

Appendix A

Table of Contents

Basic Module: NFIRS-1, Scenario 1-2 Answers	A-3
Fire Module: NFIRS-2, Scenario 2-2 Answers	A-6
Structure Fire Module: NFIRS-3, Scenario 3-2 Answers	A-10
Civilian Fire Casualty Module: NFIRS-4, Scenario 4-2 Answers	A-15
Fire Service Casualty Module: NFIRS-5, Scenario 5-2 Answers	A-21
Emergency Medical Services (EMS) Module: NFIRS-6, Scenario 6-2 Answers	A-29
Hazardous Materials Module: NFIRS-7, Scenario 7-2 Answers	A-33
Wildland Fire Module: NFIRS-8, Scenario 8-2 Answers	A-37
Apparatus or Resources Module: NFIRS-9, Scenario 9-2 Answers	A-41
Personnel Module: NFIRS-10, Scenario 10-2 Answers	A-47
Arson and Juvenile Firesetter Module: NFIRS-11, Scenario 11-2 Answers	A-53

Basic Module: NFIRS-1

Scenario 1-2 Answers

K1 Person/Entity Involved

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

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

Brunswick City

VA State 23351 ZIP Code

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

K2 Owner Same as person involved? Then check this box and skip the rest of this block.

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

Number _____ Prefix _____ Street or Highway _____ Street Type Suffix

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

State _____ ZIP Code _____


L **Remarks:**

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

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure Modules
<input type="checkbox"/> Special structure 112	Complete Fire Module & Section I, Structure Module
<input type="checkbox"/> Confined 113-118	Basic Module Only
<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 Module
<input type="checkbox"/> Outside rubbish fire 150-155	Basic Module Only
<input type="checkbox"/> Special outside fire 160	Complete Fire or Wildland Module
<input type="checkbox"/> Special outside fire 161-163	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire or Wildland Module

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

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

M Authorization

Officer in charge ID 105 Signature Tonya Gordon Position or rank Captain Assignment _____ Month 05 Day 01 Year 2002

Member making report ID 224 Signature Adam Wallner Position or rank FF1 Assignment _____ Month 05 Day 01 Year 2002

Check box if same as Officer in charge.

Fire Module: NFIRS-2 Scenario 2-2 Answers

A 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="002"/> Incident Number <input type="text" value="0005455"/> Exposure <input type="text" value="000"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS-1 Basic
B Location Type <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 for wildland fires.		Census Tract <input type="text" value="0501-10"/>	
<input type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input checked="" type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> US National Grid	MM <input type="text" value="73"/> Prefix <input type="text" value="I-95"/> Street or Highway City <input type="text" value="Brunswick"/> State <input type="text" value="VA"/> ZIP Code <input type="text" value="23351"/>	Suffix <input type="text" value="ST"/> State <input type="text" value="VA"/> ZIP Code <input type="text" value="23351"/>	
C Incident Type <input type="checkbox"/> Passenger Vehicle Incident Type <input type="text" value="131"/>		E1 Dates and Times Midnight is 0000 Month <input type="text" value="05"/> Day <input type="text" value="03"/> Year <input type="text" value="2002"/> Hour <input type="text" value="23"/> Min <input type="text" value="58"/>	
D Aid Given or Received <input checked="" type="checkbox"/> None		E2 Shifts and Alarms Local Option Shift or Platoon <input type="text" value="C"/> Alarms <input type="text" value="A05"/> District <input type="text" value=""/>	
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given	E3 Special Studies Local Option Special Study ID# <input type="text" value=""/> Special Study Value <input type="text" value=""/>		
F Actions Taken <input type="text" value="11"/> Extinguish Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)		G1 Resources <input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus <input type="text" value="2"/> Personnel <input type="text" value="6"/> EMS <input type="text" value="0"/> Other <input type="text" value="0"/> <input type="checkbox"/> Check box if resource counts include aid received resources.	
G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <input type="text" value="26"/> <input type="text" value="000"/> Contents \$ <input type="text" value="0"/>		PRE-INCIDENT VALUE: 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=""/>	
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-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		H1 Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire Service <input type="text" value=""/> <input type="text" value=""/> Civilian <input type="text" value=""/> <input type="text" value=""/> 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 <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.)		I Mixed Use Property <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 <input type="checkbox"/> None 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, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 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"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/boarded 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 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/science laboratory 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 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	

K1 Person/Entity Involved

Local Option Business Name (if applicable) _____ Area Code 414 Phone Number 432 0987

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

X Mr., Ms., Mrs. Robert First Name L MI Last Name Anderson Suffix _____

Number 630 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 Same as person involved? Then check this box and skip the rest of this block.

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

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

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

State _____ ZIP Code _____ - _____

L Local Option **Remarks:**

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 Fire Module based on Incident Type, as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure Modules
<input type="checkbox"/> Special structure 112	Complete Fire Module & Section I, Structure Module
<input type="checkbox"/> Confined 113-118	Basic Module Only
<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 Module
<input type="checkbox"/> Outside rubbish fire 150-155	Basic Module Only
<input type="checkbox"/> Special outside fire 160	Complete Fire or Wildland Module
<input type="checkbox"/> Special outside fire 161-163	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire or Wildland Module

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

M Authorization

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

Check box if same as Officer in charge.

Structure Fire Module: NFIRS-3

Scenario 3-2 Answers

NFIRS 5.0 Self-Study Program

A 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="01"/> YYYY <input type="text" value="2005"/> Station: <input type="text" value="002"/> Incident Number: <input type="text" value="0005433"/> Exposure: <input type="text" value="000"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS-1 Basic
B Location Type <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 for wildland fires.			
<input checked="" 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 <input type="checkbox"/> US National Grid			
Number/Milepost: <input type="text" value="5"/> Prefix: <input type="text" value="E"/> Street or Highway: <input type="text" value="Cary"/> Street Type: <input type="text" value="ST"/> Suffix: <input type="text" value=""/>			
City: <input type="text" value="Brunswick"/> State: <input type="text" value="VA"/> ZIP Code: <input type="text" value="23351"/>			
Cross Street, Directions or National Grid, as applicable: _____			
C Incident Type <input type="checkbox"/> Incident Type: <input type="text" value="111"/> <input type="text" value="Building Fires"/>		E1 Dates and Times <input type="checkbox"/> Check boxes if dates are the same as Alarm Date.	
D Aid Given or Received <input type="checkbox"/> None		Month Day Year Hour Min Alarm: <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1253"/>	
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given		ARRIVAL required, unless canceled or did not arrive. Arrival: <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1305"/>	
Their FOID: _____ Their State: _____ Their Incident Number: _____		CONTROLLED optional, except for wildland fires. Controlled: <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1325"/>	
LAST UNIT CLEARED, required except for wildland fires. Last Unit Cleared: <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1440"/>		E2 Shifts and Alarms Local Option Shift or Platoon: <input type="text" value="A"/> Alarms: <input type="text" value="12"/> District: <input type="text" value=""/>	
E3 Special Studies Local Option Special Study ID#: _____ Special Study Value: _____			
F Actions Taken <input type="checkbox"/>		G1 Resources <input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used.	
Primary Action Taken (1): <input type="text" value="11"/> <input type="text" value="Extinguish"/>		Apparatus: _____ Personnel: _____	
Additional Action Taken (2): <input type="text" value="51"/> <input type="text" value="Ventilate"/>		Suppression: <input type="text" value="3"/> <input type="text" value="12"/>	
Additional Action Taken (3): _____		EMS: <input type="text" value="0"/> <input type="text" value="0"/>	
Other: <input type="text" value="0"/> <input type="text" value="0"/>		<input type="checkbox"/> Check box if resource counts include aid received resources.	
G2 Estimated Dollar Losses and Values			
LOSSES: Required for all fires if known. Optional for non-fires.		Property \$ <input type="text" value="24"/> <input type="text" value="000"/> <input type="checkbox"/> None	
Contents \$ <input type="text" value="9"/> <input type="text" value="600"/> <input type="checkbox"/>		PRE-INCIDENT VALUE: Optional	
Property \$ <input type="text" value="161"/> <input type="text" value="000"/> <input type="checkbox"/>		Contents \$ <input type="text" value="80"/> <input type="text" value="400"/> <input type="checkbox"/>	
Completed Modules		H1 Casualties <input checked="" type="checkbox"/> None	
<input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-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		Deaths Injuries Fire Service: <input type="text" value=""/> <input type="text" value=""/> Civilian: <input type="text" value=""/> <input type="text" value=""/>	
H2 Detector Required for confined fires. 1 <input checked="" type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		H3 Hazardous Materials Release <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.)		I Mixed Use <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 <input type="checkbox"/> None			
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, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 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 checked="" type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily 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 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/science laboratory 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 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 and description only if you have NOT checked a Property Use box.			
Property Use Description: <input type="text" value=""/> Code: <input type="text" value=""/>			

K1 Person/Entity Involved

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

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

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

VA 23351 - _____
 State ZIP Code

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

K2 Owner

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

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

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

Number Prefix Street or Highway Street Type Suffix

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

State ZIP Code


L **Remarks:**

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

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure Modules
<input type="checkbox"/> Special structure 112	Complete Fire Module & Section I, Structure Module
<input type="checkbox"/> Confined 113-118	Basic Module Only
<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 Module
<input type="checkbox"/> Outside rubbish fire 150-155	Basic Module Only
<input type="checkbox"/> Special outside fire 160	Complete Fire or Wildland Module
<input type="checkbox"/> Special outside fire 161-163	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire or Wildland Module

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

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

M Authorization

Officer in charge ID 105 Signature Tonya Gordon Position or rank Captain Assignment _____ Month 05 Day 01 Year 2005

Check box if same as Officer in charge. Member making report ID 224 Signature Adam Wallner Position or rank FF1 Assignment _____ Month 05 Day 01 Year 2005

A FDID <input type="text" value="92188"/> State <input type="text" value="VA"/> Incident Date <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="20"/> <input type="text" value="05"/> Station <input type="text" value="002"/> Incident Number <input type="text" value="0005433"/> Exposure <input type="text" value="0"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change NFIRS-2 Fire
B Property Details B1 <input type="text" value="1"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved</small> B2 <input type="text" value="1"/> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small> B3 <input type="text" value=""/> <input type="checkbox"/> None <input type="checkbox"/> Less than one acre <small>Acres burned (outside fires)</small>	C On-Site Materials or Products <input checked="" type="checkbox"/> None <small>Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved</small> <small>Enter up to three codes. Check one box for each code entered.</small> On-site material (1) <input type="text"/> On-site material (2) <input type="text"/> On-site material (3) <input type="text"/> On-Site Materials Storage Use 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 U <input type="checkbox"/> Undetermined 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 U <input type="checkbox"/> Undetermined 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 U <input type="checkbox"/> Undetermined	
D Ignition D1 <input type="text" value="24"/> Cooking area, kitchen <small>Area of fire origin</small> D2 <input type="text" value="81"/> Heat from direct flame <small>Heat source</small> D3 <input type="text" value="76"/> Cooking materials, incl <small>Item first ignited</small> <input type="checkbox"/> Check box if fire spread was confined to object of origin. D4 <input type="text" value="27"/> Cooking oil <small>Type of material first ignited</small> <small>Required only if item first ignited code is 00 or <70</small>	E1 Cause of Ignition <input checked="" type="checkbox"/> <small>Check box if this is an exposure report.</small> <input type="button" value="Skip to Section G"/> 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 E2 Factors Contributing to Ignition <input type="checkbox"/> None <input type="text" value="53"/> Equipment unattended <small>Factor contributing to ignition (1)</small> <input type="text"/> <input type="text"/> <small>Factor contributing to ignition (2)</small>	E3 Human Factors Contributing to Ignition <small>Check all applicable boxes</small> <input type="checkbox"/> None 1 <input checked="" type="checkbox"/> Asleep 2 <input 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 <small>Estimated age of person involved</small> <input type="text"/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
F1 Equipment Involved in Ignition <input type="checkbox"/> None <small>⇒ If equipment was not involved, skip to Section G</small> <input type="text" value="646"/> Range with or without oven <small>Equipment involved</small> Brand <input type="text" value="Whirlpool"/> Model <input type="text" value="RF330PXVN"/> Serial # <input type="text" value="F925888840"/> Year <input type="text" value="2000"/>	F2 Equipment Power Source <input type="text" value="21"/> Natural Gas or other <small>Equipment Power Source</small> F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input checked="" type="checkbox"/> Stationary <small>Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.</small>	G Fire Suppression Factors <input checked="" type="checkbox"/> None <small>Enter up to three codes.</small> Fire suppression factor (1) <input type="text"/> Fire suppression factor (2) <input type="text"/> Fire suppression factor (3) <input type="text"/>
H1 Mobile Property Involved <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned Mobile property model <input type="text"/> License Plate Number <input type="text"/> State <input type="text"/> VIN <input type="text"/>	H2 Mobile Property Type and Make Mobile property type <input type="text"/> Mobile property make <input type="text"/> Year <input type="text"/>	Local Use <input type="checkbox"/> Pre-Fire Plan Available <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
Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).		

