

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

Delete  Change  No Activity

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

**B Location Type**  Star  Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. Census Tract \_\_\_\_\_

Street address  
 Intersection  
 In front of  
 Rear of  
 Adjacent to  
 Directions  
 US National Grid

Number/Milepost Prefix Street or Highway Street Type Suffix  
 Apt./Suite/Room City State ZIP Code

Cross Street, Directions or National Grid, as applicable

**C Incident Type**  Star \_\_\_\_\_ Incident Type

**D Aid Given or Received**  Star  None

1  Mutual aid received  
 2  Auto. aid received  
 3  Mutual aid given  
 4  Auto. aid given  
 5  Other aid given

Their FDID Their State  
 Their Incident Number

**E1 Dates and Times** Midnight is 0000  
 Check boxes if dates are the same as Alarm Date.  
 Alarm  Star  Arrival  Star  Controlled   Last Unit Cleared

**E2 Shifts and Alarms** Local Option  
 Shift or Platoon Alarms District

**E3 Special Studies** Local Option  
 Special Study ID# Special Study Value

**F Actions Taken**  Star

Primary Action Taken (1)  
 Additional Action Taken (2)  
 Additional Action Taken (3)

**G1 Resources**  Star  Check this box and skip this block if an Apparatus or Personnel Module is used.

Apparatus Personnel  
 Suppression EMS Other

Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses and Values**

LOSSES: Required for all fires if known. Optional for non-fires. None

Property \$ \_\_\_\_\_ Contents \$ \_\_\_\_\_  
 PRE-INCIDENT VALUE: Optional  
 Property \$ \_\_\_\_\_ Contents \$ \_\_\_\_\_

**Completed Modules**  
 Fire-2  
 Structure Fire-3  
 Civilian Fire Cas.-4  
 Fire Service Cas.-5  
 EMS-6  
 HazMat-7  
 Wildland Fire-8  
 Apparatus-9  
 Personnel-10  
 Arson-11

**H1 Casualties**  None  
 Fire Service Deaths Injuries  
 Civilian

**H2 Detector** Required for confined fires.  
 1  Detector alerted occupants  
 2  Detector did not alert them  
 U  Unknown

**H3 Hazardous Materials Release**  None

1  Natural gas: slow leak, no evacuation or HazMat actions  
 2  Propane gas: <21-lb tank (as in home BBQ grill)  
 3  Gasoline: vehicle fuel tank or portable container  
 4  Kerosene: fuel burning equipment or portable storage  
 5  Diesel fuel/fuel oil: vehicle fuel tank or portable storage  
 6  Household solvents: home/office spill, cleanup only  
 7  Motor oil: from engine or portable container  
 8  Paint: from paint cans totaling <55 gallons  
 0  Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)

**I Mixed Use Property**  Not mixed

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

**J Property Use**  Star  None

**Structures**

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

**Outside**

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

341  Clinic, clinic-type infirmary  
 342  Doctor/dentist office  
 361  Prison or jail, not juvenile  
 419  1- or 2-family dwelling  
 429  Multifamily dwelling  
 439  Rooming/boarded house  
 449  Commercial hotel or motel  
 459  Residential, board and care  
 464  Dormitory/barracks  
 519  Food and beverage sales

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

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

981  Construction site  
 984  Industrial plant yard

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

Property Use Code  
 Property Use Description

# K1 Person/Entity Involved

Local Option

Business Name (if applicable)

Area Code

Phone Number

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

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

Number Prefix Street or Highway Street Type Suffix



Post Office Box Apt./Suite/Room City

State ZIP Code

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

# K2 Owner

Local Option

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

Business Name (if applicable)

Area Code

Phone Number

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

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

Number Prefix Street or Highway Street Type Suffix



Post Office Box Apt./Suite/Room City

State ZIP Code



Remarks:

Local Option

## \*PAPERWORK BURDEN DISCLOSURE NOTICE NFIRS-1

Paperwork burden for this form is estimated to average 75 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)

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

### Fire Module Required?

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

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



ITEMS WITH A ★ MUST ALWAYS BE COMPLETED!

