

NATIONAL FIRE INCIDENT REPORTING SYSTEM

Version 5.0

QUICK REFERENCE GUIDE

Revision Date: July 25, 2002
(Complies with the July, 2002 Spec Changes)



**FEDERAL EMERGENCY MANAGEMENT AGENCY
UNITED STATES FIRE ADMINISTRATION
NATIONAL FIRE DATA CENTER**

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BASIC MODULE (NFIRS-1)

The basic module is required for every incident.

A-IDENTIFICATION

FDID	Enter your Fire Department Identifier, as assigned by your state. Required for all incidents.
State	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. Required for all incidents.
Incident Date	Enter the date that the department received the incident alarm. Required for all incidents.
Station Number	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) Local Option.
Incident Number	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. Required for all incidents.
Exposure	Enter 000 for the main incident and start numbering fire exposures sequentially, starting with 001. Required for all incidents.
Delete	Check this box to indicate this incident has been previously submitted and you now want to delete this incident from the database. If you check this box complete Section A and leave the rest of the report blank. Required only when deleting the entire incident from the database. Section A must always be completed for a delete transaction.
Change	Check this box to indicate this incident has been previously submitted and you now want to update or change the information in the database. If you check this box, complete Section A and the data elements that are to be updated or changed for the basic module. Required only when updating a report. Section A must always be completed for a change transaction.
No Activity	Check this box to indicate that your department had no reporting activity for the month. Complete Section A and enter the month and year of no activity in the Incident Date. Leave the rest of the report blank. Required only when reporting a period of no activity.

B-INCIDENT LOCATION

Wildland Address Check this box if you are providing an alternate location on the Wildland Fire Module and skip the remainder of Section B. That report provides alternative methods of recording the location. **Blank means no Wildland Report alternate address is provided.**

Census Tract Enter the US Census Tract where the incident occurred. **Local option.**

Location Type For all addresses entered, check ONE box that best indicates the type of address you will be entering. **Required for all incidents unless Wildland Address block is checked and Wildland Module is used.**

- 1 Street address
- 2 Intersection
- 3 In front of
- 4 Rear of
- 5 Adjacent to
- 6 Directions

Number or Milepost For lots and structures, enter the street number. For highways and the like, enter the milepost number. For Intersections, leave blank. For Block addresses, enter the nearest street address and be sure to mark in front of, rear of, or adjacent to in the location type as needed. **Required for all incidents unless Wildland Address box is checked and the Wildland Module is used.**

**Prefix
Street
Street Type
Suffix** For streets that have prefixes or suffixes, such as N, SE, and the like, enter the prefix or suffix in the separate space provided; omit periods. Enter the street name in the Street space provided, excluding any prefix or suffix. Enter the street type designation if it is on the list below. Otherwise, enter the street type as part of the street name. **Required for all incidents unless Wildland Address box is checked and the Wildland Module is used.**

Prefix/Suffix List:

E	East	NE	Northeast
N	North	NW	Northwest
S	South	SE	Southeast
W	West	SW	Southwest

Street Type List:

ALLEY	ALY	LIGHT	LGT
ANNEX	ANX	LIGHTS	LGTS
ARCADE	ARC	LOAF	LF
AVENUE	AVE	LOCK	LCK
BAYOU	BYU	LOCKS	LCKS
BEACH	BCH	LODGE	LDG
BEND	BND	LOOP	LOOP
BLUFF	BLF	MALL	MALL

BLUFFS	BLFS	MANOR	MNR
BOTTOM	BTM	MANORS	MNRS
BOULEVARD	BLVD	MEADOW	MDW
BRANCH	BR	MEADOWS	MDWS
BRIDGE	BRG	MEWS	MEWS
BROOK	BRK	MILL	ML
BROOKS	BRKS	MILLS	MLS
BURG	BG	MISSION	MSN
BURGS	BGS	MOTORWAY	MTWY
BYPASS	BYP	MOUNT	MT
CAMP	CP	MOUNTAIN	MTN
CANYON	CYN	MOUNTAINS	MTNS
CAPE	CPE	NECK	NK
CAUSEWAY	CSWY	ORCHARD	ORCH
CENTER	CTR	OVAL	OVAL
CENTERS	CTRS	OVERPASS	OPAS
CIRCLE	CIR	PARK	PARK
CIRCLES	CIRS	PARKS	PARK
CLIFF	CLF	PARKWAY	PKWY
CLIFFS	CLFS	PARKWAYS	PKWY
CLUB	CLB	PASS	PASS
COMMON	CMN	PASSAGE	PSGE
COMMONS	CMNS	PATH	PATH
CORNER	COR	PIKE	PIKE
CORNERS	CORS	PINE	PNE
COURSE	CRSE	PINES	PNES
COURT	CT	PLACE	PL
COURTS	CTS	PLAIN	PLN
COVE	CV	PLAINS	PLNS
COVES	CVS	PLAZA	PLZ
CREEK	CRK	POINT	PT
CRESCENT	CRES	POINTS	PTS
CREST	CRST	PORT	PRT
CROSSING	XING	PORTS	PRTS
CROSSROAD	XRD	PRAIRIE	PR
CROSSROADS	XRDS	RADIAL	RADL
CURVE	CURV	RAMP	RAMP
DALE	DL	RANCH	RNCH
DAM	DM	RAPID	RPD
DIVIDE	DV	RAPIDS	RPDS
DRIVE	DR	REST	RST
DRIVES	DRS	RIDGE	RDG
ESTATE	EST	RIDGES	RDGS
ESTATES	ESTS	RIVER	RIV

EXPRESSWAY	EXPY	ROAD	RD
EXTENSION	EXT	ROADS	RDS
EXTENSIONS	EXTS	ROUTE	RTE
FALL	FALL	ROW	ROW
FALLS	FLS	RUE	RUE
FERRY	FRY	RUN	RUN
FIELD	FLD	SHOAL	SHL
FIELDS	FLDS	SHOALS	SHLS
FLAT	FLT	SHORE	SHR
FLATS	FLTS	SHORES	SHRS
FORD	FRD	SKYWAY	SKWY
FORDS	FRDS	SPRING	SPG
FOREST	FRST	SPRINGS	SPGS
FORGE	FRG	SPUR	SPUR
FORGES	FRGS	SPURS	SPUR
FORK	FRK	SQUARE	SQ
FORKS	FRKS	SQUARES	SQS
FORT	FT	STATION	STA
FREEWAY	FWY	STRAVENUE	STRA
GARDEN	GDN	STREAM	STRM
GARDENS	GDNS	STREET	ST
GATEWAY	GTWY	STREETS	STS
GLEN	GLN	SUMMIT	SMT
GLENS	GLNS	TERRACE	TER
GREEN	GRN	THROUGHWAY	TRWY
GREENS	GRNS	TRACE	TRCE
GROVE	GRV	TRACK	TRAK
GROVES	GRVS	TRAFFICWAY	TRFY
HARBOR	HBR	TRAIL	TRL
HARBORS	HBRs	TRAILER	TRLR
HAVEN	HVN	TUNNEL	TUNL
HEIGHTS	HTS	TURNPIKE	TPKE
HIGHWAY	HWY	UNDERPASS	UPAS
HILL	HL	UNION	UN
HILLS	HLS	UNIONS	UNS
HOLLOW	HOLW	VALLEY	VLY
INLET	INLT	VALLEYS	VLYS
ISLAND	IS	VIADUCT	VIA
ISLANDS	ISS	VIEW	VW
ISLE	ISLE	VIEWS	VWS
JUNCTION	JCT	VILLAGE	VLG
JUNCTIONS	JCTS	VILLAGES	VLGS
KEY	KY	VILLE	VL
KEYS	KYS	VISTA	VIS

KNOLL	KNL	WALK	WALK
KNOLLS	KNLS	WALKS	WALK
LAKE	LK	WALL	WALL
LAKES	LKS	WAY	WAY
LAND	LAND	WAYS	WAYS
LANDING	LNDG	WELL	WL
LANE	LN	WELLS	WLS

Apt. or Suite As applicable, enter the specific unit, apartment or suite designation (any combination of numbers and letters). **Required for all incidents, as applicable.**

City
State
ZIP Enter the name of the city or town and the two letter abbreviation for the state where the incident occurred (See Appendix Section for State abbreviations). Enter the 5- or 9-digit ZIP code for the location. **Required for all incidents unless Wildland Address box is checked and the Wildland Module is used.**

Cross-Street or Directions Leave blank unless you checked either Intersection or Directions as the Address Type. If you checked Intersection, enter the cross-street in the space provided. If you checked Directions, enter the directions in the space provided. Use directions ONLY if the location cannot be otherwise identified. **Required only for Intersections and Directions.**

C-INCIDENT TYPE

Incident Type Enter a three-digit code and a description from the following pages that best describes the incident type. The codes are organized into series, as follows:

Series	Heading
100	Fire
200	Overpressure, Ruptures, Explosion, Overheat (no ensuing fire)
300	Rescue & Emergency Medical Service
400	Hazardous Conditions (No Fire)
500	Service Calls
600	Good Intent Calls
700	False Alarms & False Calls
800	Severe Weather & Natural Disasters
900	Other Type of Incidents

For incidents involving fire and HazMat or fire and EMS, use the fire codes. In general, use the lowest numbered series that applies to the incident. You will have an opportunity to describe multiple actions taken later in the report. **Required for all incidents.**

Vehicle fires in or on buildings and other structures: Use the codes

for fires in mobile property (130 through 138) unless the building or structure became involved. In the latter case, use codes 111-123.

Fires in buildings that are confined to noncombustible containers:

Use the codes 113-118 of the structure fire codes when there is not flame damage beyond the non-combustible container.

Incident Type Codes

<p>Fires</p> <p>Structure Fire</p> <p>111 Building fire</p> <p>112 Fires in structures other than in a building</p> <p>113 Cooking fire, confined to container</p> <p>114 Chimney or flue fire, confined to chimney or flue</p> <p>115 Incinerator overload or malfunction, fire confined</p> <p>116 Fuel burner/boiler malfunction, fire confined</p> <p>117 Commercial Compactor fire, confined to rubbish</p> <p>118 Trash or rubbish fire, contained</p> <p>Fire in mobile property used as a fixed structure</p> <p>121 Fire in mobile home used as fixed residence</p> <p>122 Fire in motor home, camper, recreational vehicle</p> <p>123 Fire in portable building, fixed location</p> <p>120 Fire in mobile property used as a fixed structure, other</p> <p>Mobile property (vehicle) fire</p> <p>131 Passenger vehicle fire</p> <p>132 Road freight or transport vehicle fire</p> <p>133 Rail vehicle fire</p> <p>134 Water vehicle fire</p> <p>135 Aircraft fire</p> <p>136 Self-propelled motor home or recreational vehicle</p> <p>137 Camper or recreational vehicle (RV) fire</p> <p>138 Off-road vehicle or heavy equipment fire</p> <p>130 Mobile property (vehicle) fire, other</p>	<p>Natural vegetation fire</p> <p>141 Forest, woods or wildland fire</p> <p>142 Brush, or brush and grass mixture fire</p> <p>143 Grass fire</p> <p>140 Natural vegetation fire, other</p> <p>Outside rubbish fire</p> <p>151 Outside rubbish, trash or waste fire</p> <p>152 Garbage dump or sanitary landfill fire</p> <p>153 Construction or demolition landfill fire</p> <p>154 Dumpster or other outside trash receptacle fire</p> <p>155 Outside stationary compactor/compacted trash fire</p> <p>150 Outside rubbish fire, other</p> <p>Special outside fire</p> <p>161 Outside storage fire</p> <p>162 Outside equipment fire</p> <p>163 Outside gas or vapor combustion explosion</p> <p>164 Outside mailbox fire</p> <p>160 Special outside fire, other</p> <p>Cultivated vegetation, crop fire</p> <p>171 Cultivated grain or crop fire</p> <p>172 Cultivated orchard or vineyard fire</p> <p>173 Cultivated trees or nursery stock fire</p> <p>170 Cultivated vegetation, crop fire, other</p> <p>Fire, other</p> <p>100 Fire, other</p> <p>Overpressure Rupture, Explosion, Overheat -no fire</p> <p>Overpressure rupture from steam</p> <p>211 Overpressure rupture of steam pipe or pipeline</p>
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212	Overpressure rupture of steam boiler	323	Motor vehicle/pedestrian accident (MV Ped)
213	Steam rupture of pressure or process vessel		Lock-in
210	Overpressure rupture from steam, other	331	Lock-in (if lock out, use 511)
	Overpressure rupture from air or gas		Search
221	Overpressure rupture of air or gas pipe/pipeline	341	Search for person on land
222	Overpressure rupture of boiler from air or gas	342	Search for person in water
223	Air or gas rupture of pressure or process vessel	343	Search for person underground
220	Overpressure rupture from air or gas, other	340	Search, other
	Chemical reaction rupture of process vessel		Extrication, rescue
231	Chemical reaction rupture of process vessel	351	Extrication of victim(s) from building/structure
	Explosion (no fire)	352	Extrication of victim(s) from vehicle
241	Munitions or bomb explosion (no fire)	353	Removal of victim(s) from stalled elevator
242	Blasting agent explosion (no fire)	354	Trench/below grade rescue
243	Fireworks explosion (no fire)	355	Confined space rescue
240	Explosion (no fire), other	356	High angle rescue
	Excessive heat, scorch burns with no ignition	357	Extrication of victim(s) from machinery
251	Excessive heat, scorch burns with no ignition	350	Extrication, rescue, other
	Overpressure rupture, explosion, overheat; other		Water & ice related rescue
200	Overpressure rupture, explosion, overheat; other	361	Swimming/recreational water areas rescue
	Rescue & Emergency Medical Service Incidents	362	Ice rescue
	Medical assist	363	Swift water rescue
311	Medical assist, assist EMS crew	364	Surf rescue
	Emergency medical service (EMS)	365	Watercraft rescue
321	EMS call, excluding vehicle accident with injury	360	Water & ice related rescue, other
322	Vehicle accident with injuries		Electrical rescue
		371	Electrocution or potential electrocution
		372	Trapped by power lines
		370	Electrical rescue, other
			Rescue or EMS standby
		381	Rescue or EMS standby
			Rescue, emergency medical call (EMS) call, other
		300	Rescue, emergency medical call (EMS) call, other

	Hazardous Conditions (No fire)		480 Attempted burning, illegal action, other
	<i>Flammable gas or liquid condition</i>		<i>Hazardous condition, other</i>
411	Gasoline or other flammable liquid spill	400	Hazardous condition, other
412	Gas leak (natural gas or LPG)		Service Call
413	Oil or other combustible liquid spill		<i>Person in distress</i>
410	Flammable gas or liquid condition, other	511	Lock-out
	<i>Toxic condition</i>	512	Ring or jewelry removal
421	Chemical hazard (no spill or leak)	510	Person in distress, other
422	Chemical spill or leak		<i>Water problem</i>
423	Refrigeration leak	521	Water evacuation
424	Carbon monoxide incident	522	Water or steam leak
420	Toxic condition, other	520	Water problem, other
	<i>Radioactive condition</i>		<i>Smoke or odor removal</i>
431	Radiation leak, radioactive material	531	Smoke or odor removal
430	Radioactive condition, other		<i>Animal problem or rescue</i>
	<i>Electrical wiring/equipment problem</i>	541	Animal problem
441	Heat from short circuit (wiring), defective/worn	542	Animal rescue
442	Overheated motor	540	Animal problem, other
443	Light ballast breakdown		<i>Public service assistance</i>
444	Power line down	551	Assist police or other governmental agency
445	Arcing, shorted electrical equipment	552	Police matter
440	Electrical wiring/equipment problem, other	553	Public service
	<i>Biological hazard</i>	554	Assist invalid
451	Biological hazard, confirmed or suspected	555	Defective elevator, no occupants
	<i>Accident, potential accident</i>	550	Public service assistance, other
461	Building or structure weakened or collapsed		<i>Unauthorized burning</i>
462	Aircraft standby	561	Unauthorized burning
463	Vehicle accident, general cleanup		<i>Cover assignment, standby, moveup</i>
460	Accident, potential accident, other	571	Cover assignment, standby, moveup
	<i>Explosive, bomb removal</i>		<i>Service call, other</i>
471	Explosive, bomb removal (for bomb scare, use 721)	500	Service call, other
	<i>Attempted burning, illegal action</i>		Good Intent Call
481	Attempt to burn		<i>Dispatched & canceled en route</i>
482	Threat to burn	611	Dispatched & canceled en route

621	<i>Wrong location</i> Wrong location	721	<i>Bomb scare - no bomb</i> Bomb scare - no bomb
631	<i>Controlled burning</i> Authorized controlled burning	731	<i>System malfunction</i> Sprinkler activation due to malfunction
632	Prescribed fire	732	Extinguishing system activation due to malfunction
641	<i>Vicinity alarm</i> Vicinity alarm (incident in other location)	733	Smoke detector activation due to malfunction
651	<i>Steam, other gas mistaken for smoke</i> Smoke scare, odor of smoke	734	Heat detector activation due to malfunction
652	Steam, vapor, fog or dust thought to be smoke	735	Alarm system sounded due to malfunction
653	Barbecue, tar kettle	736	CO detector activation due to malfunction
650	Steam, other gas mistaken for smoke, other	730	System malfunction, other
661	<i>EMS call where party has been transported</i> EMS call, party transported by non-fire agency	741	<i>Unintentional transmission of alarm</i> Sprinkler activation, no fire – unintentional
671	<i>HazMat release investigation w/ no HazMat</i> HazMat release investigation w/ no HazMat	742	Extinguishing system activation
672	Biological hazard investigation, none found	743	Smoke detector activation, no fire – unintentional
600	<i>Good intent call, other</i> Good intent call, other	744	Detector activation, no fire – unintentional
	<i>False Alarm & False Call</i>	745	Alarm system sounded, no fire – unintentional
711	<i>Malicious, mischievous false call</i> Municipal alarm system, malicious false alarm	746	Carbon monoxide detector activation, no CO
712	Direct tie to FD, malicious/false alarm	740	Unintentional transmission of alarm, other
713	Telephone, malicious false alarm	751	<i>Biohazard scare</i> Biological hazard, malicious false report
714	Central station, malicious false alarm	700	<i>False alarm or false call, other</i> False alarm or false call, other
715	Local alarm system, malicious false alarm		<i>Severe Weather & Natural Disaster</i>
710	Malicious, mischievous false call, other	811	Earthquake assessment
		812	Flood assessment
		813	Wind storm, tornado/hurricane assessment
		814	Lightning strike (no fire)
		815	Severe weather or natural disaster standby
		800	Severe weather or natural disaster, other

911 **Special incident type**
Citizen complaint

900 Special type of incident, other

D-AID GIVEN OR RECEIVED

Aid Given or Received	Check a box to indicate whether aid was given or received. Otherwise, check the “None” box. Required for all incidents. 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N None or no mutual aid involved
Their FDID	Leave blank unless you <i>gave</i> aid to another fire department. If you <i>gave</i> aid to another department, enter that department’s Fire Department Identification Number and the two-character state abbreviation. Then use the rest of this incident report to indicate what <i>your department did at this incident</i> . Required if you checked the Mutual Aid Given or Automatic Aid Given box.
Their State	
Their Incident Number	If you <i>gave</i> aid to another fire department enter the incident number assigned to the incident by that department. Required if you checked the Mutual Aid Given box or the Automatic Aid Given box.
Resources & Casualties in Aid Situations	If you give aid, you may choose to report your own resources at your option. Similarly, if you receive aid, you may choose whether to count only your own resources or those of the aid-giving department, as well. See Section G1: Resources. The aid-receiving department should always report all casualties other than the fire service casualties of the aid-giving department. Each department reports its own fire service casualties.

E1-DATES AND TIMES

Alarm Date	Enter the numeric designation for the month, day and year that the alarm was received by the fire department. Required for all incidents.
Alarm Time	Enter the time of day that the alarm was received by the fire department. Use military time. Required for all incidents.
Arrival Date	If the date that the first fire department personnel arrived on-scene was the same as the Alarm Date, just check the box provided. Otherwise, enter the numeric designation for the month, day and year. Arrival date should be the same as Last Unit Cleared if cancelled on the way to a call. <i>Do not check the box if the Alarm Time was before midnight and the Arrival Time was after midnight.</i> Required for all incidents.
Arrival Time	Always enter the time of day that the first fire department personnel arrived on-scene. Use military time. Required for all incidents.

Controlled Date	Leave blank except for fires. For fires, enter the date that the fire was determined by the incident commander to be under control. If the date that the fire was controlled was the same as the Alarm Date, just check the box provided. <i>Do not check the box if the Controlled Date was after midnight and the Alarm Date was before Midnight.</i> Required for wildland fires; optional for other fires; otherwise leave blank.
Controlled Time	Leave blank except for fires. For fires, enter the time of day that the fire was determined by the incident commander to be under control. Use military time. Required for wildland fires; optional for other fires; otherwise leave blank.
Last Unit Cleared Date	If the date that the last fire department personnel left the scene was the same as the Alarm Date, just check the box provided. <i>Do not check the box if the incident extended (from the Alarm Time to the Clear Time) across midnight.</i> Required for all incidents.
Last Unit Cleared Time	Always enter the time of day that the last fire department personnel left the scene. Use military time. If cancelled en route, enter the time of cancellation in this space. Required for all incidents.

E2-SHIFT AND ALARMS

Shift or Platoon	Enter the shift or platoon designation (for example, A or 1) corresponding to the work shift during which the alarm occurred. Local option.
Alarms	Enter the number of alarms transmitted for this incident. Local option.
District	Enter the <i>number</i> identifying the fire department district in which this incident occurred. Local option.

E3-SPECIAL STUDIES

Special Study	Enter values for any special studies as defined in the state or local jurisdiction. Local option.
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F-ACTIONS TAKEN

Primary Action Taken	Enter the two-digit code and description that best describes the most significant action taken during the incident. Only one entry is required. If cancelled enroute, use code 93. Required for all incidents.
Additional Actions Taken	Enter the two-digit codes and descriptions for additional actions taken, as applicable. Optional.

