

*Emergency Medical Services (EMS)*  
*Module: NFIRS 6*  
*Scenario 6-2 Answers*

**NFIRS 5.0 SELF STUDY PROGRAM  
APPENDIX A**

<b>A</b> FDID <input type="text" value="92188"/> State <input type="text" value="VA"/> Incident Date MM <input type="text" value="05"/> DD <input type="text" value="03"/> YYYY <input type="text" value="2002"/> Station <input type="text" value="001"/> Incident Number <input type="text" value="005455"/> Exposure <input type="text" value="000"/> <div style="float: right; text-align: right;"> <input type="checkbox"/> Delete  <input type="checkbox"/> Change  <input type="checkbox"/> No Activity             </div> <div style="float: right; border: 1px solid black; padding: 2px;"> <b>NFIRS - 1 Basic</b> </div>														
<b>B Location</b> <input type="checkbox"/> 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 Census Tract <input type="text" value="0501"/> <input type="text" value="20"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Street address  <input type="checkbox"/> Intersection  <input type="checkbox"/> In front of  <input type="checkbox"/> Rear of  <input type="checkbox"/> Adjacent to  <input checked="" type="checkbox"/> Directions                 </div> <div style="width: 45%;">                     MM <input type="text" value="73"/> I-95                      Number/Milepost Prefix Street or Highway Street Type Suffix                      Apt./Suite/Room City <input type="text" value="Brunswick"/> State <input type="text" value="VA"/> Zip Code <input type="text" value="23351"/> - <input type="text" value=""/> </div> </div> <input type="text" value="Near Exit 2B"/> <small>Cross street or directions, as applicable</small>														
<b>C Incident Type</b> <input type="text" value="131"/> <input type="text" value="Passenger Vehicle"/> <small>Incident Type</small>	<b>E1 Dates &amp; Times</b> <small>Midnight is 0000</small> Month Day Year Hour Min Alarm <input checked="" type="checkbox"/> <input type="text" value="05"/> <input type="text" value="03"/> <input type="text" value="2002"/> <input type="text" value="2358"/> <small>Check boxes if dates are the same as Alarm Date.</small> Arrival <input checked="" type="checkbox"/> <input type="text" value="05"/> <input type="text" value="04"/> <input type="text" value="2002"/> <input type="text" value="0004"/> <small>ARRIVAL required, unless canceled or did not arrive</small> Controlled <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="04"/> <input type="text" value="2002"/> <input type="text" value="0010"/> <small>CONTROLLED optional, except for wildland fires</small> Last Unit Cleared <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="04"/> <input type="text" value="2002"/> <input type="text" value="0035"/> <small>LAST UNIT CLEARED, required except for wildland fires</small>	<b>E2 Shifts &amp; Alarms</b> <small>Local Option</small> <input type="text" value="C"/> <input type="text" value="A05"/> Shift or platoon Alarms District												
<b>D Aid Given or Received</b> <input type="checkbox"/> Mutual aid received <input type="checkbox"/> Automatic aid recv. <input type="checkbox"/> Mutual aid given <input type="checkbox"/> Automatic aid given <input type="checkbox"/> Other aid given <input checked="" type="checkbox"/> None <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-top: 5px;">                 Their FDID <input type="text" value=""/> Their State <input type="text" value=""/>                  Their Incident Number <input type="text" value=""/> </div>	<b>E3 Special Studies</b> <small>Local Option</small> Special Study ID# <input type="text" value=""/> Special Study Value <input type="text" value=""/>													
<b>F Actions Taken</b> <input type="text" value="11"/> <input type="text" value="Extinguish"/> <small>Primary Action Taken (1)</small> Additional Action Taken (2) <input type="text" value=""/> Additional Action Taken (3) <input type="text" value=""/>	<b>G1 Resources</b> <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;"><b>Apparatus</b></td> <td style="text-align: center;"><b>Personnel</b></td> </tr> <tr> <td>Suppression</td> <td style="text-align: center;"><input type="text" value="2"/></td> <td style="text-align: center;"><input type="text" value="6"/></td> </tr> <tr> <td>EMS</td> <td style="text-align: center;"><input type="text" value="0"/></td> <td style="text-align: center;"><input type="text" value="0"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="text" value="0"/></td> <td style="text-align: center;"><input type="text" value="0"/></td> </tr> </table> <input type="checkbox"/> Check box if resource counts include aid received resources.		<b>Apparatus</b>	<b>Personnel</b>	Suppression	<input type="text" value="2"/>	<input type="text" value="6"/>	EMS	<input type="text" value="0"/>	<input type="text" value="0"/>	Other	<input type="text" value="0"/>	<input type="text" value="0"/>	<b>G2 Estimated Dollar Losses &amp; Values</b> <b>LOSSES:</b> Required for all fires if known. Optional for non None Property \$ <input type="text" value=""/> <input type="text" value="26"/> <input type="text" value="000"/> Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> <b>PRE-INCIDENT VALUE:</b> Optional Property \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	<b>Apparatus</b>	<b>Personnel</b>												
Suppression	<input type="text" value="2"/>	<input type="text" value="6"/>												
EMS	<input type="text" value="0"/>	<input type="text" value="0"/>												
Other	<input type="text" value="0"/>	<input type="text" value="0"/>												
