

# **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

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	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.) <b>Local Option.</b>
<b>Incident Number</b>	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering fire exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	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. <b>Required only when deleting the entire incident from the database. Section A must always be completed for a delete transaction.</b>
<b>Change</b>	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. <b>Required only when updating a report. Section A must always be completed for a change transaction.</b>
<b>No Activity</b>	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. <b>Required only when reporting a period of no activity.</b>

**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:**

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

**Street Type List:**

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



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

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

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

**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:

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

<b>Fires</b>	<b>Natural vegetation fire</b>
<b>Structure Fire</b>	<b>141</b> Forest, woods or wildland fire
<b>111</b> Building fire	<b>142</b> Brush, or brush and grass mixture fire
<b>112</b> Fires in structures other than in a building	<b>143</b> Grass fire
<b>113</b> Cooking fire, confined to container	<b>140</b> Natural vegetation fire, other
<b>114</b> Chimney or flue fire, confined to chimney or flue	<b>Outside rubbish fire</b>
<b>115</b> Incinerator overload or malfunction, fire confined	<b>151</b> Outside rubbish, trash or waste fire
<b>116</b> Fuel burner/boiler malfunction, fire confined	<b>152</b> Garbage dump or sanitary landfill fire
<b>117</b> Commercial Compactor fire, confined to rubbish	<b>153</b> Construction or demolition landfill fire
<b>118</b> Trash or rubbish fire, contained	<b>154</b> Dumpster or other outside trash receptacle fire
<b>Fire in mobile property used as a fixed structure</b>	<b>155</b> Outside stationary compactor/compacted trash fire
<b>121</b> Fire in mobile home used as fixed residence	<b>150</b> Outside rubbish fire, other
<b>122</b> Fire in motor home, camper, recreational vehicle	<b>Special outside fire</b>
<b>123</b> Fire in portable building, fixed location	<b>161</b> Outside storage fire
<b>120</b> Fire in mobile property used as a fixed structure, other	<b>162</b> Outside equipment fire
<b>Mobile property (vehicle) fire</b>	<b>163</b> Outside gas or vapor combustion explosion
<b>131</b> Passenger vehicle fire	<b>164</b> Outside mailbox fire
<b>132</b> Road freight or transport vehicle fire	<b>160</b> Special outside fire, other
<b>133</b> Rail vehicle fire	<b>Cultivated vegetation, crop fire</b>
<b>134</b> Water vehicle fire	<b>171</b> Cultivated grain or crop fire
<b>135</b> Aircraft fire	<b>172</b> Cultivated orchard or vineyard fire
<b>136</b> Self-propelled motor home or recreational vehicle	<b>173</b> Cultivated trees or nursery stock fire
<b>137</b> Camper or recreational vehicle (RV) fire	<b>170</b> Cultivated vegetation, crop fire, other
<b>138</b> Off-road vehicle or heavy equipment fire	<b>Fire, other</b>
<b>130</b> Mobile property (vehicle) fire, other	<b>100</b> Fire, other
	<b>Overpressure Rupture, Explosion, Overheat -no fire</b>
	<b>Overpressure rupture from steam</b>
	<b>211</b> Overpressure rupture of steam pipe or pipeline

212	Overpressure rupture of steam boiler	323	Motor vehicle/pedestrian accident (MV Ped)
213	Steam rupture of pressure or process vessel		<b>Lock-in</b>
210	Overpressure rupture from steam, other	331	Lock-in (if lock out, use 511 )
	<b>Overpressure rupture from air or gas</b>		<b>Search</b>
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
	<b>Chemical reaction rupture of process vessel</b>		<b>Extrication, rescue</b>
231	Chemical reaction rupture of process vessel	351	Extrication of victim(s) from building/structure
	<b>Explosion (no fire)</b>	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
	<b>Excessive heat, scorch burns with no ignition</b>	357	Extrication of victim(s) from machinery
251	Excessive heat, scorch burns with no ignition	350	Extrication, rescue, other
	<b>Overpressure rupture, explosion, overheat; other</b>		<b>Water &amp; ice related rescue</b>
200	Overpressure rupture, explosion, overheat; other	361	Swimming/recreational water areas rescue
	<b>Rescue &amp; Emergency Medical Service Incidents</b>	362	Ice rescue
	<b>Medical assist</b>	363	Swift water rescue
311	Medical assist, assist EMS crew	364	Surf rescue
	<b>Emergency medical service (EMS)</b>	365	Watercraft rescue
321	EMS call, excluding vehicle accident with injury	360	Water & ice related rescue, other
322	Vehicle accident with injuries		<b>Electrical rescue</b>
		371	Electrocution or potential electrocution
		372	Trapped by power lines
		370	Electrical rescue, other
			<b>Rescue or EMS standby</b>
		381	Rescue or EMS standby
			<b>Rescue, emergency medical call (EMS) call, other</b>
		300	Rescue, emergency medical call (EMS) call, other

