Container Type

C2 Estimated Container Capacity
 Capacity: by volume or weight

C3 Units: Capacity Check one box
VOLUME
 11 Ounces
 12 Gallons
 13 Barrels: 42 gal.
 14 Liters
 15 Cubic feet
 16 Cubic meters
WEIGHT
 21 Ounces
 22 Pounds
 23 Grams
 24 Kilograms
MICRO UNITS
 Enter Code

D1 Estimated Amount Released None
 Amount released: by volume or weight

D2 Units: Released Check one box
VOLUME
 11 Ounces
 12 Gallons
 13 Barrels: 42 gal.
 14 Liters
 15 Cubic feet
 16 Cubic meters
WEIGHT
 21 Ounces
 22 Pounds
 23 Grams
 24 Kilograms
MICRO UNITS
 Enter Code

E1 Physical State When Released
 1 Solid
 2 Liquid
 3 Gas
 U Undetermined

E2 Released Into
 Released into

More hazardous materials? Use additional sheets.

F1 Released From Check all applicable boxes
 Below grade
 1 Inside/on structure Story of release
 2 Outside of structure

F2 Population Density
 1 Urban
 2 Suburban
 3 Rural

G1 Area Affected
 1 Square feet
 2 Blocks
 3 Square miles
 Enter measurement

G2 Area Evacuated None
 1 Square feet
 2 Blocks
 3 Square miles
 Enter measurement

G3 Estimated Number of People Evacuated
 None

G4 Estimated Number of Buildings Evacuated
 None

H HazMat Actions Taken Enter up to three actions taken
 Primary action taken (1)
 Additional action taken (2)
 Additional action taken (3)

I If fire or explosion is involved with a release, which occurred first?
 1 Ignition U Undetermined
 2 Release

Complete the remainder of this form only for the first hazardous material involved in this incident.

J Cause of Release None
 1 Intentional
 2 Unintentional release
 3 Container/container failure
 4 Act of nature
 5 Cause under investigation
 U Cause undetermined after investigation

K Factors Contributing to Release Enter up to three contributing factors
 Factor contributing to release (1)
 Factor contributing to release (2)
 Factor contributing to release (3)

L Factors Affecting Mitigation None Enter up to three factors or impediments that affected the mitigation of the incident
 Factor or impediment (1)
 Factor or impediment (2)
 Factor or impediment (3)

M Equipment Involved in Release None
 Equipment involved in release
 Brand
 Model
 Serial #
 Year

N Mobile Property Involved in Release None
 Mobile property type
 Mobile property make
 Model Year
 License plate number State
 DOT number/ ICC number

O HazMat Disposition None
 1 Completed by fire service only
 2 Completed w/fire service present
 3 Released to local agency
 4 Released to county agency
 5 Released to state agency
 6 Released to federal agency
 7 Released to private agency
 8 Released to property owner or manager

P HazMat Civilian Casualties
 Deaths Injuries
 NFIRS-7 Revision 01/01/07

***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-7**

Paperwork burden for this form is estimated to average 75 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 Collections 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.

A

FDID <input type="text"/>	State <input type="text"/>	MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>
---------------------------	----------------------------	---	------------------------------	--------------------------------------	-------------------------------

Delete
 Change

B Alternate Location Specification

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

Latitude Longitude

OR

Township Range North East
 South West

Section Subsection Meridian

D1 Wildland Fire Cause ☆

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

D3 Factors Contributing to Ignition None

#1 #2

D4 Fire Suppression Factors None

Enter up to three factors

#1 #2 #3

D2 Human Factors Contributing to Ignition None

Check as many boxes as are applicable.

1 <input type="checkbox"/> Asleep
2 <input type="checkbox"/> Possibly impaired by alcohol or drugs
3 <input type="checkbox"/> Unattended person
4 <input type="checkbox"/> Possibly mentally disabled
5 <input type="checkbox"/> Physically disabled
6 <input type="checkbox"/> Multiple persons involved
7 <input type="checkbox"/> Age was a factor

C Area Type ☆

1 <input type="checkbox"/> Rural, farms >50 acres
2 <input type="checkbox"/> Urban (heavily populated)
3 <input type="checkbox"/> Rural/urban or suburban
4 <input type="checkbox"/> Urban-wildland interface area

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	% Total Acres Burned
U <input type="checkbox"/> Undetermined	<input type="text"/> %
Private	
1 <input type="checkbox"/> Tax paying	<input type="text"/> %
2 <input type="checkbox"/> Non-tax paying	<input type="text"/> %
Public	
3 <input type="checkbox"/> City, town, village, local	<input type="text"/> %
4 <input type="checkbox"/> County or parish	<input type="text"/> %
5 <input type="checkbox"/> State or province	<input type="text"/> %
6 <input type="checkbox"/> Federal	<input type="text"/> %
	Federal Agency Code <input type="text"/>
7 <input type="checkbox"/> Foreign	<input type="text"/> %
8 <input type="checkbox"/> Military	<input type="text"/> %
0 <input type="checkbox"/> Other	<input type="text"/> %

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 <input type="checkbox"/> Identified person caused fire
2 <input type="checkbox"/> Unidentified person caused fire
3 <input type="checkbox"/> Fire not caused by person

If person identified, complete the rest of Section L

L2 Gender of Person Involved

1 <input type="checkbox"/> Male
2 <input type="checkbox"/> 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**

Paperwork burden for this form is estimated to average 75 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 Collections 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.