Actions Taken Codes

	Fire		hazardous
11	Extinguish	55	Establish safe area
12	Salvage & overhaul	56	Provide air supply
13	Establish fire lines (wildfire)	57	Provide light or electrical power
14	Contain fire (wildland)	58	Operate apparatus or vehicle
15	Confine fire (wildland)	50	Fires, rescues & hazardous conditions, other
16	Control fire (wildland)		
17	Manage prescribed fire (wildland)		
10	Fire, other		
	Search & Rescue		Systems & Services
21	Search	61	Restore municipal services
22	Rescue, remove from harm	62	Restore sprinkler or fire protection system
23	Extricate, disentangle	63	Restore fire alarm system
24	Recover body	64	Shut down system
20	Search & rescue, other	65	Secure property
		66	Remove water
		60	Systems and services, other
	EMS & Transport		Assistance
31	Provide first aid & check for injuries	71	Assist physically disabled
32	Provide basic life support (BLS)	72	Assist animal
33	Provide advanced life support (ALS)	73	Provide manpower
34	Transport person	74	Provide apparatus
30	Emergency medical services, other	75	Provide equipment
		76	Provide water
		77	Control crowd
		78	Control traffic
		79	Assess severe weather or natural disaster damage
		70	Assistance, other
	Hazardous Condition		Information, Investigation & Enforcement
41	Identify, analyze hazardous materials	81	Incident command
42	HazMat detection, monitoring, sampling, & analysis	82	Notify other agencies
43	Hazardous materials spill control and confinement	83	Provide information to public or media
44	Hazardous materials leak control & containment	84	Refer to proper authority
45	Remove hazard	85	Enforce code
46	Decontaminate persons or equipment	86	Investigate
47	Decontaminate occupancy or area	80	Information, investigation & enforcement, other
48	Remove hazardous materials		
40	Hazardous condition, other		
	Fires, Rescues & Hazardous Conditions		Fill-in, Standby
51	Ventilate	91	Fill-in or moveup
52	Forcible entry	92	Standby
53	Evacuate area	93	Cancelled enroute
54	Determine if materials are non-	90	Fill-in, standby, other
		00	Action taken, other

G1-RESOURCES

Apparatus and Personnel Form Check Box	Check this box to indicate that you are completing either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10). If this box is checked, you may skip the rest of this Section G1.
Suppression Apparatus	Enter the number of fire apparatus and vehicles, excluding EMS vehicles that responded from your department. Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.
Suppression Personnel	Enter the number of fire personnel that responded from your department, other than personnel responding in EMS vehicles. Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.
EMS Units	Enter the number of EMS vehicles that responded from your department. Include Advanced Life Support and Basic Life Support units. Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.
EMS Personnel	Enter the number of personnel that responded to this incident in EMS vehicles. Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.
Other Units	Enter the number of units that responded to this incident from your department other than fire vehicles and ALS/BLS units. Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.
Other Personnel	Enter the number of personnel that responded to this incident from your department on units counted as Other Units, above. Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.
	Classify your apparatus and personnel based upon their main USE at the incident. An engine that responds to an EMS call should be classified as an EMS vehicle. To track individual apparatus AND their use at the incident, use the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10).
	Chief officer vehicles and privately owned vehicles should be considered as Other. The personnel arriving in these vehicles should be classified according to their main use at the incident.
Resource Counts Include Aid Received	If you receive aid, you may choose whether to count the resources of all responding departments or only your own department's resources. If you elect to include the resources from other departments, check this box.

G2-ESTIMATED DOLLAR LOSSES & VALUES

All that is required is your estimate, not absolute precision. Insurance companies and property owners will get their own independent estimates of the loss, as necessary. These entries are intended for use by your department, your state and the federal government to establish broad categories of dollar losses. Property owners and managers can help with estimates. These estimates are not intended to be legally binding in any way.

Property Loss If the building, other structure, outside property or vehicle sustained damage from flame, smoke, or suppression efforts, enter your estimate of the loss in whole dollars. *Exclude from this amount the estimated loss to building contents or other structure contents; enter contents losses separately in the space provided later in this section.* Check the “None” box if there is no loss in this area. **Required for all fires (Incident Types 100-173) whenever dollar value of property loss (excluding contents) if known.**

Contents Loss If contents of a building, other structure or vehicle sustained damage from flame, smoke, suppression efforts or otherwise and those contents had value (not trash or other valueless materials), enter your estimate of the loss in whole dollars. Check the “None” box if there is no loss in this area. **Required for all fires (Incident Types 100-173) whenever dollar value of contents loss if known.**

Pre-Incident Property Value Enter your estimate of the property value prior to the incident, excluding contents, based upon available information (for example, the owner). Check the “None” box if there is no loss in this area. **Local option.**

Pre-Incident Contents Value Enter your estimate of the contents value prior to the incident based upon available information (for example, the owner). Check the “None” box if there is no loss in this area. **Local option.**

Completed Modules

The paper forms provide an area to indicate which paper form modules are included with the incident. This information is not collected as data in NFIRS but is provided for paper form management purposes only.

H1-CASUALTIES

In mutual aid situations, each department reports its own fire service casualties. Only the receiving department reports other casualties.

None Check this box to indicate that there were no fatalities or injuries to either fire fighters or other persons. If this box is checked, skip the rest of this Section. **Required for all incidents unless entries are made in the rest of this Section.**

Fire Service – Deaths Enter the number of fire service personnel *from your department* who died in connection with this incident. Be sure to complete a Fire Service Casualty Report for each individual counted here. **Required for all**

incidents.

Fire Service – Injuries	Enter the number of fire service personnel <i>from your department</i> who were injured (but did not die) in connection with this incident. Be sure to complete a Fire Service Casualty Report for each individual counted here. Required for all incidents.
Civilian – Deaths	Enter the number of people who died in connection with this incident other than fire service personnel. Be sure to complete a Civilian Fire Casualty Report for each fire death counted here. Required for all incidents.
Civilian – Injuries	Enter the number of people who were injured (but did not die) in connection with this incident other than fire service personnel. Be sure to complete a Civilian Fire Casualty Report for each fire injury counted here. Required for all incidents.

H2-DETECTOR

Detector	Check a box to indicate whether a detector alerted occupants in this incident (regardless of detector type, including smoke, carbon monoxide, etc.). Required for all confined fires (Incident Type 113-118). Blank means that the incident type was one for which detector operation would not apply.
	<ul style="list-style-type: none"> 1 Detector alerted occupants 2 Detector did not alert occupants U Unknown

H3-HAZARDOUS MATERIALS RELEASE

Hazardous Materials Release	Check a box to indicate the type of hazardous materials (if any) involved in this incident. If you check 'Other', you should complete the Hazardous Materials module if required by your state or local jurisdiction. Otherwise, use of the Hazardous Materials Module is not necessary. Required whenever hazardous materials are involved regardless of incident type.
	<ul style="list-style-type: none"> 1 Natural gas: slow leak, no evacuation or HazMat actions 2 Propane gas: less than 21 lb. tank (as in home BBQ grill) 3 Gasoline: vehicle fuel tank or portable container less than 55 gallons 4 Kerosene: fuel burning equipment or portable storage less than 55 gallons. 5 Diesel fuel/fuel oil: vehicle fuel tank or portable storage less than 55 gallons. 6 Household solvents: home/office spill, cleanup only, less than 55 gallons. 7 Motor oil: from engine or portable container less than 55 gallons. 8 Paint: from paint cans totaling less than 55 gallons 0 Other: Special HazMat actions required or spill greater than or equal to 55 gallons N No HazMat involved

I-MIXED USE PROPERTY

Mixed Use

Check a box to indicate if the incident occurred at one of the listed mixed use properties; otherwise, check the Not Mixed box. All choices for Mixed Use are presented as check boxes. Check the appropriate box even if the incident did not involve the entire complex (for example a single store in a mall). **Required for all incidents.**

- 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
- NN Not mixed

J-PROPERTY USE

Property Use

Either check a box to indicate the property use where the incident occurred or complete the coded entry and description in the area indicated. If you check a box indicating the property use, *you do not have to complete the coded entry*. The most frequently encountered property uses are presented as check boxes for your convenience. If the appropriate property use does not appear as a check box, refer to the following codes. **Required for all incidents (either check a box or enter a code).**

Mobile Homes: Use code 419 for mobile homes that are used primarily as fixed residences. If the mobile home is in transit, use the code describing the property where the mobile home is located at the time of the incident.

Property Type 500s, 600s, 700s, and 800s. If the property use code falls in the 500, 600, 700, or 800 series, completion of the "C-On-Site Materials" field will be required in the Fire Module (NFIRS-2) if the incident is a fire.

Property Use Codes

	Assembly		
111	Bowling alley	210	Schools, non-adult, other
112	Billiard center, pool hall	241	Adult education center, college classroom
113	Electronic amusement center	254	Day care, in commercial property
114	Ice rink: indoor, outdoor	255	Day care, in residence, licensed
115	Roller rink: indoor or outdoor	256	Day care in residence, unlicensed.
116	Swimming facility: indoor or outdoor	200	Educational, other
110	Fixed use recreation places, other		
121	Ballroom, gymnasium		
122	Convention center, exhibition hall		
123	Stadium, arena	311	24-hour care Nursing homes, 4 or more persons
124	Playground	321	Mental retardation/development disability facility
129	Amusement center: indoor/outdoor	322	Alcohol or substance abuse recovery center
120	Variable use amusement, recreation places	323	Asylum, mental institution
131	Church, mosque, synagogue, temple, chapel	331	Hospital – medical or psychiatric
134	Funeral parlor	332	Hospices
130	Places of worship, funeral parlors	341	Clinic, clinic-type infirmary
141	Athletic/health club	342	Doctor, dentist or oral surgeon's office
142	Clubhouse	343	Hemodialysis unit
143	Yacht Club	340	Clinics, Doctors offices, hemodialysis centers,other
144	Casino, gambling clubs	361	Jail, prison (not juvenile)
140	Clubs, other	363	Reformatory, juvenile detention center
151	Library	365	Police station
152	Museum	300	Health care, detention, & correction, other
154	Memorial structure, including monuments & statues		
155	Courthouse		
150	Public or government, other		
161	Restaurant or cafeteria		
162	Bar or nightclub		
160	Eating, drinking places		
171	Airport passenger terminal	419	1 or 2 family dwelling
173	Bus station	429	Multifamily dwellings
174	Rapid transit station	439	Boarding/rooming house, residential hotels
170	Passenger terminal, other	449	Hotel/motel, commercial
181	Live performance theater	459	Residential board and care
182	Auditorium or concert hall	462	Sorority house, fraternity house
183	Movie theater	464	Barracks, dormitory
185	Radio, television studio	460	Dormitory type residence, other
186	Film/movie production studio	400	Residential, other
180	Studio/theater, other		
100	Assembly, Other		
	Educational		
211	Preschool	511	Convenience store
213	Elementary school, including kindergarten	519	Food and beverage sales, grocery store
215	High school/junior high school/middle school	529	Textile, wearing apparel sales
		539	Household goods, sales, repairs
		549	Specialty shop
			Health Care, Detention & Correction
			Residential
			Mercantile, Business

557	Personal service, including barber & beauty shops	819	Livestock, poultry storage
559	Recreational, hobby, home repair sales, pet store	839	Refrigerated storage
564	Laundry, dry cleaning	849	Outside storage tank
569	Professional supplies, services	880	Vehicle storage, other
571	Service station, gas station	881	Parking garage, (detached residential garage)
579	Motor vehicle or boat sales, services, repair	882	Parking garage, general vehicle
580	General retail, other	888	Fire station
581	Department or discount store	891	Warehouse
592	Bank	899	Residential or self storage units
593	Office: veterinary or research	898	Dock, marina, pier, wharf
596	Post office or mailing firms	800	Storage, other
599	Business office		
500	Mercantile, business, other		
	Industrial, Utility, Defense, Agriculture, Mining		Outside or Special Property
610	Energy production plant, other	919	Dump, sanitary landfill
614	Steam or heat generating plant	921	Bridge, trestle
615	Electric generating plant	922	Tunnel
629	Laboratory or science laboratory	926	Outbuilding, protective shelter
631	Defense, military installation	931	Open land or field
635	Computer center	935	Campsite with utilities
639	Communications center	936	Vacant lot
640	Utility or Distribution system, other	937	Beach
642	Electrical distribution	938	Graded and cared-for plots of land
644	Gas distribution, pipeline, gas distribution	941	Open ocean, sea or tidal waters
645	Flammable liquid distribution, pipeline, flammable	946	Lake, river, stream
647	Water utility	940	Water area, other
648	Sanitation utility	951	Railroad right of way
655	Crops or orchard	952	Railroad yard
659	Livestock production	961	Highway or divided highway
669	Forest, timberland, woodland	962	Residential street, road or residential driveway
679	Mine or quarry	963	Street or road in commercial area
600	Utility, defense, agriculture, mining, other	965	Vehicle parking area
	Manufacturing, processing	960	Street, other
700	Manufacturing, processing	972	Aircraft runway
	Storage	973	Aircraft taxi-way
807	Outside material storage area	974	Aircraft loading area
808	Outbuilding or shed	981	Construction site
816	Grain elevator, silo	982	Oil or gas field
		983	Pipeline, power line or other utility right of way
		984	Industrial plant yard – area
		900	Outside or special property, other
		000	Property Use, other
		NNN	No Property Use
		UUU	Property Use Undetermined

K1-PERSON/ENTITY INVOLVED

Business Name Enter a business entity name, if applicable, without regard to whether you check the “Same Address” box. **Local option.**

Phone Number Enter a phone number, including area code, for the person or entity involved, without regard to whether you check the “Same Address” box. **Local option.**

Individual Name Enter an individual name or the manager/owner of the business specified in Business Name, if any, without regard to whether you check the “Same Address” box. Use the prefix space to enter MR, MRS, MS, DR, or REV. Use the Suffix space to enter JR, SR, I, II, III, IV, MD, or DDS. **Local option.**

Same Address As Location If the person or entity involved has an address that is the same as the Incident Location specified in Section B, just check this box. Then, only the Business name, Phone Number and Individual Name are required. **Local option.**

Number For lots and structures, enter the street number. **Local option.**

Prefix Street Street Type Suffix For streets that have prefixes or suffixes, such as N, SE, and the like, enter the prefix or suffix in the separate space provided; omit periods. Enter the street name in the Street space provided, excluding any prefix or suffix. Enter the street type designation if it is on the list below. Otherwise, enter the street type as part of the street name. **Local option.**

Prefix/Suffix List:

E	East	NE	Northeast
N	North	NW	Northwest
S	South	SE	Southeast
W	West	SW	Southwest

Street Type List:

ALLEY	ALY	LIGHT	LGT
ANNEX	ANX	LIGHTS	LGTS
ARCADE	ARC	LOAF	LF
AVENUE	AVE	LOCK	LCK
BAYOU	BYU	LOCKS	LCKS
BEACH	BCH	LODGE	LDG
BEND	BND	LOOP	LOOP
BLUFF	BLF	MALL	MALL
BLUFFS	BLFS	MANOR	MNR
BOTTOM	BTM	MANORS	MNRS
BOULEVARD	BLVD	MEADOW	MDW
BRANCH	BR	MEADOWS	MDWS
BRIDGE	BRG	MEWS	MEWS
BROOK	BRK	MILL	ML

BROOKS	BRKS	MILLS	MLS
BURG	BG	MISSION	MSN
BURGS	BGS	MOTORWAY	MTWY
BYPASS	BYP	MOUNT	MT
CAMP	CP	MOUNTAIN	MTN
CANYON	CYN	MOUNTAINS	MTNS
CAPE	CPE	NECK	NK
CAUSEWAY	CSWY	ORCHARD	ORCH
CENTER	CTR	OVAL	OVAL
CENTERS	CTRS	OVERPASS	OPAS
CIRCLE	CIR	PARK	PARK
CIRCLES	CIRS	PARKS	PARK
CLIFF	CLF	PARKWAY	PKWY
CLIFFS	CLFS	PARKWAYS	PKWY
CLUB	CLB	PASS	PASS
COMMON	CMN	PASSAGE	PSGE
COMMONS	CMNS	PATH	PATH
CORNER	COR	PIKE	PIKE
CORNERS	CORS	PINE	PNE
COURSE	CRSE	PINES	PNES
COURT	CT	PLACE	PL
COURTS	CTS	PLAIN	PLN
COVE	CV	PLAINS	PLNS
COVES	CVS	PLAZA	PLZ
CREEK	CRK	POINT	PT
CRESCENT	CRES	POINTS	PTS
CREST	CRST	PORT	PRT
CROSSING	XING	PORTS	PRTS
CROSSROAD	XRD	PRAIRIE	PR
CROSSROADS	XRDS	RADIAL	RADL
CURVE	CURV	RAMP	RAMP
DALE	DL	RANCH	RNCH
DAM	DM	RAPID	RPD
DIVIDE	DV	RAPIDS	RPDS
DRIVE	DR	REST	RST
DRIVES	DRS	RIDGE	RDG
ESTATE	EST	RIDGES	RDGS
ESTATES	ESTS	RIVER	RIV
EXPRESSWAY	EXPY	ROAD	RD
EXTENSION	EXT	ROADS	RDS
EXTENSIONS	EXTS	ROUTE	RTE
FALL	FALL	ROW	ROW
FALLS	FLS	RUE	RUE
FERRY	FRY	RUN	RUN
FIELD	FLD	SHOAL	SHL

FIELDS	FLDS	SHOALS	SHLS
FLAT	FLT	SHORE	SHR
FLATS	FLTS	SHORES	SHRS
FORD	FRD	SKYWAY	SKWY
FORDS	FRDS	SPRING	SPG
FOREST	FRST	SPRINGS	SPGS
FORGE	FRG	SPUR	SPUR
FORGES	FRGS	SPURS	SPUR
FORK	FRK	SQUARE	SQ
FORKS	FRKS	SQUARES	SQS
FORT	FT	STATION	STA
FREEWAY	FWY	STRAVENUE	STRA
GARDEN	GDN	STREAM	STRM
GARDENS	GDNS	STREET	ST
GATEWAY	GTWY	STREETS	STS
GLEN	GLN	SUMMIT	SMT
GLENS	GLNS	TERRACE	TER
GREEN	GRN	THROUGHWAY	TRWY
GREENS	GRNS	TRACE	TRCE
GROVE	GRV	TRACK	TRAK
GROVES	GRVS	TRAFFICWAY	TRFY
HARBOR	HBR	TRAIL	TRL
HARBORS	HBRs	TRAILER	TRLR
HAVEN	HVN	TUNNEL	TUNL
HEIGHTS	HTS	TURNPIKE	TPKE
HIGHWAY	HWY	UNDERPASS	UPAS
HILL	HL	UNION	UN
HILLS	HLS	UNIONS	UNS
HOLLOW	HOLW	VALLEY	VLV
INLET	INLT	VALLEYS	VLVS
ISLAND	IS	VIADUCT	VIA
ISLANDS	ISS	VIEW	VW
ISLE	ISLE	VIEWS	VWS
JUNCTION	JCT	VILLAGE	VLG
JUNCTIONS	JCTS	VILLAGES	VLGS
KEY	KY	VILLE	VL
KEYS	KYS	VISTA	VIS
KNOLL	KNL	WALK	WALK
KNOLLS	KNLS	WALKS	WALK
LAKE	LK	WALL	WALL
LAKES	LKS	WAY	WAY
LAND	LAND	WAYS	WAYS
LANDING	LNDG	WELL	WL
LANE	LN	WELLS	WLS

Apt. or Suite As applicable, enter the specific unit, apartment or suite designation (any combination of numbers and letters). **Local option.**

City
State
ZIP Enter the name of the city or town and the two letter abbreviation for the state where the incident occurred (See Appendix Section for State abbreviations). Enter the 5- or 9-digit ZIP code for the location. **Local option.**

P.O. Box Fill in this block if the individual or business uses a Post Office Box number.