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

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

**911** **Special incident type**  
Citizen complaint

**900** Special type of incident, other



## D-AID GIVEN OR RECEIVED

<b>Aid Given or Received</b>	Check a box to indicate whether aid was given or received. Otherwise, check the “None” box. <b>Required for all incidents.</b>  <b>1</b> Mutual aid received <b>2</b> Automatic aid received <b>3</b> Mutual aid given <b>4</b> Automatic aid given <b>5</b> Other aid given <b>N</b> None or no mutual aid involved
<b>Their FDID</b>	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> . <b>Required if you checked the Mutual Aid Given or Automatic Aid Given box.</b>
<b>Their State</b>	
<b>Their Incident Number</b>	If you <i>gave</i> aid to another fire department enter the incident number assigned to the incident by that department. <b>Required if you checked the Mutual Aid Given box or the Automatic Aid Given box.</b>
<b>Resources &amp; Casualties in Aid Situations</b>	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

<b>Alarm Date</b>	Enter the numeric designation for the month, day and year that the alarm was received by the fire department. <b>Required for all incidents.</b>
<b>Alarm Time</b>	Enter the time of day that the alarm was received by the fire department. Use military time. <b>Required for all incidents.</b>
<b>Arrival Date</b>	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> <b>Required for all incidents.</b>
<b>Arrival Time</b>	Always enter the time of day that the first fire department personnel arrived on-scene. Use military time. <b>Required for all incidents.</b>

<b>Controlled Date</b>	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> <b>Required for wildland fires; optional for other fires; otherwise leave blank.</b>
<b>Controlled Time</b>	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. <b>Required for wildland fires; optional for other fires; otherwise leave blank.</b>
<b>Last Unit Cleared Date</b>	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> <b>Required for all incidents.</b>
<b>Last Unit Cleared Time</b>	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. <b>Required for all incidents.</b>

## E2-SHIFT AND ALARMS

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

## E3-SPECIAL STUDIES

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

<b>Primary Action Taken</b>	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. <b>Required for all incidents.</b>
<b>Additional Actions Taken</b>	Enter the two-digit codes and descriptions for additional actions taken, as applicable. <b>Optional.</b>

**Actions Taken Codes**

	<b>Fire</b>		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		
	<b>Search &amp; Rescue</b>		<b>Systems &amp; Services</b>
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
	<b>EMS &amp; Transport</b>		<b>Assistance</b>
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
	<b>Hazardous Condition</b>		<b>Information, Investigation &amp; Enforcement</b>
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		
	<b>Fires, Rescues &amp; Hazardous Conditions</b>		<b>Fill-in, Standby</b>
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

<b>Apparatus and Personnel Form Check Box</b>	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.
<b>Suppression Apparatus</b>	Enter the number of fire apparatus and vehicles, excluding EMS vehicles that responded from your department. <b>Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.</b>
<b>Suppression Personnel</b>	Enter the number of fire personnel that responded from your department, other than personnel responding in EMS vehicles. <b>Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.</b>
<b>EMS Units</b>	Enter the number of EMS vehicles that responded from your department. Include Advanced Life Support and Basic Life Support units. <b>Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.</b>
<b>EMS Personnel</b>	Enter the number of personnel that responded to this incident in EMS vehicles. <b>Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.</b>
<b>Other Units</b>	Enter the number of units that responded to this incident from your department other than fire vehicles and ALS/BLS units. <b>Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.</b>
<b>Other Personnel</b>	Enter the number of personnel that responded to this incident from your department on units counted as Other Units, above. <b>Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.</b>
	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.
<b>Resource Counts Include Aid Received</b>	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.**