<b>Completed Modules</b> <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Serv. Casualty-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11	<b>H1 Casualties</b> <input checked="" type="checkbox"/> None <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;"><b>Deaths</b></td> <td style="text-align: center;"><b>Injuries</b></td> </tr> <tr> <td>Fire Service</td> <td style="text-align: center;"><input type="text" value=""/></td> <td style="text-align: center;"><input type="text" value=""/></td> </tr> <tr> <td>Civilian</td> <td style="text-align: center;"><input type="text" value=""/></td> <td style="text-align: center;"><input type="text" value=""/></td> </tr> </table> <b>H2 Detector</b> <small>Required for confined fires.</small> <input type="checkbox"/> 1 Detector alerted occupants <input type="checkbox"/> 2 Detector did not alert them <input type="checkbox"/> U Unknown		<b>Deaths</b>	<b>Injuries</b>	Fire Service	<input type="text" value=""/>	<input type="text" value=""/>	Civilian	<input type="text" value=""/>	<input type="text" value=""/>	<b>H3 Hazardous Materials Release</b> <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form	<b>I Mixed Use Property</b> NN <input checked="" type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly Use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use		
	<b>Deaths</b>	<b>Injuries</b>												
Fire Service	<input type="text" value=""/>	<input type="text" value=""/>												
Civilian	<input type="text" value=""/>	<input type="text" value=""/>												
<b>J Property Use</b> <input type="checkbox"/> Structures <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;">                 131 <input type="checkbox"/> Church, place of worship                  161 <input type="checkbox"/> Restaurant or cafeteria                  162 <input type="checkbox"/> Bar/tavern or nightclub                  213 <input type="checkbox"/> Elementary school or kindergart.                  215 <input type="checkbox"/> High school or junior high                  241 <input type="checkbox"/> College, adult ed.                  311 <input type="checkbox"/> Care facility for the aged                  331 <input type="checkbox"/> Hospital                  Outside                  124 <input type="checkbox"/> Playground or park                  655 <input type="checkbox"/> Crops or orchard                  669 <input type="checkbox"/> Forest (timberland)                  807 <input type="checkbox"/> Outdoor storage area                  919 <input type="checkbox"/> Dump or sanitary landfill                  931 <input type="checkbox"/> Open land or field             </td> <td style="width: 30%; vertical-align: top;">                 341 <input type="checkbox"/> Clinic, clinic type infirmary                  342 <input type="checkbox"/> Doctor/dentist office                  361 <input type="checkbox"/> Prison or jail, not juvenile                  419 <input type="checkbox"/> 1- or 2- family dwelling                  429 <input type="checkbox"/> Multi-family dwelling                  439 <input type="checkbox"/> Rooming/boarding house                  449 <input type="checkbox"/> Commercial hotel or motel                  459 <input type="checkbox"/> Residential, board and care                  464 <input type="checkbox"/> Dormitory/barracks                  519 <input type="checkbox"/> Food and beverage sales                  936 <input type="checkbox"/> Vacant lot                  938 <input type="checkbox"/> Graded/cared for plot of land                  946 <input type="checkbox"/> Lake, river, stream                  951 <input type="checkbox"/> Railroad right of way                  960 <input type="checkbox"/> Other street                  961 <input checked="" type="checkbox"/> Highway/divided highway                  962 <input type="checkbox"/> Residential street/driveway             </td> <td style="width: 30%; vertical-align: top;">                 539 <input type="checkbox"/> Household goods, sales, repairs                  579 <input type="checkbox"/> Motor vehicle/boat sales/repairs                  571 <input type="checkbox"/> Gas or service station                  599 <input type="checkbox"/> Business office                  615 <input type="checkbox"/> Electric generating plant                  629 <input type="checkbox"/> Laboratory/science lab                  700 <input type="checkbox"/> Manufacturing plant                  819 <input type="checkbox"/> Livestock/poultry storage (barn)                  882 <input type="checkbox"/> Non-residential parking garage                  891 <input type="checkbox"/> Warehouse                  981 <input type="checkbox"/> Construction site                  984 <input type="checkbox"/> Industrial plant yard             </td> </tr> </table> <div style="margin-top: 10px;">                 Look up and enter a Property Use code only if you have NOT checked a Property Use box: <input type="text" value=""/> </div>				131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergart. 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult ed. 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field	341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2- family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input checked="" type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway	539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard								
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NFIRS-1 Revision

