

*NFIRS 5.0 Self Study Program*  
*Civilian Fire Casualty Module: NFIRS 4*

*Objectives*

After completing the Civilian Fire Casualty Module the student will be able to:

1. Describe when the Civilian Fire Casualty Module is to be used.
2. Demonstrate how to complete the Civilian Fire Casualty Module given the scenario of a hypothetical incident.

Pre-Test #4 - Basic Civilian Fire Casualty  
Module

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1. A civilian fire casualty is a non-fire service person who is injured or killed as a result of a fire.
  - (a) True
  - (b) False
  
2. A Civilian Fire Casualty Module can be used to for civilian injuries resulting from an automobile accident.
  - (a) True
  - (b) False
  
3. The Civilian Fire Casualty Module is not a required NFIRS Module.
  - (a) True
  - (b) False
  
4. The Civilian Fire Casualty Module can be used to report exposures to hazardous substances.
  - (a) True
  - (b) False
  
5. The Civilian Fire Casualty Module is completed for each civilian casualty reported in H<sub>1</sub> of the Basic Module.
  - (a) True
  - (b) False

*Using the  
Civilian Fire  
Casualty*

**Using the Civilian Fire Casualty Module**

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The Civilian Fire Casualty Module is used to record any civilian (non-fire service) casualty associated with a fire-related incident. When you enter information on Block H<sub>1</sub> of the Basic Module, the completion of this Module is required.

NOTE: A casualty is a person who dies or is physically injured as the direct result of a fire-related incident. In this circumstance the term civilian includes, but is not limited to the following: private citizens, emergency medical responders (not part of the fire department), utility workers, and police. **Deaths also include people who die within one year of the incident because of injuries sustained from the incident.** In this case, it is important to submit a change to the civilian casualty module for that incident.

*Section A*

**Section A: FDID, State, Incident Number, Incident Date, Exposure Number**

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<b>A</b>	FDID ☆		State ☆	Incident Date ☆	MM DD YYYY	Station	Incident Number ☆	Exposure ☆	<input type="checkbox"/> Delete	<b>NFIRS - 4 Civilian Fire Casualty</b>
									<input type="checkbox"/> Change	

The information contained in Section A of the Civilian Fire Casualty Module is drawn from the Section A of the Basic Module. Use the data in the Basic Module to help you supply the requested information. If you are using an automated system the data only needs to be entered once, then it will automatically be transferred into other modules that use the data.

*Section B*

**Section B: Injured Person**

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<b>B</b>	<b>Injured Person</b>	☆ 1 <input type="checkbox"/> Male	2 <input type="checkbox"/> Female													
	<table style="width:100%; border:none;"> <tr> <td style="border:none; width:35%; border-bottom: 1px solid black;"></td> <td style="border:none; width:5%; border-bottom: 1px solid black;"> </td> <td style="border:none; width:5%; border-bottom: 1px solid black;"> </td> <td style="border:none; width:35%; border-bottom: 1px solid black;"></td> <td style="border:none; width:5%; border-bottom: 1px solid black;"> </td> <td style="border:none; width:10%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border:none; font-size:small;">First Name</td> <td style="border:none;"></td> <td style="border:none; font-size:small;">MI</td> <td style="border:none; font-size:small;">Last Name</td> <td style="border:none;"></td> <td style="border:none; font-size:small;">Suffix</td> </tr> </table>							First Name		MI	Last Name		Suffix			
First Name		MI	Last Name		Suffix											

Section B is used to enter the first and last name, middle initial, and any suffix (i.e. Jr., Sr., and III) for the casualty.

Boxes are available to indicate whether the casualty is male or female. You are required to fill in the gender field.

*Section C*

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**Section C: Casualty Number**

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**C Casualty** ☆  
**Number**

\_\_\_\_\_  
Casualty Number

Each casualty is given a number. The numbers are assigned consecutively starting with one (001) and continuing based on how many civilians are injured or killed.

*Section D*

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**Section D: Age or Date of Birth**

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**D Age or Date of Birth** ☆

\_\_\_\_\_  
Age       Months (for infants)

**OR**

**Date of Birth**

\_\_\_\_\_  
Month      Day      Year

Enter either the age or the date of birth of the casualty in Section D. Do not enter both. The number associated with the age is assumed to be provided in years unless the “Months Box” is marked. The age should only be recorded in months for infants that are less than one-year-old at the time of injury.