<b>Fire Service – Injuries</b>	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. <b>Required for all incidents.</b>
<b>Civilian – Deaths</b>	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. <b>Required for all incidents.</b>
<b>Civilian – Injuries</b>	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. <b>Required for all incidents.</b>

**H2-DETECTOR**

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

**H3-HAZARDOUS MATERIALS RELEASE**

<b>Hazardous Materials Release</b>	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. <b>Required whenever hazardous materials are involved regardless of incident type.</b>
	<ul style="list-style-type: none"> <li>1 Natural gas: slow leak, no evacuation or HazMat actions</li> <li>2 Propane gas: less than 21 lb. tank (as in home BBQ grill)</li> <li>3 Gasoline: vehicle fuel tank or portable container less than 55 gallons</li> <li>4 Kerosene: fuel burning equipment or portable storage less than 55 gallons.</li> <li>5 Diesel fuel/fuel oil: vehicle fuel tank or portable storage less than 55 gallons.</li> <li>6 Household solvents: home/office spill, cleanup only, less than 55 gallons.</li> <li>7 Motor oil: from engine or portable container less than 55 gallons.</li> <li>8 Paint: from paint cans totaling less than 55 gallons</li> <li>0 Other: Special HazMat actions required or spill greater than or equal to 55 gallons</li> <li>N No HazMat involved</li> </ul>

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## 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.





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

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

**Street Type List:**

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

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

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

**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:**

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

**Street Type List:**

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

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

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



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.**

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

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## 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

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	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.) <b>Local Option.</b>
<b>Incident Number</b>	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> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	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. <b>Required only when deleting the entire fire module data from the database. Section A must always be completed for a delete transaction.</b>
<b>Change</b>	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. <b>Required only when updating fire module data. Section A must always be completed for a change transaction.</b>

## 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**

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

332	Fur	532	Coal
330	Animal skins, other	533	Peat
	<b>Other raw materials</b>	534	Coke
341	Ore	530	Solid fuel, coal type, other
342	Rubber		<b>Chemicals, drugs</b>
343	Plastics	541	Hazardous chemicals
344	Fiberglass	542	Non-hazardous chemicals
345	Salt	543	Cleaning supplies
300	Raw materials, other	544	Pharmaceuticals, drugs
	<b>Paper Products, Rope</b>	545	Illegal drugs
	<b>Paper products</b>	540	Chemicals, drugs, other
411	Newspaper, magazines		<b>Radioactive materials</b>
412	Books	551	Radioactive materials
413	Greeting Cards	500	Flammables, chemicals, plastics, other
414	Paper – rolled		<b>Construction, Machinery, Metals</b>
415	Cardboard		<b>Machinery, tools</b>
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)
	<b>Rope, twine, cordage</b>	610	Machinery, tools, other
421	Rope, twine, cordage		<b>Construction supplies</b>
400	Paper products, rope, other	621	Hardware products
	<b>Flammables, Chemicals, Plastics,</b>	622	Construction & home improvement products
	<b>Flammables, combustible liquids</b>	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		<b>Floor and wall coverings</b>
	<b>Flammable gases</b>	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
	<b>Solid fuel, coal type</b>	630	Floor & wall coverings, other
531	Charcoal		<b>Metal products</b>
		641	Steel, iron products
		642	Non-ferrous metal products
		643	Combustible metals products

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

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



58	Conveyor		
50	Service facilities, other		
	<b>Service, Equipment Areas</b>		
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		
	<b>Structural Areas</b>		<b>Other Area of Origin</b>
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**

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

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

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

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

<b>Misuse of Material or Product</b>		<b>Installation Deficiency</b>	
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	<b>Operational Deficiency</b>	
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
<b>Mechanical Failure, Malfunction</b>		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	<b>Natural Condition</b>	
27	Improper fuel used	61	High wind
20	Mechanical failure, malfunction, other	62	Storm
<b>Electrical Failure, Malfunction</b>		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	<b>Fire Spread or Control</b>	
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
<b>Design, Manufacturing,</b>		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**

	<b>Heating, Ventilating &amp; Air Conditioning</b>		
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		
			<b>Electrical Distribution, Lighting &amp; Power Transfer</b>

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
	<b>Shop Tools &amp; Industrial Equipment</b>	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