**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.

Mr., Ms., Mrs. **X** **Robert** **L** **Anderson** \_\_\_\_\_  
 First Name MI Last Name Suffix

Number **1630** Prefix \_\_\_\_\_ Street or Highway **Second** Street Type **AVE** Suffix \_\_\_\_\_

Post Office Box \_\_\_\_\_ Apt./Suite/Room \_\_\_\_\_ City **Jarrett**

State **NC** Zip Code **24501**

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

**K2 Owner**

Local Option \_\_\_\_\_ Business name (if applicable) **VA Dept. of Transportation** Area Code **804** Phone Number **378-2314**

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

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

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

Number **23** Prefix \_\_\_\_\_ Street or Highway **Washington** Street Type **ST** Suffix **N**

Post Office Box \_\_\_\_\_ Apt./Suite/Room \_\_\_\_\_ City **Jarrett**

State **VA** Zip Code **23219**

**Remarks:**

Local Option **L**

Mr Anderson cut his head when his car hit the guardrail. Bleeding was stopped. He was released to Ace Towing Service. The towing service provider provided him with a ride from the incident. He said that his front seat caught on fire from a cigarette. He was drowsy from a prescription drug that he took.

**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 **100** Signature **Ernest Greene** Position or rank **Captain** Assignment \_\_\_\_\_ Month **05** Day **04** Year **2002**

Member making report ID **230** Signature **Steve LaCivita** Position or rank **FF1** Assignment \_\_\_\_\_ Month **05** Day **04** Year **2002**

**NFIRS 5.0 SELF STUDY PROGRAM  
APPENDIX A**

<b>Complete this side for all fires</b>			
<b>A</b>	FDID <input type="text" value="92188"/>	State <input type="text" value="VA"/>	Incident Date <input type="text" value="05"/> <input type="text" value="03"/> <input type="text" value="20"/> <input type="text" value="02"/>
	Station <input type="text" value="001"/>	Incident Number <input type="text" value="0005455"/>	Exposure <input type="text" value="000"/>
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<b>NFIRS - 2 Fire</b>