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

# M Authorization

Check box if same as Officer in charge.

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

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

**A** FDID  Delete **NFIRS-2 FIRE**  
 State  Change OMB 1660-0069  
 Incident Date MM DD YYYY Expires 06/30/2009  
 Station Incident Number  Paperwork Burden  
 Exposure  Notice on Back

**B Property Details**

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

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

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

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

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

On-site material (1)

On-site material (2)

On-site material (3)

**On-Site Materials Storage Use**

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

**D Ignition**

**D1**  Area of fire origin  Star

**D2**  Heat source  Star

**D3**  Item first ignited  Star  Check box if fire spread was confined to object of origin.

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

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

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

**E2 Factors Contributing to Ignition**  Star  None

Factor contributing to ignition (1)

Factor contributing to ignition (2)

**E3 Human Factors Contributing to Ignition**  Star  
 None

Check all applicable boxes

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

7  Age was a factor

Estimated age of person involved

1  Male 2  Female

**F1 Equipment Involved in Ignition**

None

Equipment Involved

Brand

Model

Serial #

Year

**F2 Equipment Power Source**

Equipment Power Source

**F3 Equipment Portability**

1  Portable  
 2  Stationary

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

**G Fire Suppression Factors**  None

Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

**H1 Mobile Property Involved**  None

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

Mobile property model

License Plate Number State VIN

**H2 Mobile Property Type and Make**

Mobile property type

Mobile property make

Year

**Local Use**

Pre-Fire Plan Available  
 Some of the information presented in this report may be based upon reports from other agencies:

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

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

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

Paperwork burden for this form is estimated to average 75 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)

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

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

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

<b>J1 Fire Origin</b> ☆ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: x-small;">Story of fire origin</p> <input type="checkbox"/> Below grade	<b>J3 Number of Stories Damaged by Flame</b> Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: x-small;">Number of stories w/minor damage (1 to 24% flame damage)</p> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: x-small;">Number of stories w/significant damage (25 to 49% flame damage)</p> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: x-small;">Number of stories w/heavy damage (50 to 74% flame damage)</p> </div> <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: x-small;">Number of stories w/extreme damage (75 to 100% flame damage)</p> </div>	<b>K Type of Material Contributing Most to Flame Spread</b> <p><input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. <span style="float: right;">➔ <b>Skip to Section L</b></span></p> <div style="margin-top: 10px;"> <b>K1</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: x-small;">Item contributing most to flame spread</p> </div> <div style="margin-top: 10px;"> <b>K2</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: x-small;">Type of material contributing most to flame spread      Required only if item contributing code is 00 or &lt;70.</p> </div>
<b>J2 Fire Spread</b> ☆ If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module). <ul style="list-style-type: none"> <li>2 <input type="checkbox"/> Confined to room of origin</li> <li>3 <input type="checkbox"/> Confined to floor of origin</li> <li>4 <input type="checkbox"/> Confined to building of origin</li> <li>5 <input type="checkbox"/> Beyond building of origin</li> </ul>		