Section E  
Block E<sub>1</sub>

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## Section E: Race and Ethnicity

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E <sub>1</sub> Race	
1	<input 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

Block E<sub>1</sub> contains six boxes. Mark one box to record the race of the casualty, if known.

Block E<sub>2</sub>

E <sub>2</sub> Ethnicity	
	<input type="checkbox"/> Hispanic

Block E<sub>2</sub> allows you to identify the ethnicity of the casualty. Ethnicity is an ethnic classification or affiliation. Currently, "Hispanic" is the only U.S. Census Bureau classification. Hispanic is not considered a race, because a person can be black AND Hispanic, white AND Hispanic, etc.,

Section F

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## Section F: Affiliation

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F Affiliation	
1	<input type="checkbox"/> Civilian
2	<input type="checkbox"/> EMS, not fire department
3	<input type="checkbox"/> Police
0	<input type="checkbox"/> Other

Section F is used to mark the casualty's affiliation - civilian, EMS (not fire department), police, or other.

*Section G*

**Section G: Date and Time of Injury**

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<b>G</b>		<b>Date &amp; Time of Injury</b>		Midnight is 0000.	
Date of Injury			Time of Injury		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year	Hour	Minutes	

Record the month, day, year, and time of the injury in the appropriate spaces. Time - hours and minutes - is entered based on the 24-hour clock where midnight is 0000.

*Section H*

**Section H: Severity**

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<b>H</b>	<b>Severity</b>	☆
1	<input type="checkbox"/>	Minor
2	<input type="checkbox"/>	Moderate
3	<input type="checkbox"/>	Severe
4	<input type="checkbox"/>	Life threatening
5	<input type="checkbox"/>	Death

Enter the severity of the injury in Section H. Check one of the five boxes shown: minor, moderate, severe, life threatening, and death. Severity is a required field.

*Section I*

**Section I: Cause of Injury**

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<b>I</b>	<b>Cause of Injury</b>
1	<input 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

Mark one box to record the main cause of injury. You must choose from the eleven possibilities provided.

*Section J*

**Section J: Human Factors Contributing to Injury**

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<b>J</b>	<b>Human Factors Contributing to Injury</b>
<input type="checkbox"/>	<b>None</b>
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 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

You may mark as many of the items shown in Section J as you think apply to the casualty. If no human factors contributed to the injury, check the box marked "None."

Section K

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## Section K: Factors Contributing to Injury

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<b>K</b>	<b>Factors Contributing to Injury</b>
<input type="checkbox"/> None	Enter up to three contributing factors
<input type="text"/>	<input type="text"/>
Contributing factor (1)	
<input type="text"/>	<input type="text"/>
Contributing factor (2)	
<input type="text"/>	<input type="text"/>
Contributing factor (3)	

If there are factors other than human ones that contributed to the injury, record them in Section K. If there were no other factors, check the box marked “None.”

Codes found in the NFIRS Quick Reference Guide can be used to identify up to three factors.

Section L

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## Section L: Activity When Injured

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<b>L</b>	<b>Activity When Injured</b>
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 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

Record what the casualty was doing at the time of the injury by checking one of the boxes in Section L.

How people respond to an emergency provides important information to the people that develop safety codes and

standards. Many advances can be contributed to taking this information into consideration.

Public education programs are designed to prevent injuries. However, they also teach people how to react in the safest manner possible during an emergency. Recording information about the activity associated with an injury can either help determine the focus of a new public education program, or help determine if an existing public education program is having the desired result.

*Section M*

**Section M: Location at Time of Incident, General Location at Time of Injury, Story at Start of Incident, Story When Injury Occurred, and Specific Location at Time of Injury**

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Use Section M to record information that identifies when and where the injury took place.

*Blocks M<sub>1</sub> & M<sub>2</sub>*

<b>M<sub>1</sub></b>	<b>Location at Time of Incident</b>
	In area of origin and not involved Not in area of origin & not involved Not in area of origin, but involved In area of origin and involved Undetermined
<b>M<sub>2</sub></b>	<b>General Location at Time of Injury</b>
	Check ONE box. If undetermined, leave blank and skip to Section N.
1	<input type="checkbox"/> In area of fire origin
2	<input type="checkbox"/> In building, but not in area
3	<input type="checkbox"/> Outside, but not in area
	Skip to Section N
	Skip to Section M <sub>5</sub>

Use Block M<sub>1</sub> to mark one box that describes the location of the casualty at the time that the fire started.

