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NOTE: Do not send your completed form to this address.
More remarks? Check this box and attach Supplemental Forms (NFIRS–1S) as necessary.

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

ITEMS WITH A ★ MUST ALWAYS BE COMPLETED!
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NOTE: Do not send your completed form to this address.
<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Date</td>
<td>FM DD YYYY</td>
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<tr>
<td>FDID</td>
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<tr>
<td>State</td>
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<tr>
<td>Incident Date</td>
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<tr>
<td>Station</td>
<td></td>
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<tr>
<td>Incident Number</td>
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<tr>
<td>Exposure</td>
<td></td>
</tr>
<tr>
<td>Delete</td>
<td></td>
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<tr>
<td>Change</td>
<td></td>
</tr>
<tr>
<td>NFIRS-1S Supplemental</td>
<td></td>
</tr>
<tr>
<td>OMB 1660-0069</td>
<td></td>
</tr>
<tr>
<td>Expires 04/30/2019</td>
<td></td>
</tr>
</tbody>
</table>

**Person/Entity Involved**

Local Option

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

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

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

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

- State
- ZIP Code

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

- Person/Entity Involved K1

Business Name (if applicable)

Area Code

Phone Number

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

- Number
- Prefix
- Street or Highway
- Street Type
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NOTE: Do not send your completed form to this address.
<table>
<thead>
<tr>
<th>Special Study ID#</th>
<th>Special Study Value</th>
<th>Special Study ID#</th>
<th>Special Study Value</th>
<th>Special Study ID#</th>
<th>Special Study Value</th>
<th>Special Study ID#</th>
<th>Special Study Value</th>
<th>Special Study ID#</th>
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</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Remarks:</td>
<td>Local Option</td>
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</tr>
</tbody>
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NOTE: Do not send your completed form to this address.
### Structure Type
- If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.
- 1 Enclosed building
- 2 Portable/Mobile structure
- 3 Open structure
- 4 Air-supported structure
- 5 Tent
- 6 Open platform (e.g., piers)
- 7 Underground structure (e.g., work areas)
- 8 Connective structure (e.g., fences)
- 0 Other type of structure

### Number of Stories Damaged by Flame
- Count the roof as part of the highest story.

#### Number of Stories Damaged by Flame
- **Below grade**
- **Above grade**

### Type of Material Contributing Most to Flame Spread
- Check if no flame spread or if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.
- 0 None present
- 1 Present
- 2 Undetermined

### Main Floor Size
- Total square feet

#### Main Floor Size
- Length in feet
- Width in feet

### Building Status
- Under construction
- Normal use
- Idle, not routinely used
- Under major renovation
- Vacant and secured
- Vacant and unsecured
- Being demolished
- Other
- Undetermined

### Building Height
- Total number of stories at or above grade
- Number of stories below grade

### Operation of Automatic Extinguishing System
- Required if fire was within designed range.

#### Operation of Automatic Extinguishing System
- 1 Operated/effective (go to M4)
- 2 Operated/Not effective (go to M4)
- 3 Fire too small to activate
- 4 Failed to operate (go to M5)
- 0 Other
- Undetermined

### Number of Sprinkler Heads Operating
- Required if system operated.
- Number of sprinkler heads operating

### Detector Power Supply
- Battery only
- Hardwire only
- Plug-in
- Hardwire with battery
- Plug-in with battery
- Mechanical
- Multiple detectors & power supplies
- Other
- Undetermined

### Detector Type
- 1 Smoke
- 2 Heat
- 3 Combination smoke and heat
- 4 Sprinkler, water flow detection
- 5 More than one type present
- 0 Other
- Undetermined

### Detector Effectiveness
- Required if detector operated.

#### Detector Effectiveness
- 1 Alerted occupants, occupants responded
- 2 Alerted occupants, occupants failed to respond
- 3 There were no occupants
- 4 Failed to alert occupants
- 0 Other
- Undetermined

### Detector Failure Reason
- Required if detector failed to operate.

#### Detector Failure Reason
- 1 Power failure, shutoff, or disconnect
- 2 Improper installation or placement
- 3 Defective
- 4 Lack of maintenance, includes not cleaning
- 5 Battery missing or disconnected
- 6 Battery discharged or dead
- 0 Other
- Undetermined