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



715	Computer printer		including rug shampooer
716	Computer projection device, LCD panel	833	Floor buffer, waxer, cleaner
710	Computer device, other	834	Vacuum cleaner
721	Adding machine, calculator	830	Floor care equipment, other
722	Telephone or answering machine	841	Comb, hair brush
723	Cash register	842	Curling iron
724	Copier	843	Electrolysis equipment
725	Fax machine	844	Hair curler warmer
726	Paper shredder	845	Hair dryer
727	Postage, shipping meter equipment	846	Makeup mirror - lighted
728	Typewriter	847	Razor, shaver
720	Office equipment, other	848	Suntan equipment, sunlamp
731	Guitar	849	Toothbrush
732	Piano, organ	851	Baby bottle warmer
733	Musical synthesizer or keyboard	852	Blanket - electric
730	Musical instrument, other	853	Heating pad
741	CD player (audio)	854	Clothes steamer
742	Laser disk player	855	Clothes iron
743	Radio	850	Portable appliance designed to produce heat, other
744	Radio, two way	861	Automatic door opener - not garage
745	Record player, phonograph, turntable	862	Burglar alarm
747	Speakers, audio - separate components	863	Garage door opener
748	Stereo equipment	864	Gas detector
749	Tape recorder or player	865	Intercom
740	Sound recording or receiving equipment, other	866	Smoke or heat detector, fire alarm
751	Cable converter box	868	Thermostat
752	Projector: film, slide, overhead	871	Ashtray
753	Television	872	Charcoal lighter
754	VCR or VCR/TV combination	873	Cigarette lighter, pipe lighter
755	Video game - electronic	874	Fire extinguishing equipment
756	Camcorder, video camera	875	Insect trap
757	Photographic camera and equipment	876	Timer
750	Video equipment, other	881	Model vehicles.
700	Electronic equipment, other	882	Toy, powered
	<b>Personal &amp; Household Equipment</b>	883	Woodburning kit
811	Clothes dryer	891	Clock
812	Trash compactor	892	Gun
813	Washer/dryer combination (within one frame)	893	Jewelry cleaning machine
814	Washing machine - clothes	894	Scissors
821	Hot tub, whirlpool, spa	895	Sewing machine
822	Swimming pool equipment	896	Shoe polisher
831	Broom - electric	897	Sterilizer
832	Carpet cleaning equipment,	800	Personal or household equipment, other
		000	Other equipment involved in ignition
		NNN	No equipment involved in ignition
		UUU	Equipment involved in ignition undetermined

**Brand** Enter the brand name of the equipment involved, if known. This refers to the name that the equipment is most commonly known by. This