Mark one of the boxes in M<sub>2</sub> to indicate the general location of the casualty at the time of the injury. Leave this block blank and skip to Section N if the location is undetermined.

If you mark the box "In area of fire origin," skip the rest of the section and continue on to Section N.

If you mark "Outside, but not in area," skip to M<sub>5</sub>.

You will complete M<sub>3</sub> only if the injury occurred inside the building but not in the area of origin. Enter the story where the casualty was at the start of the incident.

*Block M<sub>3</sub>*

<b>M<sub>3</sub> Story at Start of Incident</b> Complete ONLY if injury occurred INSIDE Story at START of incident <input type="text"/> <input type="checkbox"/> below grade
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Stories are numbered with “1” representing the ground level. A box is marked if that story is below grade. For an ordinary residential basement enter “1” and for story at start of incident mark the box “Below grade.” If the story where the injury occurred is different from the story at the start of the incident, enter that information in M<sub>4</sub>.

*Block M<sub>4</sub>*

<b>M<sub>4</sub> Story Where Injury Occurred</b> Story where injury occurred, if <input type="text"/> <input type="checkbox"/> below grade different from M <sub>3</sub>
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If (and only if) the injury is in the building but did not occur in the area of fire origin you need to complete Block M<sub>5</sub>.

*Block M<sub>5</sub>*

<b>M<sub>5</sub> Specific Location at Time of Injury</b> Complete ONLY if casualty NOT in area of origin <input type="text"/> <input type="text"/> Specific location at time of injury
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Enter the description and code found in the NFIRS Handbook or the QRG which best explains the location.

The code set table used for this data element is the same set that is used for AREA OF FIRE ORIGIN - D<sub>1</sub> in the Fire Module. Please see the codes listed for the data element found in the QRG.

*Section N*

**Section N: Primary Apparent Symptom**

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<b>N Primary Apparent Symptom</b>	
01	<input 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	

Use Section N to record the symptom that appears to have been the most in need of treatment. Section N lists several of the most common symptoms along with specific identifying codes. Check the appropriate box.

If the primary symptom is not on the list look for a suitable code in the NFIRS Quick Reference Guide. Enter the appropriate code on the line provided.

*Section O*

**Section O: Primary Area of Body Injured**

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<b>O Primary Area of Body Injured</b>	
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 type="checkbox"/> Internal
9	<input type="checkbox"/> Multiple body parts

Use Section O to identify the area of the body that sustained the most serious injury.

Choose one area from the nine listed in the section. It should be the same part of the body affected by the “Primary Apparent Symptom” in Section N.

*Section P*

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### Section P: Disposition

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<b>P</b> <b>Disposition</b>  <input type="checkbox"/> Transported to emergency care facility
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Mark the box in this section if the casualty was transported to an emergency care facility.

If you are using paper forms instead of the software program, use the space on the forms to supply additional remarks.

*Summary*

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### SUMMARY

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The Civilian Fire Casualty Module captures the data regarding any civilian (non-fire service) casualty associated with fire-related incidents. If a summarized count and type (injury or death) is entered in H<sub>1</sub> of the Basic Module, then you are required to complete the Civilian Fire Casualty Module.

A civilian casualty can be a private citizen, emergency medical responder (non-fire department), or police officer that dies or is physically injured as the result of a fire-related incident. This description is not meant to exclude other people that fall into this category. For instance, there are any number of public and emergency services personnel that may be on the scene of an emergency, such as: public works personnel; state highway personnel; and other federal, state, or local employees/officials.

## EXAMPLE - BURN VICTIM

*Directions: Read the call information in the example below. Then look at the completed Civilian Casualty Module Form. Look at each section and follow along with the proper use of the information as applicable to the Civilian Casualty Module.*

**At 2135 hours on October 31, 2000, FDID#TR200 Ambulance 29 received a call at 2918 Kilroy Ave for a burn victim. Upon arrival the crew found a 28-year-old white male with severe burns on the hands, fingers, and the chest area.**

**The victim was cooking dinner after having a couple of beers and fell asleep leaving the food unattended. His smoke detector sounded and woke him up. The victim saw a grease fire on the stove and tried to extinguish the fire by applying water on it causing the grease to splatter and burn him. He was able to reach under the kitchen cabinet and remove a fire extinguisher. He then successfully extinguished the fire.**