The Address may be left blank if the “Same Address” box is checked or if the “Same As Person Involved” box is checked (see above). **Local option.**

If there is more than one person involved, check the box and attach NFIRS-1S forms as needed

K2-OWNER

Same As Person Involved Check this box if the Owner is the same person or entity as the Person or Entity Involved specified in Section K1. If this box is checked, the rest of this Section K2 may be skipped. **Local option.**

Business Name Enter a business entity name, if applicable, that owns the property identified in Section B: Incident Location, without regard to whether you check the "Same Address" box. **Local option.**

Phone Number Enter a phone number, including area code, for the owner of the property identified in Section B: Incident Location, without regard to whether you check the "Same Address" box. **Local option.**

Individual Name Enter an individual name or the manager/owner of the business specified in Business Name, if any, that owns the property identified in Section I, Incident Location, without regard to whether you check the "Same Address" box. Use the prefix space to enter MR, MRS, MS, DR, or REV. Use the Suffix space to enter JR, SR, I, II, III, IV, MD, or DDS. **Local option.**

Same Address Box If the person or entity involved has an address that is the same as the Incident Location specified in Section B, just check this box. Then, only the Business name, Phone Number and Individual Name are required. **Local option.**

Number For lots and structures, enter the street number. **Local option.**

Prefix Street Street Type Suffix For streets that have prefixes or suffixes, such as N, SE, and the like, enter the prefix or suffix in the separate space provided; omit periods. Enter the street name in the Street space provided, excluding any prefix or suffix. Enter the street type designation if it is on the list below. Otherwise, enter the street type as part of the street name. **Local option.**

Prefix/Suffix List:

E	East	NE	Northeast
N	North	NW	Northwest
S	South	SE	Southeast
W	West	SW	Southwest

Street Type List:

ALLEY	ALY	LIGHT	LGT
ANNEX	ANX	LIGHTS	LGTS
ARCADE	ARC	LOAF	LF
AVENUE	AVE	LOCK	LCK
BAYOU	BYU	LOCKS	LCKS
BEACH	BCH	LODGE	LDG
BEND	BND	LOOP	LOOP
BLUFF	BLF	MALL	MALL

BLUFFS	BLFS	MANOR	MNR
BOTTOM	BTM	MANORS	MNRS
BOULEVARD	BLVD	MEADOW	MDW
BRANCH	BR	MEADOWS	MDWS
BRIDGE	BRG	MEWS	MEWS
BROOK	BRK	MILL	ML
BROOKS	BRKS	MILLS	MLS
BURG	BG	MISSION	MSN
BURGS	BGS	MOTORWAY	MTWY
BYPASS	BYP	MOUNT	MT
CAMP	CP	MOUNTAIN	MTN
CANYON	CYN	MOUNTAINS	MTNS
CAPE	CPE	NECK	NK
CAUSEWAY	CSWY	ORCHARD	ORCH
CENTER	CTR	OVAL	OVAL
CENTERS	CTRS	OVERPASS	OPAS
CIRCLE	CIR	PARK	PARK
CIRCLES	CIRS	PARKS	PARK
CLIFF	CLF	PARKWAY	PKWY
CLIFFS	CLFS	PARKWAYS	PKWY
CLUB	CLB	PASS	PASS
COMMON	CMN	PASSAGE	PSGE
COMMONS	CMNS	PATH	PATH
CORNER	COR	PIKE	PIKE
CORNERS	CORS	PINE	PNE
COURSE	CRSE	PINES	PNES
COURT	CT	PLACE	PL
COURTS	CTS	PLAIN	PLN
COVE	CV	PLAINS	PLNS
COVES	CVS	PLAZA	PLZ
CREEK	CRK	POINT	PT
CRESCENT	CRES	POINTS	PTS
CREST	CRST	PORT	PRT
CROSSING	XING	PORTS	PRTS
CROSSROAD	XRD	PRAIRIE	PR
CROSSROADS	XRDS	RADIAL	RADL
CURVE	CURV	RAMP	RAMP
DALE	DL	RANCH	RNCH
DAM	DM	RAPID	RPD
DIVIDE	DV	RAPIDS	RPDS
DRIVE	DR	REST	RST
DRIVES	DRS	RIDGE	RDG
ESTATE	EST	RIDGES	RDGS
ESTATES	ESTS	RIVER	RIV
EXPRESSWAY	EXPY	ROAD	RD

EXTENSION	EXT	ROADS	RDS
EXTENSIONS	EXTS	ROUTE	RTE
FALL	FALL	ROW	ROW
FALLS	FLS	RUE	RUE
FERRY	FRY	RUN	RUN
FIELD	FLD	SHOAL	SHL
FIELDS	FLDS	SHOALS	SHLS
FLAT	FLT	SHORE	SHR
FLATS	FLTS	SHORES	SHRS
FORD	FRD	SKYWAY	SKWY
FORDS	FRDS	SPRING	SPG
FOREST	FRST	SPRINGS	SPGS
FORGE	FRG	SPUR	SPUR
FORGES	FRGS	SPURS	SPUR
FORK	FRK	SQUARE	SQ
FORKS	FRKS	SQUARES	SQS
FORT	FT	STATION	STA
FREEWAY	FWY	STRAVENUE	STRA
GARDEN	GDN	STREAM	STRM
GARDENS	GDNS	STREET	ST
GATEWAY	GTWY	STREETS	STS
GLEN	GLN	SUMMIT	SMT
GLENS	GLNS	TERRACE	TER
GREEN	GRN	THROUGHWAY	TRWY
GREENS	GRNS	TRACE	TRCE
GROVE	GRV	TRACK	TRAK
GROVES	GRVS	TRAFFICWAY	TRFY
HARBOR	HBR	TRAIL	TRL
HARBORS	HBRs	TRAILER	TRLR
HAVEN	HVN	TUNNEL	TUNL
HEIGHTS	HTS	TURNPIKE	TPKE
HIGHWAY	HWY	UNDERPASS	UPAS
HILL	HL	UNION	UN
HILLS	HLS	UNIONS	UNS
HOLLOW	HOLW	VALLEY	VLY
INLET	INLT	VALLEYS	VLYS
ISLAND	IS	VIADUCT	VIA
ISLANDS	ISS	VIEW	VW
ISLE	ISLE	VIEWS	VWS
JUNCTION	JCT	VILLAGE	VLG
JUNCTIONS	JCTS	VILLAGES	VLGS
KEY	KY	VILLE	VL
KEYS	KYS	VISTA	VIS
KNOLL	KNL	WALK	WALK
KNOLLS	KNLS	WALKS	WALK

LAKE	LK	WALL	WALL
LAKES	LKS	WAY	WAY
LAND	LAND	WAYS	WAYS
LANDING	LNDG	WELL	WL
LANE	LN	WELLS	WLS

Apt. or Suite As applicable, enter the specific unit, apartment or suite designation (any combination of numbers and letters). **Local option.**

**City
State
ZIP** Enter the name of the city or town and the two letter abbreviation for the state where the incident occurred (See Appendix Section for State abbreviations). Enter the 5- or 9-digit ZIP code for the location. **Local option.**

P.O. Box Fill in this block if the individual or business uses a Post Office Box number.

The Address may be left blank if the “Same Address” box is checked or if the “Same As Person Involved” box is checked (see above). **Local option.**

L-REMARKS

Remarks Use this space to describe the incident in your own words. Of particular importance are observations that could aid investigators. Use additional sheets, as necessary. Additional sheets must have Section A at the top of each sheet completed. **Optional.**

M-AUTHORIZATION

ID of Officer In Charge Enter the ID number of the officer in charge of the incident. **Local option.**

Name of Officer in Charge The officer in charge of the incident should sign the report here. **Local option.**

Position/Rank of Officer In Charge Indicate the position or rank of the officer in charge of the incident. For example, Assistant Chief. **Local option.**

Assignment of Officer In Charge	Enter the company or department assignment of the officer in charge of the incident. Local option.
Date Signed By Officer in Charge	Enter the month, day and year that the officer in charge of the incident signed this report. Local option.
Same as Officer In Charge	Check this box if the member making this report is the same as the officer in charge. Then skip the remainder of this Section M.
ID of Member Making Report	Enter the identification number of the member making this report. Local option.
Name of Member	The member making this report should sign the report here. Local option.
Position/Rank of Member	Indicate the position or rank of the member making this report. For example, Assistant Chief. Local option.
Assignment of Member	Enter the company or department assignment of the member making this report. Local option.
Date Signed By Member	Enter the month, day and year that the member signed this report. Local option.

FIRE MODULE (NFIRS-2)

The Fire Module is required for incident types 100-173. The Wildland Fire Module can be used in place of the Fire Module for incident types 140-143, 170-173, 561, 631, and 632.

A-IDENTIFICATION

FDID	Enter your Fire Department Identifier, as assigned by your state. Required for all incidents.
State	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. Required for all incidents.
Incident Date	Enter the date that the department received the incident alarm. Required for all incidents.
Station Number	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) Local Option.
Incident Number	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> Required for all incidents.
Exposure	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. Required for all incidents.
Delete	Check this box to indicate this incident has been previously submitted with fire module data and you now want to delete this fire module data from the database. If you check this box, complete Section A and leave the rest of the report blank. Required only when deleting the entire fire module data from the database. Section A must always be completed for a delete transaction.
Change	Check this box to indicate this incident has been previously submitted with fire module data and you now want to update or change the fire module data in the database. If you check this box, complete Section A and the data elements that are to be updated or changed for this module. Required only when updating fire module data. Section A must always be completed for a change transaction.

B-PROPERTY DETAILS

B1-NUMBER OF RESIDENTIAL LIVING UNITS

Number of Residential Living Units Enter the estimated total number of residential living units in the building of origin, whether or not all the units became involved or were occupied at the time of the fire. Check "Not Residential" if the fire did not occur in residential property.

B2-NUMBER OF BUILDINGS INVOLVED

Number of Buildings Involved Enter the total number of buildings involved in the fire. This total should include all building exposures. If there were no buildings involved, check the box to indicate that none were involved.

B3-ACRES BURNED

Acres Burned Enter the number of acres burned in this fire if at least one acre burned. Otherwise, check either the "None" box or the "Less than one acre" box.

C-ON-SITE MATERIALS OR PRODUCTS

If Property Use in the 500s, 600s, 700s, or 800s was listed in the Basic Module (NFIRS-1), Block J, then this field is required. It is also useful for other property types.

None Check this box to indicate that no significant amounts of commercial, industrial, agricultural or energy products or materials were stored on this property. If any of these products or materials were present, *whether or not they became involved*, do not check this box: complete the rest of this Section. **Required unless at least one On-Site Material entry is made.**

On-Site Material 1 Enter a code and description from the list in this Section C for any significant amount of any material stored, processed or sold at the property involved *without regard to whether the material was involved in the fire*. See note below concerning the associated check boxes. While On-site Material should be entered for stores, manufacturing and storage facilities, you can code materials that might not ordinarily be found at a location. **Required for all fires in the applicable Property Use range unless the "None" box is checked.**

On-Site Material 2 & 3 Use these optional, additional spaces to enter other On-Site Materials that are stored, processed or sold on the property. See the note below concerning the associated check boxes. **Optional.**

Bulk Storage
Processing or mfg.
Packaged goods
Repair or service

For each On-site Material entry you make, check one of the four associated boxes to indicate whether the material is stored, processed, sold, or repaired at the property. Check Processing/Manufacture if the material is both stored and processed. **Required whenever On-Site Material entry is made.**

On-Site Materials Codes

	Foods, Beverages, Agriculture	221	Clothes
		222	Footwear
	Food	223	Eyeglasses
111	Baked goods	225	Perfumes, colognes, cosmetics
112	Meat products, including poultry & fish	226	Toiletries
		220	Wearable products, other
113	Dairy products		
114	Produce, fruit or vegetables		Accessories
115	Sugar, spices	231	Jewelry, watches
116	Deli products	232	Luggage, suitcases
117	Cereals, grains; packaged	233	Purses, satchels, briefcases, wallets, belts
118	Fat/cooking grease, including lard & animal fat	230	Accessories, other
110	Food, other		
	Beverages	241	Furnishings
121	Alcoholic beverage	242	Furniture
122	Non-alcoholic beverage	243	Beds, mattresses
120	Beverages, other	244	Clocks
		245	Houseware
	Agriculture		Glass, ceramics, china, pottery, stoneware
131	Trees, plants, flowers	246	Silverware
132	Feed, grain, seed	240	Furnishings, other
133	Hay, straw		
134	Crop, not grain	200	Personal & home products, other
135	Livestock		
136	Pets		Raw Materials
137	Pesticides		
138	Fertilizer		Wood
130	Agriculture, other	311	Lumber, sawn wood
		312	Timber
100	Foods, beverages, agriculture, other	313	Cork
		314	Pulp
	Personal & Home Products	315	Sawdust, wood chips
		310	Wood, other
	Fabrics		
211	Curtains, drapes	321	Fibers
212	Linens	322	Cotton
213	Bedding	323	Wool
214	Cloth, yarn, dry goods	320	Silk
210	Fabrics, other		Fibers, other
	Wearable products	331	Animal skins
			Leather

332	Fur	532	Coal
330	Animal skins, other	533	Peat
	Other raw materials	534	Coke
341	Ore	530	Solid fuel, coal type, other
342	Rubber		Chemicals, drugs
343	Plastics	541	Hazardous chemicals
344	Fiberglass	542	Non-hazardous chemicals
345	Salt	543	Cleaning supplies
300	Raw materials, other	544	Pharmaceuticals, drugs
	Paper Products, Rope	545	Illegal drugs
	Paper products	540	Chemicals, drugs, other
411	Newspaper, magazines		Radioactive materials
412	Books	551	Radioactive materials
413	Greeting Cards	500	Flammables, chemicals, plastics, other
414	Paper – rolled		Construction, Machinery, Metals
415	Cardboard		Machinery, tools
416	Packaged paper products, including stationary	611	Industrial Machinery
417	Paper records or reports	612	Machine parts
410	Paper products, other	613	Tools (power & hand tools)
	Rope, twine, cordage	610	Machinery, tools, other
421	Rope, twine, cordage		Construction supplies
400	Paper products, rope, other	621	Hardware products
	Flammables, Chemicals, Plastics,	622	Construction & home improvement products
	Flammables, combustible liquids	623	Pipes, fittings
511	Gasoline, diesel fuel	624	Stone-working materials
512	Flammable liquid, not gasoline	625	Lighting
513	Combustible liquid, including heating oil	626	Electrical: parts, supplies, equipment
514	Motor oil	627	Insulation
515	Heavy oils, grease, non-cooking related	628	Abrasives
516	Asphalt	629	Fencing, fence supplies
517	Adhesive, resin, tar	620	Construction supplies, other
510	Flammables, combustible liquids, other		Floor and wall coverings
	Flammable gases	631	Carpets, rugs
521	Natural gas	632	Linoleum, tile
522	LP gas, Butane, Propane	633	Ceramic tile
523	Hydrogen gas	634	Wallpaper
520	Flammable gas, other	635	Paint
	Solid fuel, coal type	630	Floor & wall coverings, other
531	Charcoal		Metal products
		641	Steel, iron products
		642	Non-ferrous metal products
		643	Combustible metals products

640	Metal products, other	851	Non-Motorized Vehicles Bicycles, tricycles, unicycles
600	Construction, machinery, metals, other	850	Non-Motorized Vehicles, other
	Appliances, Electronics, Medical, Laboratory		Other Products
	Appliances, electronics	911	Containers, packing materials Bottles, barrels, boxes
711	Appliances	912	Packing material
712	Electronic: parts, supplies, equipment	913	Pallets
713	Electronic media	910	Containers, packing materials, other
714	Photographic equipment, supplies, materials		Previously owned products
710	Appliances, electronics, other	921	Antiques
	Medical, laboratory products	922	Collectibles
721	Dental supply	923	Used merchandise
722	Medical supply	920	Previously owned products, other
723	Optical products		Ordnance, explosives, fireworks
724	Veterinary supplies	931	Guns
725	Laboratory supplies	932	Ammunition
720	Medical, laboratory products, other	933	Explosives
700	Appliances, electronics, medical, lab, other	934	Fireworks
	Vehicles, Vehicle Parts	935	Rockets, missiles
	Motor vehicles	930	Ordnance, explosives, fireworks, other
811	Autos, trucks, buses, recreational vehicles	941	Recreation, arts (products) Musical instruments
812	Construction vehicles	942	Hobby, crafts
813	Motor vehicle parts, not including tires	943	Art supply/artwork
814	Tires	944	Sporting goods
810	Motor vehicles & parts, other	945	Camping, hiking, outdoor products
	Watercraft	946	Games, toys
821	Boats, ships	940	Recreation, arts products, other
820	Watercraft, other		Mixed sales products
	Aircraft	951	Office supplies
831	Planes, airplanes	952	Restaurant supplies, not including food
832	Helicopters	950	Mixed sales products, other
830	Aircraft, other		Discarded material
	Rail	961	Junk yard materials
841	Trains, light rail, rapid transit cars	962	Recyclable materials
842	Rail equipment	963	Trash, not recyclable
840	Rail, other	960	Discarded material, other
		000	On site materials, other
		NNN	No on site material
		UUU	On site material undetermined

D-IGNITION

D1-AREA OF FIRE ORIGIN

Area of Fire Origin Enter the code and descriptor from the following list to indicate the area where the fire started. Every fire has an area of origin. **Required for all fires.**

Area of Fire Origin Codes

Means of Egress		Technical Processing Areas	
01	Corridor, mall	31	Laboratory
02	Exterior stairway, ramp, or fire escape	32	Dark room, photography area, or printing area
03	Interior stairway or ramp	33	Treatment - first aid area, surgery area
04	Escalator – exterior, interior	34	Surgery area – major operations, operating room
05	Entrance way, lobby	35	Computer room, control room or center
09	Egress/exit, other	36	Stage area – performance, basketball court, boxing
Assembly, Sales Areas (Groups of People)		37	Projection room, spotlight area
11	Arena, assembly area w/ fixed seats – 100+ persons	38	Processing/manufacturing area, workroom
12	Assembly area without fixed seats – 100+ persons	30	Technical processing areas, other
13	Assembly area – less than 100 persons	Storage Areas	
14	Common room, den, family room, living room, lounge	41	Storage room, area, tank, or bin
15	Sales area, showroom (excluded are display windows)	42	Closet
16	Art gallery, exhibit hall, library	43	Storage: supplies or tools; dead storage
17	Swimming pool	44	Records storage room, storage vault
10	Assembly or sales area, other	45	Shipping/receiving area; loading area, dock or bay
Function Area		46	Chute/container - trash, rubbish, waste
21	Bedroom - < 5 persons; included are jail or prison	47	Vehicle storage area; garage, carport
22	Bedroom - 5+ persons; included are barracks/dormitories	40	Storage area, other
23	Bar area, beverage service area, cafeteria	Service Areas	
24	Cooking area, kitchen	51	Dumbwaiter or elevator shaft
25	Bathroom, checkroom, lavatory, locker room	52	Conduit, pipe, utility, or ventilation shaft
26	Laundry area, wash house (laundry)	53	Light shaft
27	Office	54	Chute; laundry or mail, excluding trash chutes
28	Personal service area, barber/beauty salon area	55	Duct: hvac, cable, exhaust, heating, or AC
20	Function area, other	56	Display window

58	Conveyor		
50	Service facilities, other		
	Service, Equipment Areas		
61	Machinery room or area; elevator machinery room	81	Operator/passenger area of transportation equip.
62	Heating room or area, water heater area	82	Cargo/trunk area - all vehicles
63	Switchgear area, transformer vault	83	Engine area, running gear, wheel area
64	Incinerator area	84	Fuel tank, fuel line
65	Maintenance shop or area, paint shop or area	85	Separate operator/control area of transportation
66	Cell, test	86	Exterior, exposed surface
67	Enclosure, pressurized air	80	Vehicle area, other
60	Equipment or service area, other		
	Structural Areas		Other Area of Origin
71	Substructure area or space, crawl space	91	Railroad right of way: on or near
72	Exterior balcony, unenclosed porch	92	Highway, parking lot, street: on or near
73	Ceiling & floor assembly, crawl space between stories	93	Courtyard, patio, porch, terrace
74	Attic: vacant, crawl space above top story, cupola	94	Open area – outside; included are farmlands, fields
75	Wall assembly	95	Wildland, woods
76	Wall surface: exterior	96	Construction/renovation area
77	Roof surface: exterior	97	Multiple areas
78	Awning	98	Vacant structural area
70	Structural area, other	90	Outside area, other
		00	Area of origin, other
		UU	Undetermined area of origin

D2-HEAT SOURCE

Heat Source From the codes that follow, enter the Heat Source code and descriptor that ignited the "Item First Ignited" and caused the fire.
Required for all fires.

Heat Source Codes

	Operating equipment		Explosives, Fireworks
11	Spark, ember or flame from operating equipment	51	Munitions
12	Radiated, conducted heat from operating equipment	53	Blasting agent
13	Arcing	54	Fireworks
10	Heat from powered equipment, other	55	Model and amateur rockets
		56	Incendiary device
		50	Explosive, fireworks, other
	Hot or Smoldering Object		Other Open Flame or Smoking Materials
41	Heat, spark from friction	61	Cigarette
42	Molten, hot material	62	Pipe or cigar
43	Hot ember or ash	63	Heat from undetermined smoking
40	Hot or smoldering object, other		

	material	70	Chemical, natural heat source, other
64	Match		
65	Cigarette lighter		
66	Candle		
67	Warning or road flare; fusee		
68	Backfire from internal combustion engine		
69	Flame/torch used for lighting		
60	Heat from other open flame or smoking materials		
	Chemical, Natural Heat Sources		
71	Sunlight		
72	Chemical reaction		
73	Lightning		
74	Other static discharge		
			Heat Spread from Another Fire
		81	Heat from direct flame, convection currents
		82	Radiated heat from another fire
		83	Flying brand, ember, spark
		84	Conducted heat from another fire
		80	Heat spread from another fire, other
			Other Heat Sources
		97	Multiple heat sources including multiple ignitions
		00	Heat source, other
		UU	Undetermined heat source

D3-ITEM FIRST IGNITED

Item First Ignited Identify the Item First Ignited from the codes presented below. Enter the code and written description that best describes the item first ignited by the heat source. **Required for all fires.**

Spread Confined to Object of Origin Check this box to indicate that the fire spread was confined to the object of origin.

Item First Ignited Codes

	Structural Component, Finish	31	Mattress, pillow
11	Exterior roof covering or finish	32	Bedding; blanket, sheet, comforter
12	Exterior wall covering or finish	33	Linen; other than bedding
13	Exterior trim, including doors	34	Wearing apparel not on a person
14	Floor covering or rug/carpet/mat	35	Wearing apparel on a person
15	Interior wall covering excluding drapes, etc.	36	Curtains, blinds, drapery, tapestry
16	Interior ceiling cover or finish	37	Goods not made up, including fabrics & yard goods
17	Structural member or framing	38	Luggage
18	Insulation within structural area	30	Soft goods, wearing apparel, other
10	Structural component or finish, other		
	Furniture, Utensils, including built-in furniture		Adornment, Recreational Material, Signs
21	Upholstered sofa, chair, vehicle seats	41	Christmas tree
22	Non-upholstered chair, bench	42	Decoration
23	Cabinetry (including built-in)	43	Sign, including outdoor signs such as billboards
24	Ironing board	44	Chips, including wood chips
25	Appliance housing or casing	45	Toy or game
26	Household utensils	46	Awning, canopy
20	Furniture, utensils, other	47	Tarpaulin or tent
	Soft Goods, Wearing Apparel	40	Adornment, recreational material, signs, other

- Storage Supplies**
- 51 Box, carton, bag, basket, barrel
 - 52 Material being used to make a product
 - 53 Pallet, skid (empty)
 - 54 Cord, rope, twine
 - 55 Packing, wrapping material
 - 56 Baled goods or material
 - 57 Bulk storage
 - 58 Palletized material, material stored on pallets.
 - 59 Rolled, wound material (paper, fabric)
 - 50 Storage supplies, other
- Liquids, Piping, Filters**
- 61 Atomized liquid, vaporized liquid, aerosol.
 - 62 Flammable liquid/gas - in/from engine or burner
 - 63 Flammable liquid/gas - in/from final container
 - 64 Flammable liquid/gas in container or pipe
 - 65 Flammable liquid/gas - uncontained
 - 66 Pipe, duct, conduit or hose
 - 67 Pipe, duct, conduit, hose covering
 - 68 Filter, including evaporative cooler pads
 - 60 Liquids, piping, filters, other
- Organic Materials**
- 71 Agricultural crop, including fruits and vegetables
 - 72 Light vegetation - not crop, including grass
 - 73 Heavy vegetation - not crop, including trees
 - 74 Animal living or dead
 - 75 Human living or dead
 - 76 Cooking materials, including edible materials
 - 77 Feathers or fur, not on bird or animal
 - 70 Organic materials, other
- General Materials**
- 81 Electrical wire, cable insulation
 - 82 Transformer, including transformer fluids
 - 83 Conveyor belt, drive belt, V-belt
 - 84 Tire
 - 85 Railroad ties
 - 86 Fence, pole
 - 87 Fertilizer
 - 88 Pyrotechnics, explosives
- General Materials Continued**
- 91 Book
 - 92 Magazine, newspaper, writing paper
 - 93 Adhesive
 - 94 Dust, fiber, lint, including sawdust and excelsior
 - 95 Film, residue, including paint & resin
 - 96 Rubbish, trash, or waste
 - 97 Oily rags
 - 99 Multiple items first ignited
 - 00 Other item ignited
 - UU Undetermined item ignited

D4-TYPE OF MATERIAL FIRST IGNITED

Type of Material First Ignited Identify the Type of Material Ignited from the codes presented below and enter the code and written description. **Required if the Item First Ignited code is in a range from 00 to 69.**

Type of Material Codes

- | | | | |
|-----------|----------------------|-----------|--|
| 11 | Flammable Gas | 21 | Flammable, Combustible Liquid |
| 12 | Natural gas | | Ether, pentane type flammable liquid |
| 13 | LP gas | 22 | JP-4 jet fuel & methyl ethyl ketone type flammable |
| 14 | Anesthetic gas | 23 | Gasoline |
| 15 | Acetylene | 24 | Turpentine, butyl alcohol type flammable liquid |
| 10 | Hydrogen | | |
| | Flammable gas, other | | |

25	Kerosene, No.1 and 2 fuel oil, diesel type	50	Natural product, other
26	Cottonseed oil, creosote oil type combustible		Wood or Paper – Processed
27	Cooking oil, transformer or lubricating oil	61	Wood chips, sawdust, shavings
20	Flammable or combustible liquid, other	62	Round timber, including round posts, poles
	Volatile Solid or Chemical	63	Sawn wood, including all finished lumber
31	Fat, grease, butter, margarine, lard	64	Plywood
32	Petroleum jelly and non-food grease	65	Fiberboard, particleboard, and hardboard
33	Polish, paraffin, wax	66	Wood pulp
34	Adhesive, resin, tar, glue, asphalt, pitch	67	Paper, including cellulose, waxed paper
35	Paint, varnish – applied	68	Cardboard
36	Combustible metal, included are magnesium	60	Wood or paper, processed, other
37	Solid chemical, included are explosives		Fabric, Textiles, Fur
38	Radioactive material	71	Fabric, fiber, cotton, blends, rayon, wool
30	Volatile solid or chemical, other	74	Fur, silk, other fabric.
	Plastics	75	Wig
41	Plastic	76	Human hair
	Natural Product	77	Plastic coated fabric
51	Rubber, excluding synthetic rubbers	70	Fabric, textile, fur, other
52	Cork		Material Compounded with Oil
53	Leather	81	Linoleum
54	Hay, straw	82	Oilcloth
55	Grain, natural fiber, (preprocess)	86	Asphalt treated material
56	Coal, coke, briquettes, peat	80	Material compounded with oil, other
57	Food, starch, excluding fat and grease (Code 31)		Other Material
58	Tobacco	99	Multiple types of material first ignited
		00	Other type of material ignited
		UU	Undetermined type of material

E1-CAUSE OF IGNITION

Cause of Ignition **If this is an exposure report, check the box and skip to Section G.**

Check a box to indicate the Cause of Ignition. **Required for all Fire Reports.**

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

E2-FACTORS CONTRIBUTING TO IGNITION

Factors Contributing To Ignition Identify up to two factors that contributed to ignition. Use the codes presented below. For human factors, see Section E3. **Required if the fire cause is not 'Intentional' or 'Under Investigation' unless the "None" box is checked.**

None Check this box to indicate that no additional factors contributed to the fire's ignition.