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**

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

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

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

<p><b>52</b> Personal aircraft ≥ 12,500 lb. gross wt.</p> <p><b>53</b> Commercial transport: propeller driven/fixed wing</p> <p><b>54</b> Commercial jet: fixed wing</p> <p><b>55</b> Helicopter – nonmilitary</p> <p><b>56</b> Military fixed wing aircraft</p> <p><b>57</b> Military non fixed wing aircraft</p> <p><b>58</b> Balloon vehicles</p> <p><b>50</b> Air transport vehicle, other</p> <p style="text-align: center;"><b>Industrial, agricultural, construction vehicles</b></p> <p><b>61</b> Construction vehicles</p> <p><b>63</b> Loader – industrial, fork lift, tow motor, stacker</p> <p><b>64</b> Crane</p>	<p><b>65</b> Agricultural vehicle, baler, chopper (farm use)</p> <p><b>67</b> Timber harvest vehicle</p> <p><b>60</b> Industrial, constr., agricultural vehicle, other</p> <p style="text-align: center;"><b>Mobile Property, Miscellaneous</b></p> <p><b>71</b> Home, garden vehicle</p> <p><b>73</b> Shipping container, mechanically moved</p> <p><b>74</b> Armored vehicle</p> <p><b>75</b> Missile, rocket, space vehicle</p> <p><b>76</b> Aerial tramway vehicle</p> <p><b>00</b> Mobile property, other</p> <p><b>NN</b> 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><b>AC</b> Acura</p> <p><b>AM</b> Aston Martin</p> <p><b>AR</b> Alfa Romeo</p> <p><b>AT</b> ATK</p> <p><b>AU</b> Audi</p> <p><b>AV</b> Antique Vehicle</p> <p><b>BE</b> Beta</p> <p><b>BL</b> Buell</p> <p><b>BM</b> BMW</p> <p><b>BU</b> Buick</p> <p><b>CC</b> Crane Carrier (CCC)</p> <p><b>CD</b> Cadillac</p> <p><b>CH</b> Chevrolet</p> <p><b>CP</b> Caterpillar</p> <p><b>CR</b> Chrysler</p> <p><b>CV</b> Classic Vehicle</p> <p><b>DA</b> Daihatsu</p> <p><b>DO</b> Dodge</p> <p><b>DR</b> Diamond Reo</p> <p><b>DU</b> Ducati</p> <p><b>EA</b> Eagle</p> <p><b>FE</b> Ferrari</p> <p><b>FO</b> Ford</p> <p><b>FR</b> Freightliner</p> <p><b>FW</b> FWD</p> <p><b>GE</b> Geo</p> <p><b>GM</b> GMC (General Motors)</p> <p><b>HD</b> Harley Davidson</p> <p><b>HI</b> Hino</p>	<p><b>HO</b> Honda</p> <p><b>HU</b> Husqverna</p> <p><b>HY</b> Hyundai</p> <p><b>IF</b> Infiniti</p> <p><b>IN</b> International</p> <p><b>IS</b> Isuzu</p> <p><b>IT</b> Italjet</p> <p><b>IV</b> Iveco</p> <p><b>JA</b> Jaguar</p> <p><b>JE</b> Jeep</p> <p><b>KA</b> Kawasaki</p> <p><b>KE</b> Kenworth</p> <p><b>KI</b> Kia</p> <p><b>KT</b> KTM</p> <p><b>LE</b> Lexus</p> <p><b>LI</b> Lincoln</p> <p><b>LO</b> Lotus</p> <p><b>LR</b> Land Rover</p> <p><b>MA</b> Maico</p> <p><b>MB</b> Mercedes Benz</p> <p><b>MC</b> Mercury</p> <p><b>MG</b> Moto Guzzi</p> <p><b>MH</b> Marmon</p> <p><b>MK</b> Mack</p> <p><b>ML</b> Maely</p> <p><b>MM</b> Moto Morini</p> <p><b>MO</b> Montesa</p> <p><b>MR</b> Merkur</p> <p><b>MS</b> Maserati</p>
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<b>MT</b>	Mitsubishi	<b>ST</b>	Sterling
<b>MZ</b>	Mazda	<b>SU</b>	Subaru
<b>NA</b>	Navistar	<b>SZ</b>	Suzuki
<b>NI</b>	Nissan	<b>TO</b>	Toyota
<b>OL</b>	Oldsmobile	<b>TR</b>	Triumph
<b>OS</b>	Oshkosh	<b>UD</b>	UD
<b>PI</b>	Pierce	<b>UT</b>	Utilmaster
<b>PL</b>	Plymouth	<b>VE</b>	Vespa
<b>PN</b>	Pontiac	<b>VG</b>	Volvo GMC
<b>PR</b>	Porsche	<b>VL</b>	Volvo
<b>PT</b>	Peterbilt	<b>VO</b>	Volkswagen
<b>PU</b>	Peugeot	<b>WG</b>	White GMC
<b>RG</b>	Rogue (Ottawa)	<b>WK</b>	Walker
<b>RN</b>	Range Rover	<b>WL</b>	Walter
<b>RR</b>	Rolls Royce	<b>WS</b>	Western Star
<b>SA</b>	Saturn	<b>YA</b>	Yamaha
<b>SB</b>	Saab	<b>YU</b>	Yugo
<b>SC</b>	Scania	<b>OO</b>	Other Make
<b>SD</b>	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 (CO<sub>2</sub>)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**