<p>I1 Structure Type ☆</p> <p>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</p> <p>1 <input checked="" type="checkbox"/> Enclosed building</p> <p>2 <input type="checkbox"/> Portable/mobile structure</p> <p>3 <input type="checkbox"/> Open structure</p> <p>4 <input type="checkbox"/> Air-supported structure</p> <p>5 <input type="checkbox"/> Tent</p> <p>6 <input type="checkbox"/> Open platform (e.g., piers)</p> <p>7 <input type="checkbox"/> Underground structure (work areas)</p> <p>8 <input type="checkbox"/> Connective structure (e.g., fences)</p> <p>0 <input type="checkbox"/> Other type of structure</p>	<p>I2 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input checked="" type="checkbox"/> Occupied & operating</p> <p>3 <input type="checkbox"/> Idle, not routinely used</p> <p>4 <input type="checkbox"/> Under major renovation</p> <p>5 <input type="checkbox"/> Vacant and secured</p> <p>6 <input type="checkbox"/> Vacant and unsecured</p> <p>7 <input type="checkbox"/> Being demolished</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>I3 Building Height ☆</p> <p>Count the roof as part of the highest story.</p> <p>Total number of stories at or above grade: <u>2</u></p> <p>Total number of stories below grade: <u>0</u></p>	<p>I4 Main Floor Size ☆</p> <p>Total square feet: <u>2,000</u></p> <p>OR</p> <p>Length in feet: <u> </u> BY Width in feet: <u> </u></p>	<p>NFIRS-3 Structure Fire</p>
--	---	--	--	--

<p>J1 Fire Origin ☆</p> <p>Story of fire origin: <u>1</u></p> <p><input type="checkbox"/> Below grade</p>	<p>J3 Number of Stories Damaged by Flame ☆</p> <p>Count the roof as part of the highest story.</p> <p>Number of stories w/minor damage (1 to 24% flame damage): <u>1</u></p> <p>Number of stories w/significant damage (25 to 49% flame damage): <u>0</u></p> <p>Number of stories w/heavy damage (50 to 74% flame damage): <u>0</u></p> <p>Number of stories w/extreme damage (75 to 100% flame damage): <u>0</u></p>	<p>K Type of Material Contributing Most to Flame Spread</p> <p><input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. → Skip to Section L</p> <p>K1 Item contributing most to flame spread: <u> </u></p> <p>K2 Type of material contributing most to flame spread: <u> </u> Required only if item contributing code is 00 or <70.</p>
<p>J2 Fire Spread ☆</p> <p>If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module)</p> <p>2 <input checked="" type="checkbox"/> Confined to room of origin</p> <p>3 <input type="checkbox"/> Confined to floor of origin</p> <p>4 <input type="checkbox"/> Confined to building of origin</p> <p>5 <input type="checkbox"/> Beyond building of origin</p>		

<p>L1 Presence of Detectors ☆</p> <p>(In area of the fire)</p> <p>N <input type="checkbox"/> None Present → Skip to Section M</p> <p>1 <input checked="" type="checkbox"/> Present</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L3 Detector Power Supply</p> <p>1 <input type="checkbox"/> Battery only</p> <p>2 <input checked="" type="checkbox"/> Hardwire only</p> <p>3 <input type="checkbox"/> Plug-in</p> <p>4 <input type="checkbox"/> Hardwire with battery</p> <p>5 <input type="checkbox"/> Plug-in with battery</p> <p>6 <input type="checkbox"/> Mechanical</p> <p>7 <input type="checkbox"/> Multiple detectors & power supplies</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L5 Detector Effectiveness</p> <p>Required if detector operated.</p> <p>1 <input checked="" type="checkbox"/> Alerted occupants, occupants responded</p> <p>2 <input type="checkbox"/> Alerted occupants, occupants failed to respond</p> <p>3 <input type="checkbox"/> There were no occupants</p> <p>4 <input type="checkbox"/> Failed to alert occupants</p> <p>U <input type="checkbox"/> Undetermined</p>
<p>L2 Detector Type</p> <p>1 <input checked="" type="checkbox"/> Smoke</p> <p>2 <input type="checkbox"/> Heat</p> <p>3 <input type="checkbox"/> Combination smoke and heat</p> <p>4 <input type="checkbox"/> Sprinkler, water flow detection</p> <p>5 <input type="checkbox"/> More than one type present</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L4 Detector Operation</p> <p>1 <input type="checkbox"/> Fire too small to activate</p> <p>2 <input checked="" type="checkbox"/> Operated → Complete Block L5</p> <p>3 <input type="checkbox"/> Failed to operate → Complete Block L6</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L6 Detector Failure Reason</p> <p>Required if detector failed to operate</p> <p>1 <input type="checkbox"/> Power failure, shutoff, or disconnect</p> <p>2 <input type="checkbox"/> Improper installation or placement</p> <p>3 <input type="checkbox"/> Defective</p> <p>4 <input type="checkbox"/> Lack of maintenance, includes not cleaning</p> <p>5 <input type="checkbox"/> Battery missing or disconnected</p> <p>6 <input type="checkbox"/> Battery discharged or dead</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>

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

**Civilian Fire Casualty
Module: NFIRS-4
Scenario 4-2 Answers**

A 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="01"/> YYYY <input type="text" value="2005"/> Station: <input type="text" value="002"/> Incident Number: <input type="text" value="0005433"/> Exposure: <input type="text" value="000"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS-1 Basic
B Location Type <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 for wildland fires.		Density Tract: <input type="text" value="0501-101"/>	
<input checked="" 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 <input type="checkbox"/> US National Grid		Number/Milepost: <input type="text" value="5"/> Prefix: <input type="text" value="E"/> Street or Highway: <input type="text" value="Cary"/> Street Type: <input type="text" value="ST"/> Suffix: <input type="text" value=""/>	
Apt./Suite/Room: <input type="text" value=""/> City: <input type="text" value="Brunswick"/> State: <input type="text" value="VA"/> ZIP Code: <input type="text" value="23351"/>		Cross Street, Directions or National Grid, as applicable	
C Incident Type <input type="checkbox"/> Incident Type: <input type="text" value="111"/> Building Fires		E1 Dates and Times Midnight is 0000 Month Day Year Hour Min Alarm <input checked="" type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1253"/>	
D Aid Given or Received <input type="checkbox"/> None <input checked="" type="checkbox"/> None		Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1305"/> Controlled <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1325"/> Last Unit Cleared <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1440"/>	
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given		ARRIVAL required, unless cancelled or did not arrive. CONTROLLED optional, except for wildland fires. LAST UNIT CLEARED required except for wildland fires.	
Their FDID: <input type="text" value=""/> Their State: <input type="text" value=""/> Their incident Number: <input type="text" value=""/>		E2 Shifts and Alarms Local Option: Shift of Platoon: <input type="text" value="A"/> Alarms: <input type="text" value="1"/> District: <input type="text" value="2"/>	
F Actions Taken <input type="checkbox"/> Primary Action Taken (1): <input type="text" value="11"/> Extinguish Additional Action Taken (2): <input type="text" value="51"/> Ventilate Additional Action Taken (3): <input type="text" value=""/>		G1 Resources <input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus Personnel Suppression: <input type="text" value="3"/> <input type="text" value="12"/> EMS: <input type="text" value="0"/> <input type="text" value="0"/> Other: <input type="text" value="0"/> <input type="text" value="0"/>	
Check box if resource counts include aid received resources.		G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <input type="text" value=""/> <input type="text" value="24"/> <input type="text" value="000"/> Contents \$ <input type="text" value=""/> <input type="text" value="9"/> <input type="text" value="1600"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text" value=""/> <input type="text" value="161"/> <input type="text" value="000"/> Contents \$ <input type="text" value=""/> <input type="text" value="80"/> <input type="text" value="400"/>	
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-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		H1 Casualties <input type="checkbox"/> None Deaths Injuries Fire Service: <input type="text" value="0"/> <input type="text" value="0"/> Civilian: <input type="text" value="0"/> <input type="text" value="1"/>	
H2 Detector Required for confined fires. 1 <input checked="" type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		H3 Hazardous Materials Release <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.)	
I Mixed Use Property <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 <input type="checkbox"/> None 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, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 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 checked="" type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/boarded 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 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/science laboratory 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 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 and description only if you have NOT checked a Property Use box. Property Use: <input type="text" value=""/> Code: <input type="text" value=""/> Property Use Description: <input type="text" value=""/>	

K1 Person/Entity Involved

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

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

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

State **VA** ZIP Code **23351** - _____

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

K2 Owner Same as person involved? Then check this box and skip the rest of this block.

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

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

State _____ ZIP Code _____


L **Remarks:**

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

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure Modules
<input type="checkbox"/> Special structure 112	Complete Fire Module & Section I, Structure Module
<input type="checkbox"/> Confined 113-118	Basic Module Only
<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 Module
<input type="checkbox"/> Outside rubbish fire 150-155	Basic Module Only
<input type="checkbox"/> Special outside fire 160	Complete Fire or Wildland Module
<input type="checkbox"/> Special outside fire 161-163	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire or Wildland 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 **105** Signature **Tonya Gordon** Position or rank **Captain** Assignment _____ Month **05** Day **01** Year **2005**

Member making report ID **224** Signature **Adam Wallner** Position or rank **FF1** Assignment _____ Month **05** Day **01** Year **2005**

A FDID <input type="text" value="92188"/> State <input type="text" value="VA"/> Incident Date <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> Station <input type="text" value="002"/> Incident Number <input type="text" value="0005433"/> Exposure <input type="text" value="0"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change NFIRS-2 Fire
B Property Details B1 <input type="text" value="1"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved</small> B2 <input type="text" value="1"/> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small> B3 <input type="text" value=""/> <input type="checkbox"/> None <input type="checkbox"/> Less than one acre <small>Acres burned (outside fires)</small>		C On-Site Materials or Products <input checked="" type="checkbox"/> None <small>Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved</small> Enter up to three codes. Check one box for each code entered. On-site material (1) <input type="text"/> On-site material (2) <input type="text"/> On-site material (3) <input type="text"/> On-Site Materials Storage Use 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 U <input type="checkbox"/> Undetermined 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 U <input type="checkbox"/> Undetermined 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 U <input type="checkbox"/> Undetermined
D Ignition D1 <input type="text" value="24"/> <input type="checkbox"/> Cooking area, kitchen <small>Area of fire origin</small> D2 <input type="text" value="81"/> <input type="checkbox"/> Heat from direct flame <small>Heat source</small> D3 <input type="text" value="76"/> <input type="checkbox"/> Cooking materials, incl <small>Item first ignited</small> <input type="checkbox"/> Check box if fire spread was confined to object of origin. D4 <input type="text" value="27"/> <input type="checkbox"/> Cooking oil, transome <small>Type of material first ignited</small> <small>Required only if item first ignited code is 00 or <70</small>		E1 Cause of Ignition <input checked="" type="checkbox"/> <input type="checkbox"/> Check box if this is an exposure report. ➔ Skip to Section G 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 E2 Factors Contributing to Ignition <input type="checkbox"/> None <input type="text" value="53"/> <input type="checkbox"/> Equipment unattended <small>Factor contributing to ignition (1)</small> <input type="text"/> <input type="text"/> <small>Factor contributing to ignition (2)</small> E3 Human Factors Contributing to Ignition Check all applicable boxes <input type="checkbox"/> None 1 <input checked="" type="checkbox"/> Asleep 2 <input 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 involved <input type="text"/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
F1 Equipment Involved in Ignition <input type="checkbox"/> None ➔ If equipment was not involved, skip to Section G <input type="text" value="646"/> <input type="checkbox"/> Range with or without oven <small>Equipment Involved</small> Brand <input type="text" value="Whirlpool"/> Model <input type="text" value="RF330PXVN"/> Serial # <input type="text" value="F925888840"/> Year <input type="text" value="2000"/>		F2 Equipment Power Source <input type="text" value="21"/> <input type="checkbox"/> Natural Gas or other <small>Equipment Power Source</small> F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input checked="" type="checkbox"/> Stationary <small>Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.</small> G Fire Suppression Factors <input checked="" type="checkbox"/> None Enter up to three codes. Fire suppression factor (1) <input type="text"/> Fire suppression factor (2) <input type="text"/> Fire suppression factor (3) <input type="text"/>
H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned ➔ Mobile property model <input type="text"/> License Plate Number <input type="text"/> State <input type="text"/> VIN <input type="text"/> Year <input type="text"/>		H2 Mobile Property Type and Make Mobile property type <input type="text"/> Mobile property make <input type="text"/> Local Use <input type="checkbox"/> Pre-Fire Plan Available <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 <hr/> <hr/> <hr/> <hr/>
Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).		