Factors Contributing to Ignition Codes

Misuse of Material or Product		Installation Deficiency	
11	Abandoned or discarded materials or products	41	Design deficiency
12	Heat source too close to combustibles.	42	Construction deficiency
13	Cutting, welding too close to combustible	43	Installation deficiency
14	Flammable liquid or gas spilled	44	Manufacturing deficiency
15	Improper fueling technique	40	Design/Manufacture/Installation Deficiency, other
16	Flammable liquid used to kindle fire	Operational Deficiency	
17	Washing part, painting with flammable liquid	51	Collision, knock down, run over, turn over
18	Improper container or storage	52	Accidentally turned on, not turned off
19	Playing with heat source	53	Equipment unattended
10	Misuse of material or product, other	54	Equipment overloaded
Mechanical Failure, Malfunction		55	Failure to clean
21	Automatic control failure	56	Improper startup
22	Manual control failure	57	Equipment used for not intended purpose
23	Leak or break	58	Equipment not being operated properly
25	Worn out	50	Operational deficiency, other
26	Backfire	Natural Condition	
27	Improper fuel used	61	High wind
20	Mechanical failure, malfunction, other	62	Storm
Electrical Failure, Malfunction		63	High water including floods
31	Water caused short-circuit arc	64	Earthquake
32	Short circuit arc from mechanical damage	65	Volcanic action
33	Short circuit arc from defective, worn insulation	66	Animal
34	Unspecified short-circuit arc	60	Natural condition, other
35	Arc from faulty contact, broken conductor	Fire Spread or Control	
36	Arc, spark from operating equipment	71	Exposure fire
37	Fluorescent light ballast	72	Rekindle
30	Electrical failure, malfunction, other	73	Outside/open fire for debris or waste disposal
Design, Manufacturing,		74	Outside/open fire for warming or cooking
		75	Agriculture or land management

- 70 burns
- 70 Fire spread or control, other
- 00 Factor contributing to ignition, other
- NN No factor contributing to ignition
- UU Undetermined factor contributing to ignition

E3-HUMAN FACTORS CONTRIBUTING TO IGNITION

Human Factors Contributing To Ignition Check as many boxes in this section as are applicable. If no boxes are applicable, then check the “None” box and skip to the next section.

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

Age was Factor If age was a factor in contributing to the ignition, enter the age and gender of the person. If the “Age was a factor” block is not checked, leave the remainder of the section blank.

- 1 Male
- 2 Female

F1-EQUIPMENT INVOLVED IN IGNITION

Equipment Involved In Ignition Choose a code and descriptor below that best describe the equipment involved in the ignition. **If no equipment was involved in ignition, check the “None” box and skip to Section G.**

Equipment Involved In Ignition Codes

	Heating, Ventilating & Air Conditioning		
111	Air conditioner	120	Fireplace, chimney, other
112	Heat pump	131	Furnace, local heating unit, built-in
113	Fan	132	Furnace, central heating unit
114	Humidifier	133	Boiler (power, process, heating)
115	Ionizer	141	Heater, excluding catalytic and oil-filled heaters
116	Dehumidifier	142	Heater, catalytic
117	Evaporative cooler, cooling tower.	143	Heater, oil filled
121	Fireplace, masonry	144	Heat lamp
122	Fireplace, factory built	145	Heat tape
123	Fireplace, insert/stove	151	Water heater
124	Stove, heating	152	Steamline, heat pipe, hot air duct
125	Chimney connector, vent connector	100	Heating, ventilating & air conditioning, other
126	Chimney - brick, stone, masonry		
127	Chimney - metal, including stovepipe, flue		
			Electrical Distribution, Lighting & Power Transfer

211	Electrical power (utility) line	312	Power lathe
212	Electrical service supply wires from utility	313	Power shaper, router, jointer, planer
213	Electric meter, meter box	314	Power cutting tool
214	Wiring from meter box to circuit breaker	315	Power drill, screwdriver
215	Panelboard, switchboard, circuit breaker board	316	Power sander, grinder, buffer, polisher
216	Electrical branch circuit	317	Power hammer, including jackhammers
217	Outlet, receptacle	318	Power nail gun, stud driver, stapler
218	Wall switch	310	Power tools, other
219	Ground fault interrupter, GFI	321	Paint dipper
210	Electrical wiring, other	322	Paint flow coating machine
221	Transformer, distribution type	323	Paint mixing machine
222	Overcurrent, disconnect equipment	324	Paint sprayer
223	Transformer, low voltage	325	Coating machine, including asphalt-saturating
224	Generator	320	Painting tools, other
225	Inverter	331	Welding torch.
226	Uninterrupted power supply (UPS)	332	Cutting torch
227	Surge protector	333	Burners
228	Battery charger, rectifier	334	Soldering equipment
229	Battery	341	Air compressor
231	Lamp - tabletop, floor, desk	342	Gas compressor
232	Lantern, flashlight	343	Atomizing equipment
233	Incandescent lighting fixture	344	Pump
234	Fluorescent lighting fixture, ballast	345	Wet/dry vacuum (shop vacuum)
235	Halogen lighting fixture or lamp	346	Hoist, lift
236	Sodium, mercury vapor lighting fixtures or lamps;	347	Powered jacking equipment
237	Work light, trouble light	348	Drilling machinery or equipment
238	Light bulb	340	Hydraulic equipment, other
230	Lamp, lighting, other	351	Heat treating equipment
241	Nightlight	352	Incinerator
242	Decorative lights, line voltage	353	Industrial furnace, kiln
243	Decorative or landscape lighting, low voltage	354	Tarpot, tar kettle
244	Sign	355	Casting, molding, forging equipment
251	Fence, electric	356	Distilling equipment
252	Traffic control device	357	Digester, reactor
253	Lightning rod, arrester/grounding device	358	Extractor, waste recovery machine
261	Power cord, plug - detachable from appliance	361	Conveyor
262	Power cord, plug - permanently attached	362	Power transfer equipment: ropes, cables, blocks
263	Extension cord	363	Power take-off
260	Cord, plug, other	364	Powered valves.
200	Electrical distribution, power transfer, other	365	Bearing or brake
	Shop Tools & Industrial Equipment	371	Picking, carding, weaving machine
311	Power saw	372	Testing equipment
		373	Gas regulator
		374	Motor - separate
		375	Internal combustion engine (non-vehicular)
		376	Printing press
		377	Car washing equipment
		300	Shop or industrial equipment, other

	Commercial & Medical Equipment	525	Lawn, landscape trimmer, edger
411	Dental, medical, or other powered bed or chair	531	Lawn vacuum
412	Dental equipment, other	532	Leaf blower
413	Dialysis equipment	533	Mulcher, grinder, chipper
414	Medical imaging equipment	534	Snow blower, thrower
415	Medical monitoring equipment	535	Log splitter
416	Oxygen administration equipment	536	Post-hole auger
417	Radiological equipment, X-ray, radiation therapy	537	Post driver, pile driver
418	Sterilizer: medical	538	Tiller, cultivator
419	Therapeutic equipment	500	Gardening tools or agricultural equipment, other
420	Medical equipment, other		
421	Transmitter	611	Kitchen & Cooking Equipment
422	Telephone switching gear, including PBX		Blender, juicer, food processor, mixer
423	TV monitor array	612	Coffee grinder
424	Studio type TV camera	621	Can opener
425	Studio type sound recording/modulating equipment	622	Knife
426	Radar equipment	623	Knife sharpener
431	Amusement ride equipment	631	Coffee maker or teapot
432	Ski lift	632	Food warmer, hot plate
433	Elevator or lift	633	Kettle
434	Escalator	634	Popcorn popper
441	Microfilm, microfiche viewing equipment	635	Pressure cooker or canner
442	Photo processing equipment	636	Slow cooker
443	Vending machine	637	Toaster, toaster oven, counter-top broiler
444	Non video arcade game	638	Waffle iron, griddle
445	Water fountain, water cooler	639	Wok, frying pan, skillet
446	Telescope	641	Breadmaking machine
451	Electron microscope	642	Deep fryer
450	Laboratory equipment, other	643	Grill, hibachi, barbecue
400	Commercial or medical equipment, other	644	Microwave oven
	Garden Tools & Agricultural Equipment	645	Oven, rotisserie
511	Combine, threshing machine	646	Range with or without oven, cooking surface
512	Hay processing equipment	647	Steam table, warming drawer/table
513	Elevator or conveyor: farm	651	Dishwasher
514	Silo loader, unloader, screw/sweep auger	652	Freezer when separate from refrigerator
515	Feed grinder, mixer, blender	653	Garbage disposer
516	Milking machine	654	Grease hood/duct exhaust fan
517	Pasteurizer	655	Ice maker (separate from refrigerator)
518	Cream separator	656	Refrigerator, refrigerator/freezer
521	Sprayer: farm or garden	600	Kitchen & cooking equipment, other
522	Chain saw		
523	Weed burner	711	Electronic and Other Electrical Equipment
524	Lawn mower		Computer
		712	Computer storage device: external
		713	Computer modem: external
		714	Computer monitor

information can be quite useful nationally for product recalls.

- Model** Enter the model number of the equipment involved, if known. This refers to the model name or number assigned to the equipment by the manufacturer.
- Serial Number** Enter the serial number of the equipment involved in ignition, if known. This refers to the manufacturer's serial number that is usually stamped on an identification plate.
- Year** Enter the model year of the equipment involved, if known.

F2-EQUIPMENT POWER SOURCE

Equipment Power Source Enter the code and written description that best describes the power source of the equipment involved in ignition.

Equipment Power Source Codes

- | | | | |
|---------------------|---|--------------------|------------------------------|
| Electrical | | Solid Fuels | |
| 11 | Electrical line voltage (≥ 50 volts) | 41 | Wood, paper |
| 12 | Batteries and low voltage (< 50 volts) | 42 | Coal, charcoal |
| 10 | Electrical, other | 43 | Chemicals |
| | | 40 | Solid fuel, other |
| Gas Fuels | | Other | |
| 21 | Natural gas or other lighter than air gas | 51 | Compressed air |
| 22 | LP gas or other heavier than air gas | 52 | Steam |
| 20 | Gas fuels, other | 53 | Water |
| | | 54 | Wind |
| Liquid Fuels | | 55 | Solar |
| 31 | Gasoline | 56 | Geothermal |
| 32 | Alcohol | 57 | Nuclear |
| 33 | Kerosene, diesel, No.1 & 2 fuel oil | 58 | Fluid/hydraulic power source |
| 34 | No.4, 5 & 6 fuel oils | | |
| 30 | Liquid fuel, other | 00 | Other power source |
| | | UU | Power source undetermined |

F3-EQUIPMENT PORTABILITY

Equipment Portability Check the box that best indicates the portability of the equipment involved in ignition of the fire.

- 1** Portable
- 2** Stationary

G-FIRE SUPPRESSION FACTORS

Fire Suppression & Prevention Factors Use the codes below to identify up to three conditions or factors that constituted a significant contribution to the growth and spread of the fire. Then, enter the code and written description. **If there were no conditions or factors affecting fire suppression, check the “None” box and skip to Section H1.**

Fire Suppression Factors Codes

	Building Construction or Design Factors	218	Violation of fire, building or life safety code
112	Roof collapse	222	Illegal and clandestine drug operation
113	Roof assembly combustible	232	Intoxication, drugs or alcohol
121	Ceiling collapse	253	Riot or civil disturbance, including hostile acts
125	Holes or openings in walls or ceilings	254	Persons interfered with operations
131	Wall collapse	283	Accelerant used
132	Difficult to ventilate	200	Act or omission, other
134	Combustible interior finish		
137	Balloon construction		On-site materials
138	Internal arrangement of partitions	311	Aisles blocked or improper width
139	Internal arrangement of stock or contents	312	Significant/unusual fuel load structure components
141	Floor collapse	313	Significant/unusual fuel load from contents
151	Lack of fire barrier walls or doors	314	Significant/unusual fuel load outside from natural conditions
153	Transoms	315	Significant fuel load from man-made condition
161	Attic undivided	316	Storage, improper
166	Insulation combustible	321	Radiological hazard onsite
173	Stairwell not enclosed	322	Biological hazard onsite
174	Elevator shaft	323	Cryogenic hazard onsite
175	Dumbwaiter	324	Hazardous chemical, corrosive material, or oxidizer
176	Ducts: vertical	325	Flammable/combustible liquid hazard
177	Chute: rubbish, garbage, laundry	327	Explosives hazard present
181	Supports unprotected	331	Decorations, included are crepe paper, garland
182	Composite plywood I beam construction	341	Natural or other lighter than air gas present
183	Composite roof/floor sheathing construction	342	Liquefied Petroleum (LPG) gas present
185	Wood truss construction	361	Combustible storage > 12 feet
186	Metal truss construction	362	High rack storage
187	Fixed burglar protection assemblies (bars, grills and the like)	300	Building contents, other
188	Quick release failure of bars on windows or doors		
192	Previously damaged by fire		Delays
100	Building construction or design factors, other	411	Delayed detection of fire
	Act or Omission	412	Delayed reporting of fire
213	Doors left open or outside door unsecured		
214	Fire doors blocked or did not close properly		

413	Alarm system malfunction	500	Protective equipment factor, other
414	Alarm system shut off for valid reason		
415	Alarm System inappropriately shut off		
421	Unable to contact Fire Department		
424	Information incomplete or incorrect		
425	Communications problem		
431	Blocked or obstructed roadway		
434	Poor or no access for fire department apparatus		
435	Traffic delay		
436	Trouble finding location		
437	Size, height, or other building characteristic		
438	Power lines down/arcng		
443	Poor access for firefighters		
444	Secured area		
445	Guard dogs		
446	Aggressive animals, excluding guard dogs		
447	Delay from evaluation of HazMats at incident scene		
448	Locked or jammed doors		
451	Apparatus failure before arrival at incident		
452	Hydrants inoperative		
461	Airspace restriction		
462	Military activity		
481	Closest apparatus unavailable		
400	Delays, other		
	Protective Equipment		
510	Automatic fire supression system problem.		
520	Automatic sprinkler, standpipe connection problem		
531	Water supply inadequate: private		
532	Water supply inadequate: public		
543	Electrical power outage		
561	Failure of rated fire protection assembly		
562	Protective equipment negated		
			Egress/Exit Factors
		611	Occupancy load above legal limit
		612	Evacuation activity impeded FD access
		613	Window type impedes egress
		614	Windowless wall
		621	Young occupants
		622	Elderly occupants
		623	Physically disabled occupants
		624	Mentally disabled occupants
		625	Physically restrained/confined occupants
		626	Medically disabled occupants
		641	Special Event
		642	Public Gathering
		600	Egress/exit problem, other
			Natural Conditions
		711	Drought or low fuel moisture
		712	Humidity low
		713	Humidity high
		714	Temperature: low
		715	Temperature: high
		721	Fog
		722	Flooding
		723	Ice
		724	Rain
		725	Snow
		732	Wind, including hurricanes or tornadoes
		741	Earthquake
		760	Unusual vegetation fuel loading
		771	Threatened or endangered species
		772	Timber sale activity
		773	Fire restriction
		774	Historic disturbance
		775	Urban-Wildland Interface Area
		700	Natural conditions, other
		000	Other fire suppression factor
		NNN	No fire suppression factor

H1-MOBILE PROPERTY INVOLVED

Mobile Property Involved Check one of the three boxes to indicate whether mobile property was involved and, if so, whether the mobile property actually burned or was simply involved in the ignition. Check the “None” box if no mobile property was involved and skip the remainder of this section.

- 1 Not involved in ignition, but burned
- 2 Involved in ignition, but did not itself burn
- 3 Involved in ignition and burned
- N No mobile property involved

H2-MOBILE PROPERTY TYPE & MAKE

Mobile Property Type & Make Choose a code below that best describes the type of mobile property involved and enter it and the written description. Note that the codes are organized into categories for Ground, Rail, Air and Water vehicles. **Required for all fires involving mobile property unless the “Not involved in ignition” box is checked.**

Mobile Property Type Codes

	Passenger or road transport vehicles	32	Box, freight, or hopper car - rail
		33	Tank car – rail
11	Passenger car.	34	Container or piggyback car - rail
12	Bus, school bus, trackless trolley	35	Engine/locomotive - rail
13	Off-road recreational vehicle	36	Rapid transit car, trolley - self-powered
14	Motor home, camper, bookmobile.	37	Maintenance equipment car
15	Trailer – travel, designed to be towed	30	Rail transport vehicle, other
16	Trailer – camping, collapsible		
17	Mobile home		
18	Motorcycle, trail bike	41	Water vessels Boat: shorter than 65 ft. with power
10	Passenger road vehicle, other	42	Boat, ship, or ≥ 65 ft but < 1,000 tons.
	Freight road vehicles	43	Cruise liner or passenger ship ≥ 1,000 tons
21	General use truck, dump truck, fire apparatus	44	Tank ship
22	Hauling rig (non-motorized), pickup truck	45	Personal water craft
23	Trailer - semi, designed for freight	46	Cargo or military ship ≥ 1,000 tons
24	Tank truck – nonflammable cargo	47	Barge, petroleum balloon, towable water vessel
25	Tank truck – flammable or combustible liquid	48	Commercial fishing or processing vessel
26	Tank truck – compressed gas or LP-gas	49	Sailboat
27	Garbage, waste, refuse truck	40	Water transport vessel, other
20	Freight road transport vehicle, other		
	Transport vehicles	51	Aircraft Personal aircraft less than 12,500 lb. gross wt.
31	Diner car, passenger car - rail		

<p>52 Personal aircraft ≥ 12,500 lb. gross wt.</p> <p>53 Commercial transport: propeller driven/fixed wing</p> <p>54 Commercial jet: fixed wing</p> <p>55 Helicopter – nonmilitary</p> <p>56 Military fixed wing aircraft</p> <p>57 Military non fixed wing aircraft</p> <p>58 Balloon vehicles</p> <p>50 Air transport vehicle, other</p> <p style="text-align: center;">Industrial, agricultural, construction vehicles</p> <p>61 Construction vehicles</p> <p>63 Loader – industrial, fork lift, tow motor, stacker</p> <p>64 Crane</p>	<p>65 Agricultural vehicle, baler, chopper (farm use)</p> <p>67 Timber harvest vehicle</p> <p>60 Industrial, constr., agricultural vehicle, other</p> <p style="text-align: center;">Mobile Property, Miscellaneous</p> <p>71 Home, garden vehicle</p> <p>73 Shipping container, mechanically moved</p> <p>74 Armored vehicle</p> <p>75 Missile, rocket, space vehicle</p> <p>76 Aerial tramway vehicle</p> <p>00 Mobile property, other</p> <p>NN No mobile property</p>
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Make Choose a code from the list below that describes the make of the mobile property involved and write the description in the blank. If the make is not found, enter 00 and write the name in the blank.