- |                       |  |           |                                     |
|-----------------------|--|-----------|-------------------------------------|
| <b>Egress problem</b> |  | <b>35</b> | Clothing caught fire while escaping |
| <b>11</b>             | Crowd situation, limited exits                     | <b>30</b> | Escape, other                       |
| <b>12</b>             | Mechanical obstacles to exit                       |           |                                     |
| <b>13</b>             | Locked exit or other problem with exit             |           | <b>Collapse</b>                     |
| <b>14</b>             | Problem with quick release burglar or security bar | <b>41</b> | Roof collapse                       |
| <b>15</b>             | Burglar or security bar, intrusion barrier         | <b>42</b> | Wall collapse                       |
| <b>16</b>             | Window type impeded egress                         | <b>43</b> | Floor collapse                      |
| <b>10</b>             | Egress problem, other                              | <b>40</b> | Collapse, other                     |
|                       | <b>Fire Pattern</b>                                |           |                                     |
| <b>21</b>             | Exits blocked by flame                             |           | <b>Vehicle-Related Factors</b>      |
| <b>22</b>             | Exits blocked by smoke                             | <b>51</b> | Trapped in/by vehicle               |
| <b>23</b>             | Vision blocked or impaired by smoke                | <b>52</b> | Vehicle collision, roll-over        |
| <b>24</b>             | Trapped above fire                                 | <b>50</b> | Vehicle-related, other              |
| <b>25</b>             | Trapped below fire                                 |           |                                     |
| <b>20</b>             | Fire pattern, other                                |           | <b>Equipment Related Factors</b>    |
|                       | <b>Escape</b>                                      | <b>61</b> | Unvented heating equipment          |
| <b>31</b>             | Unfamiliar with exits                              | <b>62</b> | Improper use of heating equipment   |
| <b>32</b>             | Excessive travel distance to nearest clear exit    | <b>63</b> | Improper use of cooking equipment   |
| <b>33</b>             | Chose inappropriate exit route                     | <b>60</b> | Equipment related factors, other    |
| <b>34</b>             | Re-entered building                                |           |                                     |
|                       |  |           | <b>Other</b>                        |
|                       |  | <b>91</b> | Clothing burned, not while escaping |
|                       |  | <b>92</b> | Overexertion                        |
|                       |  | <b>00</b> | Other factor contributing to injury |
|                       |  | <b>NN</b> | 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.

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

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

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	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.) <b>Local Option.</b>
<b>Incident Number</b>	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> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	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. <b>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.</b>
<b>Change</b>	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. <b>Required only when updating a fire fighter casualty report. Section A must always be completed for a change transaction.</b>

## 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



- |           |                     |           |   |
|-----------|---------------------|-----------|---|
| <b>94</b> | Administrative work | <b>00</b> | Other activity at time of injury        |
| <b>95</b> | Communications work | <b>UU</b> | 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**

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

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

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

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

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

<p><b>32</b> Knee length boots with steel toes only</p> <p><b>33</b> 3/4 length boots w/ steel baseplate &amp; steel toes</p> <p><b>34</b> 3/4 length boots with steel toes only</p> <p><b>35</b> Boots without steel baseplate or steel toes</p> <p><b>36</b> Safety shoes with steel baseplate and steel toes</p> <p><b>37</b> Safety shoes with steel toes only</p> <p><b>38</b> Non-safety shoes</p> <p><b>30</b> Boots or shoes, other</p> <p><b>Respiratory Protection</b></p> <p><b>41</b> Self-contained breathing apparatus (SCBA) demand</p> <p><b>42</b> Self-contained breathing apparatus (SCBA) positive</p> <p><b>43</b> Self-contained breathing apparatus (SCBA) closed</p> <p><b>44</b> Non-self-contained breathing apparatus</p> <p><b>45</b> Cartridge respirator</p> <p><b>46</b> Dust or particle mask</p> <p><b>40</b> Respiratory protection, other</p> <p><b>Hand Protection</b></p> <p><b>51</b> Firefighter gloves with wristlets</p> <p><b>52</b> Firefighter gloves without wristlets</p> <p><b>53</b> Work gloves</p> <p><b>54</b> HazMat gloves</p> <p><b>55</b> Medical gloves</p>	<p><b>50</b> Hand protection, other</p> <p><b>Special Equipment</b></p> <p><b>61</b> Proximity suit for entry</p> <p><b>62</b> Proximity suit for non-entry</p> <p><b>63</b> Totally encapsulated, reusable chemical suit</p> <p><b>64</b> Totally encapsulated, disposable chemical suit</p> <p><b>65</b> Partially encapsulated, reusable chemical suit</p> <p><b>66</b> Partially encapsulated, disposable chemical suit</p> <p><b>67</b> Flash protection suit</p> <p><b>68</b> Flight or jump suit</p> <p><b>69</b> Brush suit</p> <p><b>Special Equipment Continued</b></p> <p><b>71</b> Exposure suit</p> <p><b>72</b> Self-Contained Underwater Breathing Apparatus(SCUBA)</p> <p><b>73</b> Life preserver</p> <p><b>74</b> Life belt or ladder belt</p> <p><b>75</b> Personal alert safety system (PASS)</p> <p><b>76</b> Radio distress device</p> <p><b>77</b> Personal lighting</p> <p><b>78</b> Fire shelter or tent</p> <p><b>79</b> Vehicle safety belt</p> <p><b>70</b> Special equipment, other</p> <p><b>00</b> Other protective equipment item</p>
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**K3-PROTECTIVE EQUIPMENT PROBLEM**