  

<b>B Property Details</b>  <b>B1</b> <input type="text" value="0"/> <input checked="" type="checkbox"/> <b>Not Residential</b> Estimated number of residential living units in building of origin <i>whether or not all units became involved</i>  <b>B2</b> <input type="text" value="0"/> <input type="checkbox"/> <b>Buildings not involved</b> Number of buildings involved  <b>B3</b> <input type="text" value=""/> , <input type="text" value="0"/> <input type="checkbox"/> <b>None</b> Acres burned (outside fires) <input type="checkbox"/> <b>Less than one acre</b>	<b>C On-Site Materials or Products</b> <input type="checkbox"/> <b>None</b> Enter up to three codes. Check one box for each code entered.  On-site material (1) <input type="text" value=""/>  On-site material (2) <input type="text" value=""/>  On-site material (3) <input type="text" value=""/>  Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, <i>whether or not they became involved</i>  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  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  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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<b>D Ignition</b>  <b>D1</b> <input type="text" value="81"/> <b>Operator/passenger area</b> Area of fire origin  <b>D2</b> <input type="text" value="61"/> <b>Cigarette</b> Heat source  <b>D3</b> <input type="text" value="21"/> <b>Upholstered sofa, chair,...</b> Item first ignited <input type="checkbox"/> Check box if fire spread was confined to object of origin  <b>D4</b> <input type="text" value="71"/> <b>Fabric, fiber, cotton,...</b> Type of material first ignited <input type="checkbox"/> Required only if item first ignited code is 00 or <70	<b>E1 Cause of Ignition</b> <input checked="" type="checkbox"/> <input type="checkbox"/> Check box if this is an exposure report. <span style="border: 1px solid black; padding: 2px;">Skip to Section G</span>  1 <input type="checkbox"/> Intentional 2 <input checked="" type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation  <b>E2 Factors Contributing To Ignition</b> <input type="checkbox"/> <b>None</b>  <input type="text" value="11"/> <b>Abandoned or discarded materials or products</b> Factor contributing to ignition (1)  <input type="text" value=""/> <input type="text" value=""/> Factor contributing to ignition (2)	<b>E3 Human Factors Contributing To Ignition</b> Check all applicable boxes <input type="checkbox"/> <b>None</b>  1 <input type="checkbox"/> Asleep 2 <input checked="" type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved  7 <input type="checkbox"/> Age was a factor Estimated age of person <input type="text" value=""/>  1 <input type="checkbox"/> Male      2 <input type="checkbox"/> Female
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<b>F1 Equipment Involved In Ignition</b> <input checked="" type="checkbox"/> <b>None</b> <span style="font-size: small;">If equipment was not involved, skip to Section G</span>  <input type="text" value=""/> Equipment Involved  Brand <input type="text" value=""/> Model <input type="text" value=""/> Serial # <input type="text" value=""/> Year <input type="text" value=""/>	<b>F2 Equipment Power Source</b> <input type="text" value=""/> Equipment Power Source  <b>F3 Equipment Portability</b> 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary  <small>Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.</small>	<b>G Fire Suppression Factors</b> Enter up to three codes. <input checked="" type="checkbox"/> <b>None</b>  <input type="text" value=""/> Fire suppression factor (1)  <input type="text" value=""/> Fire suppression factor (2)  <input type="text" value=""/> Fire suppression factor (3)
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<b>H1 Mobile Property Involved</b> <input type="checkbox"/> <b>None</b>  1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input checked="" type="checkbox"/> Involved in ignition and burned  <input type="text" value="Explorer"/> Mobile property model  <input type="text" value="A1CZ586"/> <input type="text" value="VA"/> <input type="text" value="1FB1E1U54X1AB1C456134"/> License Plate Number      State      VIN Number	<b>H2 Mobile Property Type &amp; Make</b>  <input type="text" value="11"/> <b>Passenger Car</b> Mobile property type  <input type="text" value="FO"/> <b>Ford</b> Mobile property make  <input type="text" value="1999"/> Year	<b>Local Use</b>  <input type="checkbox"/> <b>Pre-Fire Plan Available</b> <small>Some of the information presented in this report may be based upon reports from other agencies:</small>  <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached
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Structure fire? Please be sure to complete the other side of this form.