<b>L1 Presence of Detectors</b> ☆ (In area of the fire) <ul style="list-style-type: none"> <li>N <input type="checkbox"/> None Present <span style="float: right;">➔ <b>Skip to Section M</b></span></li> <li>1 <input type="checkbox"/> Present</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>L3 Detector Power Supply</b> <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Battery only</li> <li>2 <input type="checkbox"/> Hardwire only</li> <li>3 <input type="checkbox"/> Plug-in</li> <li>4 <input type="checkbox"/> Hardwire with battery</li> <li>5 <input type="checkbox"/> Plug-in with battery</li> <li>6 <input type="checkbox"/> Mechanical</li> <li>7 <input type="checkbox"/> Multiple detectors &amp; power supplies</li> <li>0 <input type="checkbox"/> Other</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>L5 Detector Effectiveness</b> Required if detector operated. <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Alerted occupants, occupants responded</li> <li>2 <input type="checkbox"/> Alerted occupants, occupants failed to respond</li> <li>3 <input type="checkbox"/> There were no occupants</li> <li>4 <input type="checkbox"/> Failed to alert occupants</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>
<b>L2 Detector Type</b> <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Smoke</li> <li>2 <input type="checkbox"/> Heat</li> <li>3 <input type="checkbox"/> Combination smoke and heat</li> <li>4 <input type="checkbox"/> Sprinkler, water flow detection</li> <li>5 <input type="checkbox"/> More than one type present</li> <li>0 <input type="checkbox"/> Other</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>L4 Detector Operation</b> <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Fire too small to activate</li> <li>2 <input type="checkbox"/> Operated <span style="float: right;">➔ <b>Complete Block L5</b></span></li> <li>3 <input type="checkbox"/> Failed to operate <span style="float: right;">➔ <b>Complete Block L6</b></span></li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>L6 Detector Failure Reason</b> Required if detector failed to operate <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Power failure, shutoff, or disconnect</li> <li>2 <input type="checkbox"/> Improper installation or placement</li> <li>3 <input type="checkbox"/> Defective</li> <li>4 <input type="checkbox"/> Lack of maintenance, includes not cleaning</li> <li>5 <input type="checkbox"/> Battery missing or disconnected</li> <li>6 <input type="checkbox"/> Battery discharged or dead</li> <li>0 <input type="checkbox"/> Other</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>

<b>M1 Presence of Automatic Extinguishing System</b> ☆ <ul style="list-style-type: none"> <li>N <input type="checkbox"/> None Present</li> <li>1 <input type="checkbox"/> Present</li> <li>2 <input type="checkbox"/> Partial System Present <span style="float: right;">➔ <b>Complete rest of Section M</b></span></li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>M3 Operation of Automatic Extinguishing System</b> Required if fire was within designed range <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Operated/effective (go to M4)</li> <li>2 <input type="checkbox"/> Operated/not effective (go to M4)</li> <li>3 <input type="checkbox"/> Fire too small to activate</li> <li>4 <input type="checkbox"/> Failed to operate (go to M5)</li> <li>0 <input type="checkbox"/> Other</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>M5 Reason for Automatic Extinguishing System Failure</b> Required if system failed or not effective <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> System shut off</li> <li>2 <input type="checkbox"/> Not enough agent discharged</li> <li>3 <input type="checkbox"/> Agent discharged but did not reach fire</li> <li>4 <input type="checkbox"/> Wrong type of system</li> <li>5 <input type="checkbox"/> Fire not in area protected</li> <li>6 <input type="checkbox"/> System components damaged</li> <li>7 <input type="checkbox"/> Lack of maintenance</li> <li>8 <input type="checkbox"/> Manual intervention</li> <li>0 <input type="checkbox"/> Other</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>
<b>M2 Type of Automatic Extinguishing System</b> Required if fire was within designed range of AES <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Wet-pipe sprinkler</li> <li>2 <input type="checkbox"/> Dry-pipe sprinkler</li> <li>3 <input type="checkbox"/> Other sprinkler system</li> <li>4 <input type="checkbox"/> Dry chemical system</li> <li>5 <input type="checkbox"/> Foam system</li> <li>6 <input type="checkbox"/> Halogen-type system</li> <li>7 <input type="checkbox"/> Carbon dioxide (CO<sub>2</sub>) system</li> <li>0 <input type="checkbox"/> Other special hazard system</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated <div style="margin-top: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="font-size: x-small;">Number of sprinkler heads operating</p> </div>	

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

Paperwork burden for this form is estimated to average 40 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)