<p>I1 Structure Type ☆</p> <p>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</p> <p>1 <input checked="" type="checkbox"/> Enclosed building</p> <p>2 <input type="checkbox"/> Portable/mobile structure</p> <p>3 <input type="checkbox"/> Open structure</p> <p>4 <input type="checkbox"/> Air-supported structure</p> <p>5 <input type="checkbox"/> Tent</p> <p>6 <input type="checkbox"/> Open platform (e.g., piers)</p> <p>7 <input type="checkbox"/> Underground structure (work areas)</p> <p>8 <input type="checkbox"/> Connective structure (e.g., fences)</p> <p>0 <input type="checkbox"/> Other type of structure</p>	<p>I2 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input checked="" type="checkbox"/> Occupied & operating</p> <p>3 <input type="checkbox"/> Idle, not routinely used</p> <p>4 <input type="checkbox"/> Under major renovation</p> <p>5 <input type="checkbox"/> Vacant and secured</p> <p>6 <input type="checkbox"/> Vacant and unsecured</p> <p>7 <input type="checkbox"/> Being demolished</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>I3 Building Height ☆</p> <p>Count the roof as part of the highest story.</p> <p><u> 2 </u></p> <p>Total number of stories at or above grade</p> <p><u> 0 </u></p> <p>Total number of stories, below grade</p>	<p>I4 Main Floor Size ☆</p> <p>NFIRS-3 Structure Fire</p> <p>Total square feet: <u> 1 </u>, <u> 0 </u>, <u> 0 </u></p> <p>OR</p> <p>Length in feet: <u> </u> BY Width in feet: <u> </u></p>
--	---	---	--

<p>J1 Fire Origin ☆</p> <p><u> 1 </u></p> <p>Story of fire origin</p> <p><input type="checkbox"/> Below grade</p>	<p>J3 Number of Stories Damaged by Flame ☆</p> <p>Count the roof as part of the highest story.</p> <p><u> 1 </u> Number of stories w/minor damage (1 to 24% flame damage)</p> <p><u> 0 </u> Number of stories w/significant damage (25 to 49% flame damage)</p> <p><u> 0 </u> Number of stories w/heavy damage (50 to 74% flame damage)</p> <p><u> 0 </u> Number of stories w/extreme damage (75 to 100% flame damage)</p>	<p>K Type of Material Contributing Most to Flame Spread ☆</p> <p><input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine: Skip to Section L</p> <p>K1 <u> </u></p> <p>Item contributing most to flame spread</p> <p>K2 <u> </u></p> <p>Type of material contributing most to flame spread Required only if item contributing code is 00 or -70.</p>
<p>J2 Fire Spread ☆</p> <p>If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module)</p> <p>2 <input checked="" type="checkbox"/> Confined to room of origin</p> <p>3 <input type="checkbox"/> Confined to floor of origin</p> <p>4 <input type="checkbox"/> Confined to building of origin</p> <p>5 <input type="checkbox"/> Beyond building of origin</p>		

<p>L1 Presence of Detectors ☆</p> <p>(In area of the fire)</p> <p>N <input type="checkbox"/> None Present Skip to Section M</p> <p>1 <input checked="" type="checkbox"/> Present</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L3 Detector Power Supply ☆</p> <p>1 <input type="checkbox"/> Battery only</p> <p>2 <input checked="" type="checkbox"/> Hardwire only</p> <p>3 <input type="checkbox"/> Plug-in</p> <p>4 <input type="checkbox"/> Hardwire with battery</p> <p>5 <input type="checkbox"/> Plug-in with battery</p> <p>6 <input type="checkbox"/> Mechanical</p> <p>7 <input type="checkbox"/> Multiple detectors & power supplies</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L5 Detector Effectiveness ☆</p> <p>Required if detector operated.</p> <p>1 <input checked="" type="checkbox"/> Alerted occupants, occupants responded</p> <p>2 <input type="checkbox"/> Alerted occupants, occupants failed to respond</p> <p>3 <input type="checkbox"/> There were no occupants</p> <p>4 <input type="checkbox"/> Failed to alert occupants</p> <p>U <input type="checkbox"/> Undetermined</p>
<p>L2 Detector Type ☆</p> <p>1 <input checked="" type="checkbox"/> Smoke</p> <p>2 <input type="checkbox"/> Heat</p> <p>3 <input type="checkbox"/> Combination smoke and heat</p> <p>4 <input type="checkbox"/> Sprinkler, water flow detection</p> <p>5 <input type="checkbox"/> More than one type present</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L4 Detector Operation ☆</p> <p>1 <input type="checkbox"/> Fire too small to activate</p> <p>2 <input checked="" type="checkbox"/> Operated Complete Block L5</p> <p>3 <input type="checkbox"/> Failed to operate Complete Block L5</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L6 Detector Failure Reason ☆</p> <p>Required if detector failed to operate</p> <p>1 <input type="checkbox"/> Power failure, shutoff, or disconnect</p> <p>2 <input type="checkbox"/> Improper installation or placement</p> <p>3 <input type="checkbox"/> Defective</p> <p>4 <input type="checkbox"/> Lack of maintenance, includes not cleaning</p> <p>5 <input type="checkbox"/> Battery missing or disconnected</p> <p>6 <input type="checkbox"/> Battery discharged or dead</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>

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

A	FDID <input type="text" value="92188"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change	State <input type="text" value="VA"/> <input type="checkbox"/> Change	Incident Date <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="checkbox"/> Change	Station <input type="text" value="002"/> <input type="checkbox"/> Change	Incident Number <input type="text" value="0005433"/> <input type="checkbox"/> Change	Exposure <input type="text" value="0"/> <input type="checkbox"/> Change	NFIRS-4 Civilian Fire Casualty
----------	---	---	---	--	--	---	---

B Injured Person	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	C Casualty Number
First Name <input type="text" value="Christy"/> MI <input type="text"/> Last Name <input type="text" value="Gordon"/> Suffix <input type="text"/>		Casualty Number <input type="text" value="1"/>

D Age or Date of Birth <input type="checkbox"/> Months (for infants)	E1 Race	F Affiliation	H Severity
Age <input type="text" value="66"/> <input type="checkbox"/> Months (for infants) OR Date of Birth Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	1 <input checked="" type="checkbox"/> White 2 <input type="checkbox"/> Black, African American 3 <input type="checkbox"/> Am. Indian, Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian, Other Pacific Islander 0 <input type="checkbox"/> Other, multiracial U <input type="checkbox"/> Undetermined	1 <input checked="" type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death U <input type="checkbox"/> Undetermined
	E2 Ethnicity	G Date and Time of Injury <small>Midnight is 0000.</small>	
	1 <input type="checkbox"/> Hispanic or Latino 0 <input checked="" type="checkbox"/> Non Hispanic or Latino	Date of Injury: Month <input type="text" value="05"/> Day <input type="text" value="01"/> Year <input type="text" value="2005"/> Time of Injury: Hour <input type="text" value="1"/> Minute <input type="text" value="25"/>	

I Cause of Injury	J Human Factors Contributing to Injury <input type="checkbox"/> None	K Factors Contributing to Injury <input type="checkbox"/> None
1 <input checked="" type="checkbox"/> Exposed to fire products including flame heat, smoke, and 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 or strain 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	Check all applicable boxes 1 <input checked="" type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	Enter up to three contributing factors: 23 Vision blocked or impaired by smoke Contributing factor (1) 63 Improper use of cooking equipment Contributing factor (2) Contributing factor (3)

L Activity When Injured	M1 Location at Time of Incident	M3 Story at Start of Incident
1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input checked="" type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin and not involved 3 <input checked="" type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area of origin and involved 0 <input type="checkbox"/> Other location U <input type="checkbox"/> Undetermined	Complete ONLY if injury occurred INSIDE Story at start of incident <input type="text" value="2"/> <input type="checkbox"/> Below grade
	M2 General Location at Time of Injury	M4 Story Where Injury Occurred
	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 Block Ms U <input type="checkbox"/> Undetermined	Story where injury occurred, if different from M3 <input type="text" value="2"/> <input type="checkbox"/> Below grade
		M5 Specific Location at Time of Injury
		Complete ONLY if casualty NOT in area of origin 21 Bedroom - < 5 persons; incl Specific location at time of injury

N Primary Apparent Symptom	O Primary Area of Body Injured	P Disposition
01 <input checked="" type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns and 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 <input type="text"/>	1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck and shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input checked="" type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	<input checked="" type="checkbox"/> Transported to emergency care facility Remarks <input type="text"/> Local option

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

A FDID: 92188 State: VA Incident Date: MM 05 DD 01 YYYY 2005 Station: 002 Incident Number: 0005433 Exposure: 000 Delete Change No Activity **NFIRS-1 Basic**

B Location Type 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 for wildland fires. Census Tract: 0501-10

Street address
 Intersection Number/Milepost: 5 Prefix: E Street or Highway: Cary Street Type: ST Suffix:
 In front of
 Rear of Apt./Suite/Room: City: Brunswick State: VA ZIP Code: 23351
 Adjacent to
 Directions
 US National Grid Cross Street, Directions or National Grid, as applicable

C Incident Type 111 **Building Fires** Incident Type

D Aid Given or Received **None**

1 Mutual aid received
 2 Auto. aid received
 3 Mutual aid given
 4 Auto. aid given
 5 Other aid given

E1 Dates and Times Midnight is 0000
 Check boxes if dates are the same as Alarm Date.
 Alarm 05 01 2005 12 53
 ARRIVAL required, unless canceled or did not arrive:
 Arrival 05 01 2005 13 05
 CONTROLLED optional, except for wildland fires:
 Controlled 05 01 2005 13 25
 LAST UNIT CLEARED, required except for Wildland fires:
 Last Unit Cleared 05 01 2005 14 40

E2 Shifts and Alarms Local Option
 Shift or Platoon: A Alarms: A12 District:
E3 Special Studies Local Option
 Special Study ID#: Special Study Value:

F Actions Taken 11 **Extinguish** Primary Action Taken (1)
51 **Ventilate** Additional Action Taken (2)
 Additional Action Taken (3):

G1 Resources Check this box and skip this block if an Apparatus or Personnel Module is used.
 Apparatus: 3 Personnel: 12
 EMS: 0 Other: 0
 Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses and Values Required for all fires if known. Optional for non-fires. None
 Property \$ 24,000
 Contents \$ 9,600
 PRE-INCIDENT VALUE: Optional
 Property \$ 161,000
 Contents \$ 80,400

Completed Modules
 Fire-2
 Structure Fire-3
 Civilian Fire Cas.-4
 Fire Service Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1 Casualties None
 Deaths: Injuries:
 Fire Service: 0 1
 Civilian: 0 1

H2 Detector Required for confined fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release None
 1 Natural gas: slow leak, no evacuation or HazMat actions.
 2 Propane gas: <21-lb tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable storage
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling <55 gallons
 0 Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)

I Mixed Use Property Not mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Business & residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use Structures None

131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/tavern or nightclub
 213 Elementary school, kindergarten
 215 High school, junior high
 241 College, adult education
 311 Nursing home
 331 Hospital

Outside
 124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field

341 Clinic, clinic-type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1- or 2-family dwelling
 429 Multifamily dwelling
 439 Rooming/boarded house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales

539 Household goods, sales, repairs
 571 Gas or service station
 579 Motor vehicle/boat sales/repairs
 599 Business office
 615 Electric-generating plant
 629 Laboratory/science laboratory
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

936 Vacant lot
 938 Graded/cared for plot of land
 946 Lake, river, stream
 951 Railroad right-of-way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway

539 Household goods, sales, repairs
 571 Gas or service station
 579 Motor vehicle/boat sales/repairs
 599 Business office
 615 Electric-generating plant
 629 Laboratory/science laboratory
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

981 Construction site
 984 Industrial plant yard

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
 Property Use: Code:
 Property Use Description

NFIRS-1 Revision 01/01/05

K1 Person/Entity Involved

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

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

Brunswick
 Post Office Box Apt./Suite/Room City

VA 23351
 State ZIP Code

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

K2 Owner

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

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

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

 Number Prefix Street or Highway Street Type Suffix

 Post Office Box Apt./Suite/Room City

 State ZIP Code

L **Remarks:**


Local Option _____

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

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure Modules
<input type="checkbox"/> Special structure 112	Complete Fire Module & Section I, Structure Module
<input type="checkbox"/> Confined 113-118	Basic Module Only
<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 Module
<input type="checkbox"/> Outside rubbish fire 150-155	Basic Module Only
<input type="checkbox"/> Special outside fire 160	Complete Fire or Wildland Module
<input type="checkbox"/> Special outside fire 161-163	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire or Wildland Module

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

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

M Authorization

 Officer in charge ID Signature Position or rank Assignment Month Day Year

105 Tonya Gordon Captain 05 01 2005

Check box if same as Officer in charge. _____
 Member making report ID Signature Position or rank Assignment Month Day Year

224 Adam Wallner FF1 05 01 2005

A FDID State Incident Date Station Incident Number Exposure Delete Change **NFIRS-2 Fire**

B Property Details

B1 Not Residential
Estimated number of residential living units in building of origin *whether or not all units became involved*

B2 Buildings not involved
Number of buildings involved

B3 None Less than one acre
Acres burned (outside fires)

C On-Site Materials or Products None Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved

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

On-site material (1)

On-site material (2)

On-site material (3)

On-Site Materials Storage Use

1 Bulk storage or warehousing
2 Processing or manufacturing
3 Packaged goods for sale
4 Repair or service
U Undetermined

D Ignition

D1 Cooking area, kitchen
Area of fire origin

D2 Heat from direct flame
Heat source

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

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

E1 Cause of Ignition Check box if this is an exposure report.

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

E2 Factors Contributing to Ignition None

Equipment unattended
Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition None

Check all applicable boxes

1 Asleep
2 Possibly impaired by alcohol or drugs
3 Unattended person
4 Possibly mentally disabled
5 Physically disabled
6 Multiple persons involved

7 Age was a factor

Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved in Ignition None None

Range with or without oven
Equipment Involved

Brand
Model
Serial #
Year

F2 Equipment Power Source

Natural Gas or other
Equipment Power Source

F3 Equipment Portability

1 Portable
2 Stationary

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

G Fire Suppression Factors None

Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved None

1 Not involved in ignition, but burned
2 Involved in ignition, but did not burn
3 Involved in ignition and burned

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Mobile property model

Year

License Plate Number State VIN

Local Use

Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other agencies:

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).