Mobile Property Make Codes

<p>AC Acura</p> <p>AM Aston Martin</p> <p>AR Alfa Romeo</p> <p>AT ATK</p> <p>AU Audi</p> <p>AV Antique Vehicle</p> <p>BE Beta</p> <p>BL Buell</p> <p>BM BMW</p> <p>BU Buick</p> <p>CC Crane Carrier (CCC)</p> <p>CD Cadillac</p> <p>CH Chevrolet</p> <p>CP Caterpillar</p> <p>CR Chrysler</p> <p>CV Classic Vehicle</p> <p>DA Daihatsu</p> <p>DO Dodge</p> <p>DR Diamond Reo</p> <p>DU Ducati</p> <p>EA Eagle</p> <p>FE Ferrari</p> <p>FO Ford</p> <p>FR Freightliner</p> <p>FW FWD</p> <p>GE Geo</p> <p>GM GMC (General Motors)</p> <p>HD Harley Davidson</p> <p>HI Hino</p>	<p>HO Honda</p> <p>HU Husqverna</p> <p>HY Hyundai</p> <p>IF Infiniti</p> <p>IN International</p> <p>IS Isuzu</p> <p>IT Italjet</p> <p>IV Iveco</p> <p>JA Jaguar</p> <p>JE Jeep</p> <p>KA Kawasaki</p> <p>KE Kenworth</p> <p>KI Kia</p> <p>KT KTM</p> <p>LE Lexus</p> <p>LI Lincoln</p> <p>LO Lotus</p> <p>LR Land Rover</p> <p>MA Maico</p> <p>MB Mercedes Benz</p> <p>MC Mercury</p> <p>MG Moto Guzzi</p> <p>MH Marmon</p> <p>MK Mack</p> <p>ML Maely</p> <p>MM Moto Morini</p> <p>MO Montesa</p> <p>MR Merkur</p> <p>MS Maserati</p>
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MT	Mitsubishi	ST	Sterling
MZ	Mazda	SU	Subaru
NA	Navistar	SZ	Suzuki
NI	Nissan	TO	Toyota
OL	Oldsmobile	TR	Triumph
OS	Oshkosh	UD	UD
PI	Pierce	UT	Utilmaster
PL	Plymouth	VE	Vespa
PN	Pontiac	VG	Volvo GMC
PR	Porsche	VL	Volvo
PT	Peterbilt	VO	Volkswagen
PU	Peugeot	WG	White GMC
RG	Rogue (Ottawa)	WK	Walker
RN	Range Rover	WL	Walter
RR	Rolls Royce	WS	Western Star
SA	Saturn	YA	Yamaha
SB	Saab	YU	Yugo
SC	Scania	OO	Other Make
SD	Simon Duplex		

Mobile Property Model This refers to the manufacturer’s model name. If one does not exist, use the common physical description of the property, such as “four-door sedan.”

Year Enter the year the mobile property was manufactured, if known.

License Plate Enter the license plate number, if any, of the mobile property involved that is identified in this Section.

State Enter the two-letter abbreviation of the state or territory identified on the license plate or registration of the mobile property identified in this Section. Refer to the Appendix for a list of State and U. S. Territory abbreviations.

VIN Number VIN refers to the manufacturer’s Vehicle Identification Number that is generally stamped on an identification plate on the mobile property. Enter it in the blank if it can be found.

LOCAL USE BLOCK

Use this section to indicate if other reports exist associated with this incident that are not NFIRS based. Paper forms only. **Local option.**

STRUCTURE FIRE MODULE (NFIRS-3)

Section I1 is required for all Structure Fires (Incident Types 111, 112, 120-123). Sections I2 through 5 are required only for Building Fires (Incident Types 111, 120-123).

I1-STRUCTURE TYPE

Structure Type Check the box that best indicates the type of structure involved in the fire. **Required for all Structure Fires.**

- 1 Enclosed building
- 2 Portable/mobile structure
- 3 Open structure
- 4 Air supported structure
- 5 Tent
- 6 Open platform (e.g. piers)
- 7 Underground structure (work areas)
- 8 Connective structure (e.g. fences)
- 0 Other type of structure

I2-BUILDING STATUS

Building Status Check a box best indicating the status of the structure. **Required for all Building Fires.**

- 1 Under construction
- 2 Occupied and operating
- 3 Idle, not routinely used
- 4 Under major renovation
- 5 Vacant and secured
- 6 Vacant and unsecured
- 7 Being demolished
- 0 Other building status
- U Building status undetermined

I3-BUILDING HEIGHT

Number of Stories at or Above Grade Complete the entry in the blank provided to indicate the number of stories at or above grade level. Count the roof as part of the highest story. **Required for all Building Fires.**

Number of Stories Below Grade Complete the entry in the blank provided to indicate the number of stories below grade level. **Required for all Building Fires.**

I4-MAIN FLOOR SIZE

Main Floor Size Enter the size of the main floor of the building involved either by indicating the total square feet in the first blank or by entering the length and width in feet in the second blank. **Required for all Building Fires.**

J1-FIRE ORIGIN

Fire Origin Indicate the story of the origin of the fire. This number is assumed to be at or above grade UNLESS the “Below Grade” box is checked. Count the ground floor as story 1. In the case of most residential basements, you would enter 1 for story of origin and then check the box to indicate Below Grade. **Required for all Building Fires.**

J2-FIRE SPREAD

Fire Spread Check only one box to indicate the spread of the fire. Choose the **highest** number code that applies. **Required for all Building Fires unless the box in D3 on the Fire Module (NFIRS-2) was checked indicating that the fire was confined to the object or origin.**

- 1 Confined to object of origin (found in Fire Module)
- 2 Confined to room of origin
- 3 Confined to floor of origin
- 4 Confined to building of origin
- 5 Beyond building of origin

J3-NUMBER OF STORIES DAMAGED BY FLAME

Number of Stories Damaged By Flame For each of the four items, enter the number of stories that suffered *flame* damage in the percentage range specified. If the roof was the only part of the structure that burned, count it as part of the top story.

K-MATERIAL CONTRIBUTING MOST TO FLAME SPREAD

Material Contributing Most To Flame Spread Identify the Material Contributing Most to Flame Spread and indicate the material and the type of material in the two blanks provided. If there was no flame spread, or the material is the same as the material first ignited (Fire Module-D3), or if unable to determine, check the box and skip to Section L.

K1-ITEM CONTRIBUTING

Item Contributing Use the codes from Item First Ignited, Fire Module, Section D3. **Do Not use Code 99 – Multiple Items First Ignited.**

K2-TYPE OF MATERIAL

Type of Material Use the codes from Type of Material First Ignited, Fire Module, Section D4. **Required if “item contributing most to flame spread” code is less than 70. Do NOT use Code 99 – Multiple Type of Materials.**

L1-PRESENCE OF DETECTORS

Presence of Detectors Check a box to indicate the presence or absence of detectors. If you check “None Present,” then skip to Section M1. If you check “Present,” then complete the remainder of Section L. **Required for all Building Fires.**

- 1 Present
- N Not present
- U Unable to determine presence of detector

L2-DETECTOR TYPE

Detector Type Check the box that best indicates the type of detector present in the area of fire origin.

- 1 Smoke
- 2 Heat
- 3 Combination smoke – heat
- 4 Sprinkler, water flow detection
- 5 More than one type present
- 0 Other detector type
- U Detector type undetermined

L3-DETECTOR POWER SUPPLY

Detector Power Supply Check the box best indicating the type of power supply used by the detector.

- 1 Battery only
- 2 Hardwire only
- 3 Plug in
- 4 Hardwire with battery
- 5 Plug in with battery
- 6 Mechanical
- 7 Multiple detectors and power supplies
- 0 Other detector power supply
- U Undetermined detector power supply

L4-DETECTOR OPERATION

Detector Operation Check the box best describing the operation of the detector. This field is to be used only if the fire was within the designated range of the detector.

- 1 Fire too small to activate
- 2 Operated
- 3 Failed to operate
- U Detector operation undetermined

L5-DETECTOR EFFECTIVENESS

Detector Effectiveness If you checked “Operated” for Detector Operation, then check a box here to indicate effectiveness. Then skip the rest of this Section L6. **Used whenever Detector Operation (L4) is “Detector Operated.”**

- 1 Alerted occupants, occupants responded
- 2 Occupants failed to respond
- 3 There were no occupants
- 4 Failed to alert occupants
- U Detector effectiveness undetermined

L6-DETECTOR FAILURE REASON

Detector Failure Reason If you checked “Failed to operate” under Detector Operation, then check a reason for failure. **Used whenever Detector Operation (L4) is “Detector failed to operate.”**

- 1 Power failure, shutoff or disconnect
- 2 Improper installation or placement
- 3 Defective
- 4 Lack of maintenance, includes cleaning
- 5 Battery missing or disconnected
- 6 Battery discharged or dead
- 0 Other reason for detector failure
- U Undetermined reason for detector failure

MI-PRESENCE OF AUTOMATIC EXTINGUISHMENT SYSTEM

Presence of Automatic Extinguishment System Check a box to indicate the presence or absence of an automatic extinguishment system. If you check “Present,” complete the remainder of Section M. If you check “None Present,” skip all remaining sections of the Structure Module. **Required for all structure fires.**

- 1 System present
- N None present

M2-TYPE OF AUTOMATIC EXTINGUISHMENT SYSTEM

Type of Automatic Extinguishment System (AES) Check a box only if the fire was within the designed range of the AES.

- 1 Wet pipe sprinkler
- 2 Dry pipe sprinkler
- 3 Other sprinkler system
- 4 Dry chemical system
- 5 Foam system
- 6 Halogen type system
- 7 Carbon dioxide (CO₂)system
- 0 Other special hazard system
- U Type of automatic extinguishment system undetermined

M3-AUTOMATIC EXTINGUISHMENT SYSTEM OPERATION

Automatic Extinguishment System Operation Check a box only if the fire was within the designated range of the AES.

- 1 Operated and effective (go to M4)
- 2 Operated and not effective (M4)
- 3 Fire too small to activate
- 4 Failed to operate (go to M5)
- 0 Other automatic extinguishment system operation
- U Automatic extinguishment system operation undetermined

M4-NUMBER OF SPRINKLER HEADS OPERATING

Number of Sprinkler Heads Operating Fill in the total number of sprinkler heads that operated during the fire. This field is used if the sprinkler system activated.

M5-AUTOMATIC EXTINGUISHMENT SYSTEM FAILURE REASON

Automatic Extinguishment System Failure Reason Check a box that describes why the automatic extinguishment system failed to operate or did not operate properly. This field is used if the system failed to operate effectively.

- 1 System shut off
- 2 Not enough agent discharged
- 3 Agent discharged but did not reach fire
- 4 Inappropriate system for the type of fire
- 5 Fire not in area protected by system
- 6 System components damaged
- 7 Lack of maintenance, including corrosion or heads painted
- 8 Manual intervention defeated system
- 0 Other reason for automatic extinguishment system failure
- U Reason for automatic extinguishment system failure undetermined

CIVILIAN FIRE CASUALTY MODULE (NFIRS-4)

The Civilian Fire Casualty Module is used to report injuries or fatalities to persons other than fire fighters that occur as a result of a fire.

A-IDENTIFICATION

- FDID** Enter your Fire Department Identifier, as assigned by your state. **Required for each civilian fire casualty.**
- State** Enter your two character alphabetic abbreviation for the state where the fire department is located. See the Appendix for a list. **Required for each civilian fire casualty.**
- Incident Date** Enter the date that the department received the incident alarm. **Required for each civilian fire casualty.**
- Station Number** Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) **Local Option.**
- Incident Number** Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. *All resource data will be aggregated across stations for incidents that have the same Incident Number.* **Required for each civilian fire casualty.**
- Exposure** Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. **Required for each civilian fire casualty.**
- Delete** Check this box to indicate that all data for this civilian fire casualty is to be deleted from the database. If you check this box, complete Section A and the casualty number assigned to this person (Section C) and leave the rest of the report blank. **Required only when deleting the entire casualty record from the database. Section A must always be completed for a delete transaction.**
- Change** Check this box to indicate that data for this civilian fire casualty has been previously submitted and you now want to update or change the information in the database. If you check this box, complete Section A, the casualty number assigned to this person (Section C), and the data elements that are to be updated or changed for this module. **Required only when updating a civilian fire casualty report. Section A must always be completed for a change transaction.**

B-INJURED PERSON

- Injured Person Gender** Check a box to indicate the gender of the injured person. **Required.**
- 1 Male
 - 2 Female

Injured Person Name Enter the first name, middle initial, last name and, as applicable, suffix (for example, JR, SR, III) of the injured person.

C-CASUALTY NUMBER

Casualty Number Enter a sequence number for each civilian casualty, beginning at 001 for the first civilian casualty you record for this incident. **Required.**

D-AGE OR DATE OF BIRTH

Age or Date of Birth Enter **either** the date of birth of the injured person **or** the age of the injured person. If you enter Age instead of Date of Birth, the units are assumed to be years **unless** you check months. Record the age in months only for infants (under one year). **Required.**

E1-RACE

Race Check one box to indicate the race of the injured person. If the race is not known, check undetermined.

- 1 White
- 2 Black
- 3 American Indian, Eskimo, or Aleut
- 4 Asian
- 0 Other, includes multi-racial
- U Race undetermined

E2-ETHNICITY

Ethnicity Check the appropriate box. If the ethnicity cannot be determined or is not listed, leave this element blank.

- 1 Hispanic
- 0 Other

F-AFFILIATION

Affiliation Check one box to indicate the affiliation of the injured person.

- 1 Civilian
- 2 EMS: not fire department
- 3 Police
- 0 Other

G-DATE & TIME OF INJURY

Date of Injury Enter the month, day, and four-character year when the injury occurred.

Time of Injury Enter the time when the injury occurred using the 24-hour clock, i.e., 0000-2359. This could be before or after the alarm time shown on the Basic Module.

H-SEVERITY

Severity Check the box to best indicate the severity of the injury. **Required.**

- 1 Minor
- 2 Moderate
- 3 Severe
- 4 Life threatening
- 5 Death
- U Severity undetermined

I-CAUSE OF INJURY

Cause of Injury Check one box that best indicates the main cause of injury.

- 1 Exposed to fire products, including flame, heat, smoke or gas
- 2 Exposed to hazardous materials or toxic fumes
- 3 Jumped in escape attempt
- 4 Fell, slipped or tripped
- 5 Caught or trapped
- 6 Structural collapse
- 7 Struck by or contact with object
- 8 Overexertion
- 9 Multiple causes
- 0 Other cause of injury
- U Cause of injury undetermined

J-HUMAN FACTORS CONTRIBUTING TO INJURY

Human Factors Contributing to Injury Check all applicable boxes that describe the human factors that contributed to this person's injury.

- 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 or unsupervised person
- N No human factors contributing to injury

K-FACTORS CONTRIBUTING TO INJURY

Factors Contributing to Injury Enter a code and description for up to three factors contributing to the injury. List them in order of importance if possible. If there were no factors, check the “None” box.

Factors Contributing to Injury Codes

- | | | | |
|-----------------------|--|-----------|-------------------------------------|
| Egress problem | | 35 | Clothing caught fire while escaping |
| 11 | Crowd situation, limited exits | 30 | Escape, other |
| 12 | Mechanical obstacles to exit | | |
| 13 | Locked exit or other problem with exit | | Collapse |
| 14 | Problem with quick release burglar or security bar | 41 | Roof collapse |
| 15 | Burglar or security bar, intrusion barrier | 42 | Wall collapse |
| 16 | Window type impeded egress | 43 | Floor collapse |
| 10 | Egress problem, other | 40 | Collapse, other |
| | Fire Pattern | | |
| 21 | Exits blocked by flame | | Vehicle-Related Factors |
| 22 | Exits blocked by smoke | 51 | Trapped in/by vehicle |
| 23 | Vision blocked or impaired by smoke | 52 | Vehicle collision, roll-over |
| 24 | Trapped above fire | 50 | Vehicle-related, other |
| 25 | Trapped below fire | | |
| 20 | Fire pattern, other | | Equipment Related Factors |
| | Escape | 61 | Unvented heating equipment |
| 31 | Unfamiliar with exits | 62 | Improper use of heating equipment |
| 32 | Excessive travel distance to nearest clear exit | 63 | Improper use of cooking equipment |
| 33 | Chose inappropriate exit route | 60 | Equipment related factors, other |
| 34 | Re-entered building | | |
| | | | Other |
| | | 91 | Clothing burned, not while escaping |
| | | 92 | Overexertion |
| | | 00 | Other factor contributing to injury |
| | | NN | No factor contributing to injury |

L-ACTIVITY WHEN INJURED

Activity When Injured Check the box that best describes the activity of the casualty when injured.

- 1** Escaping
- 2** Rescue attempt
- 3** Fire control
- 4** Return to vicinity of fire before control
- 5** Return to vicinity of fire after control
- 6** Sleeping
- 7** Unable to act
- 8** Irrational act
- 0** Other activity when injured
- U** Activity when injured undetermined

M1-LOCATION AT TIME OF INCIDENT

Location At Time of Incident Check the box that best describes the location of the casualty with relation to the area of fire origin and whether the casualty was involved with the ignition at the time the fire started.

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

M2-GENERAL LOCATION AT TIME OF INJURY

General Location at Time Of Injury Check the box that best describes the casualty’s general location at the time of injury. If Code “1” is checked, skip to Section N. If Code “2” is checked, complete Sections M3, M4, and M5. If Code “3” is checked, skip to Section M5. If undetermined, leave blank and skip to N.

- 1 In area of fire origin
- 2 In building but not in area
- 3 Outside, but not in area

M3-STORY AT START OF INCIDENT

Story at Start of Incident If the injury occurred inside a structure, enter the story where the casualty was located at the start of the incident. If the story is below grade, check the “Below Grade” box to the right of the entry.

M4-STORY WHERE INJURY OCCURRED

Story Where Injury Occurred If the injury occurred in a structure, enter the story where the injury occurred. If the story is below grade, check the “Below Grade” box to the right of the entry.

M5-SPECIFIC LOCATION AT TIME OF INJURY

Specific Location at Time of Injury If the injury **did not** occur in the area of fire origin, enter a code for the specific location or area where the person was when they were injured.

PLEASE NOTE:	The code set used for this data element is the same set that is used for AREA OF FIRE ORIGIN- D1 in the Fire Module. Please see the codes listed for that data element.
---------------------	--

N-PRIMARY APPARENT SYMPTOM

Primary Apparent Symptom Check the appropriate box that best describes the casualty’s most serious apparent injury. If the symptom is not listed, enter a written description and the appropriate code.

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

Primary Apparent Symptom Codes

01	Smoke inhalation	56	Paralysis
02	Hazardous fumes inhalation	57	Frostbite
03	Breathing difficulty or shortness of breath	50	Sickness, other
11	Burns and smoke inhalation	61	Miscarriage
12	Burns only: thermal	63	Eye trauma, avulsion
13	Burn: scald	64	Drowning
14	Burn: chemical	65	Foreign body obstruction
15	Burn: electric	66	Electric shock
		67	Poison
21	Cut or laceration	71	Convulsion or seizure
22	Stab wound/puncture wound: penetrating	72	Internal trauma
23	Gunshot wound; projectile wound	73	Hemorrhaging, bleeding internally
24	Contusion/bruise: minor trauma	81	Disorientation
25	Abrasion	82	Dizziness/fainting/weakness
		83	Exhaustion/fatigue, including heat exhaustion
31	Dislocation	84	Heat stroke
32	Fracture	85	Dehydration
33	Strain or sprain		
34	Swelling	91	Allergic reaction, including anaphylactic shock
35	Crushing	92	Drug overdose
36	Amputation	93	Alcohol impairment
41	Cardiac symptoms	94	Emotional/psychological stress
42	Cardiac arrest	95	Mental disorder
43	Stroke	96	Shock
44	Respiratory arrest	97	Unconscious
		98	Pain only
51	Chills	00	Other symptom
52	Fever	NN	No symptom
53	Nausea	UU	Symptom undetermined
54	Vomiting		
55	Numbness or tingling, paresthesia		

O-PRIMARY AREA OF BODY INJURED

Primary Area of Body Injured

Check the appropriate box that best describes the part of the body that was most seriously injured. It should be the same part of the body affected by the primary apparent symptom.

- 1 Head
- 2 Neck & shoulder
- 3 Thorax, includes chest and back, excludes spine
- 4 Abdomen
- 5 Spine
- 6 Upper extremities
- 7 Lower extremities
- 8 Internal
- 9 Multiple body parts

P-DISPOSITION

Disposition

Check the box if the casualty was transported to an emergency care facility by the fire department or other emergency medical service provider.

- 1 Transported to emergency care facility.

FIRE SERVICE CASUALTY MODULE (NFIRS-5)

Fire Service Casualty Module is used to report injuries or fatalities to fire fighters that occur as a result of an incident.

A-IDENTIFICATION

FDID	Enter your Fire Department Identifier, as assigned by your state. Required for all incidents.
State	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. Required for all incidents.
Incident Date	Enter the date that the department received the incident alarm. Required for all incidents.
Station Number	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) Local Option.
Incident Number	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> Required for all incidents.
Exposure	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. Required for all incidents.
Delete	Check this box to indicate that a fire fighter casualty report has been previously submitted and you now want to delete all data associated with that casualty record from the database. If you check this box, complete Section A, the casualty number assigned to this person (Section C) and leave the rest of the report blank. Required only when deleting all information associated with a fire service casualty from the database. Section A must always be completed for a delete transaction.
Change	Check this box to indicate a fire fighter casualty report has been previously submitted and you now want to update or change the information in the database for that fire fighter casualty. If you check this box, complete Section A, the casualty number assigned to the person (Section C) and the data elements that are to be updated or changed for this module. Required only when updating a fire fighter casualty report. Section A must always be completed for a change transaction.

B-INJURED PERSON

- Injured Person** Enter the full name of the injured person. Names should be clearly printed or typed.
- Identification Number** In the spaces provided, enter the casualty's identification number. It is often the individual's social security number.
- Gender** Check one box to indicate the gender of the injured person. **Required.**
- 1 Male
 - 2 Female
- Affiliation** Check one box to indicate the affiliation of the fire service casualty at the time of injury.
- 1 Career
 - 2 Volunteer

C-CASUALTY NUMBER

- Casualty Number** Enter the casualty number assigned to this casualty. The first fire service casualty for each incident is always 001, the second casualty is 002, etc. **Required.**

D-AGE OR DATE OF BIRTH

- Age** Enter the firefighter's age. **Age or Date of Birth is Required.**
- Date of Birth** Enter the date of birth including the month, day, and year. The year should be in 4-digit format.

E-DATE & TIME OF INJURY

- Date of Injury** Enter the month, day, and four-digit year when the injury occurred. **Required.**
- Time of Injury** Enter the time when the injury occurred using the 24-hour clock, i.e., 0000-2359. **Required.**

F-RESPONSES

- Responses** Enter the number of incidents responded to by the firefighter in the immediate 24 hour period prior to the time of injury. Do not count the incident at which the injury occurred.

G1-USUAL ASSIGNMENT

Usual Assignment Check one box to indicate the **usual** duty assignment of the injured firefighter.

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

G2-PHYSICAL CONDITION JUST PRIOR TO INJURY

Physical Condition Just Prior To Injury Check one box to indicate the injured person's physical condition just prior to the injury. **Required.**

- 1 Rested
- 2 Fatigued
- 4 Ill or injured
- 0 Other physical condition just prior to injury
- U Undetermined physical condition just prior to injury

G3-SEVERITY

Severity Check one box to indicate the severity of the injury.