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

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

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

**B Injured Person**  Star Gender 1  Male 2  Female

First Name MI Last Name Suffix

**C Casualty Number**  Star

Casualty Number

**D Age or Date of Birth**  Star

Age  Months (for infants)

OR

Date of Birth Month Day Year

**E1 Race**

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

**E2 Ethnicity**

1  Hispanic or Latino  
0  Non Hispanic or Latino

**F Affiliation**

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

**G Date and Time of Injury** Midnight is 0000.

Date of Injury Time of Injury  
Month Day Year Hour Minute

**H Severity**  Star

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

**I Cause of Injury**

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

**J Human Factors Contributing to Injury**  None

Check all applicable boxes

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

**K Factors Contributing to Injury**  None

Enter up to three contributing factors

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

**L Activity When Injured**

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

**M1 Location at Time of Incident**

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

**M2 General Location at Time of Injury**

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

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

Story at start of incident  Below grade

**M4 Story Where Injury Occurred**

Story where injury occurred, if different from M3  Below grade

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

Specific location at time of injury

**N Primary Apparent Symptom**

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

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

Primary apparent symptom

**O Primary Area of Body Injured**

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

**P Disposition**

Transported to emergency care facility

Remarks Local option

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

Paperwork burden for this form is estimated to average 75 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)

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



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

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

**B Injured Person**

Identification Number  1 Male  Star  1 Career   2 Female   2 Volunteer

First Name MI Last Name Suffix

**C Casualty Number**  Star

Casualty Number

**D Age or Date of Birth**  Star

Age OR Date of Birth

In years OR Month Day Year

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

Date of Injury Time of Injury

Month Day Year Hour Minute

**F Responses**

Number of prior responses during past 24 hours

**G1 Usual Assignment**

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

**G2 Physical Condition Just Prior to Injury**

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

**G3 Severity**  Star

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

**G4 Taken To**  Not transported

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

**G5 Activity at Time of Injury**

Activity at time of injury

**H1 Primary Apparent Symptom**

Primary apparent symptom

**H2 Primary Part of Body Injured**  None

Primary injured body part

**I1 Cause of Firefighter Injury**

Cause of injury

**I2 Factor Contributing to Injury**  None

Contributing factor

**I3 Object Involved in Injury**  None

Object involved in injury

**J1 Where Injury Occurred**

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

**J2 Story Where Injury Occurred**

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

Story of injury  Below grade

2  Injury occurred outside

**J3 Specific Location Where Injury Occurred**

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

00  Other  
 UU  Undetermined

Complete Block J4

**J4 Vehicle Type**

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

Complete ONLY if Specific Location code is >60

Remarks

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

NFIRS-5 Revision 01/01/07

**K1 Did protective equipment fail and contribute to the injury?**

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

Yes  YNo  NEquipment  
Sequence  
NumberNFIRS-5  
Fire Service  
Casualty**K2 Protective Equipment Item**

## Head or Face Protection

- 11  Helmet  
 12  Full face protector  
 13  Partial face protector  
 14  Goggles/eye protection  
 15  Hood  
 16  Ear protector  
 17  Neck protector  
 10  Other

## Coat, Shirt, or Trousers

- 21  Protective coat  
 22  Protective trousers  
 23  Uniform shirt  
 24  Uniform T-shirt  
 25  Uniform trousers  
 26  Uniform coat or jacket  
 27  Coveralls  
 28  Apron or gown  
 20  Other

## Boots or Shoes

- 31  Knee length boots with steel baseplate and steel toes  
 32  Knee length boots with steel toes only  
 33  3/4 length boots with steel baseplate and steel toes  
 34  3/4 length boots with steel toes only  
 35  Boots without steel baseplate and steel toes  
 36  Safety shoes with steel baseplate and steel toes  
 37  Safety shoes with steel toes only  
 38  Non-safety shoes  
 30  Other

## Respiratory Protection

- 41  SCBA (demand) open circuit  
 42  SCBA (positive pressure) open circuit  
 43  SCBA closed circuit  
 44  Not self-contained  
 45  Cartridge respirator  
 46  Dust or particle mask  
 40  Other