NFIRS-2 Revision 01/19/99

**NFIRS 5.0 SELF STUDY PROGRAM  
APPENDIX A**

<b>A</b> FDID <input type="text" value="9218"/> <input type="text" value="8"/> State <input type="text" value="VA"/> Incident Date MM <input type="text" value="05"/> DD <input type="text" value="03"/> YYYY <input type="text" value="2002"/> Station <input type="text" value="001"/> Incident Number <input type="text" value="0005455"/> Exposure <input type="text" value="000"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change <b>NFIRS-6 EMS</b>																																	
<b>B</b> Number of Patients <input type="text" value="1"/> Patient Number <input type="text" value="1"/> Use a separate form for each patient	<b>C</b> Date/Time Check if same date as alarm <input checked="" type="checkbox"/> Time Arrived at Patient Month <input type="text" value="05"/> Day <input type="text" value="04"/> Year <input type="text" value="2002"/> Hour/Mins <input type="text" value="0106"/> <input checked="" type="checkbox"/> Time of Patient Transfer Month <input type="text" value="05"/> Day <input type="text" value="04"/> Year <input type="text" value="2002"/> Hour/Mins <input type="text" value="0125"/>																																
<b>D</b> Provider Impression/Assessment <input checked="" type="checkbox"/> Check one box only																																	
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> 10 Abdominal pain</td> <td style="width:25%;"><input type="checkbox"/> 18 Chest pain</td> <td style="width:25%;"><input type="checkbox"/> 26 Hypovolemia</td> <td style="width:25%;"><input type="checkbox"/> 34 Sexual assault</td> </tr> <tr> <td><input type="checkbox"/> 11 Airway obstruction</td> <td><input type="checkbox"/> 19 Diabetic symptom</td> <td><input type="checkbox"/> 27 Inhalation injury</td> <td><input type="checkbox"/> 35 Sting/bite</td> </tr> <tr> <td><input type="checkbox"/> 12 Allergic reaction</td> <td><input type="checkbox"/> 20 Do not resuscitate</td> <td><input type="checkbox"/> 28 Obvious death</td> <td><input type="checkbox"/> 36 Stroke/CVA</td> </tr> <tr> <td><input type="checkbox"/> 13 Altered LOC</td> <td><input type="checkbox"/> 21 Electrocution</td> <td><input type="checkbox"/> 29 OD/poisoning</td> <td><input type="checkbox"/> 37 Syncope</td> </tr> <tr> <td><input type="checkbox"/> 14 Behavioral/psych</td> <td><input type="checkbox"/> 22 General illness</td> <td><input type="checkbox"/> 30 Pregnancy/OB</td> <td><input type="checkbox"/> 38 Trauma</td> </tr> <tr> <td><input type="checkbox"/> 15 Burns</td> <td><input checked="" type="checkbox"/> 23 Hemorrhaging/bleeding</td> <td><input type="checkbox"/> 31 Respiratory arrest</td> <td><input type="checkbox"/> 00 Other</td> </tr> <tr> <td><input type="checkbox"/> 16 Cardiac arrest</td> <td><input type="checkbox"/> 24 Hyperthermia</td> <td><input type="checkbox"/> 32 Respiratory distress</td> <td><input type="checkbox"/> NN None/no patient or refused treatment</td> </tr> <tr> <td><input type="checkbox"/> 17 Cardiac dysrhythmia</td> <td><input type="checkbox"/> 25 Hypothermia</td> <td><input type="checkbox"/> 33 Seizure</td> <td></td> </tr> </table>		<input type="checkbox"/> 10 Abdominal pain	<input type="checkbox"/> 18 Chest pain	<input type="checkbox"/> 26 Hypovolemia	<input type="checkbox"/> 34 Sexual assault	<input type="checkbox"/> 11 Airway obstruction	<input type="checkbox"/> 19 Diabetic symptom	<input type="checkbox"/> 27 Inhalation injury	<input type="checkbox"/> 35 