

*Fire Service Casualty Model: NFIRS 5
Scenario 5-2 Answers*

**NFIRS 5.0 SELF STUDY PROGRAM
APPENDIX A**

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 the three duplicate address lines.

X Mr., Ms., Mrs. Christy First Name A MI Last Name Gordon Suffix

Number 5 Prefix _____ Street or Highway East Cary Street Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City Brunswick

State VIA Zip Code 213131511

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 section. Business name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident location. 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 _____

L Remarks:

Local Option _____

Mrs. Christy A. Gordon was warming her lunch on the stove when the grease from the pan began to burn.

Fire Module Required?

Check the box that applies and then complete the additional Fire mod. based on Incident Type as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure
<input type="checkbox"/> Special structure 112	Complete Fire Mod. & the 1 block on Structure Module
<input type="checkbox"/> Confined 113-118	Complete Basic Module
<input type="checkbox"/> Mobile Property 120-123	Complete Fire Module
<input type="checkbox"/> Vehicle 130-138	Complete Fire Module
<input type="checkbox"/> Vegetation 140-143	Complete Fire or Wildland
<input type="checkbox"/> Outside rubbish fire 150-155	Complete Basic Module
<input type="checkbox"/> Special outside fire 160-164	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire 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 10105 Signature Tonya Gordon Position or rank Captain Assignment _____ Month 05 Day 01 Year 2002

Member making report ID _____ Signature Adam Wallner Position or rank FF1 Assignment _____ Month 05 Day 01 Year 2002

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Complete this side for all fires

A	FDID <input type="text" value="9"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="8"/> <input type="text" value="8"/>	State <input type="text" value="V"/> <input type="text" value="A"/>	Incident Date MM <input type="text" value="0"/> <input type="text" value="5"/> DD <input type="text" value="0"/> <input type="text" value="1"/> YYYY <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/>	Station <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="3"/>	Incident Number <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	Exposure <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 2 Fire
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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**

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

None
On-site material (1)

None
On-site material (2)

None
On-site material (3)

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*

1	<input type="checkbox"/> Bulk storage or warehousing
2	<input type="checkbox"/> Processing or manufacturing
3	<input type="checkbox"/> Packaged goods for sale
4	<input type="checkbox"/> Repair or service

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D Ignition

D1 **Cooking area, kitchen**
Area of fire origin

D2 **Spark, ember or flame...**
Heat source

D3 **Cooking materials, including...**
Item first ignited Check box if fire spread was confined to object of origin

D4 **Cooking oil, transformer**
Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition **Check box if this is an exposure report.** Skip to Section G

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

E2 Factors Contributing To Ignition **None**

None
Factor contributing to ignition (1)

None
Factor contributing to ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes **None**

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

1 **Male** 2 **Female**

F1 Equipment Involved In Ignition

None If equipment was not involved, skip to Section G

Range with or without oven
Equipment involved

Brand
 Model
 Serial #
 Year

F2 Equipment Power Source

Natural gas or other
Equipment Power Source

F3 Equipment Portability

1 **Portable**
 2 **Stationary**

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

G Fire Suppression Factors

Enter up to three codes. **None**

None
Fire suppression factor (1)

None
Fire suppression factor (2)

None
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 Number

H2 Mobile Property Type & 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 other side of this form.