### Operation of Automatic Extinguishing System Failure
- Required if system failed or not effective.

#### Operation of Automatic Extinguishing System Failure
- 1 System shut off
- 2 Not enough agent discharged
- 3 Agent discharged but did not reach fire
- 4 Wrong type of system
- 5 Fire not in area protected
- 6 System components damaged
- 7 Lack of maintenance
- 8 Manual intervention
- 0 Other
- Undetermined

# Notes
- **Paperwork Burden**
- **NFIRS–3 Revision 01/01/07**
PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-3

PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-3

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

### Gender

- [ ] Male
- [x] Female

### Race

1. [ ] White
2. [ ] Black, African American
3. [ ] Am. Indian, Alaska Native
4. [ ] Asian
5. [ ] Native Hawaiian, Other Pacific Islander
6. [ ] Other, multiracial
7. [ ] Undetermined

### Affiliation

1. [ ] Civilian
2. [ ] EMS, not fire department
3. [ ] Police
4. [ ] Other

### Date and Time of Injury

<table>
<thead>
<tr>
<th>Date of Injury</th>
<th>Time of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
</tr>
</tbody>
</table>

### Cause of Injury

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

### Location at Time of Injury

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

### General Location at Time of Injury

1. [ ] In area of fire origin
2. [ ] In building, but not in area
3. [ ] Outside, but not in area
U. [ ] Undetermined

### Primary Apparent Symptom

- [ ] Smoke only, asphyxiation
- [ ] Burns and smoke inhalation
- [ ] Burns only
- [ ] Cut, laceration
- [ ] Strain or sprain
- [ ] Shock
- [ ] Pain only

### Primary Area of Body Injured

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

### Disposition

- [ ] Transported to emergency care facility
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<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td>Fire ID</td>
<td>MM DD YYYY</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>Injured Person</td>
<td>First Name Last Name Suffix</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>Casualty Number</td>
<td>Casualty Number</td>
</tr>
<tr>
<td><strong>D</strong></td>
<td>Age or Date of Birth</td>
<td>Age OR Date of Birth</td>
</tr>
<tr>
<td><strong>E</strong></td>
<td>Date and Time of Injury</td>
<td>Date of Injury Time of Injury</td>
</tr>
<tr>
<td><strong>F</strong></td>
<td>Responses</td>
<td>Number of prior responses during past 24 hours</td>
</tr>
<tr>
<td><strong>G1</strong></td>
<td>Usual Assignment</td>
<td>Suppression EMS Prevention Training Maintenance Fire Investigation Other</td>
</tr>
<tr>
<td><strong>G2</strong></td>
<td>Physical Condition Just Prior to Injury</td>
<td>Rested Fatigued Ill or injured Other Undetermined</td>
</tr>
<tr>
<td><strong>G3</strong></td>
<td>Severity</td>
<td>Report only, including exposure First aid only Treated by physician (no lost time) Moderate (lost time) Severe (lost time) Life threatening (lost time) Death</td>
</tr>
<tr>
<td><strong>G4</strong></td>
<td>Taken To</td>
<td>Hospital Doctor’s office Morgue/Funeral home Residence Station or quarters Other Not transported</td>
</tr>
<tr>
<td><strong>G5</strong></td>
<td>Activity at Time of Injury</td>
<td>Activity at time of injury</td>
</tr>
<tr>
<td><strong>H1</strong></td>
<td>Primary Apparent Symptom</td>
<td>Primary apparent symptom</td>
</tr>
<tr>
<td><strong>H2</strong></td>
<td>Primary Part of Body Injured</td>
<td>Primary injured body part</td>
</tr>
<tr>
<td><strong>I1</strong></td>
<td>Cause of Firefighter Injury</td>
<td>Cause of injury</td>
</tr>
<tr>
<td><strong>I2</strong></td>
<td>Factor Contributing to Injury</td>
<td>Contributing factor</td>
</tr>
<tr>
<td><strong>I3</strong></td>
<td>Object Involved in Injury</td>
<td>Object involved in injury</td>
</tr>
<tr>
<td><strong>J1</strong></td>
<td>Where Injury Occurred</td>
<td>En route to FD location At FD location En route to incident scene At scene in structure At scene outside At medical facility Returning from incident Returning from med facility Other Undetermined</td>
</tr>
<tr>
<td><strong>J2</strong></td>
<td>Story Where Injury Occurred</td>
<td>Story of injury Below grade Injury occurred outside</td>
</tr>
<tr>
<td><strong>J3</strong></td>
<td>Specific Location Where Injury Occurred</td>
<td>In aircraft In boat, ship, or barge In rail vehicle In motor vehicle In sewer In tunnel In structure In attic In water In well In ravine In quarry or mine In ditch or trench In open pit On steep grade On fire escape/outside stairs On vertical surface or ledge On ground ladder On aerial ladder or in basket On roof Outside at grade</td>
</tr>
<tr>
<td><strong>J4</strong></td>
<td>Vehicle Type</td>
<td>Suppression vehicle EMS vehicle Other FD vehicle Non-FD vehicle</td>
</tr>
<tr>
<td><strong>J5</strong></td>
<td>Remarks</td>
<td>If protective equipment failed and was a factor in this injury, please complete the other side of this form.</td>
</tr>
</tbody>
</table>