Sting/bite	<input type="checkbox"/> 12 Allergic reaction	<input type="checkbox"/> 20 Do not resuscitate	<input type="checkbox"/> 28 Obvious death	<input type="checkbox"/> 36 Stroke/CVA	<input type="checkbox"/> 13 Altered LOC	<input type="checkbox"/> 21 Electrocution	<input type="checkbox"/> 29 OD/poisoning	<input type="checkbox"/> 37 Syncope	<input type="checkbox"/> 14 Behavioral/psych	<input type="checkbox"/> 22 General illness	<input type="checkbox"/> 30 Pregnancy/OB	<input type="checkbox"/> 38 Trauma	<input type="checkbox"/> 15 Burns	<input checked="" type="checkbox"/> 23 Hemorrhaging/bleeding	<input type="checkbox"/> 31 Respiratory arrest	<input type="checkbox"/> 00 Other	<input type="checkbox"/> 16 Cardiac arrest	<input type="checkbox"/> 24 Hyperthermia	<input type="checkbox"/> 32 Respiratory distress	<input type="checkbox"/> NN None/no patient or refused treatment	<input type="checkbox"/> 17 Cardiac dysrhythmia	<input type="checkbox"/> 25 Hypothermia	<input type="checkbox"/> 33 Seizure	
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<b>E1</b> Age or Date of Birth <input type="text" value="049"/> Months (for infants) <input type="checkbox"/> OR Month <input type="text" value=""/> Day <input type="text" value=""/> Year <input type="text" value=""/>	<b>F1</b> Race 1 <input type="checkbox"/> White 2 <input checked="" 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	<b>G1</b> Human Factors Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input checked="" type="checkbox"/> Possibly impaired by drugs 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 N <input type="checkbox"/> None	<b>G2</b> Other Factors 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 N <input checked="" type="checkbox"/> None																														
<b>E2</b> Gender 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>F2</b> Ethnicity 1 <input type="checkbox"/> Hispanic																																
<b>H1</b> Body Site of Injury List up to five body sites <input type="text" value="1"/> Head	<b>H2</b> Injury Type List one injury type for each body site listed under H1 <input type="text" value="16"/> Laceration	<b>H3</b> Cause of Illness/Injury <input type="text" value="29"/> Cause of illness/injury <input type="text" value=""/> Motor Vehicle																															
<b>I</b> Procedures Used 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 checked="" 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"/> Splint extremities 24 <input type="checkbox"/> Suction/aspirate NN <input type="checkbox"/> No Treatment 00 <input type="checkbox"/> Other	<b>J</b> Safety Equipment Used or deployed by Patient 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 N <input checked="" type="checkbox"/> None 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>K</b> Cardiac Arrest 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 checked="" type="checkbox"/> EMT-B (Basic)	<b>L2</b> Highest Level of Provider On Scene 1 <input type="checkbox"/> First Responder 2 <input checked="" 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 care provided	<b>M</b> Patient Status 1 <input checked="" type="checkbox"/> Improved 2 <input type="checkbox"/> Remained same 3 <input type="checkbox"/> Worsened Check if: 1 <input checked="" type="checkbox"/> Pulse on Transfer	<b>N</b> Disposition 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 N <input checked="" type="checkbox"/> Not transported																														

NFIRS-6 Revision