## Hand Protection

- 51  Firefighter gloves with wristlets  
 52  Firefighter gloves without wristlets  
 53  Work gloves  
 54  HazMat gloves  
 55  Medical gloves  
 50  Other

## Special Equipment

- 61  Proximity suit for entry  
 62  Proximity suit for non-entry  
 63  Totally encapsulated, reusable chemical suit  
 64  Totally encapsulated, disposable chemical suit  
 65  Partially encapsulated, reusable chemical suit  
 66  Partially encapsulated, disposable chemical suit  
 67  Flash protection suit  
 68  Flight or jump suit  
 69  Brush suit  
 71  Exposure suit  
 72  Self-contained underwater breathing apparatus (SCUBA)  
 73  Life preserver  
 74  Life belt or ladder belt  
 75  Personal alert safety system (PASS)  
 76  Radio distress device  
 77  Personal lighting  
 78  Fire shelter or tent  
 79  Vehicle safety belt  
 70  Special equipment, other  
 00  Protective equipment, other

Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this form for each piece of failed equipment.

**K3 Protective Equipment Problem**

Check one box to indicate the main problem that occurred.

- 11  Burned  
 12  Melted  
 21  Fractured, cracked or broken  
 22  Punctured  
 23  Scratched  
 24  Knocked off  
 25  Cut or ripped  
 31  Trapped steam or hazardous gas  
 32  Insufficient insulation  
 33  Object fell in or onto equipment item  
 41  Failed under impact  
 42  Face piece or hose detached  
 43  Exhalation valve inoperative or damaged  
 44  Harness detached or separated  
 45  Regulator failed to operate  
 46  Regulator damaged by contact  
 47  Problem with admissions valve  
 48  Alarm failed to operate  
 49  Alarm damaged by contact  
 51  Supply cylinder or valve failed to operate  
 52  Supply cylinder/valve damaged by contact  
 53  Supply cylinder—insufficient air/oxygen  
 94  Did not fit properly  
 95  Not properly serviced or stored prior to use  
 96  Not used for designed purpose  
 97  Not used as recommended by manufacturer  
 00  Other equipment problem  
 UU  Undetermined

**K4 Equipment Manufacturer, Model and Serial Number**

Manufacturer

Model

Serial Number

**\*PAPERWORK BURDEN DISCLOSURE NOTICE**

## NFIRS-5

Paperwork burden for this form is estimated to average 75 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)