NFIRS-2 Revision 01/01/05

<p>I1 Structure Type ☆</p> <p><small>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</small></p> <p>1 <input checked="" type="checkbox"/> Enclosed building</p> <p>2 <input type="checkbox"/> Portable/mobile structure</p> <p>3 <input type="checkbox"/> Open structure</p> <p>4 <input type="checkbox"/> Air-supported structure</p> <p>5 <input type="checkbox"/> Tent</p> <p>6 <input type="checkbox"/> Open platform (e.g., piers)</p> <p>7 <input type="checkbox"/> Underground structure (work areas)</p> <p>8 <input type="checkbox"/> Connective structure (e.g., fences)</p> <p>0 <input type="checkbox"/> Other type of structure</p>	<p>I2 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input checked="" type="checkbox"/> Occupied & operating</p> <p>3 <input type="checkbox"/> Idle, not routinely used</p> <p>4 <input type="checkbox"/> Under major renovation</p> <p>5 <input type="checkbox"/> Vacant and secured</p> <p>6 <input type="checkbox"/> Vacant and unsecured</p> <p>7 <input type="checkbox"/> Being demolished</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>I3 Building Height ☆</p> <p><small>Count the roof as part of the highest story.</small></p> <p style="text-align: center;"> 2 </p> <p><small>Total number of stories at or above grade</small></p> <p style="text-align: center;"> 0 </p> <p><small>Total number of stories below grade</small></p>	<p>I4 Main Floor Size ☆</p> <p style="text-align: right;">NFIRS-3 Structure Fire</p> <p style="text-align: center;"> 1 0 0 0 </p> <p><small>Total square feet</small></p> <p style="text-align: center;">OR</p> <p style="text-align: center;"> BY </p> <p><small>Length in feet Width in feet</small></p>
---	---	---	--

<p>J1 Fire Origin ☆</p> <p style="text-align: center;"> 1 </p> <p><small>Story of fire origin</small></p> <p><input type="checkbox"/> Below grade</p>	<p>J3 Number of Stories Damaged by Flame ☆</p> <p><small>Count the roof as part of the highest story.</small></p> <p style="text-align: center;"> 1 </p> <p><small>Number of stories w/minor damage (1 to 24% flame damage)</small></p> <p style="text-align: center;"> 0 </p> <p><small>Number of stories w/significant damage (25 to 49% flame damage)</small></p> <p style="text-align: center;"> 0 </p> <p><small>Number of stories w/heavy damage (50 to 74% flame damage)</small></p> <p style="text-align: center;"> 0 </p> <p><small>Number of stories w/extreme damage (75 to 100% flame damage)</small></p>	<p>K Type of Material Contributing Most to Flame Spread ☆</p> <p><input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. → Skip to Section L</p> <p>K1 </p> <p><small>Item contributing most to flame spread</small></p> <p>K2 </p> <p><small>Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</small></p>
<p>J2 Fire Spread ☆</p> <p><small>If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module)</small></p> <p>2 <input checked="" type="checkbox"/> Confined to room of origin</p> <p>3 <input type="checkbox"/> Confined to floor of origin</p> <p>4 <input type="checkbox"/> Confined to building of origin</p> <p>5 <input type="checkbox"/> Beyond building of origin</p>		

<p>L1 Presence of Detectors ☆</p> <p><small>(In area of the fire)</small></p> <p>N <input type="checkbox"/> None Present → Skip to Section M</p> <p>1 <input checked="" type="checkbox"/> Present</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L3 Detector Power Supply ☆</p> <p>1 <input type="checkbox"/> Battery only</p> <p>2 <input checked="" type="checkbox"/> Hardwire only</p> <p>3 <input type="checkbox"/> Plug-in</p> <p>4 <input type="checkbox"/> Hardwire with battery</p> <p>5 <input type="checkbox"/> Plug-in with battery</p> <p>6 <input type="checkbox"/> Mechanical</p> <p>7 <input type="checkbox"/> Multiple detectors & power supplies</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L5 Detector Effectiveness ☆</p> <p><small>Required if detector operated.</small></p> <p>1 <input checked="" type="checkbox"/> Alerted occupants, occupants responded</p> <p>2 <input type="checkbox"/> Alerted occupants, occupants failed to respond</p> <p>3 <input type="checkbox"/> There were no occupants</p> <p>4 <input type="checkbox"/> Failed to alert occupants</p> <p>U <input type="checkbox"/> Undetermined</p>
<p>L2 Detector Type ☆</p> <p>1 <input checked="" type="checkbox"/> Smoke</p> <p>2 <input type="checkbox"/> Heat</p> <p>3 <input type="checkbox"/> Combination smoke and heat</p> <p>4 <input type="checkbox"/> Sprinkler, water flow detection</p> <p>5 <input type="checkbox"/> More than one type present</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L4 Detector Operation ☆</p> <p>1 <input type="checkbox"/> Fire too small to activate</p> <p>2 <input checked="" type="checkbox"/> Operated → Complete Block L5</p> <p>3 <input type="checkbox"/> Failed to operate → Complete Block L6</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L6 Detector Failure Reason ☆</p> <p><small>Required if detector failed to operate</small></p> <p>1 <input type="checkbox"/> Power failure, shutoff, or disconnect</p> <p>2 <input type="checkbox"/> Improper installation or placement</p> <p>3 <input type="checkbox"/> Defective</p> <p>4 <input type="checkbox"/> Lack of maintenance, includes not cleaning</p> <p>5 <input type="checkbox"/> Battery missing or disconnected</p> <p>6 <input type="checkbox"/> Battery discharged or dead</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>

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

A	FDID <input type="text" value="92188"/>	State <input type="text" value="VA"/>	Incident Date <input type="text" value="05/01/2005"/>	Station <input type="text" value="002"/>	Incident Number <input type="text" value="0005433"/>	Exposure <input type="text" value="0"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-4 Civilian Fire Casualty
----------	---	---------------------------------------	---	--	--	---	--	---

B Injured Person	Gender 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female	C Casualty Number
First Name: <input type="text" value="Christy"/> MI: <input type="text"/> Last Name: <input type="text" value="Gordon"/> Suffix: <input type="text"/>		Casualty Number: <input type="text" value="1"/>

D Age or Date of Birth ☆	E1 Race	F Affiliation	H Severity ☆
Age: <input type="text" value="66"/> Months (for Infants) <input type="checkbox"/> OR Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>	1 <input checked="" type="checkbox"/> White 2 <input type="checkbox"/> Black, African American 3 <input type="checkbox"/> Am. Indian, Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian, Other Pacific Islander 0 <input type="checkbox"/> Other, multiracial U <input type="checkbox"/> Undetermined	1 <input checked="" type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death U <input type="checkbox"/> Undetermined
	E2 Ethnicity	G Date and Time of Injury	
	1 <input type="checkbox"/> Hispanic or Latino 0 <input checked="" type="checkbox"/> Non Hispanic or Latino	Date of Injury: <input type="text" value="05/01/2005"/> Time of Injury: <input type="text" value="1250"/> (Midnight is 0000)	

I Cause of Injury	J Human Factors Contributing to Injury <input type="checkbox"/> None	K Factors Contributing to Injury <input type="checkbox"/> None
1 <input checked="" type="checkbox"/> Exposed to fire products including flame heat, smoke, and 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 or strain 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	Check all applicable boxes 1 <input checked="" type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	Enter up to three contributing factors <input type="text" value="23"/> Vision blocked or impaired by smoke Contributing factor (1) <input type="text" value="63"/> Improper use of cooking equipment Contributing factor (2) Contributing factor (3)

L Activity When Injured	M1 Location at Time of Incident	M3 Story at Start of Incident
1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input checked="" type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin and not involved 3 <input checked="" type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area of origin and involved 0 <input type="checkbox"/> Other location U <input type="checkbox"/> Undetermined	Complete ONLY if injury occurred INSIDE Story at start of incident: <input type="text" value="2"/> <input type="checkbox"/> Below grade
	M2 General Location at Time of Injury	M4 Story Where Injury Occurred
	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 Block Ms U <input type="checkbox"/> Undetermined	Story where injury occurred, if different from M3: <input type="text" value="2"/> <input type="checkbox"/> Below grade
		M5 Specific Location at Time of Injury
		Complete ONLY if casualty NOT in area of origin <input type="text" value="21"/> Bedroom - < 5 persons; incl Specific location at time of injury

N Primary Apparent Symptom	O Primary Area of Body Injured	P Disposition
01 <input checked="" type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns and 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: <input type="text"/>	1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck and shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input checked="" type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	<input checked="" type="checkbox"/> Transported to emergency care facility Remarks: <input type="text"/> Local option

K1 Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answer YES.	Yes Y <input type="checkbox"/> No N <input checked="" type="checkbox"/>	Equipment Sequence Number 	NFIRS-5 Fire Service Casualty
---	--	--	--

K2 Protective Equipment Item	K3 Protective Equipment Problem Check one box to indicate the main problem that occurred.
<p>Head or Face Protection</p> 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input type="checkbox"/> Other	11 <input type="checkbox"/> Burned 12 <input type="checkbox"/> Melted 21 <input type="checkbox"/> Fractured, cracked or broken 22 <input type="checkbox"/> Punctured 23 <input type="checkbox"/> Scratched 24 <input type="checkbox"/> Knocked off 25 <input type="checkbox"/> Cut or ripped 31 <input type="checkbox"/> Trapped steam or hazardous gas 32 <input type="checkbox"/> Insufficient insulation 33 <input type="checkbox"/> Object fell in or onto equipment item 41 <input type="checkbox"/> Failed under impact 42 <input type="checkbox"/> Face piece or hose detached 43 <input type="checkbox"/> Exhalation valve inoperative or damaged 44 <input type="checkbox"/> Harness detached or separated 45 <input type="checkbox"/> Regulator failed to operate 46 <input type="checkbox"/> Regulator damaged by contact 47 <input type="checkbox"/> Problem with admissions valve 48 <input type="checkbox"/> Alarm failed to operate 49 <input type="checkbox"/> Alarm damaged by contact 51 <input type="checkbox"/> Supply cylinder or valve failed to operate 52 <input type="checkbox"/> Supply cylinder/valve damaged by contact 53 <input type="checkbox"/> Supply cylinder—insufficient air/oxygen 94 <input type="checkbox"/> Did not fit properly 95 <input type="checkbox"/> Not properly serviced or stored prior to use 96 <input type="checkbox"/> Not used for designed purpose 97 <input type="checkbox"/> Not used as recommended by manufacturer 00 <input type="checkbox"/> Other equipment problem UU <input type="checkbox"/> Undetermined
<p>Coat, Shirt, or Trousers</p> 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 20 <input type="checkbox"/> Other	
<p>Boots or Shoes</p> 31 <input type="checkbox"/> Knee length boots with steel baseplate and steel toes 32 <input type="checkbox"/> Knee length boots with steel toes only 33 <input type="checkbox"/> 3/4 length boots with steel baseplate and steel toes 34 <input type="checkbox"/> 3/4 length boots with steel toes only 35 <input type="checkbox"/> Boots without steel baseplate and steel toes 36 <input type="checkbox"/> Safety shoes with steel baseplate and steel toes 37 <input type="checkbox"/> Safety shoes with steel toes only 38 <input type="checkbox"/> Non-safety shoes 30 <input type="checkbox"/> Other	
<p>Respiratory Protection</p> 41 <input type="checkbox"/> SCBA (demand) open circuit 42 <input type="checkbox"/> SCBA (positive pressure) open circuit 43 <input type="checkbox"/> SCBA closed circuit 44 <input type="checkbox"/> Not self-contained 45 <input type="checkbox"/> Cartridge respirator 46 <input type="checkbox"/> Dust or particle mask 40 <input type="checkbox"/> Other	
<p>Hand Protection</p> 51 <input type="checkbox"/> Firefighter gloves with wristlets 52 <input type="checkbox"/> Firefighter gloves without wristlets 53 <input type="checkbox"/> Work gloves 54 <input type="checkbox"/> HazMat gloves 55 <input type="checkbox"/> Medical gloves 50 <input type="checkbox"/> Other	
<p>Special Equipment</p> 61 <input type="checkbox"/> Proximity suit for entry 62 <input type="checkbox"/> Proximity suit for non-entry 63 <input type="checkbox"/> Totally encapsulated, reusable chemical suit 64 <input type="checkbox"/> Totally encapsulated, disposable chemical suit 65 <input type="checkbox"/> Partially encapsulated, reusable chemical suit 66 <input type="checkbox"/> Partially encapsulated, disposable chemical suit 67 <input type="checkbox"/> Flash protection suit 68 <input type="checkbox"/> Flight or jump suit 69 <input type="checkbox"/> Brush suit 71 <input type="checkbox"/> Exposure suit 72 <input type="checkbox"/> Self-contained underwater breathing apparatus (SCUBA) 73 <input type="checkbox"/> Life preserver 74 <input type="checkbox"/> Life belt or ladder belt 75 <input type="checkbox"/> Personal alert safety system (PASS) 76 <input type="checkbox"/> Radio distress device 77 <input type="checkbox"/> Personal lighting 78 <input type="checkbox"/> Fire shelter or tent 79 <input type="checkbox"/> Vehicle safety belt 70 <input type="checkbox"/> Special equipment, other 00 <input type="checkbox"/> Protective equipment, other	
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this form for each piece of failed equipment. </div>	<p>K4 Equipment Manufacturer, Model and Serial Number</p> Manufacturer: Model: Serial Number:

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

Scenario 6-2 Answers

A 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="2005"/> 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 <input type="checkbox"/> No Activity NFIRS-1 Basic									
B Location Type <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 for wildland fires. Census Tract <input type="text" value="0501-101"/> <input type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input checked="" type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> US National Grid MM <input type="text" value="73"/> Prefix <input type="text" value="I-95"/> Street or Highway City <input type="text" value="Brunswick"/> State <input type="text" value="VA"/> ZIP Code <input type="text" value="23351"/> Near Exit 2B <small>Cross Street, Directions or National Grid, as applicable.</small>									
C Incident Type <input checked="" type="checkbox"/> Vehicle accident Incident Type <input type="text" value="322"/>			E1 Dates and Times Midnight is 0000 Month <input type="text" value="05"/> Day <input type="text" value="03"/> Year <input type="text" value="2005"/> Hour <input type="text" value="23"/> Min <input type="text" value="58"/> Alarm <input checked="" type="checkbox"/> Arrival <input type="checkbox"/> Controlled <input type="checkbox"/> Last Unit Cleared <input type="checkbox"/> <small>ALARM always required.</small> <small>ARRIVAL required, unless canceled or did not arrive.</small> <small>CONTROLLED optional, except for wildland fires.</small> <small>LAST UNIT CLEARED, required except for wildland fires.</small>				E2 Shifts and Alarms Local Option <input type="text" value="C"/> Shift or Platoon <input type="text"/> Alarms <input type="text"/> District <input type="text"/>		
D Aid Given or Received <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given Their FDID: <input type="text"/> Their State: <input type="text"/> Their Incident Number: <input type="text"/>			E3 Special Studies Local Option <input type="text"/> Special Study ID# <input type="text"/> Special Study Value <input type="text"/>						
F Actions Taken Primary Action Taken (1) <input type="text" value="32"/> Provide basic life support Additional Action Taken (2) <input type="text"/> Additional Action Taken (3) <input type="text"/>			G1 Resources <input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus <input type="text" value="0"/> Personnel <input type="text" value="0"/> EMS <input type="text" value="2"/> <input type="text" value="8"/> Other <input type="text" value="0"/> <input type="text" value="0"/> <input type="checkbox"/> Check box if resource counts include aid received resources.			G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Contents \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Contents \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>			
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-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		H1 Casualties <input checked="" type="checkbox"/> None Deaths <input type="text"/> Injuries <input type="text"/> Fire Service <input type="text"/> <input type="text"/> Civilian <input type="text"/> <input type="text"/> 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 <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.)			I Mixed Use Property <input checked="" type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 30 <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 <input checked="" type="checkbox"/> Structures <input type="checkbox"/> None 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, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 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"/> Multifamily 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 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/science laboratory 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 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 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Look up and enter a Property Use code and description only if you have NOT checked a Property Use box. Property Use <input type="text"/> Code <input type="text"/> <small>Property Use Description</small>									

K1 Person/Entity Involved

Local Option _____ Business Name (if applicable) _____ Area Code 555 Phone Number 432 0987

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. X First Name Robert MI L Last Name Anderson 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) _____ Area Code _____ Phone Number _____

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

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

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

State _____ ZIP Code _____

L Remarks:


Local Option _____

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 Fire Module based on Incident Type, as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure Modules
<input type="checkbox"/> Special structure 112	Complete Fire Module & Section I, Structure Module
<input type="checkbox"/> Confined 113-118	Basic Module Only
<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 Module
<input type="checkbox"/> Outside rubbish fire 150-155	Basic Module Only
<input type="checkbox"/> Special outside fire 160	Complete Fire or Wildland Module
<input type="checkbox"/> Special outside fire 161-163	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire or Wildland Module

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

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

M Authorization

Officer in charge ID _____ Signature Ernest Greene Position or rank Captain Assignment _____ Month 05 Day 04 Year 2005

Check box if same as Officer in charge. Member making report ID _____ Signature Steve LaCivita Position or rank FF1 Assignment _____ Month 05 Day 04 Year 2005

A 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="2005"/> Station <input type="text" value="001"/> Incident Number <input type="text" value="0005455"/> Exposure <input type="text" value="0"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change NFIRS-6 EMS																																
B Number of Patients <input type="text" value=""/> Patient Number <input type="text" value="1"/>	C Date/Time <input type="checkbox"/> Time Arrived at Patient Month <input type="text" value="05"/> Day <input type="text" value="04"/> Year <input type="text" value="2005"/> Hour/Min <input type="text" value="0006"/> <input type="checkbox"/> Time of Patient Transfer <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0025"/>																																	
D Provider Impression/Assessment <input type="checkbox"/> None/no patient or refused treatment <table style="width:100%; border: none;"> <tr> <td style="width:25%; border: none;"><input type="checkbox"/> 10 Abdominal pain</td> <td style="width:25%; border: none;"><input type="checkbox"/> 18 Chest pain</td> <td style="width:25%; border: none;"><input type="checkbox"/> 26 Hypovolemia</td> <td style="width:25%; border: none;"><input type="checkbox"/> 34 Sexual assault</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 11 Airway obstruction</td> <td style="border: none;"><input type="checkbox"/> 19 Diabetic symptom</td> <td style="border: none;"><input type="checkbox"/> 27 Inhalation injury</td> <td style="border: none;"><input type="checkbox"/> 35 Sting/bite</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 12 Allergic reaction</td> <td style="border: none;"><input type="checkbox"/> 20 Do not resuscitate</td> <td style="border: none;"><input type="checkbox"/> 28 Obvious death</td> <td style="border: none;"><input type="checkbox"/> 36 Stroke/CVA</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 13 Altered LOC</td> <td style="border: none;"><input type="checkbox"/> 21 Electrocutation</td> <td style="border: none;"><input type="checkbox"/> 29 OD/poisoning</td> <td style="border: none;"><input type="checkbox"/> 37 Syncope</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 14 Behavioral/psych</td> <td style="border: none;"><input type="checkbox"/> 22 General illness</td> <td style="border: none;"><input type="checkbox"/> 30 Pregnancy/OB</td> <td style="border: none;"><input type="checkbox"/> 38 Trauma</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 15 Burns</td> <td style="border: none;"><input checked="" type="checkbox"/> 23 Hemorrhaging/bleeding</td> <td style="border: none;"><input type="checkbox"/> 31 Respiratory arrest</td> <td style="border: none;"><input type="checkbox"/> 00 Other</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 16 Cardiac arrest</td> <td style="border: none;"><input type="checkbox"/> 24 Hyperthermia</td> <td style="border: none;"><input type="checkbox"/> 32 Respiratory distress</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 17 Cardiac dysrhythmia</td> <td style="border: none;"><input type="checkbox"/> 25 Hypothermia</td> <td style="border: none;"><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 Electrocutation	<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"/> 17 Cardiac dysrhythmia	<input type="checkbox"/> 25 Hypothermia	<input type="checkbox"/> 33 Seizure	
<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 Electrocutation	<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"/> 17 Cardiac dysrhythmia	<input type="checkbox"/> 25 Hypothermia	<input type="checkbox"/> 33 Seizure																																
E1 Age or Date of Birth Age: <input type="text" value="49"/> Months (for infants) <input type="checkbox"/> OR Month <input type="text" value=""/> Day <input type="text" value=""/> Year <input type="text" value=""/>	F1 Race 1 <input type="checkbox"/> White 2 <input checked="" type="checkbox"/> Black, African American 3 <input type="checkbox"/> Am. Indian, Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian, Other Pacific Islander 0 <input type="checkbox"/> Other, multiracial U <input type="checkbox"/> Undetermined	G1 Human Factors Contributing to Injury <input type="checkbox"/> None Check all applicable boxes 1 <input checked="" type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input checked="" type="checkbox"/> Possibly impaired by 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	G2 Other Factors <input checked="" type="checkbox"/> None 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																															
E2 Gender 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	F2 Ethnicity 1 <input type="checkbox"/> Hispanic or Latino 2 <input type="checkbox"/> Non Hispanic or Latino																																	
H1 Body Site of Injury List up to five body sites 1 Head _____ _____ _____ _____		H2 Injury Type List one injury type for each body site listed under H1 16 Laceration _____ _____ _____	H3 Cause of Illness/Injury 29 Cause of illness/injury Motor vehicle																															
I Procedures Used <input type="checkbox"/> No treatment 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"/> Splinted extremities 24 <input type="checkbox"/> Suction/aspirate 00 <input type="checkbox"/> Other		J Safety Equipment <input checked="" type="checkbox"/> None Used or deployed by patient Check all applicable boxes. 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 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	K 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																															
L1 Initial Level of Provider 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 Training	L2 Highest Level of Care Provided On Scene <input type="checkbox"/> None 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	M 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 2 <input type="checkbox"/> No pulse on transfer	N EMS Disposition <input checked="" type="checkbox"/> Not transported 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																															

Hazardous Materials

Module: NFIRS-7

Scenario 7-2 Answers

A 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="2005"/> 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 <input type="checkbox"/> No Activity	NFIRS-1 Basic
B Location Type <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 for wildland fires.		Census Tract: <input type="text" value="0501-101"/>	
<input type="checkbox"/> Street address <input type="checkbox"/> Intersection: MM <input type="text" value="73"/> Prefix: <input type="text" value="I-95"/> Street or Highway: <input type="text" value="Hwy"/> Suffix: <input type="text" value="Y"/> <input type="checkbox"/> In front of <input type="checkbox"/> Rear of: <input type="text" value="Brunswick"/> City: <input type="text" value="VA"/> State: <input type="text" value="23351"/> ZIP Code: <input type="text" value="1"/> <input type="checkbox"/> Adjacent to: Apt./Suite/Room: <input type="text"/> City: <input type="text"/> <input checked="" type="checkbox"/> Directions: <input type="text" value="Near Exit 2B"/> <input type="checkbox"/> US National Grid: <input type="text"/> Cross Street, Directions or National Grid, as applicable.			
C Incident Type <input type="checkbox"/> <input type="text" value="422"/> <input type="checkbox"/> Chemical Spill or <input type="text"/>		E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm: <input checked="" type="checkbox"/> Month <input type="text" value="05"/> Day <input type="text" value="03"/> Year <input type="text" value="2005"/> Hour <input type="text" value="23"/> Min <input type="text" value="35"/> Sec <input type="text" value="8"/> Arrival: <input type="checkbox"/> Month <input type="text" value="05"/> Day <input type="text" value="04"/> Year <input type="text" value="2005"/> Hour <input type="text" value="00"/> Min <input type="text" value="00"/> Sec <input type="text" value="4"/> Controlled: <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Last Unit Cleared: <input type="checkbox"/> Month <input type="text" value="05"/> Day <input type="text" value="04"/> Year <input type="text" value="2005"/> Hour <input type="text" value="01"/> Min <input type="text" value="05"/> Sec <input type="text"/>	
D Aid Given or Received <input type="checkbox"/> <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given Their FDID: <input type="text"/> Their State: <input type="text"/> Their Incident Number: <input type="text"/>		E2 Shifts and Alarms Local Option: <input type="text"/> Shift or Platoon: <input type="text"/> Alarms: <input type="text"/> District: <input type="text"/>	
E3 Special Studies Local Option: <input type="text"/> Special Study ID#: <input type="text"/> Special Study Value: <input type="text"/>			
F Actions Taken <input type="checkbox"/> Primary Action Taken (1): <input type="text" value="44"/> <input type="checkbox"/> Hazardous materials leak control and containment Additional Action Taken (2): <input type="text" value="41"/> <input type="checkbox"/> Identify, analyze hazardous materials Additional Action Taken (3): <input type="text"/>		G1 Resources <input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Personnel: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Suppression: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> EMS: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Other: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Check box if resource counts include aid received resources.	
G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Contents \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Contents \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-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		H1 Casualties <input checked="" type="checkbox"/> None Deaths: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Injuries: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Fire Service: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Civilian: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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 <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.)		I Mixed Use Property <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 mail 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 <input type="checkbox"/> None 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, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 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"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/boarded 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 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/science laboratory 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 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 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard	
		Look up and enter a Property Use code and description only if you have NOT checked a Property Use box. Property Use: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Property Use Description: <input type="text"/>	

K1 Person/Entity Involved

Local Option Business Name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident Location (Section B). 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 _____ - _____

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 block.