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

**Protective Equipment Problem Codes**

<p><b>11</b> Burned</p> <p><b>12</b> Melted</p> <p><b>21</b> Fractured, cracked or broke</p> <p><b>22</b> Punctured</p> <p><b>23</b> Scratched</p> <p><b>24</b> Knocked off</p> <p><b>25</b> Cut or ripped</p> <p><b>31</b> Trapped steam or hazardous gas</p> <p><b>32</b> Insufficient insulation</p> <p><b>33</b> Object fell in or onto equipment item</p> <p><b>41</b> Failed under impact</p> <p><b>42</b> Face piece or hose detached</p> <p><b>43</b> Exhalation valve inoperative or damaged</p>	<p><b>44</b> Harness detached or separated</p> <p><b>45</b> Regulator failed to operate</p> <p><b>46</b> Regulator damaged by contact</p> <p><b>47</b> Problem with admissions valve</p> <p><b>48</b> Alarm failed to operate</p> <p><b>49</b> Alarm damaged by contact</p> <p><b>51</b> Supply cylinder or valve failed to operate</p> <p><b>52</b> Supply cylinder or valve damaged by contact</p> <p><b>53</b> Supply cylinder contained insufficient air</p> <p><b>94</b> Did not fit properly</p> <p><b>95</b> Not properly serviced or stored prior</p>
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	to use	<b>00</b>	Other protective equipment problem
<b>96</b>	Not used for designed purpose	<b>NN</b>	No protective equipment problem
<b>97</b>	Not used as recommended by manufacturer	<b>UU</b>	Undetermined protective equipment problem

**K4-EQUIPMENT MANUFACTURER, MODEL & SERIAL NUMBER**

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

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## EMS MODULE (NFIRS-6)

### A-IDENTIFICATION

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	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.) <b>Local Option.</b>
<b>Incident Number</b>	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> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	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. <b>Required only when deleting all information associated with the EMS record from the database. Section A must always be completed for a delete transaction.</b>
<b>Change</b>	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. <b>Required only when updating an EMS report. Section A must always be completed for a change transaction.</b>

### B-NUMBER OF PATIENTS & PATIENT NUMBER

<b>Number of Patients</b>	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.
<b>Patient Number</b>	Enter the unique identification number for the patient. The first patient for each incident is 001, the second 002, etc. <b>Required for each EMS patient record.</b>



## 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

<b>10</b> Abdominal pain	<b>25</b> Hypothermia
<b>11</b> Airway obstruction	<b>26</b> Hypovolemia
<b>12</b> Allergic reaction, excludes stings & venomous bite	<b>27</b> Inhalation injury, toxic gases
<b>13</b> Altered level of consciousness	<b>28</b> Obvious death
<b>14</b> Behavioral - mental status, psychiatric disorder	<b>29</b> Overdose/poisoning
<b>15</b> Burns	<b>30</b> Pregnancy/OB
<b>16</b> Cardiac arrest	<b>31</b> Respiratory arrest
<b>17</b> Cardiac dysrhythmia	<b>32</b> Respiratory distress
<b>18</b> Chest pain	<b>33</b> Seizure
<b>19</b> Diabetic symptom	<b>34</b> Sexual assault
<b>20</b> Do not resuscitate	<b>35</b> Sting/bite
<b>21</b> Electrocutation	<b>36</b> Stroke/CVA
<b>22</b> General illness	<b>37</b> Syncope, fainting
<b>23</b> Hemorrhaging/bleeding	<b>38</b> Trauma
<b>24</b> Hyperthermia	<b>00</b> Other impression/assessment
	<b>NN</b> 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