FDID State Incident Date Station Incident Number Exposure

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

Use codes listed below

Check if same date as Alarm date on the Basic Module (Block E1)

Midnight is 0000

Month Day Year Hour/Min

Check ONE box for each apparatus to indicate its main use at the incident.

List up to 4 actions for each apparatus.

Apparatus or Resources		Dates and Times				Sent	Number of People	Apparatus Use	Actions Taken		
1	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="checkbox"/>	<input type="checkbox"/>	Suppression EMS Other	<input type="text"/>	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	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="checkbox"/>	<input type="checkbox"/>	Suppression EMS Other	<input type="text"/>	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	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="checkbox"/>	<input type="checkbox"/>	Suppression EMS Other	<input type="text"/>	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	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="checkbox"/>	<input type="checkbox"/>	Suppression EMS Other	<input type="text"/>	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	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="checkbox"/>	<input type="checkbox"/>	Suppression EMS Other	<input type="text"/>	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	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="checkbox"/>	<input type="checkbox"/>	Suppression EMS Other	<input type="text"/>	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	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="checkbox"/>	<input type="checkbox"/>	Suppression EMS Other	<input type="text"/>	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	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="checkbox"/>	<input type="checkbox"/>	Suppression EMS Other	<input type="text"/>	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	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="checkbox"/>	<input type="checkbox"/>	Suppression EMS Other	<input type="text"/>	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Apparatus or Resource Type	Aircraft	Medical and Rescue	Other
Ground Fire Suppression 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	41 Aircraft: fixed-wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other	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	
Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy ground equipment, other	Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine equipment, other		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
	Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other		
			More apparatus? Use additional sheets.
			NN None UU Undetermined

***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-9**

Paperwork burden for this form is estimated to average 40 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 Collections 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.

A

FDID <input type="text"/>	State <input type="text"/>	Incident Date <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>	<input type="checkbox"/> Delete	NFIRS-10 PERSONNEL OMB 1660-0069 Expires 06/30/2009 *Paperwork Burden Notice on Back
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Change	

B

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

2 ID
★Type

Dispatch
Arrival
Clear

Sent

Suppression
 EMS
 Other

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"/>				

3 ID
★Type

Dispatch
Arrival
Clear

Sent

Suppression
 EMS
 Other

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"/>				

***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-10**

Paperwork burden for this form is estimated to average 40 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 Collections 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.

A FDID Delete **NFIRS-11 ARSON**
 State Change OMB 1660-0069
 Incident Date MM DD YYYY Expires 06/30/2009
 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 <input type="checkbox"/> Investigation open	4 <input type="checkbox"/> Closed with arrest
2 <input type="checkbox"/> Investigation closed	5 <input type="checkbox"/> Closed with exceptional clearance
3 <input type="checkbox"/> Investigation inactive	

D Availability of Material First Ignited

1 <input type="checkbox"/> Transported to scene
2 <input type="checkbox"/> Available at scene
U <input type="checkbox"/> Unknown

E Suspected Motivation Factors Check up to three factors

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

F Apparent Group Involvement None
 Check up to three factors

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

H Incendiary Devices CONTAINER No container
 Select one from each category

11 <input type="checkbox"/> Bottle (glass)	14 <input type="checkbox"/> Pressurized container	17 <input type="checkbox"/> Box
12 <input type="checkbox"/> Bottle (plastic)	15 <input type="checkbox"/> Can (not gas or fuel)	00 <input type="checkbox"/> Other Container
13 <input type="checkbox"/> Jug	16 <input type="checkbox"/> Gasoline or fuel can	UU <input type="checkbox"/> Unknown

IGNITION/DELAY DEVICE No device

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

G1 Entry Method
 Entry Method _____

FUEL None

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

G2 Extent of Fire Involvement on Arrival
 Extent of Fire Involvement _____

I Other Investigative Information Check all that apply

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

J Property Ownership

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

K Initial Observations Check all that apply

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

L Laboratory Used Check all that apply None

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

A

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

NFIRS-1S SUPPLEMENTAL
 OMB 1660-0069
 Expires 06/30/2009
 *Paperwork Burden
 Notice on Back

Delete
 Change

K1 Person/Entity Involved

Local Option

Business Name (if applicable) Area Code Phone Number

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

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

Number Prefix Street or Highway Street Type Suffix



Post Office Box Apt./Suite/Room City

State ZIP Code

K1 Person/Entity Involved

Local Option

Business Name (if applicable) Area Code Phone Number

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

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

Number Prefix Street or Highway Street Type Suffix



Post Office Box Apt./Suite/Room City

State ZIP Code

K1 Person/Entity Involved

Local Option

Business Name (if applicable) Area Code Phone Number

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

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

Number Prefix Street or Highway Street Type Suffix



Post Office Box Apt./Suite/Room City

State ZIP Code

K1 Person/Entity Involved

Local Option

Business Name (if applicable) Area Code Phone Number

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

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

Number Prefix Street or Highway Street Type Suffix



Post Office Box Apt./Suite/Room City

State ZIP Code

K1 Person/Entity Involved

Local Option

Business Name (if applicable) Area Code Phone Number

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

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

Number Prefix Street or Highway Street Type Suffix



Post Office Box Apt./Suite/Room City

State ZIP Code

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

***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-1S**

Paperwork burden for this form is estimated to average 25 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 Collections 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.