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<p>I1 Structure Type ☆</p> <p>If fire was in an enclosed building or a portable/mobile structure complete the rest of this form</p> <p>1 <input checked="" type="checkbox"/> Enclosed building</p> <p>2 <input type="checkbox"/> Portable/mobile structure</p> <p>3 <input type="checkbox"/> Open structure</p> <p>4 <input type="checkbox"/> Air supported structure</p> <p>5 <input type="checkbox"/> Tent</p> <p>6 <input type="checkbox"/> Open platform (e.g. piers)</p> <p>7 <input type="checkbox"/> Underground structure (work areas)</p> <p>8 <input type="checkbox"/> Connective structure (e.g. fences)</p> <p>0 <input type="checkbox"/> Other type of structure</p>	<p>I2 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input checked="" type="checkbox"/> Occupied & operating</p> <p>3 <input type="checkbox"/> Idle, not routinely used</p> <p>4 <input type="checkbox"/> Under major renovation</p> <p>5 <input type="checkbox"/> Vacant and secured</p> <p>6 <input type="checkbox"/> Vacant and unsecured</p> <p>7 <input type="checkbox"/> Being demolished</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>I3 Building Height ☆</p> <p>Count the ROOF as part of the highest story</p> <p>_____ 2 _____</p> <p>Total number of stories at or above grade</p> <p>_____ 0 _____</p> <p>Total number of stories below grade</p>	<p>I4 Main Floor Size ☆</p> <p>_____ , _____ 1 , 0 0 0 </p> <p>Total square feet</p> <p align="center">OR</p> <p>_____ , _____ BY _____ , _____</p> <p>Length in feet Width in feet</p>	<p>NFIRS-3 Structure Fire</p>
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<p>J1 Fire Origin ☆</p> <p>_____ _____ _____</p> <p>Story of fire origin <input type="checkbox"/> Below grade</p>	<p>J3 Number of Stories Damaged By Flame ☆</p> <p>Count the ROOF as part of the highest story</p> <p>_____ 1 _____</p> <p>Number of stories w/ minor damage (1 to 24% flame damage)</p> <p>_____ 0 _____</p> <p>Number of stories w/ significant damage (25 to 49% flame damage)</p> <p>_____ 0 _____</p> <p>Number of stories w/ heavy damage (50 to 74% flame damage)</p> <p>_____ 0 _____</p> <p>Number of stories w/ extreme damage (75 to 100% flame damage)</p>	<p>K Material Contributing Most To Flame Spread ☆</p> <p><input checked="" type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine</p> <p align="right">➔ Skip to Section L</p> <p>K1 _____</p> <p>Item contributing most to flame spread</p> <p>K2 _____</p> <p>Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</p>
<p>J2 Fire Spread ☆</p> <p>2 <input checked="" type="checkbox"/> Confined to room of origin</p> <p>3 <input type="checkbox"/> Confined to floor of origin</p> <p>4 <input type="checkbox"/> Confined to building of origin</p> <p>5 <input type="checkbox"/> Beyond building of origin</p>		

<p>L1 Presence of Detectors ☆</p> <p>(In area of the fire)</p> <p>N <input type="checkbox"/> None Present ➔ Skip to section M</p> <p>1 <input checked="" type="checkbox"/> Present</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L3 Detector Power Supply ☆</p> <p>1 <input type="checkbox"/> Battery only</p> <p>2 <input checked="" type="checkbox"/> Hardwire only</p> <p>3 <input type="checkbox"/> Plug in</p> <p>4 <input type="checkbox"/> Hardwire with battery</p> <p>5 <input type="checkbox"/> Plug in with battery</p> <p>6 <input type="checkbox"/> Mechanical</p> <p>7 <input type="checkbox"/> Multiple detectors & power supplies</p> <p>0 <input type="checkbox"/> Other _____</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L5 Detector Effectiveness ☆</p> <p>Required if detector operated.</p> <p>1 <input checked="" type="checkbox"/> Alerted occupants, occupants responded</p> <p>2 <input type="checkbox"/> Occupants failed to respond</p> <p>3 <input type="checkbox"/> There were no occupants</p> <p>4 <input type="checkbox"/> Failed to alert occupants</p> <p>U <input type="checkbox"/> Undetermined</p>
<p>L2 Detector Type ☆</p> <p>1 <input checked="" type="checkbox"/> Smoke</p> <p>2 <input type="checkbox"/> Heat</p> <p>3 <input type="checkbox"/> Combination smoke - heat</p> <p>4 <input type="checkbox"/> Sprinkler, water flow detection</p> <p>5 <input type="checkbox"/> More than 1 type present</p> <p>0 <input type="checkbox"/> Other _____</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L4 Detector Operation ☆</p> <p>1 <input type="checkbox"/> Fire too small to activate</p> <p>2 <input checked="" type="checkbox"/> Operated ➔ Complete Section L5</p> <p>3 <input type="checkbox"/> Failed to operate ➔ Complete Section L6</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L6 Detector Failure Reason ☆</p> <p>Required if detector failed to operate</p> <p>1 <input type="checkbox"/> Power failure, shutoff or disconnect</p> <p>2 <input type="checkbox"/> Improper installation or placement</p> <p>3 <input type="checkbox"/> Defective</p> <p>4 <input type="checkbox"/> Lack of maintenance, includes cleaning</p> <p>5 <input type="checkbox"/> Battery missing or disconnected</p> <p>6 <input type="checkbox"/> Battery discharged or dead</p> <p>0 <input type="checkbox"/> Other _____</p> <p>U <input type="checkbox"/> Undetermined</p>