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

**A** FDID  State  Incident Date  Station  Incident Number  Exposure   Delete  Change

MM DD YYYY

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

**B** Number of Patients  Patient Number  **C** Date/Time  Time Arrived at Patient  Time of Patient Transfer

Use a separate form for each patient

Month Day Year Hour/Min

Check if same date as Alarm date

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

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

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

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

<b>I</b> Procedures Used <input type="checkbox"/> No treatment Check all applicable boxes 01 <input type="checkbox"/> Airway insertion 02 <input type="checkbox"/> Anti-shock trousers 03 <input type="checkbox"/> Assist ventilation 04 <input type="checkbox"/> Bleeding control 05 <input type="checkbox"/> Burn care 06 <input type="checkbox"/> Cardiac pacing 07 <input type="checkbox"/> Cardioversion (defib) manual 08 <input type="checkbox"/> Chest/abdominal thrust 09 <input type="checkbox"/> CPR 10 <input type="checkbox"/> Cricothyroidotomy 11 <input type="checkbox"/> Defibrillation by AED 12 <input type="checkbox"/> EKG monitoring 13 <input type="checkbox"/> Extrication 14 <input type="checkbox"/> Intubation (EGTA) 15 <input type="checkbox"/> Intubation (ET) 16 <input type="checkbox"/> IO/IV therapy 17 <input type="checkbox"/> Medications therapy 18 <input type="checkbox"/> Oxygen therapy 19 <input type="checkbox"/> OB care/delivery 20 <input type="checkbox"/> Prearrival instructions 21 <input type="checkbox"/> Restrain patient 22 <input type="checkbox"/> Spinal immobilization 23 <input type="checkbox"/> Splinted extremities 24 <input type="checkbox"/> Suction/aspirate 00 <input type="checkbox"/> Other	<b>J</b> Safety Equipment <input type="checkbox"/> None Used or deployed by patient. Check all applicable boxes. 1 <input type="checkbox"/> Safety/seat belts 2 <input type="checkbox"/> Child safety seat 3 <input type="checkbox"/> Airbag 4 <input type="checkbox"/> Helmet 5 <input type="checkbox"/> Protective clothing 6 <input type="checkbox"/> Flotation device 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>K</b> Cardiac Arrest <input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Pre-arrival arrest? If pre-arrival arrest, was it: 1 <input type="checkbox"/> Witnessed? 2 <input type="checkbox"/> Bystander CPR? 2 <input type="checkbox"/> Post-arrival arrest? Initial Arrest Rhythm 1 <input type="checkbox"/> V-Fib/V-Tach 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
---	--	---

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

NFIRS-6 Revision 01/01/07

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

Paperwork burden for this form is estimated to average 50 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)

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

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

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

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

**C1** Container Type  None  
 Container Type

**C2** Estimated Container Capacity  
 Capacity: by volume or weight

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

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

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

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

**E2** Released Into  
 Released into

**More hazardous materials? Use additional sheets.**

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

**F2** Population Density  
 1  Urban  
 2  Suburban  
 3  Rural

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

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

**G3** Estimated Number of People Evacuated

**G4** Estimated Number of Buildings Evacuated  
  None

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

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

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

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

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

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

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

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

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

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

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

Paperwork burden for this form is estimated to average 75 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)

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

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

Latitude Longitude  
OR  
Township Range East West  
Section Subsection Meridian

**C Area Type**  Star

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

**D1 Wildland Fire Cause**  Star

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

**D2 Human Factors Contributing to Ignition**  None  
Check as many boxes as are applicable.

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

**D3 Factors Contributing to Ignition**  None

#1 #2

**D4 Fire Suppression Factors**  None

#1 #2 #3

Enter up to three factors

**E Heat Source**

**F Mobile Property Type**  None

**G Equipment Involved in Ignition**  None

**H Weather Information**

NFDRS Weather Station ID

Weather Type Wind Direction  
Wind Speed (mph) Air Temperature F°  Check if negative  
Relative Humidity Fuel Moisture Fire Danger Rating

**I1 Number of Buildings Ignited**  None  
Number of buildings that were ignited in Wildland fire

**I2 Number of Buildings Threatened**  None  
Number of buildings that were threatened by Wildland fire but were not involved

**I3 Total Acres Burned**  Star

**I4 Primary Crops Burned**

Identify up to 3 crops if any crops were burned

Crop 1  
Crop 2  
Crop 3

**J Property Management**

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

Ownership  U Undetermined % Total Acres Burned

**Private**

1  Tax paying %  
2  Non-tax paying %

**Public**

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

7  Foreign %  
8  Military %  
0  Other %

**K NFDRS Fuel Model at Origin**

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

**L1 Person Responsible for Fire**

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

If person identified, complete the rest of Section L

**L2 Gender of Person Involved**

1  Male  
2  Female

**L3 Age or Date of Birth**

Age in Years Date of Birth  
Month Day Year

**L4 Activity of Person Involved**

Activity of Person Involved

**M Type of Right-of-Way**  None

Required if less than 100 feet

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

**N Fire Behavior**

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

Elevation Feet  
Relative position on slope  
Aspect  
Flame length Feet  
Rate of spread Chains per Hour

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

Paperwork burden for this form is estimated to average 75 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)