**NFIRS–5 Fire Service Casualty**
OMB 1660-0069 Expires 04/30/2019
*Paperwork Burden Notice on Back*
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## Did protective equipment fail and contribute to the injury?

**Yes** Y **No** N

**Sequence Fire Service Number**

---

### Protective Equipment Item

<table>
<thead>
<tr>
<th>Head or Face Protection</th>
<th>Coat, Shirt, or Trousers</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 - Helmet</td>
<td>21 - Protective coat</td>
</tr>
<tr>
<td>12 - Full face protector</td>
<td>22 - Protective trousers</td>
</tr>
<tr>
<td>13 - Partial face protector</td>
<td>23 - Uniform shirt</td>
</tr>
<tr>
<td>14 - Goggles/eye protection</td>
<td>24 - Uniform T-shirt</td>
</tr>
<tr>
<td>15 - Hood</td>
<td>25 - Uniform trousers</td>
</tr>
<tr>
<td>16 - Ear protector</td>
<td>26 - Uniform coat or jacket</td>
</tr>
<tr>
<td>17 - Neck protector</td>
<td>27 - Coveralls</td>
</tr>
<tr>
<td>10 - Other</td>
<td>28 - Apron or gown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Boots or Shoes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>31 - Knee length boots with steel baseplate and steel toes</td>
<td>20 - Other</td>
</tr>
<tr>
<td>32 - Knee length boots with steel toes only</td>
<td>25 - Cut or ripped</td>
</tr>
<tr>
<td>33 - 3/4 length boots with steel baseplate and steel toes</td>
<td>31 - Trapped steam or hazardous gas</td>
</tr>
<tr>
<td>34 - 3/4 length boots with steel toes only</td>
<td>32 - Insufficient insulation</td>
</tr>
<tr>
<td>35 - Boots without steel baseplate and steel toes</td>
<td>33 - Object fell in or onto equipment item</td>
</tr>
<tr>
<td>36 - Safety shoes with steel baseplate and steel toes</td>
<td>41 - Failed under impact</td>
</tr>
<tr>
<td>37 - Safety shoes with steel toes only</td>
<td>42 - Face piece or hose detached</td>
</tr>
<tr>
<td>38 - Non-safety shoes</td>
<td>43 - Exhalation valve inoperative or damaged</td>
</tr>
<tr>
<td>30 - Other</td>
<td>44 - Harness detached or separated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respiratory Protection</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>41 - SCBA (demand) open circuit</td>
<td>44 - Not self-contained</td>
</tr>
<tr>
<td>42 - SCBA (positive pressure) open circuit</td>
<td>45 - Cartridge respirator</td>
</tr>
<tr>
<td>43 - SCBA closed circuit</td>
<td>46 - Dust or particle mask</td>
</tr>
<tr>
<td>44 - Not self-contained</td>
<td>47 - Problem with admissions valve</td>
</tr>
<tr>
<td>45 - Cartridge respirator</td>
<td>48 - Alarm failed to operate</td>
</tr>
<tr>
<td>46 - Dust or particle mask</td>
<td>49 - Alarm damaged by contact</td>
</tr>
<tr>
<td>40 - Other</td>
<td>50 - Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hand Protection</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>51 - Firefighter gloves with wristlets</td>
<td>51 - Supply cylinder or valve failed to operate</td>
</tr>
<tr>
<td>52 - Firefighter gloves without wristlets</td>
<td>52 - Supply cylinder/valve damaged by contact</td>
</tr>
<tr>
<td>53 - Work gloves</td>