- 1 Report only, including exposure
- 2 First aid only
- 3 Treated by physician, not a lost-time injury
- 4 Lost time injury, moderate severity
- 5 Lost time injury, severe
- 6 Lost time injury, life threatening
- 7 Death

G4-TAKEN TO

Taken To Check the box that best describes where the fire service casualty was taken regardless of who transported the firefighter or whether the firefighter was transported.

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

94 Administrative work
95 Communications work

00 Other activity at time of injury
UU Undetermined activity at time of injury

H1-PRIMARY APPARENT SYMPTOM

Primary Apparent Symptom Enter the code and written description of the casualty’s most serious apparent injury.

Primary Apparent Symptom Codes

- | | |
|---|---|
| 01 Smoke inhalation | 57 Frostbite |
| 02 Hazardous fumes inhalation | 50 Sickness, other |
| 03 Breathing difficulty or shortness of breath | 61 Miscarriage |
| 11 Burns and smoke inhalation | 63 Eye trauma, avulsion |
| 12 Burns only: thermal | 64 Drowning |
| 13 Burn: scald | 65 Foreign body obstruction |
| 14 Burn: chemical | 66 Electric shock |
| 15 Burn: electric | 67 Poison |
| 21 Cut or laceration | 71 Convulsion or seizure |
| 22 Stab wound/puncture wound: penetrating | 72 Internal trauma |
| 23 Gunshot wound; projectile wound | 73 Hemorrhaging, bleeding internally |
| 24 Contusion/bruise: minor trauma | 81 Disorientation |
| 25 Abrasion | 82 Dizziness/fainting/weakness |
| 31 Dislocation | 83 Exhaustion/fatigue, including heat exhaustion |
| 32 Fracture | 84 Heat stroke |
| 33 Strain or sprain | 85 Dehydration |
| 34 Swelling | 91 Allergic reaction, including anaphylactic shock |
| 35 Crushing | 92 Drug overdose |
| 36 Amputation | 93 Alcohol impairment |
| 41 Cardiac symptoms | 94 Emotional/psychological stress |
| 42 Cardiac arrest | 95 Mental disorder |
| 43 Stroke | 96 Shock |
| 44 Respiratory arrest | 97 Unconscious |
| 51 Chills | 98 Pain only |
| 52 Fever | 00 Other primary apparent symptom |
| 53 Nausea | NN No primary apparent symptom |
| 54 Vomiting | UU Undetermined primary apparent symptom |
| 55 Numbness or tingling, paresthesia | |
| 56 Paralysis | |

H2-PRIMARY AREA OF BODY INJURED

Primary Area of Body Injured Enter the code and a written description of the part of the body that was most seriously injured. It should be the part of the body affected by the “Primary Apparent Symptom.”

Primary Area of Body Injured Codes

	Head		64	Wrist
11	Ear		65	Hand and fingers
12	Eye		60	Upper extremities, other
13	Nose			
14	Mouth included are lips, teeth and interior			Lower extremities
10	Head, other		71	Leg-upper
			72	Leg-lower
			73	Knee
	Neck & Shoulders		74	Ankle
21	Neck		75	Foot and toes
22	Throat		70	Lower extremities, other
23	Shoulder			
				Internal
	Thorax		81	Trachea and lungs
31	Back, except spine		82	Heart
32	Chest		83	Stomach
30	Thorax, other		84	Intestinal tract
			85	Genito-urinary
			80	Internal, other
	Abdominal area			
41	Abdomen			Multiple parts
42	Pelvis or groin		91	Multiple body parts – upper part of body
43	Hip, lower back or buttocks		92	Multiple body parts – lower part of body
			93	Multiple body parts – whole body
	Spine			
51	Spine			Other Body Parts
				00
	Upper extremities			Other body part
61	Arm-upper, not including elbow or shoulder		NN	No body part
62	Arm-lower, not including elbow or wrist		UU	Part of body undetermined
63	Elbow			

I1-CAUSE OF FIREFIGHTER INJURY

Cause of Firefighter Injury Enter the code and written description for the immediate cause or condition responsible for the injury.

- 1** Fall
- 2** Jump
- 3** Slip/trip
- 4** Exposure to hazard
- 5** Struck or assaulted by person/animal/object
- 6** Contact with object (firefighter moved into/onto)
- 7** Overexertion/strain
- 0** Other cause of injury
- U** Undetermined cause of injury

I2-FACTOR CONTRIBUTING TO INJURY

Factor Contributing to Injury Enter the code and written description of the most significant factor contributing to the injury.

Factor Contributing to Injury Codes

Collapse or Falling Object		43	Hole burned through floor
11	Roof collapse	40	Holes, other
12	Wall collapse		
13	Floor collapse		
14	Ceiling collapse	51	Slippery or Uneven Surfaces Icy surface
15	Stair collapse	52	Wet surface, included are water/soap/foam, etc.
16	Falling objects	53	Loose material on surface
17	Cave-in (earth)	54	Uneven surface, included are holes in the ground
10	Collapse or falling object, other	50	Slippery or uneven surfaces, other
Fire Development			
21	Fire progress, including smoky conditions	61	Vehicle or Apparatus Vehicle left road or overturned
22	Backdraft	62	Vehicle collided with another vehicle
23	Flashover	63	Vehicle collided with non-vehicular object
24	Explosion	64	Vehicle stopped too fast
20	Fire development, other	65	Seat belt not fastened
Lost, Caught, Trapped, Confined		66	Firefighter standing on apparatus
31	Person physically caught or trapped	60	Vehicle or apparatus, other
32	Lost in building		
33	Operating in confined structural areas	91	Other Contributing Factors Civil unrest, including riots/civil disturbances
34	Operating under water or ice	92	Hostile acts
30	Lost, caught, trapped, or confined, other	00	Other contributing factors
Holes		NN	No contributing factor
41	Unguarded hole in structure	UU	Undetermined contributing factor
42	Hole burned through roof		

I3-OBJECT INVOLVED IN INJURY

Object Involved in Injury Enter the code and written description of the object involved in the injury.

Object Involved in Injury Codes

11	Coupling	21	Ladder: aerial
12	Hose, not charged	22	Ladder: ground
13	Hose, charged	23	Tools/equipment
14	Water from master stream	24	Knife, scissors
15	Water from hose line	25	Syringe
16	Water, not from a hose	26	FD Vehicle/apparatus
17	Steam	27	FD Vehicle door, including apparatus compartments
18	Extinguishing agent	28	Station sliding pole

- 31** Curb
- 32** Door in building
- 33** Fire escape
- 34** Ledge
- 35** Stairs
- 36** Wall, including other vertical surfaces
- 37** Window
- 38** Roof
- 39** Floor or ceiling
- 30** Structural component, other

- 41** Asbestos
- 42** Dirt, stones, or debris
- 43** Glass
- 45** Nails
- 46** Splinters
- 47** Embers
- 48** Hot tar
- 49** Hot metal

- 51** Biological agents
- 52** Chemicals
- 53** Fumes, gases, or smoke
- 54** Poisonous plants
- 55** Insects
- 56** Radioactive materials

- 61** Electricity
- 62** Extreme weather
- 63** Utility flames, flares, torches
- 64** Heat or flame

- 91** Person: victim
- 92** Property and structure contents
- 93** Animal
- 94** Vehicle: not FD
- 95** Gun, including all other projectile weapons
- 90** Person, other

- 00** Other object involved
- NN** No object involved
- UU** Undetermined object involved

J1-WHERE INJURY OCCURRED

Where Injury Occurred Check one box that best describes where the injury occurred. Blank defaults to undetermined.

- 1 Enroute to FD location
- 2 At FD location
- 3 Enroute to incident scene
- 4 Enroute to medical facility
- 5 At scene in structure
- 6 At scene outside
- 7 At medical facility
- 8 Returning from incident
- 9 Returning from medical facility
- 0 Other location where injury occurred
- U Undetermined location where injury occurred

J2-STORY WHERE INJURY OCCURRED

Story Where Injury Occurred If the injury occurred inside or on a structure, check the box and enter the story where the injury occurred. If the story is below grade, check the "Below grade" box. If the injury occurred outside, check the box to indicate that.

- 1 Inside/on structure
- 2 Outside of structure

J3-SPECIFIC LOCATION

Specific Location Check the box that best describes the specific location at time of injury. If any code greater than 60 is checked, continue on to J4.

- | | |
|---------------------------------------|---|
| 22 Outside at grade | 36 In water |
| 23 On roof | 45 In attic or other confined structural space |
| 24 On aerial ladder or in basket | 49 In structure, excluding attic, roof, or wall |
| 25 On ground ladder | 53 In tunnel |
| 26 On vertical surface or ledge | 54 In sewer |
| 27 On fire escape or outside stairway | 61 In motor vehicle |
| 28 On steep grade | 63 In rail vehicle |
| 31 In open pit | 64 In boat, ship or barge |
| 32 In ditch or trench | 65 In aircraft |
| 33 In quarry or mine | 00 Other specific location |
| 34 In ravine | NN No specific location |
| 35 In well | UU Undetermined specific location |

J4-VEHICLE TYPE

Vehicle Type Check the box that best describes the vehicle type. None indicates the specific location was coded with a number less than 60.

- 1 Suppression vehicle
- 2 EMS vehicle
- 3 Other fire department vehicle
- 4 Non-fire department vehicle, includes private auto
- N None or vehicle type not applicable

K-PROTECTIVE EQUIPMENT

Complete Section K only if protective equipment failed and was a factor in the injury.

K1- PROTECTIVE EQUIPMENT FAILURE

Protective Equipment failure If the protective equipment failed and contributed to the injury, check the “Yes” box and complete the remainder of Section K. If the protective equipment did not fail or the failure did not contribute to the injury, check the “No” box and leave the remainder of Section K blank.

Equipment Failed?
Y Yes
N No

Equipment Sequence Number Enter 001 for the first item of equipment that failed, If more than one item of protective equipment failed, complete an additional Section K sheet for each additional item. Give each sheet a subsequent equipment sequence number and attach the additional sheet(s) to the original fire fighter casualty report.

K2-PROTECTIVE EQUIPMENT ITEM

Protective Equipment Item Check one box to indicate the type of protective equipment involved. If more than one item was a factor in the injury, use additional sheets.

Protective Equipment Item Codes

- | | | | |
|-----------|--------------------------------|-----------|---|
| | Head or Face Protection | 22 | Protective trousers |
| 11 | Helmet | 23 | Uniform shirt |
| 12 | Full face protector | 24 | Uniform T-shirt |
| 13 | Partial face protector | 25 | Uniform trousers |
| 14 | Goggles/eye protection | 26 | Uniform coat or jacket |
| 15 | Hood | 27 | Coveralls |
| 16 | Ear protector | 28 | Apron or gown |
| 17 | Neck protector | 20 | Coat, shirt or trousers, other |
| 10 | Head or face protection, other | | |
| | Coat, Shirt or Trousers | 31 | Boots or Shoes |
| 21 | Protective coat | | Knee length boots w/ steel baseplate & steel toes |

32	Knee length boots with steel toes only	50	Hand protection, other
33	3/4 length boots w/ steel baseplate & steel toes		Special Equipment
34	3/4 length boots with steel toes only	61	Proximity suit for entry
35	Boots without steel baseplate or steel toes	62	Proximity suit for non-entry
36	Safety shoes with steel baseplate and steel toes	63	Totally encapsulated, reusable chemical suit
37	Safety shoes with steel toes only	64	Totally encapsulated, disposable chemical suit
38	Non-safety shoes	65	Partially encapsulated, reusable chemical suit
30	Boots or shoes, other	66	Partially encapsulated, disposable chemical suit
	Respiratory Protection	67	Flash protection suit
41	Self-contained breathing apparatus (SCBA) demand	68	Flight or jump suit
42	Self-contained breathing apparatus (SCBA) positive	69	Brush suit
43	Self-contained breathing apparatus (SCBA) closed		Special Equipment Continued
44	Non-self-contained breathing apparatus	71	Exposure suit
45	Cartridge respirator	72	Self-Contained Underwater Breathing Apparatus(SCUBA)
46	Dust or particle mask	73	Life preserver
40	Respiratory protection, other	74	Life belt or ladder belt
	Hand Protection	75	Personal alert safety system (PASS)
51	Firefighter gloves with wristlets	76	Radio distress device
52	Firefighter gloves without wristlets	77	Personal lighting
53	Work gloves	78	Fire shelter or tent
54	HazMat gloves	79	Vehicle safety belt
55	Medical gloves	70	Special equipment, other
		00	Other protective equipment item

K3-PROTECTIVE EQUIPMENT PROBLEM

Protective Equipment Problem Check the box that best describes the protective equipment problem.

Protective Equipment Problem Codes

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

	to use	00	Other protective equipment problem
96	Not used for designed purpose	NN	No protective equipment problem
97	Not used as recommended by manufacturer	UU	Undetermined protective equipment problem

K4-EQUIPMENT MANUFACTURER, MODEL & SERIAL NUMBER

Protective Equipment	If known, enter the manufacturer name, model and serial number of the protective equipment involved in this injury.
Manufacturer	The name of the company that made the piece of equipment.
Model	The manufacturer's model name. If one does not exist, use the common physical description that is used to describe the equipment.
Serial Number	The manufacturer's serial number that is generally stamped on an identification plate on the equipment.

EMS MODULE (NFIRS-6)

A-IDENTIFICATION

FDID	Enter your Fire Department Identifier, as assigned by your state. Required for all incidents.
State	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. Required for all incidents.
Incident Date	Enter the date that the department received the incident alarm. Required for all incidents.
Station Number	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) Local Option.
Incident Number	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> Required for all incidents.
Exposure	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. Required for all incidents.
Delete	Check this box to indicate that an EMS report has been previously submitted and you now want to delete all data associated with that EMS record from the database. If you check this box, complete Section A, the patient number assigned to the person (Section B), and leave the rest of the report blank. Required only when deleting all information associated with the EMS record from the database. Section A must always be completed for a delete transaction.
Change	Check this box to indicate an EMS report has been previously submitted and you now want to update or change the information in the database for that EMS patient. If you check this box, complete Section A, the patient number assigned to this person (Section B) and the data elements that are to be updated or changed for this module. Required only when updating an EMS report. Section A must always be completed for a change transaction.

B-NUMBER OF PATIENTS & PATIENT NUMBER

Number of Patients	Enter the total number of patients in the blanks provided. Right justify all entries and use leading zeros. You should complete a separate EMS module for each patient treated.
Patient Number	Enter the unique identification number for the patient. The first patient for each incident is 001, the second 002, etc. Required for each EMS patient record.

C-DATE/TIME ARRIVED AT PATIENT & TIME OF PATIENT TRANSFER

Date/Time Arrived & Transfer For each incident, enter the date and time fire fighters arrived at the patient and the date and time of patient transfer.

If the date is the same as the alarm date, check the box to indicate the date is the same as the alarm date and enter the time only.

Enter the two-digit indicator for the month, 01 through 12, for January through December.

Enter the day of the month using leading zeroes for numbers less than ten.

Enter the four-digit year.

Enter the time using the 24-hour clock. Midnight is 0000 and signifies the start of a new day.

D-PROVIDER IMPRESSION/ASSESSMENT

Provider Impression/Assessment Check one box that best describes the emergency provider's impression/assessment. When more than one choice is applicable to the patient, choose the single most important clinical assessment that drove the choice of treatment. **Required for each EMS patient record.**

Provider Impression/Assessment Codes

10	Abdominal pain	25	Hypothermia
11	Airway obstruction	26	Hypovolemia
12	Allergic reaction, excludes stings & venomous bite	27	Inhalation injury, toxic gases
13	Altered level of consciousness	28	Obvious death
14	Behavioral - mental status, psychiatric disorder	29	Overdose/poisoning
15	Burns	30	Pregnancy/OB
16	Cardiac arrest	31	Respiratory arrest
17	Cardiac dysrhythmia	32	Respiratory distress
18	Chest pain	33	Seizure
19	Diabetic symptom	34	Sexual assault
20	Do not resuscitate	35	Sting/bite
21	Electrocution	36	Stroke/CVA
22	General illness	37	Syncope, fainting
23	Hemorrhaging/bleeding	38	Trauma
24	Hyperthermia	00	Other impression/assessment
		NN	None/no patient or refused treatment

E1-AGE OR DATE OF BIRTH

Age Enter the age of the patient. If the age cannot be determined, make an approximation. For patients less than a year old, enter the number of months and check the “Months (for infants)” box.

Date of Birth Enter the date of birth of the patient showing the month, day and year (4-digit year).

E2-GENDER

Gender Check the box that indicates the patient’s gender.

- 1 Male
- 2 Female

F1-RACE

Race Check the box that best indicates the patient’s race.

- 1 White
- 2 Black
- 3 American Indian, Eskimo, Aleut
- 4 Asian
- 0 Other, multi-racial
- U Race undetermined

F2-ETHNICITY

Ethnicity Check the box if the patient is Hispanic.

G1-HUMAN FACTORS

Human Factors Check all the applicable boxes describing the human factors that contributed to the patient’s injury.

- 1 Asleep
- 2 Unconscious
- 3 Possibly impaired by alcohol
- 4 Possibly impaired by other drug or chemical
- 5 Possibly mentally disabled
- 6 Physically disabled
- 7 Physically restrained
- 8 Unattended or unsupervised person, included are too young to act
- N None or no human factors

G2-OTHER FACTORS

Other Factors Check the appropriate box. If illness and not an injury, skip this field and go to H3, Cause of Illness/Injury.

- 1 Accidental
- 2 Self-inflicted
- 3 Inflicted, not self. Included are attacks by animals and persons.
- N None or no other factors

H1-BODY SITE OF INJURY

Body Site of Injury Enter up to five parts of the body where injuries occurred. List the body site with the most serious injury first. If the patient is suffering from an illness and not an injury, then H1 and H2 should not be completed.

- 1 Head
- 2 Neck & shoulder
- 3 Thorax, includes chest and back, excludes spine
- 4 Abdomen
- 5 Spine
- 6 Upper extremities
- 7 Lower extremities
- 8 Internal
- 9 Multiple body parts
- N No body site of injury

H2-INJURY TYPE

Injury Type Enter a description of the primary injuries sustained by a patient for each part of the body listed in Block H1. Then select and record the appropriate code number for injury type recorded. If the patient is suffering from an illness and not an injury, then H1 and H2 should not be completed.

- 10 Amputation
- 11 Blunt Injury
- 12 Burn
- 13 Crush
- 14 Dislocate/fracture
- 15 Gunshot
- 16 Laceration
- 17 Pain without swelling
- 18 Puncture/stab
- 19 Soft tissue swelling
- 00 Other Injury type

H3-CAUSE of ILLNESS/INJURY

Cause of Illness/Injury Select and record the two-digit code that indicates the immediate cause or condition responsible for the injury or illness.

Cause of Illness/Injury Codes

10	Chemical exposure	26	Lightning
11	Drug poisoning	27	Machinery
12	Fall	28	Mechanical suffocation
13	Aircraft related	29	Motor vehicle accident
14	Bite, includes animal bites	30	Motor vehicle accident, pedestrian
15	Bicycle accident	31	Non-traffic vehicle (off-road) accident
16	Building collapse/construction accident	32	Physical assault/abuse
17	Drowning	33	Scalds/other thermal
18	Electrical shock	34	Smoke inhalation
19	Cold	35	Stabbing assault
20	Heat	36	Venomous sting
21	Explosives	37	Water transport
22	Fire and flames	00	Other cause of injury/illness
23	Firearm	UU	Unknown cause of injury/illness
25	Fireworks		

I-PROCEDURES USED

Procedures Used Check all applicable boxes to indicate the procedures used to treat the patient.

Procedures Used Codes

01	Airway insertion	14	Intubation (EGTA)
02	Anti-shock trousers	15	Intubation (ET)
03	Assisted ventilation	16	IO/IV Therapy
04	Bleeding control	17	Medications therapy
05	Burn care	18	Oxygen therapy
06	Cardiac pacing	19	Obstetrical care/delivery
07	Cardioversion (defib), manual	20	Pre-arrival instructions
08	Chest/abdominal thrust	21	Restrained patient
09	CPR	22	Spinal immobilization
10	Cricothyroidotomy	23	Splinted extremities
11	Defibrillation by AED	24	Suction/aspirate
12	EKG monitoring	00	Other procedure
13	Extrication	NN	No treatment

J-SAFETY EQUIPMENT

Safety Equipment Check all applicable boxes to indicate the safety equipment that was in use.

- 1 Safety, seat belts
- 2 Child safety seat
- 3 Airbag

- 4 Helmet
- 5 Protective clothing
- 6 Flotation device
- N None or no safety equipment
- O Other safety equipment used
- U Undetermined safety equipment

K-CARDIAC ARREST

Cardiac Arrest Check all applicable boxes. The intent here is to determine whether it was a pre-arrival or post-arrival arrest. If it was a pre-arrival arrest, was it witnessed and/or was bystander CPR performed.

Cardiac Arrest

- 1 Pre-arrival arrest
- 2 Post-arrival arrest

Pre-Arrival Details

- 1 Witnessed
- 2 Bystander CPR

Initial Arrest Rhythm

- 1 V-Fib/V-Tach
- O Other
- U Undetermined

L1-INITIAL LEVEL OF FD PROVIDER

Initial Level of FD Provider Check the box that best describes the initial level of care the patient received from the fire department

- 1 First Responder
- 2 EMT-B (Basic)
- 3 EMT-I (Intermediate)
- 4 EMT-P (Paramedic)
- O Other health care provider, includes doctors, nurses, etc.
- N No Training

L2-HIGHEST LEVEL OF FD PROVIDER ON SCENE

Highest Level of Provider on Scene Check the box that indicates the highest level of care provided at the scene by the fire department.

- 1 First responder
- 2 EMT-B (Basic)
- 3 EMT-I (Intermediate)
- 4 EMT-P (Paramedic)
- O Other health care provider, includes doctors, nurses, etc.
- N No care provided

M-PATIENT STATUS

Patient Status Check the box that best describes the patient's status when they were transferred to another agency for care as compared to their status when the fire department began treatment.

- 1 Improved
- 2 Remained Same
- 3 Worsened

Patient Pulse

- 1 Pulse on Transfer
- 2 No Pulse on Transfer

N-DISPOSITION

Disposition Check the box that describes the disposition of the patient.