<p>M1 Presence of Automatic Extinguishment System ☆</p> <p>N <input checked="" type="checkbox"/> None Present ➔ Complete rest of Section M</p> <p>1 <input type="checkbox"/> Present</p>	<p>M3 Automatic Extinguishment System Operation ☆</p> <p>Required if fire was within designed range</p> <p>1 <input checked="" type="checkbox"/> Operated & effective (go to M4)</p> <p>2 <input type="checkbox"/> Operated & not effective (M4)</p> <p>3 <input type="checkbox"/> Fire too small to activate</p> <p>4 <input type="checkbox"/> Failed to operate (go to M5)</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>M5 Automatic Extinguishment System Failure Reason ☆</p> <p>Required if system failed</p> <p>1 <input type="checkbox"/> System shut off</p> <p>2 <input type="checkbox"/> Not enough agent discharged</p> <p>3 <input type="checkbox"/> Agent discharged but did not reach fire</p> <p>4 <input type="checkbox"/> Wrong type of system</p> <p>5 <input type="checkbox"/> Fire not in area protected</p> <p>6 <input type="checkbox"/> System components damaged</p> <p>7 <input type="checkbox"/> Lack of maintenance</p> <p>8 <input type="checkbox"/> Manual intervention</p> <p>0 <input type="checkbox"/> Other _____</p> <p>U <input type="checkbox"/> Undetermined</p>
<p>M2 Type of Automatic Extinguishment System ☆</p> <p>Required if fire was within designed range of AES</p> <p>1 <input type="checkbox"/> Wet pipe sprinkler</p> <p>2 <input type="checkbox"/> Dry pipe sprinkler</p> <p>3 <input type="checkbox"/> Other sprinkler system</p> <p>4 <input type="checkbox"/> Dry chemical system</p> <p>5 <input type="checkbox"/> Foam system</p> <p>6 <input type="checkbox"/> Halogen type system</p> <p>7 <input type="checkbox"/> Carbon dioxide (CO₂) system</p> <p>0 <input type="checkbox"/> Other special hazard system</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>M4 Number of Sprinkler Heads Operating ☆</p> <p>Required if system operated</p> <p>_____ _____ _____</p> <p>Number of sprinkler heads operating</p>	

NFIRS-3 Revision 01/19/99

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A	FDID <input type="text" value="021818"/> ☆	State <input type="text" value="VA"/> ☆	Incident Date MM <input type="text" value="05"/> DD <input type="text" value="01"/> YYYY <input type="text" value="2002"/> ☆	Station <input type="text" value="001054313"/>	Incident Number <input type="text" value="000"/> ☆	Exposure <input type="text" value="000"/> ☆	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 4 Civilian Fire Casualty
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B Injured Person	C Casualty ☆
☆1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female <input type="text" value="Christy"/> First Name <input type="text" value="Gordon"/> Last Name MI <input type="text"/> Suffix <input type="text"/>	Casualty Number <input type="text" value="1"/>

D Age or Date of Birth ☆	E1 Race	F Affiliation	H Severity ☆
<input type="text" value="066"/> Age <input type="checkbox"/> Months (for infants) OR Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input checked="" type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian, Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined	1 <input checked="" type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death
	E2 Ethnicity	G Date & Time of Injury <small>Midnight is 0000.</small>	
	1 <input type="checkbox"/> Hispanic	Date of Injury: <input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2002"/> Time of Injury: <input type="text" value="12"/> : <input type="text" value="50"/>	

I Cause of Injury	J Human Factors Contributing to Injury	K Factors Contributing to Injury
1 <input checked="" type="checkbox"/> Exposed to fire products including flame heat, smoke, & gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped, or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by/or contact with object 8 <input type="checkbox"/> Overexertion 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<input type="checkbox"/> None Check all applicable boxes 1 <input checked="" type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	<input type="checkbox"/> None Enter up to three contributing factors <input type="text" value="23"/> <input type="checkbox"/> Vision blocked or impaired by smoke Contributing factor (1) <input type="text"/> Contributing factor (2) <input type="text"/> Contributing factor (3) <input type="text"/>

L Activity When Injured	M1 Location at Time of Incident	M3 Story at Start of Incident
1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input checked="" type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin & not involved 3 <input checked="" type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area of origin and involved U <input type="checkbox"/> Undetermined M2 General Location at Time of Injury Check ONE box. If undetermined, leave blank and skip to Section N. 1 <input type="checkbox"/> In area of fire origin → Skip to Section N 2 <input checked="" type="checkbox"/> In building, but not in area → Skip to Section M3 3 <input type="checkbox"/> Outside, but not in area → Skip to Section M3	Complete ONLY if injury occurred INSIDE Story at START of incident <input type="text" value="2"/> <input type="checkbox"/> below grade M4 Story Where Injury Occurred Story where injury occurred, if <input type="text" value="1"/> <input type="checkbox"/> below grade different from M3 M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin <input type="text" value="21"/> <input type="checkbox"/> Bedroom—< 5 persons; including... Specific location at time of injury

N Primary Apparent Symptom	O Primary Area of Body Injured	P Disposition
01 <input checked="" type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns & smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up a code only if the symptom is NOT found above <input type="text"/> <input type="text"/> Primary apparent symptom	1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck & shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input checked="" type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	<input checked="" type="checkbox"/> Transported to emergency care facility Remarks <input type="text"/> Local option _____ _____ _____ _____ _____ _____ _____