<td>54 - HazMat gloves</td>
</tr>
<tr>
<td>55 - Medical gloves</td>
<td>55 - Medical gloves</td>
</tr>
<tr>
<td>50 - Other</td>
<td>50 - Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Equipment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>61 - Proximity suit for entry</td>
<td>94 - Did not fit properly</td>
</tr>
<tr>
<td>62 - Proximity suit for non-entry</td>
<td>95 - Not properly serviced or stored prior to use</td>
</tr>
<tr>
<td>63 - Totally encapsulated, reusable chemical suit</td>
<td>96 - Not used for designed purpose</td>
</tr>
<tr>
<td>64 - Totally encapsulated, disposable chemical suit</td>
<td>97 - Not used as recommended by manufacturer</td>
</tr>
<tr>
<td>65 - Partially encapsulated, reusable chemical suit</td>
<td>00 - Other equipment problem</td>
</tr>
<tr>
<td>66 - Partially encapsulated, disposable chemical suit</td>
<td>00 - Other equipment problem</td>
</tr>
<tr>
<td>67 - Flash protection suit</td>
<td>00 - Other equipment problem</td>
</tr>
<tr>
<td>68 - Flight or jump suit</td>
<td>00 - Other equipment problem</td>
</tr>
<tr>
<td>69 - Brush suit</td>
<td>00 - Other equipment problem</td>
</tr>
<tr>
<td>71 - Exposure suit</td>
<td>00 - Other equipment problem</td>
</tr>
<tr>
<td>72 - Self-contained underwater breathing apparatus (SCUBA)</td>
<td>00 - Other equipment problem</td>
</tr>
<tr>
<td>73 - Life preserver</td>
<td>00 - Other equipment problem</td>
</tr>
<tr>
<td>74 - Life belt or ladder belt</td>
<td>00 - Other equipment problem</td>
</tr>
<tr>
<td>75 - Personal alert safety system (PASS)</td>
<td>00 - Other equipment problem</td>
</tr>
<tr>
<td>76 - Radio distress device</td>
<td>00 - Other equipment problem</td>
</tr>
<tr>
<td>77 - Personal lighting</td>
<td>00 - Other equipment problem</td>
</tr>
<tr>
<td>78 - Fire shelter or tent</td>
<td>00 - Other equipment problem</td>
</tr>
<tr>
<td>79 - Vehicle safety belt</td>
<td>00 - Other equipment problem</td>
</tr>
<tr>
<td>70 - Special equipment, other</td>
<td>00 - Other equipment problem</td>
</tr>
</tbody>
</table>

---

### Protective Equipment Problem

Check one box to indicate the main problem that occurred.

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

---

## Equipment Manufacturer, Model and Serial Number

Manufacturer

Model

Serial Number

(NFIRS-5 Revision 05/01/03)
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NOTE: Do not send your completed form to this address.
### List one injury type for each body site listed under H1

<table>
<thead>
<tr>
<th>H1 Body Site of Injury</th>
<th>H2 Injury Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td>Hypovolemia</td>
</tr>
<tr>
<td>Airway obstruction</td>
<td>Inhalation injury</td>
</tr>
<tr>
<td>Allergic reaction</td>
<td>Obvious death</td>
</tr>
<tr>
<td>Altered LOC</td>
<td>OD/Poisoning</td>
</tr>
<tr>
<td>Behavioral/Psych</td>
<td>Pregnancy/OB</td>
</tr>
<tr>
<td>Burns</td>
<td>Respiratory arrest</td>
</tr>
<tr>
<td>Cardiac arrest</td>
<td>Respiratory distress</td>
</tr>
<tr>
<td>Cardiac dysrhythmia</td>
<td>Seizure</td>
</tr>
</tbody>
</table>