**The grease fire caused 2nd degree burns to hands, fingers, and the chest area. Ambulance 29 called for an engine company to check for fire extension to the cabinets. Ambulance 29 treated and transported the patient, Mike Johnson, to the Regan Burn Center for further treatment. The engine company found no extension and returned to service at 2200 hours.**

**NFIRS 5.0 SELF STUDY PROGRAM  
CIVILIAN FIRE CASUALTY MODULE: NFIRS 4**

<b>A</b>	<input type="text" value="TR200"/> FDID ☆	<input type="text" value="OK"/> State ☆	<input type="text" value="10"/> MM <input type="text" value="31"/> DD <input type="text" value="2000"/> YYYY Incident Date ☆	<input type="text" value="002"/> Station	<input type="text" value="8797051"/> Incident Number ☆	<input type="text" value="000"/> Exposure ☆	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 4 Civilian Fire Casualty</b>
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<b>B Injured Person</b>	☆ 1 <input checked="" type="checkbox"/> Male	2 <input type="checkbox"/> Female	<b>C Casualty Number</b> ☆
<input type="text" value="Mike"/> First Name <input type="text" value="Johnson"/> Last Name <input type="text"/> MI <input type="text"/> Suffix			<input type="text" value="001"/> Casualty Number

<b>D Age or Date of Birth</b> ☆	<b>E<sub>1</sub> Race</b>	<b>F Affiliation</b>	<b>H Severity</b> ☆
<input type="text" value="028"/> Age <input type="checkbox"/> Months (for infants) <b>OR</b> Date of Birth: <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year	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 type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input checked="" type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death
	<b>E<sub>2</sub> Ethnicity</b>	<b>G Date &amp; Time of Injury</b> Midnight is 0000.	
	1 <input type="checkbox"/> Hispanic	Date of Injury: <input type="text" value="10"/> Month <input type="text" value="31"/> Day <input type="text" value="2000"/> Year Time of Injury: <input type="text" value="2135"/> Hour <input type="text"/> Minutes	

<b>I Cause of Injury</b>	<b>J Human Factors Contributing to Injury</b>	<b>K Factors Contributing to Injury</b>
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 checked="" 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="63"/> Improper Use Cooking Equip. Contributing factor (1) _____ Contributing factor (2) _____ Contributing factor (3)

<b>L Activity When Injured</b>	<b>M<sub>1</sub> Location at Time of Incident</b>	<b>M<sub>3</sub> Story at Start of Incident</b>
1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input checked="" type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input 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 checked="" type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin & not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area of origin and involved U <input type="checkbox"/> Undetermined	Complete ONLY if injury occurred INSIDE Story at START of incident <input type="text" value="001"/> below grade
	<b>M<sub>2</sub> General Location at Time of Injury</b>	<b>M<sub>4</sub> Story Where Injury Occurred</b>
	Check ONE box. If undetermined, leave blank and skip to Section N. 1 <input checked="" type="checkbox"/> In area of fire origin → Skip to Section N 2 <input type="checkbox"/> In building, but not in area → Skip to Section Ms 3 <input type="checkbox"/> Outside, but not in area	Story where injury occurred, if <input type="text"/> below grade different from Ms
		<b>M<sub>5</sub> Specific Location at Time of Injury</b>
		Complete ONLY if casualty NOT in area of origin <input type="text" value="24"/> Kitchen Specific location at time of injury

<b>N Primary Apparent Symptom</b>	<b>O Primary Area of Body Injured</b>	<b>P Disposition</b>
01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns & smoke inhalation 12 <input checked="" 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 type="checkbox"/> Internal 9 <input checked="" type="checkbox"/> Multiple body parts	<input checked="" type="checkbox"/> Transported to emergency care facility  Remarks <span style="float: right;">Local option</span> <input type="text" value="Regan Burn Center"/> _____ _____ _____

## **EXERCISE SCENARIO 4-1 - MARKET STREET FIRE**

*Directions: Read the call information in the exercise below. Use the information provided to complete the Civilian Casualty Module form. Compare your work to the answers provided on the subsequent completed Structure Fire Module form. If your answers are different from the ones provided, read over the Civilian Casualty Module again.*

