

*Wildland Fire Module: NFIRS 8
Scenario 8-2 Answers*

**NFIRS 5.0 SELF STUDY PROGRAM
APPENDIX A**

A 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="001"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS - 1 Basic
B Location <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.			
<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 type="checkbox"/> Directions			
Census Tract <input type="text" value=""/> Number/Milepost <input type="text" value=""/> Prefix <input type="text" value=""/> Street or Highway <input type="text" value=""/> Street Type <input type="text" value=""/> Suffix <input type="text" value=""/> Apt./Suite/Room <input type="text" value=""/> City <input type="text" value=""/> State <input type="text" value=""/> Zip Code <input type="text" value=""/> - <input type="text" value=""/> Cross street or directions, as applicable <input type="text" value=""/>			
C Incident Type <input type="text" value="143"/> <input type="text" value="Grass Fire"/>		E1 Dates & Times Midnight is 0000 Month <input type="text" value="05"/> Day <input type="text" value="03"/> Year <input type="text" value="20"/> <input type="text" value="02"/> Hour <input type="text" value="23"/> Min <input type="text" value="58"/>	
D Aid Given or Received		Check boxes if dates are the same as Alarm Date. Alarm <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="03"/> <input type="text" value="20"/> <input type="text" value="02"/> <input type="text" value="23"/> <input type="text" value="58"/> ARRIVAL required, unless canceled or did not arrive Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="04"/> <input type="text" value="20"/> <input type="text" value="02"/> <input type="text" value="00"/> <input type="text" value="04"/> CONTROLLED optional, except for wildland fires Controlled <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="04"/> <input type="text" value="20"/> <input type="text" value="02"/> <input type="text" value="00"/> <input type="text" value="04"/> LAST UNIT CLEARED, required except for wildland fires Last Unit Cleared <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="04"/> <input type="text" value="20"/> <input type="text" value="02"/> <input type="text" value="01"/> <input type="text" value="05"/>	
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None		E2 Shifts & Alarms Local Option Shift or platoon <input type="text" value="C"/> Alarms <input type="text" value="A05"/> District <input type="text" value=""/>	
F Actions Taken		G1 Resources	
<input type="text" value="11"/> <input type="text" value="Extinguish"/> Primary Action Taken (1)		<input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.	
<input type="text" value=""/> Additional Action Taken (2)		Apparatus <input type="text" value="2"/> Personnel <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"/>	
<input type="text" value=""/> Additional Action Taken (3)		<input type="checkbox"/> Check box if resource counts include aid received resources.	
G2 Estimated Dollar Losses & Values		LOSSES: Required for all fires if known. Optional for non None	
Property \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>		Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	
PRE-INCIDENT VALUE: Optional		Property \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	
Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>		Property \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	
Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>		Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>	
Completed Modules		H1 Casualties	
<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		<input type="checkbox"/> None Deaths <input type="text" value="0"/> Injuries <input type="text" value="0"/> Fire Service <input type="text" value="0"/> <input type="text" value="0"/> Civilian <input type="text" value="0"/> <input type="text" value="0"/>	
<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		H2 Detector Required for confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown	
H3 Hazardous Materials Release		I Mixed Use Property	
N <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		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	
J Property Use Structures			
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			
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			
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			
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 checked="" type="checkbox"/> Open land or field			
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 type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway			
981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard			
Look up and enter a Property Use code only if you have NOT checked a Property Use box.			
Property Use <input type="text" value=""/>			

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K1 Person/Entity Involved

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.

Mr., Ms., Mrs. First Name MI Last Name Suffix
 Number Prefix Street or Highway Street Type Suffix
23 Washington S T N
 Post Office Box Apt./Suite/Room City
Richmond
 State Zip Code
VA 23219

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

Remarks: Local Option Fire started from a vehicle fire on I-95, Mile Mark 73 near Exit 2B.

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 I 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 05 14 21002
 Member making report ID 123 Signature Michael Harris Position or rank FF2 Assignment 05 14 21002

**NFIRS 5.0 SELF STUDY PROGRAM
APPENDIX A**

A	FDID <input type="text" value="92181818"/>	State <input type="text" value="VA"/>	Incident <input type="text" value="05"/>	Date <input type="text" value="1012002"/>	Station <input type="text" value="001"/>	Incident Number <input type="text" value="0005455"/>	Exposure <input type="text" value="001"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 8 Wildland Fire
	<div style="display: flex; justify-content: space-between;"> MM DD YYYY Station Incident Number Exposure </div>								

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

Latitude Longitude

OR

Township North South Range East West

Section Subsection Meridian

C Area Type

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

D1 Wildland Fire Cause

1 Natural source
 2 Equipment
 3 Smoking
 4 Open/outdoor fire
 5 Debris/vegetation burn
 6 Structure (exposure)
 7 Incendiary

8 Misuse of fire
 0 Other
 U Undetermined

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

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

D3 Factors Contributing to Ignition

#1 Exposure fire #2

D4 Fire Suppression Factors

#1 No Fire Suppression Factors
 #2
 #3

E Heat Source

Heat from direct flame

F Mobile Property Type

Passenger car

G Equipment Involved in Ignition

None

H Weather Information

NFDRS Weather Station ID

Weather Type Clear, less than 1/10 cloud Wind Direction E

Wind speed MPH Air Temperature F° Check if negative

Relative Humidity % Fuel Moisture % Fire Danger Rating Moderate

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

, , .

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	% Total Acres Burned
<input type="checkbox"/> Undetermined	<input type="text"/>
Private	
1 <input type="checkbox"/> Tax paying	<input type="text"/>
2 <input type="checkbox"/> Non tax paying	<input type="text"/>
Public	
3 <input type="checkbox"/> City, town, village, local	<input type="text"/>
4 <input type="checkbox"/> County or parish	<input type="text"/>
5 <input checked="" type="checkbox"/> State or province	<input type="text" value="100"/>
6 <input type="checkbox"/> Federal	<input type="text"/>
Federal Agency Code <input type="text"/>	
7 <input type="checkbox"/> Foreign	<input type="text"/>
8 <input type="checkbox"/> Military	<input type="text"/>
0 <input type="checkbox"/> Other	<input type="text"/>

K NFDRS Fuel Model at Origin

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

Annual Grasses

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

OR Month Day Year

L4 Activity of Person

Activity of Person Involved

M Right of Way

Required if less than 100 feet

Feet HWY
 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

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