### Provider Impression/Assessment

- Abdominal pain
- Chest pain
- Hypovolemia

- Airway obstruction
- Diabetic symptom
- Inhalation injury

- Allergic reaction
- Do not resuscitate
- Obvious death

- Altered LOC
- Electrocution
- OD/Poisoning

- Behavioral/Psych
- General illness
- Pregnancy/OB

- Burns
- Hemorrhaging/Bleeding
- Respiratory arrest

- Cardiac arrest
- Hyperthermia
- Respiratory distress

- Cardiac dysrhythmia
- Hypothermia
- Seizure

### Other Factors

- Accidental
- Self-inflicted
- Inflicted, not self
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NOTE: Do not send your completed form to this address.
### NFIRS-7 HazMat Form

#### A. Incident Information
- **FDID**: [Provide FDID]
- **State**: [Provide State]
- **Incident Date**: MM DD YYYY
- **Station**: [Provide Station]
- **Incident Number**: [Provide Incident Number]
- **Exposure**: [Provide Exposure]
- **Haz No.**: [Provide Haz No.]

#### B. HazMat ID
- **UN Number**: [Provide UN Number]
- **DOT Hazard Classification**: [Provide DOT Hazard Classification]
- **CAS Registration Number**: [Provide CAS Registration Number]

#### C. Container Information
- **Container Type**: None
- **Estimated Container Capacity**: Capacity: by volume or weight
- **Units: Capacity**: Check one box
  - Volume: Cubic meters
  - Weight: Kilograms

#### D. Released Information
- **Estimated Amount Released**: Amount released: by volume or weight
- **Units: Released**: Check one box
  - Volume: Cubic meters
  - Weight: Kilograms

#### E. Physical State
- **When Released**: Solid, Liquid, Gas, Undetermined
- **Released Into**: [Provide Released Into]

#### F. Released From
- **Released From**: Check all applicable boxes
- **Check Code**: [Provide Check Code]
- **Story of release**: [Provide Story of release]

#### G. Area Affected
- **Estimated Number of People Evacuated**: None
- **Estimated Number of Buildings Evacuated**: None

#### H. HazMat Actions Taken
- **Factors Contributing to Release**: Enter up to three contributing factors
- **Factors Affecting Mitigation**: Enter up to three factors or impediments that affected the mitigation of the incident

#### I. If fire or explosion is involved with a release, which occurred first?
- **Initial Ignition**: [Provide Initial Ignition]
- **Initial Release**: [Provide Initial Release]

#### J. Cause of Release
- **Intentional**: [Provide Intentional]
- **Unintentional release**: [Provide Unintentional release]
- **Container/Containment failure**: [Provide Container/Containment failure]
- **Act of nature**: [Provide Act of nature]
- **Cause under investigation**: [Provide Cause under investigation]
- **Cause undetermined after investigation**: [Provide Cause undetermined after investigation]

#### K. Equipment Involved in Release
- **Equipment Involved in Release**: None
- **Brand**: [Provide Brand]
- **Model**: [Provide Model]
- **Serial #**: [Provide Serial #]
- **Year**: [Provide Year]

#### L. Mobile Property Involved in Release
- **Mobile Property Involved in Release**: None
- **Mobile Property Type**: [Provide Mobile Property Type]
- **Mobile Property Make**: [Provide Mobile Property Make]

#### M. Popolation Density
- **Population Density**: Urban, Suburban, Rural
- **Area Affected**: [Provide Area Affected]
- **Factors Contributing to Release**: [Provide Factors Contributing to Release]

#### N. Mobile Property Involved in Release
- **License Plate Number**: [Provide License Plate Number]
- **DOT Number / ICC Number**: [Provide DOT Number / ICC Number]

#### O. HazMat Disposition
- **Completed by fire service only**: [Provide Completed by fire service only]
- **Completed w/fire service present**: [Provide Completed w/fire service present]
- **Released to local agency**: [Provide Released to local agency]
- **Released to county agency**: [Provide Released to county agency]
- **Released to State agency**: [Provide Released to State agency]
- **Released to Federal agency**: [Provide Released to Federal agency]
- **Released to private agency**: [Provide Released to private agency]
- **Released to property owner or manager**: [Provide Released to property owner or manager]

#### P. HazMat Civilian Casualties
- **Deaths**: [Provide Deaths]
- **Injuries**: [Provide Injuries]
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NOTE: Do not send your completed form to this address.
<table>
<thead>
<tr>
<th>Apparatus or Resources</th>
<th>Dates and Times</th>
<th>Number of People</th>
<th>Apparatus Use</th>
<th>Actions Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID 1</td>
<td>Dispatch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type B</td>
<td>Arrival</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Midnight is 0000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check ONE box for each apparatus to indicate its main use at the incident.