**At 2:36 a.m. on December 25, 1997, the 911 center receives a telephone call reporting a fire in a building at 1326 Market Street, (12345 zip code). The East Wind, Wisconsin Fire Department (FDID TR100) is dispatched and responds with two engines, one truck, and one Deputy Chief. This represents a total of twelve personnel. The dispatch center receives additional calls reporting a fire at this location and dispatches one engine from the Lakeview Fire Department (FDID 11077).**

**Engine 422 arrives on the scene at 2:41 a.m. and reports a 2 story single family dwelling of approximately 2,000 square feet. Fire is showing on the first floor. The crew from Engine 422 advances a 1 3/4 inch line to the fire, searching for occupants as they proceed.**

**D/C Depew arrives on the scene at 2:42 a.m. and assumes command of the incident. Truck 42 arrives at 2:43 a.m. The Truck Company is split into two crews. One crew performs search and rescue and the other performs ventilation. When the crews complete their initial tasks, they do salvage and overhaul.**

**Engine 425 arrives on the scene at 2:44 a.m., lays a supply line to Engine 422, and takes a hydrant. The crew then takes a 1 3/4 inch line to the second floor and finds that the fire has extended into a bedroom. The extension was through existing balloon framing and combustible insulation.**

**D/C Depew determines the fire is under control at 3:01 a.m.**

**The Truck Company Captain reports that most of the family escaped the fire when they heard the smoke detectors sounding. (Detectors were hardwired with battery back up.) The search and rescue team from Truck 42 found one victim - 60 year old Robert Thomas - in a second story bedroom. They carried the victim down stairs and outside to safety.**

**Mr. Thomas was treated for smoke inhalation by the East Wind Fire Department EMT's on the scene. He improved and was transported by private ambulance to the Mercy Hospital Emergency Room. Mr. Thomas stated later that he had been on the sofa drinking alcohol and watching television. He also stated that he had been smoking earlier in the evening and left the ashtray on the sofa when he went to bed at 1:00 a.m.**

**The investigator determined that the fire started in the living room where the couch was located. It appeared that the ashtray fell into the couch cushions and a smoldering cigarette started the fire. Building property loss was estimated at \$65,000; loss to contents, \$15,000.**

**Mr. Robert Thomas was the recorded occupant of the home. His phone number is 888/ 555-5555. The owner of the dwelling is P&K Development Corporation of Parrot Island, Florida. Their phone number is 888/235-8888. Ms. Laurie Burnetti of 1 Mango Drive is their agent.**

**An incident number of 9706231 was assigned to the call that had no exposures. Engine 422 cleared the scene at 3:00 a.m. and was available for duty at 3:25 a.m. Truck 42 cleared the scene at 3:20 a.m. and was available at 3:45 a.m. D/C Depew cleared the scene at 3:35 a.m. and was available at 3:26 a.m. and Engine 425 cleared at 3:50 a.m. and was available at 4:10 a.m.**

**The value of the property is set at \$185,000 and contents at \$47,000. There is no loss as a result of the fire.**



**NFIRS 5.0 SELF STUDY PROGRAM  
CIVILIAN FIRE CASUALTY MODULE: NFIRS 4**

<b>A</b>	TR 1 0 0 FDID ☆	W 1 1 State ☆	MM DD YYYY 1 2   2 5   1 9 9 7 Incident Date ☆	0 0 2 Station	9 7 0 6 2 3 1 Incident Number ☆	0 0 0 Exposure ☆	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 4 Civilian Fire Casualty</b>
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<b>B Injured Person</b> ☆ 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>C Casualty Number</b> ☆
Robert     Thomas       First Name MI Last Name Suffix	0 0 1 Casualty Number