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



A

FDID <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	State <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	Incident Date MM <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> DD <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> YYYY <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	Station <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	Incident Number <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	Exposure <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>
--	---	---	---	---	--

NFIRS-9 APPARATUS  
OR RESOURCESOMB 1660-0069  
Expires 06/30/2009  
\*Paperwork Burden  
Notice on Back
 Delete  
 Change

B Apparatus or Resources		Dates and Times		Midnight is 0000	Sent <input checked="" type="checkbox"/>	Number of People	Apparatus Use <span style="float: right;">★</span>	Actions Taken	
Use codes listed below		Check if same date as Alarm date on the Basic Module (Block E1) Month Day Year Hour/Min							
1	ID <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> ★ Type <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	Dispatch <input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>		<input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>
2	ID <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> ★ Type <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	Dispatch <input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>		<input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>
3	ID <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> ★ Type <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	Dispatch <input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>		<input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>
4	ID <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> ★ Type <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	Dispatch <input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>		<input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>
5	ID <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> ★ Type <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	Dispatch <input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>		<input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>
6	ID <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> ★ Type <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	Dispatch <input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>		<input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>
7	ID <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> ★ Type <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	Dispatch <input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>		<input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>
8	ID <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> ★ Type <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	Dispatch <input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>		<input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>
9	ID <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> ★ Type <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	Dispatch <input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>		<input type="checkbox"/>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>	<span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 15px; border-bottom: 1px solid black;"></span>

## Apparatus or Resource Type

## Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker and pumper combination
- 16 Brush truck
- 17 ARFF (aircraft rescue and firefighting)
- 10 Ground fire suppression, other

## Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy ground equipment, other

## Aircraft

- 41 Aircraft: fixed-wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

## Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine equipment, other

## Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

## Medical and Rescue

- 71 Rescue unit
- 72 Urban search and rescue unit
- 73 High-angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

## Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type I hand crew
- 95 Type II hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resources

More apparatus?  
Use additional  
sheets.NN None  
UU Undetermined

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

Paperwork burden for this form is estimated to average 40 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)

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

**A**

FDID	State	Incident Date	Station	Incident Number	Exposure
MM	DD	YYYY			

Delete  
 Change

**NFIRS-10 PERSONNEL**  
 OMB 1660-0069  
 Expires 06/30/2009  
 \*Paperwork Burden Notice on Back

**B**

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

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

**2**

ID _____ ☆Type _____	Dispatch <input type="checkbox"/> _____ Arrival <input type="checkbox"/> _____ Clear <input type="checkbox"/> _____	Sent <input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	_____ _____
-------------------------	---	-------------------------------	-------	--	----------------

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

**3**

ID _____ ☆Type _____	Dispatch <input type="checkbox"/> _____ Arrival <input type="checkbox"/> _____ Clear <input type="checkbox"/> _____	Sent <input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	_____ _____
-------------------------	---	-------------------------------	-------	--	----------------

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

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

Paperwork burden for this form is estimated to average 40 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)

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

**A** FDID  Delete **NFIRS-11 ARSON**  
 OMB 1660-0069  
 Expires 06/30/2009  
 \*Paperwork Burden  
 Notice on Back

State  Change

MM DD YYYY

Station Incident Number Exposure

**B Agency Referred To**  None

Agency name Their case number

Number Prefix Street or Highway Street Type Suffix Their ORI

Post Office Box Apt./Suite/Room City Their Federal Identifier (FID)

State ZIP Code Agency phone number Their FDID

**C Case Status**

1  Investigation open  
 2  Investigation closed  
 3  Investigation inactive

4  Closed with arrest  
 5  Closed with exceptional clearance

**D Availability of Material First Ignited**

1  Transported to scene  
 2  Available at scene  
 U  Unknown

**E Suspected Motivation Factors** Check up to three factors

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

**F Apparent Group Involvement**  None

Check up to three factors

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

**H Incendiary Devices** CONTAINER  No container

Select one from each category

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

IGNITION/DELAY DEVICE  No device

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

**G1 Entry Method**

Entry Method

FUEL  None

11  Ordinary combustibles 16  Pyrotechnic material  
 12  Flammable gas 17  Explosive material  
 14  Ignitable liquid 00  Other material  
 15  Ignitable solid UU  Unknown