- 1 FD transport to Emergency Care Facility (ECF)
- 2 Non-FD transport
- 3 Non-FD transport with FD attendant
- 4 Non-emergency transfer
- Other
- Not transported under EMS

HAZMAT MODULE (NFIRS-7)

A-IDENTIFICATION

FDID	Enter your Fire Department Identifier, as assigned by your state. Required for all incidents.
State	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. Required for all incidents.
Incident Date	Enter the date that the department received the incident alarm. Required for all incidents.
Station Number	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) Local Option.
Incident Number	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> Required for all incidents.
Exposure	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. Required for all incidents.
HazMat Number	Enter the two-digit number assigned to each hazardous material involved in the incident. The number should begin with 01 and be incremented sequentially. Complete this module for each hazardous material involved in the incident. Required for all HazMat reports.
Delete	Check this box to indicate that a HazMat report has been previously submitted and you now want to delete all data associated with that HazMat record from the database. If you check this box, complete Section A including the HazMat No. assigned to that material and leave the rest of the report blank. Required only when deleting all information associated with the hazardous material from the database.
Change	Check this box to indicate that a HazMat report has been previously submitted and you now want to update or change the information on the database for that HazMat record. If you check this box, complete Section A including the HazMat No. assigned to that material and the data elements that are to be updated or changed for this module. Required only when updating a report.

B-HAZMAT ID

UN Number	Enter the 4-digit UN Number assigned to the hazardous material. Leave the entry blank if an UN number has not been assigned.
DOT Hazard Classification	Enter the appropriate 2-digit code that corresponds with the hazard classification and division code as found on a placard or label, in the

NAERG, or from the list below.

NOTE: the DOT Hazard Classification consists of a single-digit class code, followed by a decimal point and a single digit code for the division. For the purpose of this module, this two-part hazard class/division code has been converted into a two-digit code.

DOT Hazard Classification Codes

Class 1 - Explosives

- 11 Division 1.1 Explosives with mass explosion hazard
- 12 Division 1.2 Explosives with projectile hazard
- 13 Division 1.3 Explosives w/ predominant fire hazard
- 14 Division 1.4 Explosives with no significant blast
- 15 Division 1.5 Very insensitive explosives; blasting
- 16 Division 1.6 Extremely insensitive detonating articles

Class 2 – Gases

- 21 Division 2.1 Flammable gases
- 22 Division 2.2 Non-flammable
- 23 Division 2.3 Gases toxic by inhalation
- 24 Division 2.4 Corrosive gases (Canada)

Class 3 - Flammable/Combustible Liquids

- 30 Flammable/Combustible Liquids

Class 4 - Flammable Solids

- 41 Division 4.1 Flammable solids
- 42 Division 4.2 Spontaneously combustible materials
- 43 Division 4.3 Dangerous when wet materials

Class 5 - Oxidizers and Organic peroxides

- 51 Division 5.1 Oxidizers
- 52 Division 5.2 Organic peroxides

Class 6 – Toxic materials and Infectious Substances

- 61 Division 6.1 Toxic materials
- 62 Division 6.2 Infectious substances

Class 7 - Radioactive materials

- 70 Radioactive materials

Class 8 - Corrosive materials

- 80 Corrosive materials

Class 9 - Miscellaneous dangerous goods

- 91 Division 9.1 Miscellaneous dangerous goods (Canada)
- 92 Division 9.2 Environmentally hazardous substances (Canada)
- 93 Division 9.3 Dangerous wastes (Canada)

CAS Registration Number Enter the number assigned by the CAS to the chemical including dashes (right justify). This number may be found in reference materials, on Material Safety Data Sheets (MSDS), and on some product labels.

Chemical Name Enter the chemical or trade name of the hazardous material as shown on the MSDS, product label, packaging, or container.

C1-CONTAINER TYPE

Container Type Enter the 2-digit code for the corresponding container type from the list below.

Container Type Codes

	Portable Container	32	Pond or surface impoundment
11	Drum	33	Well
12	Cylinder	34	Dump-site or landfill
13	Can or bottle	30	Natural container, other
14	Carboy		
15	Box or carton		Mobile Container
16	Bag or sack	41	Vehicle fuel tank and associated piping
17	Cask	42	Product tank on or towed by vehicle
18	Hose	43	Piping associated with mobile product tank loading or off loading
10	Portable container, other	48	Hose
	Fixed Container	40	Mobile container, other
21	Tank or silo		
22	Pipe or Pipeline		Other containers
23	Bin	91	Rigid Intermediate Bulk Container (RIBC).
24	Machinery or process equipment	00	Other container type
28	Hose	NN	No container
20	Fixed container, other	UU	Undetermined container type
	Natural Containment		
31	Sump or pit		

C2-ESTIMATED CONTAINER CAPACITY

Estimated Container Capacity Enter the estimated amount of material that the container was designed to hold, by volume or weight, to the nearest whole unit of measure (right justify).

C3-UNITS: CAPACITY

Units: Capacity Check the box for the appropriate unit of measure associated with the container capacity.

Volume

- 11** Ounces
- 12** Gallons
- 13** Barrels: 42 gal.
- 14** Liters
- 15** Cubic feet
- 16** Cubic meters

Weight

- 21** Ounces (weight)
- 22** Pounds
- 23** Grams
- 24** Kilograms

D1-ESTIMATED AMOUNT RELEASED

Estimated Amount Released Enter the estimated amount of material released from the container, by volume or weight, to the nearest whole unit of measure (right justify).

D2-UNITS: RELEASED

Units: Released Check the box for the appropriate unit of measure associated with the amount of release.

Volume

- 11 Ounces
- 12 Gallons
- 13 Barrels: 42 gal.
- 14 Liters
- 15 Cubic feet
- 16 Cubic meters

Weight

- 21 Ounces (weight)
- 22 Pounds
- 23 Grams
- 24 Kilograms

E1-PHYSICAL STATE WHEN RELEASED

Physical State When Released Check the box best describing the physical state of the material when released.

- 1 Solid
- 2 Liquid
- 3 Gas
- U Physical state when released undetermined

E2-RELEASED INTO

Released Into Enter the code that best describes the environment contaminated by the hazardous material.

- 1 Air
- 2 Water
- 3 Ground
- 4 Water and ground
- 5 Air and ground
- 6 Water and air
- 7 Air, water, and ground
- 8 Confined, no environmental impact-not released into air, water or ground

F1-RELEASED FROM

Released From If the location of the release was below grade, check the “below grade” box. If the release was inside or on a structure, check the “inside/on structure” box and enter the “story of release” directly below. If the release was outside a structure, check the “outside of structure” box. *An example of a spill on a structure is the release of a hazardous liquid on a loading dock.*

- 1 Inside/on structure
- 2 Outside of structure

F2-POPULATION DENSITY

Population Density Check the box best describing the area adjacent to the hazardous materials release.

- 1 Urban – Densely populated
- 2 Suburban – Predominately single family residences
- 3 Rural – Scattered small communities and farms

G1-AREA AFFECTED

Area Affected Enter the appropriate unit of measurement box and enter the numeric value for the measurement of the area affected (right justify).

- 1 Square feet
- 2 Blocks
- 3 Square miles

G2-AREA EVACUATED

Area Evacuated Check the appropriate unit of measurement box and enter the numeric value for the measurement of the area evacuated. If there was no evacuation, check the “None” box and skip to Section H.

- 1 Square feet
- 2 Blocks
- 3 Square miles

G3-ESTIMATED NUMBER OF PEOPLE EVACUATED

Estimated Number of People Evacuated Enter the estimated number of people evacuated in the spaces provided (right justified).

G4-ESTIMATED NUMBER OF BUILDINGS EVACUATED

Estimated Number of Buildings Evacuated Enter the estimated number of buildings evacuated (right justify). Include buildings that were already empty in the evacuated area (i.e., houses with no one home during the day).

H-HAZMAT ACTIONS TAKEN

HazMat Actions Taken Enter the code and written description for up to three significant HazMat actions taken.

HazMat Actions Taken Codes

- | | | | |
|-----------|--|-----------|---|
| | Hazardous Condition | | 24 Provide equipment |
| 11 | Identify, analyze hazardous materials | 25 | Provide water |
| 12 | HazMat detection, monitoring, sampling, & analysis | 26 | Control crowd |
| 13 | HazMat spill control and confinement | 27 | Control traffic |
| 14 | HazMat leak control and containment | 28 | Protect-in-place operations |
| 15 | Remove hazard or hazardous materials | | |
| 16 | Decontaminate persons or equipment | | |
| | Isolation and evacuation | | Information, Investigation & Enforcement |
| 21 | Determine materials to be non-hazardous | 31 | Refer to proper authority |
| 22 | Isolate area & establish hazard control zones | 32 | Notify other agencies |
| 23 | Provide apparatus | 33 | Provide information to public or media |
| | | 34 | Investigate |
| | | 35 | Standby |
| | | 00 | Action taken, other |

I-IF FIRE OR EXPLOSION IS INVOLVED, WHICH OCCURRED FIRST?

If Fire or Explosion, Which Occurred First? Check the “Ignition” box if a fire led to a release of hazardous materials. Check the “Release” box if a hazardous material was spilled or released and then caught fire.

- 1** Ignition
- 2** Release
- U** Undetermined if fire or explosion occurred first

J-CAUSE OF RELEASE

Cause of Release Check the box that best describes the cause or reason for the release.

- 1** Intentional
- 2** Unintentional release
- 3** Container/containment failure
- 4** Act of nature
- 5** Cause under investigation
- U** Cause undetermined after investigation

K-FACTORS CONTRIBUTING TO RELEASE

Factors Contributing to Release Enter up to three significant factors and descriptors that contributed to the release or threatened release of the hazardous material from the 2-digit codes listed below.

Factors Contributing to Release Codes

	Failure to Control Hazardous Material	62	Construction deficiency
31	Abandoned or discarded hazardous material	64	Installation deficiency
		60	Design/construction/installation deficiency, other
32	Failure to maintain proper temperature		
33	Fell asleep and lost control of operations		
34	Inadequate control of hazardous materials	71	Operational Deficiency Collision, overturn, knockdown
37	Person possibly impaired by drugs or alcohol	72	Accidentally turned on, not turned off
38	Person otherwise impaired or unconscious	73	Equipment unattended
		74	Equipment overload
30	Failure to control hazardous materials, other	75	Failure to clean equipment
		76	Improper startup, shutdown procedures
		77	Equipment used for purpose not intended
		78	Equipment not being operated properly
		70	Operational deficiency, other
	Misuse of Hazardous Materials		
42	Improper mixing technique		
43	Hazardous materials used improperly		
45	Improper container	81	Natural Condition High wind
46	Improper movement of hazardous materials container	82	Earthquake
47	Improper storage procedures	83	High water, flood
48	Children playing with hazardous materials	84	Lightning
40	Misuse of hazardous materials, other	85	Low humidity
		86	High humidity
		87	Low temperature
		88	High temperature
		80	Natural condition, other
	Mechanical Failure, Malfunction		
51	Automatic control failure		
52	Manual control failure		
53	Short circuit, ground fault	91	Special Release Factors Animal
54	Other part failure, leak, or break	92	Secondary release following previous release
55	Other electrical failure	93	Reaction with other chemical
56	Lack of maintenance, worn out	97	Failure to use ordinary care
50	Mechanical failure, malfunction, other		
	Design, Construction, Installation Deficiency	00	Other release factor
61	Design deficiency	UU	Undetermined release factor

L-FACTORS AFFECTING MITIGATION

Factors Affecting Mitigation Enter up to three significant factors and descriptors that impeded or affected the mitigation of the release or threatened release of the hazardous material from the 2-digit codes listed below.

Factors Affecting Mitigation Codes

Site Factors		Impediment or Delay	
11	Released into water table	31	Access to release area
12	Released into sewer system	32	HazMat apparatus unavailable
13	Released into wildland/wetland area	33	HazMat apparatus failure
14	Released in residential area	34	Traffic delay
15	Released in occupied building	35	Trouble finding location
16	Air release in confined area	36	Communications delay
17	Released, slick on waterway	37	HazMat - trained crew unavailable or delayed
18	Released on major roadway	30	Impediment or delay, other
10	Site factor, other		
Release Factors		Natural Conditions	
21	Release of extremely dangerous agent	41	High wind
22	Threatened release of extremely dangerous agent	42	Storm
23	Combination of release and fire impeded mitigation	43	High water, including floods
24	Multiple chemicals released, unknown effects	44	Earthquake
25	Release of unidentified chemicals, unknown effects	45	Extreme high temperature
20	Release factor, other	46	Extreme low temperature
		47	Ice or snow conditions
		48	Lightning
		49	Animal
		40	Natural condition, other
		00	Other factor affecting mitigation
		NN	No factor affecting mitigation

M-EQUIPMENT INVOLVED IN RELEASE

Equipment Involved in Release In the spaces provided, describe the equipment involved by indicating the brand, model, serial number, and year, then enter the appropriate code from the "Equipment Involved in Release" code list. If there was no equipment involved, check the "None" box.

Equipment Involved in Release Codes

PLEASE NOTE:	The code set used for this data element is the same set that is used for EQUIPMENT INVOLVED IN IGNITION- F1 in the <i>Fire Module</i> . Please see the codes listed for that data element.
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N-MOBILE PROPERTY INVOLVED IN RELEASE

Mobile Property Involved in Release Enter the model, year, license plate number, state, and DOT/ICC number, then enter the appropriate code for Type and Make. If no mobile property was involved, check the “None” box.

Mobile Property Type Codes

PLEASE NOTE:	The code set used for this data element is the same set that is used for MOBILE PROPERTY TYPE – H2 in the <i>Fire Module</i> . Please see the codes listed for that data element.
---------------------	--

O-HAZMAT DISPOSITION

HazMat Disposition Check the box that best describes the final disposition of the incident by the fire department

- 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

HazMat Civilian Casualties Identify and record separately the number of civilians killed and the number of civilians injured as a result of this HazMat incident.

WILDLAND FIRE MODULE (NFIRS-8)

The Wildland Fire Module is an optional alternative module that may be used in place of the Fire Module (NFIRS-2) for any of the following Incident Types:

140	Vegetation fire, other	171	Cultivated grain, crop fire
141	Forest, woods or wildland fire	172	Cultivated orchard or vineyard fire
142	Brush or brush and grass mixture fire	173	Cultivated trees or nursery stock fire
143	Grass fire	561	Unauthorized burning
160	Special outside fire, other	631	Controlled burning (authorized)
170	Cultivated vegetation, crop fire, other	632	Prescribed burning (authorized)

If you complete the Wildland Fire Module, do not complete the regular Fire Module (NFIRS-2).

A-IDENTIFICATION

FDID	Enter your Fire Department Identifier, as assigned by your state. Required for all incidents.
State	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. Required for all incidents.
Incident Date	Enter the date that the department received the incident alarm. Required for all incidents.
Station Number	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) Local Option.
Incident Number	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> Required for all incidents.
Exposure	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. Required for all incidents.
Delete	Check this box to indicate this incident has been previously submitted with a wildland module and you now want to delete the information in the wildland module only. The data on the basic module will remain on the database. If you check this box, complete Section A and leave the rest of the report blank. Required only when deleting the wildland module data from the database. Section A must always be completed for a delete transaction.
Change	Check this box to indicate this incident has been previously submitted with a wildland module and you now want to update or change the information in the database for the wildland module. If you check this box, complete Section A and the data elements that are to be updated or

changed for this module. **Required only when updating the data on the wildland report. Section A must always be completed for a change transaction.**

B-ALTERNATE LOCATION SPECIFICATION

Alternate Location Specification Two alternate location identification methods are provided: latitude/longitude and section/township/range/meridian. Use one of these if you checked the Wildland address box on the Basic module. If you entered an address on the Basic module, providing data in this section is optional.

Latitude/Longitude Latitude and longitude are each expressed in degrees and minutes. Latitude is the angular distance north or south from the equator. Longitude is the angular distance east or west of the zero meridian.

Township/Range/Section/Meridian In areas of the country that use township, range, section (and subsection), and meridian to identify locations, you may elect to specify the location in this manner. Be sure to complete all four basic parts of this location specification, as well as checking the applicable north/south box for township and east/west box for range.

Subsection Designations

NENE	Northeast by Northeast	SWNE	Southwest by Northeast
NENW	Northeast by Northwest	SWNW	Southwest by Northwest
NESE	Northeast by Southeast	SWSE	Southwest by Southeast
NESW	Northeast by Southwest	SWSW	Southwest by Southwest
NWNE	NorthWest by Northeast	SENE	Southeast by Northeast
NWNW	NorthWest by Northwest	SENW	Southeast by Northwest
NWSE	NorthWest by Southeast	SESE	Southeast by Southeast
NWSW	NorthWest by Southwest	SESW	Southeast by Southwest

Meridian Designations

01	First Principal	19	Michigan
02	Second Principal	20	Principal
03	Third Principal	21	Mt. Diablo
04	Fourth Principal	22	Navajo
05	Fifth Principal	23	New Mexico
06	Sixth Principal	24	St. Helena
07	Black Hills	25	St. Stephens
08	Boise	26	Salt Lake
09	Chickasaw	27	San Bernardino
10	Choctaw	28	Seward
11	Cimarron	29	Tallahassee
12	Copper River	30	Uintah
13	Fairbanks	31	Ute
14	Gila and Salt River	32	Washington
15	Humboldt	33	Willamette
16	Huntsville	34	Wind River
17	Indian	35	Ohio
18	Louisiana	36	Great Miami River

37	Muskingum River	42	Ellicotts Line
38	Ohio River	43	12 Mile Square
39	First Scioto River	44	Kateel River
40	Second Scioto River	45	Umat
41	Third Scioto River	UU	Undetermined meridian

C-AREA TYPE

Area Type Check one box to indicate the type of area at the origin of the fire.

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

D1-WILDLAND FIRE CAUSE

Wildland Fire Cause Check the box that best describes the cause of the wildland fire.

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

D2-HUMAN FACTORS CONTRIBUTING TO IGNITION

Human Factors Contributing To Ignition Check as many boxes in this section as are applicable. If there were no human factors, check the "None" box.

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

D3-FACTORS CONTRIBUTING TO IGNITION

Factors Contributing To Ignition Identify up to two factors that contributed to ignition. Use the codes presented below.

PLEASE NOTE:	The code set used for this data element is the same set that is used for FACTORS CONTRIBUTING TO IGNITION – E2 in the Fire Module. Please see the codes listed for that data element.
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D4-FIRE SUPPRESSION FACTORS

Fire Suppression Factors Use the codes below to identify up to three conditions or factors that constituted a significant suppression problem at the incident.

PLEASE NOTE:	The code set used for this data element is the same set that is used for FIRE SUPPRESSION FACTORS – G in the Fire Module. Please see the codes listed for that data element.
---------------------	---

E-HEAT SOURCE

Heat Source From the codes that follow, enter the Heat Source that ignited the Item First Ignited.

PLEASE NOTE:	The code set used for this data element is the same set that is used for HEAT SOURCE – D2 in the Fire Module. Please see the codes listed for that data element.
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F-MOBILE PROPERTY TYPE

Mobile Property Type Choose a code below that best describes the type of mobile property involved.

PLEASE NOTE:	The code set used for this data element is the same set that is used for MOBILE PROPERTY TYPE – H2 in the Fire Module. Please see the codes listed for that data element.
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G-EQUIPMENT INVOLVED IN IGNITION

Equipment Involved Choose a code below that best describes the equipment involved in the ignition.

PLEASE NOTE:	The code set used for this data element is the same set that is used for EQUIPMENT INVOLVED IN IGNITION- F1 in the Fire Module. Please see the codes listed for that data element.
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H-WEATHER INFORMATION

NFDRS Weather Station ID Enter the six-digit National Fire Danger Rating System (NFDRS) Weather Station ID number.

Weather Type Check one box to indicate the weather at the start of the incident.

- 10 Clear: less than 1/10 cloud cover
- 11 Scattered clouds: 1/10 to 5/10 cloud cover
- 12 Broken clouds: 6/10 to 9/10 cloud cover
- 13 Overcast: 9/10 or more cloud cover
- 14 Foggy
- 15 Drizzle or mist
- 16 Raining
- 17 Snow or sleet
- 18 Shower
- 19 Thunderstorm in progress
- 00 Other weather type

Wind Direction Enter the code for the direction that the eye level wind is coming from. Then enter the wind speed in miles per hour. The direction and speed are those at eye-level, not at higher altitude.

- 1 North
- 2 Northeast
- 3 East
- 4 Southeast
- 5 South
- 6 Southwest
- 7 West
- 8 Northwest
- 9 Shifting winds
- N None/calm
- U Wind direction undetermined

Wind Speed MPH Enter the average wind speed to the nearest mile-per-hour at the origin of the fire. Right-justify the entry. Calm conditions are recorded as "0."

Temperature & Relative Humidity Enter the temperature in degrees Fahrenheit and the relative humidity (the measure of atmospheric water content expressed as a percentage: 0% (dry), %100 (rain)). If the temperature is below "0," check the box.

Fuel Moisture Enter the fuel moisture percentage level.

Fire Danger Rating Check the box that best describes the fire danger at the time and place of the fire, based on the National Fire Danger Rating System.

- 1 Low fire danger
- 2 Moderate fire danger
- 3 High fire danger
- 4 Very high fire danger
- 5 Extreme fire danger
- U Fire danger rating undetermined

I1-NUMBER OF BUILDINGS IGNITED

Number of Buildings Ignited Enter the number of buildings ignited by the wildland fire. If no buildings were ignited, check the "None" box.

I2-NUMBER OF BUILDINGS THREATENED

Number of Buildings Threatened Enter the number of buildings threatened, but not ignited by the wildland fire. Check the "None" box if no buildings were threatened.

I3-TOTAL ACRES BURNED

Total Acres Burned Enter the total number of acres burned. If less than one acre was burned, the decimal point field should be used to denote tenths of an acre.

I4-PRIMARY CROPS BURNED

Primary Crops Burned Enter up to three crops that burned in the fire. Enter the crop with the most burned acres first. If no crop were burned, leave blank.

J-PROPERTY MANAGEMENT

Property Management Indicate the percent of the total acres burned for each type of ownership involved; then check the one box that best describes the principle entity that has responsibility for the property where the fire originated. **Only check one owner/management entity. Check “U” if undetermined.**

U Undetermined ownership

Private

- 1** Tax paying
- 2** Non tax paying

Public

- 3** City, town, village, local
- 4** County or parish
- 5** State or province
- 6** Federal
- 7** Foreign
- 8** Military
- 0** Other

K-NFDRS FUEL MODEL AT ORIGIN

Fuel Model At Origin Enter the NFDRS fuel model code and written description that best identifies the type of wildland vegetation burned at the point of origin.