<b>D Age or Date of Birth</b> ☆ 0 6 0 Age <input type="checkbox"/> Months (for infants)  OR Date of Birth             Month Day Year	<b>E1 Race</b> 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  <b>E2 Ethnicity</b> 1 <input type="checkbox"/> Hispanic	<b>F Affiliation</b> 1 <input checked="" type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other  <b>G Date &amp; Time of Injury</b> Midnight is 0000. Date of Injury Time of Injury 1 2   2 5   1 9 9 7   0 2 3 0 Month Day Year Hour Minutes	<b>H Severity</b> ☆ 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
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<b>I Cause of Injury</b> 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	<b>J Human Factors Contributing to Injury</b> <input type="checkbox"/> None Check all applicable boxes 1 <input checked="" type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input checked="" 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	<b>K Factors Contributing to Injury</b> <input type="checkbox"/> None Enter up to three contributing factors 0 0   Factor Contributing to Injury Contributing factor (1)     Contributing factor (2)     Contributing factor (3)
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<b>L Activity When Injured</b> 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	<b>M1 Location at Time of Incident</b> 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  <b>M2 General Location at Time of Injury</b> 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 3 <input type="checkbox"/> Outside, but not in area → Skip to Section Ms	<b>M3 Story at Start of Incident</b> Complete ONLY if injury occurred INSIDE Story at START of incident 0 0 1   <input type="checkbox"/> below grade  <b>M4 Story Where Injury Occurred</b> Story where injury occurred, if 0 0 2   <input type="checkbox"/> below grade different from Ms  <b>M5 Specific Location at Time of Injury</b> Complete ONLY if casualty NOT in area of origin 2 1   Bedroom Specific location at time of injury
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<b>N Primary Apparent Symptom</b> 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     Primary apparent symptom	<b>O Primary Area of Body Injured</b> 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	<b>P Disposition</b> <input checked="" type="checkbox"/> Transported to emergency care facility  Remarks Local option Mercy Hospital, ER, treated at the scene and then transported by private ambulance  NFIRS-4 Revision 11/17/98
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## EXERCISE SCENARIO 4-2: CARY STREET FIRE

*Directions: Read the call information in the exercise below. Use the information provided to complete the entire Civilian Fire Casualty Module form and the other required forms. Compare your work to the answers provided in Appendix A. If your answers are different from the ones provided, read over the Civilian Casualty Module again.*

The Alberta Fire Department (FDID 92188) responded to a reported house fire at 5 East Cary Street, Brunswick, Virginia 23351 on May 1. The dispatcher assigned the incident (#5433) to Engine Co. 3 from Shift A. The unit received the alarm at 12:53 p.m. and arrived at the scene at 1:05 p.m. with a four-person engine crew, a two-person truck crew, and a two-person pumper crew. The owner of the single family dwelling, Mrs. Christy Gordon, said that she was warming her lunch on the stove when the grease from the pan began to burn. The gas stove was a Whirlpool, Model RF330PXVN, Serial Number F925888840, Year 2000. The fire spread from the pan to the curtains. She fell asleep upstairs and was alerted when the hardwired smoke detector activated. The flame damage was confined to the kitchen. The 2,000 square feet, two-story home was filled with smoke in the other rooms. She called 911. The firefighters extinguished the fire and remove smoke from the other rooms. The fire was brought under controlled at 1:25 p.m. There was \$24,000 fire loss to property and \$9,600 content loss. The value of the property was \$161,000 and the content value was \$80,400. The last unit cleared the scene at 2:40 p.m. FF1 Adam C. Wallner, Badge No. 224, completed the report after returning to Station No. 2. Captain Tonya S. Gordon, Badge No. 105, was the officer in charge. The fire department keeps records on the location of all responses. The incident was in Census Tract 501.10, District A12.

Mrs. Gordon, 66-year old, white female, was overcome by smoke in her bedroom. She had problems finding the exit because of the smoke. Her injury occurred at 12:50 p.m. Fire department personnel treated her at the scene. Her injury was considered minor but since she said that she felt dizzy, a local EMS provider transported her to the Proctor Medical Hospital for observation.







**NFIRS 5.0 SELF STUDY PROGRAM  
CIVILIAN FIRE CASUALTY MODULE: NFIRS 4**

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

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

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



## Civilian Fire Casualty Test

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1. The civilian casualty is a:
  - (a) firefighter
  - (b) private citizen
  - (c) emergency medical responder (non-fire department)
  - (d) police officer
  
2. Asleep and physically disabled are examples of this data element.
  - (a) Primary Apparent Symptom
  - (b) Cause of Injury
  - (c) Factors Contributing to Injury
  - (d) Human Factors Contributing to Injury
  
3. Minor and death are examples of this data element.
  - (a) Severity
  - (b) Primary Apparent Symptom
  - (c) Disposition
  - (d) Age
  
4. Sleeping and rescue attempt are examples of this data element.
  - (a) Factors Contributing to Injury
  - (b) Cause of Injury
  - (c) Activity When Injured
  - (d) Actions Taken
  
5. Shock and Burns are examples of this data element.
  - (a) Cause of Injury
  - (b) Primary Apparent Symptom
  - (c) Factors Contributing to Injury
  - (d) Observed Observation