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## HAZMAT MODULE (NFIRS-7)

### A-IDENTIFICATION

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	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.) <b>Local Option.</b>
<b>Incident Number</b>	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> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>HazMat Number</b>	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. <b>Required for all HazMat reports.</b>
<b>Delete</b>	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. <b>Required only when deleting all information associated with the hazardous material from the database.</b>
<b>Change</b>	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. <b>Required only when updating a report.</b>

### B-HAZMAT ID

<b>UN Number</b>	Enter the 4-digit UN Number assigned to the hazardous material. Leave the entry blank if an UN number has not been assigned.
<b>DOT Hazard Classification</b>	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**

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

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

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

**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**

<b>Site Factors</b>		<b>Impediment or Delay</b>	
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		
<b>Release Factors</b>		<b>Natural Conditions</b>	
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**

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>EQUIPMENT INVOLVED IN IGNITION- F1</b> 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**

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

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

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

### A-IDENTIFICATION

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	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.) <b>Local Option.</b>
<b>Incident Number</b>	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> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	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. <b>Required only when deleting the wildland module data from the database. Section A must always be completed for a delete transaction.</b>
<b>Change</b>	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**

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

**Meridian Designations**

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

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>FACTORS CONTRIBUTING TO IGNITION – E2</b> 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.

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>FIRE SUPPRESSION FACTORS – G</b> in the Fire Module. Please see the codes listed for that data element.
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**E-HEAT SOURCE**

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

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>HEAT SOURCE – D2</b> 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.

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>MOBILE PROPERTY TYPE – H2</b> 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.

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>EQUIPMENT INVOLVED IN IGNITION- F1</b> 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**

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

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

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	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.) <b>Local Option.</b>
<b>Incident Number</b>	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> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	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. <b>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.</b>
<b>Change</b>	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. <b>Required only when updating data for a specific apparatus or resource. Section A must always be completed for a change transaction.</b>

**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**

<b>Ground Fire Suppression</b>		<b>Support Equipment</b>	
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	<b>Medical &amp; Rescue</b> Rescue unit
		72	Urban search & rescue unit
		73	High angle rescue unit
	<b>Heavy Ground Equipment</b>	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		
			<b>Other</b>
	<b>Aircraft</b>	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
	<b>Marine Equipment</b>	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><b>PLEASE NOTE:</b></p>	<p>The code set used for this data element is the same set that is used for <b>ACTIONS TAKEN-SECTION F</b> 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

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>IncidentDate</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	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.) <b>Local Option.</b>
<b>Incident Number</b>	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> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	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. <b>Required only when deleting the data for a specific person from the database. Section A must always be completed for a delete transaction.</b>
<b>Change</b>	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. <b>Required only when updating data for a specific person. Section A must always be completed for a change transaction.</b>

**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**

<b>Ground Fire Suppression</b>		<b>Support Equipment</b>	
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	<b>Medical &amp; Rescue</b> Rescue unit
		72	Urban search & rescue unit
		73	High angle rescue unit
	<b>Heavy Ground Equipment</b>	75	BLS unit
21	Dozer	76	ALS unit
22	Tractor	70	Medical and rescue unit, other
24	Tanker or tender		
20	Heavy equipment: other		
			<b>Other</b>
	<b>Aircraft</b>	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
	<b>Marine Equipment</b>	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.

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>ACTIONS TAKEN-SECTION F</b> 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.

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>ACTIONS TAKEN-SECTION F</b> 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

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	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.) <b>Local Option.</b>
<b>Incident Number</b>	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> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	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. <b>Required only when deleting the arson module data from the database. Section A must always be completed for a delete transaction.</b>
<b>Change</b>	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. <b>Required only when updating a report. Section A must always be completed for a change transaction.</b>

### B-AGENCY REFERRED TO

<b>Agency Referred To</b>	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

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	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.) <b>Local Option.</b>
<b>Incident Number</b>	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> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	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. <b>Required only when deleting the juvenile firesetter module data from the database. Section A must always be completed for a delete transaction.</b>
<b>Change</b>	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. <b>Required only when updating a juvenile firesetter report. Section A must always be completed for a change transaction.</b>

### 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

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