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

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

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

State _____ ZIP Code _____ - _____


L **Remarks:**

Local Option _____

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure Modules
<input type="checkbox"/> Special structure 112	Complete Fire Module & Section I, Structure Module
<input type="checkbox"/> Confined 113-118	Basic Module Only
<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 Module
<input type="checkbox"/> Outside rubbish fire 150-155	Basic Module Only
<input type="checkbox"/> Special outside fire 160	Complete Fire or Wildland Module
<input type="checkbox"/> Special outside fire 161-163	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire or Wildland 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 _____ Signature _____ Position or rank _____ Assignment _____ Month _____ Day _____ Year _____

Member making report ID _____ Signature _____ Position or rank _____ Assignment _____ Month _____ Day _____ Year _____

A FDID <input type="text" value="02188"/> 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="05"/> Station <input type="text" value="001"/> Incident Number <input type="text" value="0005455"/> Exposure <input type="text" value="0"/> Haz No. <input type="text" value="1"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change NFIRS-7 HazMat			
B HazMat ID <input type="text" value="1072"/> UN Number <input type="text" value="22"/> DOT Hazard Classification <input type="text" value="7782-44-7"/> CAS Registration Number Chemical Name <input type="text" value="Oxygen (compressed gas)"/>			
C1 Container Type <input type="checkbox"/> None <input type="text" value="12"/> Container Type <div style="border: 1px solid black; padding: 2px; width: fit-content;"> More hazardous materials? Use additional sheets. </div>	C2 Estimated Container Capacity <input type="text" value="122"/> Capacity: by volume or weight C3 Units: Capacity Check one box: VOLUME WEIGHT 11 <input type="checkbox"/> Ounces 21 <input type="checkbox"/> Ounces 12 <input type="checkbox"/> Gallons 22 <input type="checkbox"/> Pounds 13 <input type="checkbox"/> Barrels: 42 gal. 23 <input type="checkbox"/> Grams 14 <input type="checkbox"/> Liters 24 <input type="checkbox"/> Kilograms 15 <input checked="" type="checkbox"/> Cubic feet MICRO UNITS 16 <input type="checkbox"/> Cubic meters <input type="text"/> Enter Code	D1 Estimated Amount Released <input type="text" value="90"/> Amount released, by volume or weight D2 Units: Released Check one box: VOLUME WEIGHT 11 <input type="checkbox"/> Ounces 21 <input type="checkbox"/> Ounces 12 <input type="checkbox"/> Gallons 22 <input type="checkbox"/> Pounds 13 <input type="checkbox"/> Barrels: 42 gal. 23 <input type="checkbox"/> Grams 14 <input type="checkbox"/> Liters 24 <input type="checkbox"/> Kilograms 15 <input checked="" type="checkbox"/> Cubic feet MICRO UNITS 16 <input type="checkbox"/> Cubic meters <input type="text"/> Enter Code	E1 Physical State When Released 1 <input type="checkbox"/> Solid 2 <input type="checkbox"/> Liquid 3 <input checked="" type="checkbox"/> Gas U <input type="checkbox"/> Undetermined E2 Released Into <input type="text" value="1-Air"/> Released into
Complete the remainder of this form only for the first hazardous material involved in this incident. F1 Released From Check all applicable boxes <input type="checkbox"/> Below grade 1 <input type="checkbox"/> Inside/on structure <input type="text"/> Story of release 2 <input checked="" type="checkbox"/> Outside of structure	F2 Population Density 1 <input checked="" type="checkbox"/> Urban 2 <input type="checkbox"/> Suburban 3 <input type="checkbox"/> Rural G1 Area Affected 1 <input checked="" type="checkbox"/> Square feet 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square miles <input type="text" value="15"/> Enter measurement	G2 Area Evacuated <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Square feet <input type="text" value="0"/> Enter measurement 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square miles G3 Estimated Number of People Evacuated <input type="text" value="0"/> G4 Estimated Number of Buildings Evacuated <input type="text" value="0"/> <input type="checkbox"/> None	H HazMat Actions Taken Enter up to three actions taken 1 <input type="text" value="11"/> Identify, analyze hazardous materials Primary action taken (1) 1 <input type="text" value="15"/> Remove hazard or hazardous materials Additional action taken (2) 2 <input type="text" value="22"/> Isolate area & Additional action taken (3) I If fire or explosion is involved with a release, which occurred first? 1 <input type="checkbox"/> Ignition U <input type="checkbox"/> Undetermined 2 <input type="checkbox"/> Release
J Cause of Release <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional release 3 <input checked="" type="checkbox"/> Container/containerment failure 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation	K Factors Contributing to Release Enter up to three contributing factors Collision, overturn, knockdown 1 <input type="text" value="71"/> Factor contributing to release (1) 2 <input type="text"/> Factor contributing to release (2) 3 <input type="text"/> Factor contributing to release (3)	L Factors Affecting Mitigation <input checked="" type="checkbox"/> None Enter up to three factors or impediments that affected the mitigation of the incident 1 <input type="text"/> Factor or impediment (1) 2 <input type="text"/> Factor or impediment (2) 3 <input type="text"/> Factor or impediment (3)	
M Equipment Involved in Release <input type="checkbox"/> None Equipment involved in release Brand <input type="text"/> Model <input type="text"/> Serial # <input type="text"/> Year <input type="text"/>	N Mobile Property Involved in Release <input type="checkbox"/> None 2 <input type="text" value="3"/> Trailer - semi, designed f Mobile property type Mobile property make Model <input type="text"/> Year <input type="text"/> License plate number <input type="text"/> State <input type="text"/> DOT number/ ICC number <input type="text"/>		O HazMat Disposition <input type="checkbox"/> Completed by fire service only 2 <input type="checkbox"/> Completed w/fire service present 3 <input type="checkbox"/> Released to local agency 4 <input type="checkbox"/> Released to county agency 5 <input type="checkbox"/> Released to state agency 6 <input type="checkbox"/> Released to federal agency 7 <input type="checkbox"/> Released to private agency 8 <input type="checkbox"/> Released to property owner or manager P HazMat Civilian Casualties Deaths <input type="text" value="0"/> Injuries <input type="text" value="0"/> NFIRS-7 Revision 01/01/06

Wildland Fire Module: NFIRS-8

Scenario 8-2 Answers

A 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="2005"/> Station <input type="text" value="0005455"/> Incident Number <input type="text" value="0"/> Exposure <input type="text" value="0"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS-1 Basic
B Location Type <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 for wildland fires.			
<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 <input type="checkbox"/> US National Grid		Census-Tract <input type="text" value="05011"/> - <input type="text" value="10"/> MM <input type="text" value="73"/> Prefix <input type="text" value="I-95"/> Street or Highway Street Type <input type="text"/> Suffix <input type="text"/> Apt./Suite/Room <input type="text"/> City <input type="text" value="Brunswick"/> State <input type="text" value="VA"/> ZIP Code <input type="text" value="23351"/> - <input type="text"/> - <input type="text"/> Near Exit 2B Cross Street, Directions or National Grid, as applicable	
C Incident Type <input type="text" value="143"/> <input type="text" value="Grass fire"/>		E1 Dates and Times <small>Midnight is 0000</small> Check boxes if dates are the same as Alarm Date. Alarm <input checked="" type="checkbox"/> <small>ALARM always required</small> Month <input type="text" value="05"/> Day <input type="text" value="03"/> Year <input type="text" value="2005"/> Hour <input type="text" value="23"/> Min <input type="text" value="58"/> Arrival <input type="checkbox"/> <small>ARRIVAL required, unless canceled or did not arrive</small> Month <input type="text" value="05"/> Day <input type="text" value="04"/> Year <input type="text" value="2005"/> Hour <input type="text" value="00"/> Min <input type="text" value="04"/> Controlled <input type="checkbox"/> <small>CONTROLLED optional, except for wildland fires</small> Month <input type="text" value="05"/> Day <input type="text" value="04"/> Year <input type="text" value="2005"/> Hour <input type="text" value="00"/> Min <input type="text" value="40"/> Last Unit Cleared <input type="checkbox"/> <small>LAST UNIT CLEARED, required except for wildland fires</small> Month <input type="text" value="05"/> Day <input type="text" value="04"/> Year <input type="text" value="2005"/> Hour <input type="text" value="01"/> Min <input type="text" value="05"/>	
D Aid Given or Received <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given		E2 Shifts and Alarms <small>Local Option</small> Shift or Platoon <input type="text"/> Alarms <input type="text"/> District <input type="text"/> E3 Special Studies <small>Local Option</small> Special Study ID# <input type="text"/> Special Study Value <input type="text"/>	
F Actions Taken <input type="text" value="11"/> <input type="text" value="Extinguish"/> Primary Action Taken (1) Additional Action Taken (2) <input type="text"/> Additional Action Taken (3) <input type="text"/>		G1 Resources <input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus <input type="text" value="1"/> Personnel <input type="text" value="4"/> EMS <input type="text" value="0"/> Other <input type="text" value="0"/> <input type="checkbox"/> Check box if resource counts include aid received resources.	
G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <input type="text"/> ; <input type="text"/> ; <input type="text"/> <input type="checkbox"/> Contents \$ <input type="text"/> ; <input type="text"/> ; <input type="text"/> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text"/> ; <input type="text"/> ; <input type="text"/> <input type="checkbox"/> Contents \$ <input type="text"/> ; <input type="text"/> ; <input type="text"/> <input type="checkbox"/>			
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-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		H1 Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire Service <input type="text"/> <input type="text"/> Civilian <input type="text"/> <input type="text"/> H2 Detector <small>Required for confined fires.</small> 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 <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.)		I Mixed Use Property <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 mail 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 <input checked="" type="checkbox"/> Structures <input type="checkbox"/> None 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, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 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"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/boarded 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 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/science laboratory 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 936 <input type="checkbox"/> Vacant lot 938 <input checked="" 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			
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		Look up and enter a Property Use code and description only if you have NOT checked a Property Use box. Property Use <input type="text"/> Code <input type="text"/> Property Use Description <input type="text"/>	

K1 Person/Entity Involved

Local Option Business Name (if applicable) _____ Area Code 555 Phone Number 432 0987

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. X First Name Robert MI L Last Name Anderson Suffix _____

Number 1630 Prefix _____ Street or Highway Second Street Type Av Suffix e

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 Same as person involved? Then check this box and skip the rest of this block. Business Name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

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

State _____ ZIP Code _____


L Remarks:

Local Option

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure Modules
<input type="checkbox"/> Special structure 112	Complete Fire Module & Section I, Structure Module
<input type="checkbox"/> Confined 113-118	Basic Module Only
<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 Module
<input type="checkbox"/> Outside rubbish fire 150-155	Basic Module Only
<input type="checkbox"/> Special outside fire 160	Complete Fire or Wildland Module
<input type="checkbox"/> Special outside fire 161-163	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire or Wildland 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 _____ Signature Ernest Greene Position or rank Captain Assignment _____ Month 05 Day 04 Year 2005

Member making report ID _____ Signature Michael Harris Position or rank FF2 Assignment _____ Month 05 Day 04 Year 2005

Apparatus or Resources

Module: NFIRS-9

Scenario 9-2 Answers

A FDID <input type="text" value="92188"/> State <input type="text" value="VA"/> Incident Date <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> Station <input type="text" value="0005433"/> Incident Number <input type="text" value="000"/> Exposure <input type="text" value="000"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS-1 Basic
B Location Type <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 for wildland fires.			
<input checked="" type="checkbox"/> Street address <input type="text" value="5"/> <input type="text" value="E"/> <input type="text" value="Cary"/> <input type="text" value="ST"/> <input type="text" value=""/>			
<input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> US National Grid			
City <input type="text" value="Brunswick"/> State <input type="text" value="VA"/> ZIP Code <input type="text" value="23351"/>			
Cross Street, Directions or National Grid, as applicable			
C Incident Type <input type="text" value="111"/> <input type="text" value="Building fires"/>		E1 Dates and Times <small>Midnight is 0000</small> Check boxes if dates are the same as Alarm Date. Alarm <input checked="" type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1253"/>	
D Aid Given or Received <input type="checkbox"/> <input checked="" type="checkbox"/> None		ARRIVAL required, unless canceled or did not arrive. Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1258"/>	
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given		CONTROLLED optional, except for wildland fires. Controlled <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1325"/>	
Their FDID <input type="text"/> Their State <input type="text"/> Their Incident Number <input type="text"/>		LAST UNIT CLEARED, required except for wildland fires. Last Unit Cleared <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1440"/>	
E2 Shifts and Alarms <small>Local Option</small> Shift or Platoon <input type="text" value="A"/> Alarms <input type="text" value="12"/> District <input type="text" value=""/>		E3 Special Studies <small>Local Option</small> Special Study ID# <input type="text"/> Special Study Value <input type="text"/>	
F Actions Taken <input type="text" value="11"/> <input type="text" value="Extinguish"/>		G1 Resources <input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used.	
Primary Action Taken (1)		Apparatus <input type="text" value="3"/> <input type="text" value="12"/>	
Additional Action Taken (2) <input type="text" value="12"/> <input type="text" value="Salvage & Overhaul"/>		Personnel <input type="text" value="0"/> <input type="text" value="0"/>	
Additional Action Taken (3) <input type="text"/> <input type="text"/>		EMS <input type="text" value="0"/> <input type="text" value="0"/>	
Other <input type="text" value="0"/> <input type="text" value="0"/>		<input type="checkbox"/> Check box if resource counts include aid received resources.	
G2 Estimated Dollar Losses and Values		LOSSES: Required for all fires if known. Optional for non-fires.	
Property \$ <input type="text" value=""/> <input type="text" value="24"/> <input type="text" value="000"/>		Contents \$ <input type="text" value=""/> <input type="text" value="9"/> <input type="text" value="600"/>	
PRE-INCIDENT VALUE: Optional		Property \$ <input type="text" value=""/> <input type="text" value="161"/> <input type="text" value="000"/>	
Contents \$ <input type="text" value=""/> <input type="text" value="80"/> <input type="text" value="400"/>		None <input type="checkbox"/>	
Completed Modules		H1 Casualties <input type="checkbox"/> None	
<input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-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		Deaths <input type="text" value="0"/> <input type="text" value="0"/> Injuries <input type="text" value="0"/> <input type="text" value="1"/>	
H2 Detector <small>Required for confined fires.</small> 1 <input checked="" type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		H3 Hazardous Materials Release <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.)		I Mixed Use Property <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 <input type="checkbox"/> None	
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, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 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 checked="" type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/boarded 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	
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		539 <input type="checkbox"/> Household goods, sales, repairs 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/science laboratory 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	
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 and description only if you have NOT checked a Property Use box.		Property Use <input type="text"/> <input type="text"/> Code <input type="text"/>	