NFDRS Fuel Model at Origin Codes

- | | |
|--|---|
| 01 A: Annual Grasses | 11 K: Light slash (less than 15 tons per acre) |
| 02 B: Mature brush [6 ft.+] | 12 L: Perennial grasses |
| 03 C: Open pine with grass | 14 N: Saw grass, marsh needle-like grass |
| 04 D: Southern rough | 15 O: High pocosin |
| 05 E: Hardwood litter | 16 P: Southern long-needle pine |
| 06 F: Intermountain west brush | 17 Q: Alaska black spruce |
| 07 G: West Coast conifers; close, heavy down materials | 18 R: Hardwood litter (summer) |
| 08 H: Short needle conifers; normal down woody materials | 19 S: Tundra |
| 09 I: Heavy slash, clear-cut conifers greater than 25 tons per area | 20 T: Sagebrush with grass |
| 10 J: Medium slash, heavily thinned | 21 U: Western long-leaf pine |
| | UU Undetermined fuel module |

L1-PERSON RESPONSIBLE FOR FIRE

Person Responsible for Fire Check the box that best describes the involvement of a person in causing the fire. If the person responsible for causing the fire is known, identifying information about the person can be entered in Block K1 of the Basic Module (NFIRS-1) or the Supplemental Form (NFIRS-1s). If the person is not identified, skip to Section M.

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

L2-GENDER OF PERSON INVOLVED

Gender of Person Involved Check the box that describes the gender (sex) of the person involved.

- 1 Male
- 2 Female

L3-AGE OR DATE OF BIRTH

Age or Date of Birth Enter the age in years, or the date of birth for the person responsible for the fire.

L4-ACTIVITY OF PERSON

Activity of Person Involved Enter the code that best describes the activity of the person involved. This entry should report the primary activity of the person that caused the fire.

Activity of Person Involved Codes

- | | |
|-----------------------------|-------------------------------------|
| 01 Logging/timber harvest | 12 Harvest of Illegal material |
| 02 Management activities | 13 Religious or ceremonial activity |
| 03 Construction/maintenance | 14 Oil/gas production |
| 04 Social gathering | 15 Military operations |
| 05 Hunting | 16 Subsistence |
| 06 Fishing | 17 Mining |
| 07 Other recreation | 18 Livestock grazing |
| 08 Camping | 19 Target practice |
| 09 Other permitted harvest | 20 Blasting |
| 10 Picnicking | 21 Fireworks use |
| 11 Non-permitted harvest | 00 Human activity, other |

M-RIGHT OF WAY

Horizontal Distance From Right of Way If the origin of the fire was less than 100 feet of any right of way, enter the number of feet from the right of way to the origin of the fire. Rights of way include railroad rights of way, highways, roads, parking lots, etc.

Type of Right of Way Enter the code for the type of right of way from the list below.

Type of Right of Way Codes

919	Dump, sanitary landfill		driveway
921	Bridge, trestle	963	Street or road in commercial area
922	Tunnel	965	Vehicle parking area
926	Outbuilding, excluding garage	972	Aircraft runway
931	Open land, field	973	Aircraft taxiway
935	Campsite with utilities	974	Aircraft loading area
936	Vacant lot	981	Construction site
938	Graded and cared for plots of land	982	Oil, gas field
940	Water area	983	Pipeline, power line or other utility right-a-way
951	Railroad right-of-way	984	Industrial plant yard, area
952	Railroad yard	000	Type of right of way, other
960	Street, other	UUU	Undetermined type of right of way
961	Highway or divided highway	NNN	No right of way
962	Residential street, road or residential		

N-FIRE BEHAVIOR

Elevation Enter the distance above mean sea level measured in feet.

Relative Position on Slope Enter the relative position on the slope from the codes listed below.

- 0** Valley Bottom
- 1** Lower Slope
- 2** Mid Slope
- 3** Upper Slope
- 4** Ridge Top

Aspect Enter the direction that the slope faces from the codes below.

- 0** Flat/None
- 1** Northeast
- 2** East
- 3** Southeast
- 4** South
- 5** Southwest
- 6** West
- 7** Northwest
- 8** North

Flame Length Enter the average height (in feet) of flame at head of fire.

Rate of Spread Enter the rate of spread of the head of the fire in chains (66 feet/chain) per hour.

APPARATUS OR RESOURCES MODULE (NFIRS-9)

The Apparatus or Resource Module is optional and is used to help manage and track apparatus and resources used on incidents. The Personnel Module (NFIRS-10) should be used when details about apparatus and personnel are needed.

A-IDENTIFICATION

FDID	Enter your Fire Department Identifier, as assigned by your state. Required for all incidents.
State	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. Required for all incidents.
Incident Date	Enter the date that the department received the incident alarm. Required for all incidents.
Station Number	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) Local Option.
Incident Number	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> Required for all incidents.
Exposure	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. Required for all incidents.
Delete	Check this box to indicate that data on this apparatus or resource has been previously submitted and you now want to delete the data for this apparatus or resource from the database. If you check this box complete Section A, enter the ID for that apparatus or resource, and leave the rest of the report blank. Required only when deleting the data for a specific apparatus or resource from the database. Section A must always be completed for a delete transaction.
Change	Check this box to indicate that data on this apparatus or resource has been previously submitted and you now want to update or change the information in the database. If you check this box, complete Section A, enter the ID for that apparatus or resource, and the data elements that are to be updated or changed for this apparatus or resource. Required only when updating data for a specific apparatus or resource. Section A must always be completed for a change transaction.

B-APPARATUS OR RESOURCE

Apparatus or Resources ID Identify each vehicle or apparatus sent to this incident placing the identifier in the spaces provided (for example, E1, L3, etc). If more than nine vehicles or apparatus are sent, use additional sheets, as necessary.
Required if module used.

Type of Apparatus or Resource Use the code list below to describe the kind of apparatus identified with an ID above. **Required if module used.**

Apparatus Type Codes

Ground Fire Suppression		Support Equipment	
11	Engine	61	Breathing apparatus support
12	Truck or aerial	62	Light and air unit
13	Quint	60	Support apparatus, other
14	Tanker & pumper combination		
16	Brush truck		
17	ARF (aircraft rescue & firefighting)		
10	Ground fire suppression, other	71	Medical & Rescue Rescue unit
		72	Urban search & rescue unit
		73	High angle rescue unit
	Heavy Ground Equipment	75	BLS unit
21	Dozer or plow	76	ALS unit
22	Tractor	70	Medical and rescue unit, other
24	Tanker or tender		
20	Heavy ground equipment, other		
			Other
	Aircraft	91	Mobile command post
41	Aircraft, fixed wing tanker	92	Chief officer car
42	Helitanker	93	HazMat unit
43	Helicopter	94	Type I hand crew
40	Aircraft, other	95	Type II hand crew
		99	Privately owned vehicle
	Marine Equipment	00	Other apparatus or resource
51	Fire boat with pump	NN	No apparatus or resource
52	Boat, no pump	UU	Undetermined apparatus or resource
50	Marine equipment, other		

Dispatch Date and Time If the date of dispatch was the same as the alarm date for this incident, just check the box and then indicate the time of dispatch for this apparatus. If the box is not checked, you should complete both the date and 24-hour clock time of arrival (0000 is midnight).

Arrival Date and Time If the date of arrival was the same as the alarm date for this incident, just check the box and then indicate the time of arrival for this apparatus. If the box is not checked, you should complete both the date and 24-hour clock time of arrival (0000 is midnight).

Clear Date and Time If the date that this apparatus cleared the scene is the same as the alarm date for this incident, just check the box and then indicate the time this apparatus cleared the scene. If the box is not checked, you should complete both the date and 24-hour clock time that this apparatus cleared the scene (0000 is midnight).

- Sent** Some departments may preprint this Apparatus form with Apparatus IDs and Types. If this is done, you may simply check off which apparatus were sent (in addition to completing other relevant information for the apparatus).
- Number of People** Indicate the number of personnel that attended in or on this apparatus or vehicle. **Required if module used.**
- Use** Check one of the three boxes provided to indicate the main use of this apparatus at the incident. The main use at the incident need **not** be the consistent with the apparatus type. For example, EMS may be the principal use of the members that arrive on a ladder truck. **Required if module used.**
- Actions Taken** Space is provided to enter codes for up to four actions taken.

<p>PLEASE NOTE:</p>	<p>The code set used for this data element is the same set that is used for ACTIONS TAKEN-SECTION F in the Basic Module. Please see the codes listed for that data element.</p>
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PERSONNEL MODULE (NFIRS 10)

The Personnel Module (NFIRS-10) is an optional module that can be used to help manage and track personnel and resources used on incidents. This module can be used in place of the Apparatus/Resource Module (NFIRS-9) if more detail on personnel is desired. Additional information made possible by this module are the names, identification numbers, rank or grade, attendance at the incident, and actions taken by each individual person.

A-IDENTIFICATION

FDID	Enter your Fire Department Identifier, as assigned by your state. Required for all incidents.
State	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. Required for all incidents.
IncidentDate	Enter the date that the department received the incident alarm. Required for all incidents.
Station Number	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) Local Option.
Incident Number	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> Required for all incidents.
Exposure	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. Required for all incidents.
Delete	Check this box to indicate that data on personnel has been previously submitted and you now want to delete the data for a specific person from the database. If you check this box, complete Section A, enter the ID for that apparatus or resource that the person was associated with, the personnel ID for the person for whom the data is to be deleted, and leave the rest of the report blank. Required only when deleting the data for a specific person from the database. Section A must always be completed for a delete transaction.
Change	Check this box to indicate that data on personnel has been previously submitted and you now want to update or change the information in the database for a specific person. If you check this box, complete Section A, enter the ID for that apparatus or resource that the person was associated with, the personnel ID for the person, and the data elements that are to be updated or changed for that person. Required only when updating data for a specific person. Section A must always be completed for a change transaction.

B-APPARATUS OR RESOURCE

Apparatus ID Identify each vehicle or apparatus sent to this incident placing the identifier in the spaces provided (for example, E1, L3, etc). If more than nine vehicles or apparatus are sent, use additional sheets, as necessary.
Required if module used.

Apparatus Type Use the code list below to describe the kind of apparatus identified with an ID above. **Required if module used.**

Apparatus Type Codes

Ground Fire Suppression		Support Equipment	
11	Engine	61	Breathing apparatus support
12	Truck/aerial	62	Light and air unit
13	Quint	60	Support apparatus: other
14	Tanker-pumper combination		
16	Brush truck		
17	ARF (aircraft rescue & firefighting)		
10	Ground suppression: other	71	Medical & Rescue Rescue unit
		72	Urban search & rescue unit
		73	High angle rescue unit
	Heavy Ground Equipment	75	BLS unit
21	Dozer	76	ALS unit
22	Tractor	70	Medical and rescue unit, other
24	Tanker or tender		
20	Heavy equipment: other		
			Other
	Aircraft	91	Mobile command post
41	Aircraft: fixed wing tanker	92	Chief officer car
42	Helitanker	93	HazMat unit
43	Helicopter	94	Type 1 hand crew
40	Aircraft: other	95	Type 2 hand crew
		99	Privately owned vehicle
		00	Other apparatus or resource
	Marine Equipment	NN	No apparatus or resource
51	Fire boat with pump	UU	Undetermined apparatus or resource
52	Boat: no pump		
50	Marine apparatus: other		

Dispatch Date and Time If the date of dispatch was the same as the alarm date for this incident, just check the box and then indicate the time of dispatch for this apparatus. If the box is not checked, you should complete both the date and 24-hour clock time of arrival (0000 is midnight).

Arrival Date and Time If the date of arrival was the same as the alarm date for this incident, just check the box and then indicate the time of arrival for this apparatus. If the box is not checked, you should complete both the date and 24-hour clock time of arrival (0000 is midnight).

Clear Date and Time If the date that this apparatus cleared the scene is the same as the alarm date for this incident, just check the box and then indicate the time this apparatus cleared the scene. If the box is not checked, you should complete both the date and 24-hour clock time that this apparatus cleared the scene (0000 is midnight).

- Sent** Some departments may preprint this Apparatus form with Apparatus IDs and Types. If this is done, you may simply check off which apparatus were sent (in addition to completing other relevant information for the apparatus).
- Number of People** Indicate the number of personnel that attended in or on this apparatus or vehicle. **Required if module used.**
- Use** Check one of the three boxes provided to indicate the main use of this apparatus at the incident. The main use at the incident need **not** be the consistent with the apparatus type. For example, EMS may be the principal use of the members that arrive on a ladder truck. **Required if module used.**
- Actions Taken** Space is provided to enter codes for up to four actions taken.

PLEASE NOTE:	The code set used for this data element is the same set that is used for ACTIONS TAKEN-SECTION F in the Basic Module. Please see the codes listed for that data element.
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PERSONNEL SECTION

This form is designed to be preprinted with the equipment and the names of assigned personnel and then used as a check off form at each incident. However, it may be filled out at each incident.

- Personnel ID** Fill in the Identification number of each person that responded to the incident. They should be listed with the apparatus to which they are connected. **Required if module used.**
- Name** Space is provided to enter the name of the personnel who responded to the incident.
- Rank or Grade** Enter the rank or grade of the personnel who responded.
- Attend** If the form is being used as a pre-printed check off, then the attend box is used to indicate that the particular individual responded to the incident.
- Actions Taken** Up to four actions taken can be listed for each person who responded to the incident. Use the codes provided for the purpose of identifying the actions taken.

PLEASE NOTE:	The code set used for this data element is the same set that is used for ACTIONS TAKEN-SECTION F in the Basic Module. Please see the codes listed for that data element.
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ARSON MODULE (NFIRS-11)

The Arson Module (NFIRS-11) is an optional module that can be used to identify when and where the crime of arson takes place, what form it takes, and the characteristics of its targets and perpetrators.

A-IDENTIFICATION

FDID	Enter your Fire Department Identifier, as assigned by your state. Required for all incidents.
State	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. Required for all incidents.
Incident Date	Enter the date that the department received the incident alarm. Required for all incidents.
Station Number	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) Local Option.
Incident Number	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> Required for all incidents.
Exposure	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. Required for all incidents.
Delete	Check this box to indicate this incident has been previously submitted with Arson Module data and you now want to delete the arson module data from the database. If you check this box, complete Section A and leave the rest of the report blank. Required only when deleting the arson module data from the database. Section A must always be completed for a delete transaction.
Change	Check this box to indicate this incident has been previously submitted with arson module data and you now want to update or change the arson module data in the database. If you check this box, complete Section A and the data elements that are to be updated or changed for this module. Required only when updating a report. Section A must always be completed for a change transaction.

B-AGENCY REFERRED TO

Agency Referred To	Enter the referred agency's name, telephone number, address, case number, ORI number, FID number, and FDID (if applicable). Check "None" if the case was not referred to another agency.
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C-CASE STATUS

Case Status Check the box that best describes the status of the investigation at this time.

- 1 Investigation open
- 2 Investigation closed
- 3 Investigation inactive
- 4 Closed with arrest
- 5 Closed with exceptional clearance

D-AVAILABILITY OF MATERIAL FIRST IGNITED

Availability of Ignition Source Check the code that best describes the availability of the material first ignited.

- 1 Transported to scene
- 2 Available at scene
- U Unknown

E-SUSPECTED MOTIVATION FACTORS

Suspected Motivational Factors Check up to three factors or conditions that constituted possible motivations for the subject(s).

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

F-APPARENT GROUP INVOLVEMENT

Apparent Involvement Check up to three factors or conditions that identify involvement in a group or organization.

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

G1-ENTRY METHOD

Entry Method Enter the code for the offender(s) method of entry to the property.

- 11 Door – open or unlocked
- 12 Door – forced or broken
- 13 Window – open or unlocked
- 14 Window – forced or broken
- 15 Gate – open or unlocked
- 16 Gate – forced or broken
- 17 Locks – pried
- 18 Locks – cut
- 19 Floor entry
- 21 Vent
- 22 Attic/roof
- 23 Key
- 24 Help from inside
- 25 Wall
- 26 Crawl space
- 27 Hid in/on premises
- 00 Other
- UU Unknown

G2-EXTENT OF FIRE INVOLVEMENT ON ARRIVAL

Extent of Fire Involvement on Arrival Enter the code for the extent of fire involvement on arrival at the fire.

- 1 No flame or smoke showing
- 2 Smoke only showing
- 3 Flame and smoke showing
- 4 Fire through roof
- 5 Fully involved

H-INCENDIARY DEVICES

Incendiary Devices Check one in each category (container, ignition/delay device, fuel) as applicable. Check the "None" box if none were used.

Container

- 11 Bottle (glass)
- 12 Bottle (plastic)
- 13 Jug
- 14 Pressurized Container
- 15 Can, excludes gasoline or fuel cans
- 16 Gasoline or fuel can
- 17 Box
- 00 Other container
- NN None or no container
- UU Unknown container

Ignition/Delay Device

- 11 Wick or fuse
- 12 Candle
- 13 Cigarette & matchbook
- 14 Electronic component
- 15 Mechanical device
- 16 Remote control
- 17 Road flare/fuse
- 18 Chemical component
- 19 Trailer/streamer
- 20 Open flame source
- 00 Other delay device
- NN None or no device
- UU Unknown fuel

Fuel

- 11 Ordinary combustibles
- 12 Flammable gas
- 14 Ignitable liquid
- 15 Ignitable solid
- 16 Pyrotechnic material
- 17 Explosive material
- 00 Other material
- NN None or no fuel
- UU Unknown fuel

I-OTHER INVESTIGATIVE INFORMATION

Other Investigative Information Check all that apply.

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

J-PROPERTY OWNERSHIP

Property Ownership Check one.

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

K-INITIAL OBSERVATIONS

Initial Observations Check all that apply.

- 1 Windows ajar
- 2 Doors ajar
- 3 Doors locked
- 4 Doors unlocked
- 5 Fire department forced entry
- 6 Entry forced prior to fire department arrival
- 7 Security system activated
- 8 Security system present but did not activate

L-LABORATORY USED

Laboratory Used Check all that apply.

- 1 Local
- 2 State
- 3 ATF
- 4 FBI
- 5 Other Federal
- 6 Private
- N No laboratory used

JUVENILE FIRESETTER MODULE (NFIRS-11)

The Juvenile Firesetter Module (NFIRS-11) is an optional module that can be used to identify characteristics of persons under the age of 18 involved in fire setting. This module can be used if the cause of ignition (E1 on the Fire Module) is intentional (code 1) and the arson module is completed or if the cause of ignition is unintentional (code 2).

A-IDENTIFICATION

FDID	Enter your Fire Department Identifier, as assigned by your state. Required for all incidents.
State	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. Required for all incidents.
Incident Date	Enter the date that the department received the incident alarm. Required for all incidents.
Station Number	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) Local Option.
Incident Number	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> Required for all incidents.
Exposure	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. Required for all incidents.
Delete	Check this box to indicate this incident has been previously submitted with Juvenile Firesetter Module data and you now want to delete the juvenile firesetter module data from the database. If you check this box, complete Section A, the subject number, and leave the rest of the report blank. Required only when deleting the juvenile firesetter module data from the database. Section A must always be completed for a delete transaction.
Change	Check this box to indicate this incident has been previously submitted with juvenile firesetter module data and you now want to update or change the juvenile firesetter module data in the database. If you check this box, complete Section A, and enter the subject number and the data elements that are to be updated or changed for this module. Required only when updating a juvenile firesetter report. Section A must always be completed for a change transaction.

M1-SUBJECT NUMBER

Subject Number Enter the subject number in the space provided beginning with 001. Right justify and increment sequentially each additional subject that you complete a sheet for. **Required if the Juvenile Firesetter Module is used.**

M2-AGE OR DATE OF BIRTH

Age or Date of Birth Enter the age or the date of birth of the subject. Make an approximation if the age cannot be determined.

M3-GENDER

Gender Check the box that indicates the subject's gender.

- 1 Male
- 2 Female

M4-RACE

Race Check the box that best identifies the subject's race.

- 1 White
- 2 Black
- 3 American Indian, Eskimo, or Aleut
- 4 Asian
- 0 Other, includes multi-racial
- U Race undetermined

M5-ETHNICITY

Ethnicity Check the box if the subject is Hispanic.

- 1 Hispanic

M6-FAMILY TYPE

Family Type Check the box that best describes the subject's family type.

- 1 Single parent
- 2 Foster parent(s)
- 3 Two parent family
- 4 Extended family
- N No family unit
- 0 Other family type
- U Unknown family type

M7-MOTIVATION/RISK FACTORS

Motivation/Risk Factors

Check all that apply but only one of codes 1 – 3.

- 1 Mild curiosity about fire
- 2 Moderate curiosity about fire
- 3 Extreme curiosity about fire
- 4 Diagnosed (or suspected) ADD/ADHD
- 5 History of trouble outside school
- 6 History of stealing or shoplifting
- 7 History of physically assaulting others
- 8 History of fireplay or firesetting
- 9 Transiency
- 0 Other motivation/risk factor
- U Unknown motivation/risk factor

M8-DISPOSITION OF PERSON UNDER 18

Disposition of Person Under 18

Check the code that best describes the disposition of the juvenile firesetter.

- 1 Handled within department
- 2 Released to parent/guardian
- 3 Referred to other authority
- 4 Referred to treatment program
- 5 Arrested, charged as adult
- 6 Referred to firesetter intervention program
- 0 Other disposition
- U Unknown disposition

APPENDIX

STATE, U. S. TERRITORY ABBREVIATIONS

AL	Alabama	VT	Vermont
AK	Alaska	VA	Virginia
AZ	Arizona	WA	Washington
AR	Arkansas	WV	West Virginia
CA	California	WI	Wisconsin
CO	Colorado	WY	Wyoming
CT	Connecticut		
DE	Delaware		U. S. TERRITORY
DC	District of Columbia	AS	American Samoa
FL	Florida	CZ	Canal Zone
GA	Georgia	GU	Guam
HI	Hawaii	FM	Federated States of Micronesia
ID	Idaho	MH	Marshall Islands
IL	Illinois	MP	Northern Mariana Islands
IN	Indiana	PW	Palau
IA	Iowa	PR	Puerto Rico
KS	Kansas	UM	US Minor Outlying Islands
KY	Kentucky	VI	Virgin Islands
LA	Louisiana	OO	Other
ME	Maine		
MD	Maryland		OTHER
MA	Massachusetts	DD	Department of Defense
MI	Michigan		
MN	Minnesota		
MS	Mississippi		
MO	Missouri		
MT	Montana		
NE	Nebraska		
NV	Nevada		
NH	New Hampshire		
NJ	New Jersey		
NM	New Mexico		
NY	New York		
NC	North Carolina		
ND	North Dakota		
OH	Ohio		
OK	Oklahoma		
OR	Oregon		
PA	Pennsylvania		
RI	Rhode Island		
SC	South Carolina		
SD	South Dakota		
TN	Tennessee		
TX	Texas		
UT	Utah		