**G2 Extent of Fire Involvement on Arrival**

Extent of Fire Involvement

**I Other Investigative Information** Check all that apply

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

**J Property Ownership**

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

**K Initial Observations** Check all that apply

1  Windows ajar 5  Fire department forced entry  
 2  Doors ajar 6  Entry forced prior to FD arrival  
 3  Doors locked 7  Security system activated  
 4  Doors unlocked 8  Security system present (not activated)

**L Laboratory Used** Check all that apply  None

1  Local 3  ATF 5  Other 6  Private  
 2  State 4  FBI Federal



**A**

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

**NFIRS-1S SUPPLEMENTAL** Delete

OMB 1660-0069

Expires 06/30/2009

\*Paperwork Burden  
Notice on Back Change**K1****Person/Entity Involved**

Local Option

Business Name (if applicable)	Area Code	Phone Number
-------------------------------	-----------	--------------

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

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

Number	Prefix	Street or Highway	Street Type	Suffix
--------	--------	-------------------	-------------	--------



Post Office Box	Apt./Suite/Room	City
-----------------	-----------------	------

State	ZIP Code	-
-------	----------	---

**K1****Person/Entity Involved**

Local Option

Business Name (if applicable)	Area Code	Phone Number
-------------------------------	-----------	--------------

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

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

Number	Prefix	Street or Highway	Street Type	Suffix
--------	--------	-------------------	-------------	--------



Post Office Box	Apt./Suite/Room	City
-----------------	-----------------	------

State	ZIP Code	-
-------	----------	---

**K1****Person/Entity Involved**

Local Option

Business Name (if applicable)	Area Code	Phone Number
-------------------------------	-----------	--------------

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

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

Number	Prefix	Street or Highway	Street Type	Suffix
--------	--------	-------------------	-------------	--------



Post Office Box	Apt./Suite/Room	City
-----------------	-----------------	------

State	ZIP Code	-
-------	----------	---

**K1****Person/Entity Involved**

Local Option

Business Name (if applicable)	Area Code	Phone Number
-------------------------------	-----------	--------------

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

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

Number	Prefix	Street or Highway	Street Type	Suffix
--------	--------	-------------------	-------------	--------



Post Office Box	Apt./Suite/Room	City
-----------------	-----------------	------

State	ZIP Code	-
-------	----------	---

**K1****Person/Entity Involved**

Local Option

Business Name (if applicable)	Area Code	Phone Number
-------------------------------	-----------	--------------

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

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

Number	Prefix	Street or Highway	Street Type	Suffix
--------	--------	-------------------	-------------	--------



Post Office Box	Apt./Suite/Room	City
-----------------	-----------------	------

State	ZIP Code	-
-------	----------	---

**E3**

**Supplemental Special Studies**

Local Option

**NFIRS-1S  
Supplemental**

1 [ ] [ ]  
Special Study ID# Special Study Value

2 [ ] [ ]  
Special Study ID# Special Study Value

3 [ ] [ ]  
Special Study ID# Special Study Value

4 [ ] [ ]  
Special Study ID# Special Study Value

5 [ ] [ ]  
Special Study ID# Special Study Value

6 [ ] [ ]  
Special Study ID# Special Study Value

7 [ ] [ ]  
Special Study ID# Special Study Value

8 [ ] [ ]  
Special Study ID# Special Study Value

**L**

**Remarks:**  
Local Option

**\*PAPERWORK BURDEN DISCLOSURE NOTICE  
NFIRS-1S**  
Paperwork burden for this form is estimated to average 25 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)  
**NOTE: Do not send your completed form to this address.**