K1 Person/Entity Involved

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

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

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

State **VA** ZIP Code **23351**

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

K2 Owner

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

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

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

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

State _____ ZIP Code _____

L Remarks:


Local Option _____

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

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure Modules
<input type="checkbox"/> Special structure 112	Complete Fire Module & Section I, Structure Module
<input type="checkbox"/> Confined 113-118	Basic Module Only
<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 Module
<input type="checkbox"/> Outside rubbish fire 150-155	Basic Module Only
<input type="checkbox"/> Special outside fire 160	Complete Fire or Wildland Module
<input type="checkbox"/> Special outside fire 161-163	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire or Wildland 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 **105** Signature **Tonya Gordon** Position or rank **Captain** Assignment _____ Month **05** Day **01** Year **2005**

Member making report ID **224** Signature **Adam Wallner** Position or rank **FF1** Assignment _____ Month **05** Day **01** Year **2005**

A 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="01"/> YYYY <input type="text" value="2005"/> Station <input type="text" value="0005433"/> Incident Number <input type="text" value="0"/> Exposure <input type="text" value="0"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change NFIRS-2 Fire		
B Property Details B1 <input type="text" value="1"/> <input type="checkbox"/> Not Residential Estimated number of residential living units in building of origin whether or not all units became involved B2 <input type="text" value="1"/> <input type="checkbox"/> Buildings not involved Number of buildings involved B3 <input type="text" value="."/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than one acre Acres burned (outside fires)		C On-Site Materials or Products <input checked="" type="checkbox"/> None Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved Enter up to three codes. Check one box for each code entered. On-site material (1) <input type="text"/> On-site material (2) <input type="text"/> On-site material (3) <input type="text"/> On-Site Materials Storage Use 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 U <input type="checkbox"/> Undetermined (Repeat for items 2 and 3)		
D Ignition D1 <input type="text" value="24"/> <input type="checkbox"/> Cooking area, kitchen Area of fire origin D2 <input type="text" value="11"/> <input type="checkbox"/> Spark, ember or flame Heat source D3 <input type="text" value="12"/> <input type="checkbox"/> Radiated/conducted heat from operating equipment Item first ignited <input type="checkbox"/> Check box if fire spread was continued to object of origin. D4 <input type="text" value="27"/> <input type="checkbox"/> Cooking oil Type of material first ignited <input type="checkbox"/> Required only if item first ignited code is 00 or <70		E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. <input type="button" value="Skip to Section G"/> 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 E2 Factors Contributing to Ignition <input type="checkbox"/> None <input type="text" value="53"/> <input type="checkbox"/> Equipment unattended Factor contributing to ignition (1) <input type="text"/> <input type="text"/> Factor contributing to ignition (2)	E3 Human Factors Contributing to Ignition <input type="checkbox"/> None Check all applicable boxes 1 <input checked="" type="checkbox"/> Asleep 2 <input 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 involved <input type="text"/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
F1 Equipment Involved in Ignition <input type="checkbox"/> None <input type="button" value="If equipment was not involved, skip to Section G"/> <input type="text" value="646"/> <input type="checkbox"/> Range with or without oven Equipment involved Brand <input type="text" value="Whirlpool"/> Model <input type="text" value="RF330PXVN"/> Serial # <input type="text" value="F925888840"/> Year <input type="text" value="2000"/>		F2 Equipment Power Source <input type="text" value="21"/> <input type="checkbox"/> Natural Gas or other Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input checked="" type="checkbox"/> Stationary Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.		G Fire Suppression Factors <input checked="" type="checkbox"/> None Enter up to three codes. Fire suppression factor (1) <input type="text"/> Fire suppression factor (2) <input type="text"/> Fire suppression factor (3) <input type="text"/>
H1 Mobile Property Involved <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned Mobile property model <input type="text"/> License Plate Number <input type="text"/> State <input type="text"/> VIN <input type="text"/>		H2 Mobile Property Type and Make Mobile property type <input type="text"/> Mobile property make <input type="text"/> Year <input type="text"/>		Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other agencies: <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached
Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).				NFIRS-2 Revision 01/01/05

<p>I1 Structure Type ☆</p> <p>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</p> <p>1 <input checked="" type="checkbox"/> Enclosed building</p> <p>2 <input type="checkbox"/> Portable/mobile structure</p> <p>3 <input type="checkbox"/> Open structure</p> <p>4 <input type="checkbox"/> Air-supported structure</p> <p>5 <input type="checkbox"/> Tent</p> <p>6 <input type="checkbox"/> Open platform (e.g., piers)</p> <p>7 <input type="checkbox"/> Underground structure (work areas)</p> <p>8 <input type="checkbox"/> Connective structure (e.g., fences)</p> <p>0 <input type="checkbox"/> Other type of structure</p>	<p>I2 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input checked="" type="checkbox"/> Occupied & operating</p> <p>3 <input type="checkbox"/> Idle, not routinely used</p> <p>4 <input type="checkbox"/> Under major renovation</p> <p>5 <input type="checkbox"/> Vacant and secured</p> <p>6 <input type="checkbox"/> Vacant and unsecured</p> <p>7 <input type="checkbox"/> Being demolished</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>I3 Building Height ☆</p> <p>Count the roof as part of the highest story.</p> <p style="text-align: center;"> 2 </p> <p>Total number of stories at or above grade</p> <p style="text-align: center;"> 0 </p> <p>Total number of stories below grade</p>	<p>I4 Main Floor Size ☆</p> <p style="text-align: right;">NFIRS-3 Structure Fire</p> <p>Total square feet: , 1 , 0 0 0 </p> <p style="text-align: center;">OR</p> <p>Length in feet: BY Width in feet: </p>
--	---	--	---

<p>J1 Fire Origin ☆</p> <p style="text-align: center;"> 1 </p> <p>Story of fire origin</p> <p><input type="checkbox"/> Below grade</p>	<p>J3 Number of Stories Damaged by Flame ☆</p> <p>Count the roof as part of the highest story.</p> <p style="text-align: center;"> 1 </p> <p>Number of stories w/minor damage (1 to 24% flame damage)</p> <p style="text-align: center;"> 0 </p> <p>Number of stories w/significant damage (25 to 49% flame damage)</p> <p style="text-align: center;"> 0 </p> <p>Number of stories w/heavy damage (50 to 74% flame damage)</p> <p style="text-align: center;"> 0 </p> <p>Number of stories w/extreme damage (75 to 100% flame damage)</p>	<p>K Type of Material Contributing Most to Flame Spread ☆</p> <p><input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. → Skip to Section L.</p> <p>K1 </p> <p>Item contributing most to flame spread</p> <p>K2 </p> <p>Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</p>
<p>J2 Fire Spread ☆</p> <p>If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module).</p> <p>2 <input checked="" type="checkbox"/> Confined to room of origin</p> <p>3 <input type="checkbox"/> Confined to floor of origin</p> <p>4 <input type="checkbox"/> Confined to building of origin</p> <p>5 <input type="checkbox"/> Beyond building of origin</p>		

<p>L1 Presence of Detectors ☆</p> <p>(In area of the fire)</p> <p>N <input type="checkbox"/> None Present → Skip to Section M</p> <p>1 <input checked="" type="checkbox"/> Present</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L3 Detector Power Supply ☆</p> <p>1 <input type="checkbox"/> Battery only</p> <p>2 <input checked="" type="checkbox"/> Hardwire only</p> <p>3 <input type="checkbox"/> Plug-in</p> <p>4 <input type="checkbox"/> Hardwire with battery</p> <p>5 <input type="checkbox"/> Plug-in with battery</p> <p>6 <input type="checkbox"/> Mechanical</p> <p>7 <input type="checkbox"/> Multiple detectors & power supplies</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L5 Detector Effectiveness ☆</p> <p>Required if detector operated.</p> <p>1 <input checked="" type="checkbox"/> Alerted occupants, occupants responded</p> <p>2 <input type="checkbox"/> Alerted occupants, occupants failed to respond</p> <p>3 <input type="checkbox"/> There were no occupants</p> <p>4 <input type="checkbox"/> Failed to alert occupants</p> <p>U <input type="checkbox"/> Undetermined</p>
<p>L2 Detector Type ☆</p> <p>1 <input checked="" type="checkbox"/> Smoke</p> <p>2 <input type="checkbox"/> Heat</p> <p>3 <input type="checkbox"/> Combination smoke and heat</p> <p>4 <input type="checkbox"/> Sprinkler, water flow detection</p> <p>5 <input type="checkbox"/> More than one type present</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L4 Detector Operation ☆</p> <p>1 <input type="checkbox"/> Fire too small to activate</p> <p>2 <input checked="" type="checkbox"/> Operated → Complete Block L5</p> <p>3 <input type="checkbox"/> Failed to operate → Complete Block L6</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L6 Detector Failure Reason ☆</p> <p>Required if detector failed to operate</p> <p>1 <input type="checkbox"/> Power failure, shutoff, or disconnect</p> <p>2 <input type="checkbox"/> Improper installation or placement</p> <p>3 <input type="checkbox"/> Defective</p> <p>4 <input type="checkbox"/> Lack of maintenance, includes not cleaning</p> <p>5 <input type="checkbox"/> Battery missing or disconnected</p> <p>6 <input type="checkbox"/> Battery discharged or dead</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>

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

A FDD State Incident Date Station Exposure Delete Change **NFIRS-9 Apparatus or Resources**

B Apparatus or Resources Use codes listed below	Dates and Times Midnight is 0000 Check if same date as Alarm date on the Basic Module (Block E1)				Sent <input checked="" type="checkbox"/>	Number of People <input type="checkbox"/>	Apparatus Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken List up to 4 actions for each apparatus.
	Dispatch	Arrival	Clear					
1 ID <input type="text" value="Eng1"/> Type <input type="text" value="11"/>	Dispatch <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1253"/>	Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1258"/>	Clear <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1440"/>	<input type="checkbox"/>	<input type="text" value="4"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="11"/> <input type="text"/>	
2 ID <input type="text" value="Truck"/> Type <input type="text" value="12"/>	Dispatch <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1253"/>	Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1258"/>	Clear <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1440"/>	<input checked="" type="checkbox"/>	<input type="text" value="4"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="12"/> <input type="text"/>	
3 ID <input type="text" value="Eng2"/> Type <input type="text" value="11"/>	Dispatch <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1253"/>	Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1300"/>	Clear <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1440"/>	<input checked="" type="checkbox"/>	<input type="text" value="4"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="11"/> <input type="text"/>	
4 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>	
5 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>	
6 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>	
7 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>	
8 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>	
9 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>	

Apparatus or Resource Type	Aircraft	Medical and Rescue	Other
Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker and pumper combination 16 Brush truck 17 ARFF (aircraft rescue and firefighting) 10 Ground fire suppression, other	41 Aircraft: fixed-wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other	71 Rescue unit 72 Urban search and rescue unit 73 High-angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other	91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type I hand crew 95 Type II hand crew 99 Privately owned vehicle 00 Other apparatus/resources
Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy ground equipment, other	Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine equipment, other		
	Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other		

More apparatus? Use additional sheets.