List up to 4 actions for each apparatus.
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NOTE: Do not send your completed form to this address.
### B Apparatus or Resources

<table>
<thead>
<tr>
<th>ID</th>
<th>Type</th>
<th>Dates and Times</th>
<th>Number of People</th>
<th>Apparatus Use</th>
<th>Actions Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Dispatch</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arrival</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clear</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Dispatch</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arrival</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Clear</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Dispatch</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arrival</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clear</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Personnel

<table>
<thead>
<tr>
<th>ID</th>
<th>Name</th>
<th>Rank or Grade</th>
<th>Attend</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

*Check if same date as Alarm date on the Basic Module (Block E1).*

*List up to 4 actions for each apparatus and each personnel.*
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NOTE: Do not send your completed form to this address.
### Case Status

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Investigation open</td>
<td>4</td>
<td>Closed with arrest</td>
</tr>
<tr>
<td>2</td>
<td>Investigation closed</td>
<td>5</td>
<td>Closed with exceptional clearance</td>
</tr>
<tr>
<td>3</td>
<td>Investigation inactive</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Suspected Motivation Factors

Check up to three factors

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 11 | Extortion | 21 | Personal |
| 12 | Labor unrest | 22 | Hate crime |
| 13 | Insurance fraud | 23 | Institutional |
| 14 | Intimidation | 31 | Protest |
| 15 | Void contract/lease | 32 | Civil unrest |
| 16 | Foreclosed property | 41 | Fireplay/Curiosity |

### Incendiary Devices

Select one from each category

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 11 | Wick or fuse | 14 | Pressurized container |
| 12 | Bottle (glass) | 15 | Can (not gas or fuel) |
| 13 | Bottle (plastic) | 16 | Gasoline or fuel can |

### Initial Observations

Check all that apply

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

### Laboratory Used

Check all that apply

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1 | Local | 3 | ATF |
| 2 | State | 4 | FBI |
| 3 | Other | 5 | Private |

### Other Investigative Information

Check all that apply

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1 | Code violations | 2 | Structure for sale |
| 3 | Structure vacant | 4 | Other crimes involved |
| 5 | Illicit drug activity | 6 | Change in insurance |
| 7 | Financial problem | 8 | Criminal/Civil actions pending |
PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-11

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

**M1 Subject Number**
Complete a separate Section M form for each juvenile.

<table>
<thead>
<tr>
<th>Subject Number</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**M2 Age or Date of Birth**
Complete this section if the person involved in the ignition of the fire was a child or Juvenile under the age of 18.

- **Age (in years)**
- **Month**
- **Day**
- **Year**

**OR**

<table>
<thead>
<tr>
<th>Age (in years)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**M3 Gender**

|  | Male | Female |
|  | 1    | 2      |

**M4 Race**

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

**M5 Ethnicity**

1. Hispanic or Latino
2. Non Hispanic or Latino
3. Hispanic or Latino
0. Non Hispanic or Latino

**M6 Family Type**

1. Single parent
2. Foster parent(s)
3. Two-parent family
4. Extended family
5. No family unit
6. Other family unit
7. Unknown

**M7 Motivation/Risk Factors**
Check only one of codes 1–3 and then all others (4–9) that apply.

1. Mild curiosity about fire
2. Moderate curiosity about fire
3. Extreme curiosity about fire
4. Diagnosed (or suspected) ADD/ADHD
5. History of trouble outside school
6. History of stealing or shoplifting
7. History of physically assaulting others
8. History of fireplay or firesetting
9. Transiency
0. Other
U. Unknown

**M8 Disposition of Person Under 18**

1. Handled within department
2. Released to parent/guardian
3. Referred to other authority
4. Referred to treatment/counseling program
5. Arrested, charged as adult
6. Referred to firesetter intervention program
0. Other
U. Unknown

**N Remarks (local use)**

...
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