NFIRS-9 Revision 01/01/04

**Personnel Module:
NFIRS-10
Scenario 10-2 Answers**

A FDID <input type="text" value="92188"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity NFIRS-1 Basic	
State <input type="text" value="VA"/> Incident Date MM <input type="text" value="05"/> DD <input type="text" value="01"/> YYYY <input type="text" value="2005"/> Station <input type="text" value="002"/> Incident Number <input type="text" value="0005433"/> Exposure <input type="text" value="000"/>	
B Location Type <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 for wildland fires. Census Tract <input type="text" value="5011-12"/>	
<input checked="" 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 <input type="checkbox"/> US National Grid <input type="checkbox"/> Cross Street, Directions or National Grid, as applicable. Number/Milepost <input type="text" value="5"/> Prefix <input type="text" value="E"/> Street or Highway <input type="text" value="Cary"/> Street Type <input type="text" value="ST"/> Suffix <input type="text"/> Apt./Suite/Room <input type="text"/> City <input type="text" value="Brunswick"/> State <input type="text" value="VA"/> ZIP Code <input type="text" value="23351"/>	
C Incident Type <input type="checkbox"/> Building Fires <input type="checkbox"/> Building Fires <input type="checkbox"/> Building Fires Incident Type <input type="text" value="111"/>	E1 Dates and Times Midnight is 0000 Month <input type="text" value="05"/> Day <input type="text" value="01"/> Year <input type="text" value="2005"/> Hour <input type="text" value="12"/> Min <input type="text" value="53"/> Check boxes if dates are the same as Alarm Date. Alarm <input checked="" type="checkbox"/> Arrival <input type="checkbox"/> Controlled <input type="checkbox"/> Last Unit Cleared <input type="checkbox"/> ARRIVAL required, unless canceled or did not arrive. CONTROLLED optional except for wildland fires. LAST UNIT CLEARED, required except for wildland fires.
D Aid Given or Received <input type="checkbox"/> None <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Mutual aid received <input type="checkbox"/> Mutual aid received <input type="checkbox"/> Mutual aid given <input type="checkbox"/> Auto. aid given <input type="checkbox"/> Other aid given Their FDID <input type="text"/> Their State <input type="text"/> Their Incident Number <input type="text"/>	E2 Shifts and Alarms Local Option Shift or Platoon <input type="text" value="A"/> Alarms <input type="text" value="12"/> District <input type="text"/> E3 Special Studies Local Option Special Study ID# <input type="text"/> Special Study Value <input type="text"/>
F Actions Taken Primary Action Taken (1) <input type="text" value="11"/> Extinguish Additional Action Taken (2) <input type="text" value="51"/> Ventilate Additional Action Taken (3) <input type="text"/>	G1 Resources <input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus <input type="text" value="3"/> Personnel <input type="text" value="12"/> EMS <input type="text" value="0"/> Other <input type="text" value="0"/> <input type="checkbox"/> Check box if resource counts include aid received resources.
G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <input type="text" value="24"/> <input type="text" value="000"/> Contents \$ <input type="text" value="9"/> <input type="text" value="600"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text" value="161"/> <input type="text" value="000"/> Contents \$ <input type="text" value="80"/> <input type="text" value="400"/>	
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-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	H1 Casualties <input checked="" type="checkbox"/> None Deaths <input type="text"/> Injuries <input type="text"/> Fire Service <input type="text"/> Civilian <input type="text"/> H2 Detector Required for confined fires. 1 <input checked="" type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown
H3 Hazardous Materials Release <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.)	
I Mixed Use Property <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 <input type="checkbox"/> None 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, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 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 checked="" type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily 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 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/science laboratory 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 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	
Look up and enter a Property Use code and description only if you have NOT checked a Property Use box. Property Use <input type="text"/> Property Use Description <input type="text"/> Code <input type="text"/>	

K1 Person/Entity Involved

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

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

Brunswick
 Post Office Box Apt./Suite/Room City

VA 23351
 State ZIP Code

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

K2 Owner

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

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

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

 Number Prefix Street or Highway Street Type Suffix

 Post Office Box Apt./Suite/Room City

 State ZIP Code


L **Remarks:**

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

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure Modules
<input type="checkbox"/> Special structure 112	Complete Fire Module & Section I, Structure Module
<input type="checkbox"/> Confined 113-118	Basic Module Only
<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 Module
<input type="checkbox"/> Outside rubbish fire 150-155	Basic Module Only
<input type="checkbox"/> Special outside fire 160	Complete Fire or Wildland Module
<input type="checkbox"/> Special outside fire 161-163	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire or Wildland Module

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

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

M Authorization

Officer in charge ID _____ Signature *Tonya Gordon* Position or rank *Captain* Assignment _____ Month *05* Day *01* Year *2005*

Check box if same as Officer in charge. Member making report ID _____ Signature *Adam Wallner* Position or rank *FF1* Assignment _____ Month *05* Day *01* Year *2005*

A 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="01"/> YYYY <input type="text" value="2005"/> Station <input type="text" value="002"/> Incident Number <input type="text" value="0005433"/> Exposure <input type="text" value="0"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change NFIRS-2 Fire	
B Property Details B1 <input type="text" value="1"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved</small> B2 <input type="text" value="1"/> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small> B3 <input type="text" value=""/> <input type="checkbox"/> None <input type="checkbox"/> Less than one acre <small>Acres burned (outside fires)</small>		C On-Site Materials or Products <input checked="" type="checkbox"/> None <small>Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved</small> Enter up to three codes. Check one box for each code entered. On-site material (1) <input type="text"/> On-site material (2) <input type="text"/> On-site material (3) <input type="text"/> On-Site Materials Storage Use 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 U <input type="checkbox"/> Undetermined	
D Ignition D1 <input type="text" value="24"/> <input type="checkbox"/> Cooking area, kitchen <small>Area of fire origin</small> D2 <input type="text" value="81"/> <input type="checkbox"/> Heat from direct flame <small>Heat source</small> D3 <input type="text" value="76"/> <input type="checkbox"/> Cooking materials, incl <small>Item first ignited</small> <input type="checkbox"/> Check box if fire spread was confined to object of origin. D4 <input type="text" value="27"/> <input type="checkbox"/> Cooking oil <small>Type of material first ignited</small> <small>Required only if item first ignited code is 00 or <70</small>		E1 Cause of Ignition <input checked="" type="checkbox"/> <input type="checkbox"/> Check box if this is an exposure report. ➔ Skip to Section G 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 E2 Factors Contributing to Ignition <input type="checkbox"/> None <input type="text" value="53"/> <input type="checkbox"/> Equipment unattended <small>Factor contributing to ignition (1)</small> <input type="text"/> <input type="text"/> <small>Factor contributing to ignition (2)</small> E3 Human Factors Contributing to Ignition <input type="checkbox"/> None Check all applicable boxes 1 <input checked="" type="checkbox"/> Asleep 2 <input 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 involved <input type="text"/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
F1 Equipment Involved in Ignition <input type="checkbox"/> None ➔ If equipment was not involved, skip to Section G <input type="text" value="646"/> <input type="checkbox"/> Range with or without oven <small>Equipment involved</small> Brand <input type="text" value="Whirlpool"/> Model <input type="text" value="RF330PXVN"/> Serial # <input type="text" value="F925888840"/> Year <input type="text" value="2000"/>	F2 Equipment Power Source <input type="text" value="21"/> <input type="checkbox"/> Natural Gas or other <small>Equipment Power Source</small> F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input checked="" type="checkbox"/> Stationary <small>Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.</small>	G Fire Suppression Factors <input checked="" type="checkbox"/> None Enter up to three codes. Fire suppression factor (1) <input type="text"/> Fire suppression factor (2) <input type="text"/> Fire suppression factor (3) <input type="text"/>	
H1 Mobile Property Involved <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned Mobile property model <input type="text"/> License Plate Number <input type="text"/> State <input type="text"/> VIN <input type="text"/> Year <input type="text"/>		H2 Mobile Property Type and Make Mobile property type <input type="text"/> Mobile property make <input type="text"/> Year <input type="text"/>	Local Use <input type="checkbox"/> Pre-Fire Plan Available <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
Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).			NFIRS-2 Revision 01/01/05

<p>I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</p> <p>1 <input checked="" type="checkbox"/> Enclosed building 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</p>	<p>I2 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction 2 <input checked="" 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</p>	<p>I3 Building Height ☆ Count the roof as part of the highest story.</p> <p style="text-align: center;"> 2 Total number of stories at or above grade</p> <p style="text-align: center;"> 0 Total number of stories below grade</p>	<p>I4 Main Floor Size ☆</p> <p style="text-align: center;"> , 2 , 0 0 0 Total square feet</p> <p style="text-align: center;">OR</p> <p style="text-align: center;"> , BY , Length in feet Width in feet</p>	<p>NFIRS-3 Structure Fire</p>
---	---	---	--	--

<p>J1 Fire Origin ☆</p> <p style="text-align: center;"> 1 <input type="checkbox"/> Below grade Story of fire origin</p>	<p>J3 Number of Stories Damaged by Flame Count the roof as part of the highest story.</p> <p style="text-align: center;"> 1 Number of stories w/minor damage (1 to 24% flame damage) 0 Number of stories w/significant damage (25 to 49% flame damage) 0 Number of stories w/heavy damage (50 to 74% flame damage) 0 Number of stories w/extreme damage (75 to 100% flame damage)</p>	<p>K Type of Material Contributing Most to Flame Spread</p> <p><input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. → Skip to Section L.</p> <p>K1 Item contributing most to flame spread</p> <p>K2 Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</p>
<p>J2 Fire Spread ☆ If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module).</p> <p>2 <input checked="" 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</p>		

<p>L1 Presence of Detectors ☆ (In area of the fire)</p> <p>N <input type="checkbox"/> None Present → Skip to Section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined</p>	<p>L3 Detector Power Supply</p> <p>1 <input type="checkbox"/> Battery only 2 <input checked="" 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</p>	<p>L5 Detector Effectiveness Required if detector operated.</p> <p>1 <input checked="" type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Alerted occupants, 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</p>
<p>L2 Detector Type</p> <p>1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke and heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than one type present 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined</p>	<p>L4 Detector Operation</p> <p>1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated → Complete Block L5 3 <input type="checkbox"/> Failed to operate → Complete Block L6 U <input type="checkbox"/> Undetermined</p>	<p>L6 Detector Failure Reason Required if detector failed to operate</p> <p>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 not 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</p>

<p>M1 Presence of Automatic Extinguishing System ☆</p> <p>N <input checked="" type="checkbox"/> None Present → Complete rest of Section M 1 <input type="checkbox"/> Present 2 <input type="checkbox"/> Partial System Present U <input type="checkbox"/> Undetermined</p>	<p>M3 Operation of Automatic Extinguishing System Required if fire was within designed range</p> <p>1 <input type="checkbox"/> Operated/effective (go to M4) 2 <input type="checkbox"/> Operated/not effective (go to 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</p>	<p>M5 Reason for Automatic Extinguishing System Failure Required if system failed or not effective</p> <p>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</p>
<p>M2 Type of Automatic Extinguishing System Required if fire was within designed range of AES</p> <p>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 (CO₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined</p>	<p>M4 Number of Sprinkler Heads Operating Required if system operated</p> <p style="text-align: center;"> Number of sprinkler heads operating</p>	

NFIRS 5.0 Self-Study Program

A FID State Incident Date Station Exposure Delete Change **NFIRS-10 Personnel**

B Apparatus or Resources	Dates and Times	Sent	Number of People	Apparatus Use	Actions Taken
	<input type="checkbox"/> Check if same date as Alarm date on the Basic Module (Block E1) Month Day Year Hour/Min Midnight is 0000	<input checked="" type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	List up to 4 actions for each apparatus and each personnel.
1 ID <input type="text" value="Eng1"/> ☆Type <input type="text" value="11"/>	Dispatch <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1253"/> Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1258"/> Clear <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1440"/>	Sent <input checked="" type="checkbox"/>	<input type="text" value="4"/>		<input type="text" value="11"/> <input type="text" value="51"/> <input type="text" value="81"/> <input type="text" value=""/>

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="224"/>	Walner, Andrew	FF	<input checked="" type="checkbox"/>	11	51		
<input type="text" value="111"/>	Winer, Karen	FF	<input checked="" type="checkbox"/>	11	51		
<input type="text" value="130"/>	Starwood, Andrew	FF	<input checked="" type="checkbox"/>	58			
<input type="text" value="105"/>	Gordon, Tonya	Capt	<input checked="" type="checkbox"/>	81			
<input type="text" value=""/>			<input type="checkbox"/>				
<input type="text" value=""/>			<input type="checkbox"/>				

2 ID <input type="text" value="Truck"/> ☆Type <input type="text" value="12"/>	Dispatch <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1253"/> Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1258"/> Clear <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1440"/>	Sent <input checked="" type="checkbox"/>	<input type="text" value="4"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="51"/> <input type="text" value="12"/> <input type="text" value="81"/> <input type="text" value=""/>
--	---	--	--------------------------------	---	--

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="317"/>	Mills, Juan	FF	<input checked="" type="checkbox"/>	51			
<input type="text" value="847"/>	Fritz, Marion	Capt	<input checked="" type="checkbox"/>	81			
<input type="text" value="299"/>	Harris, Ronald	FF	<input checked="" type="checkbox"/>	58			
<input type="text" value="356"/>	Heilig, Cal	FF	<input checked="" type="checkbox"/>	12			
<input type="text" value=""/>			<input type="checkbox"/>				
<input type="text" value=""/>			<input type="checkbox"/>				

3 ID <input type="text" value="Eng2"/> ☆Type <input type="text" value="11"/>	Dispatch <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1253"/> Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1300"/> Clear <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2005"/> <input type="text" value="1440"/>	Sent <input checked="" type="checkbox"/>	<input type="text" value="4"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="11"/> <input type="text" value="58"/> <input type="text" value="81"/> <input type="text" value=""/>
---	---	--	--------------------------------	---	--

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="222"/>	Kritz, Paul	FF	<input checked="" type="checkbox"/>	11			
<input type="text" value="219"/>	Long, Andy	FF	<input checked="" type="checkbox"/>	11			
<input type="text" value="007"/>	Baron, Stan	Capt	<input checked="" type="checkbox"/>	81			
<input type="text" value="234"/>	Mack, John	FF	<input checked="" type="checkbox"/>	58			
<input type="text" value=""/>			<input type="checkbox"/>				
<input type="text" value=""/>			<input type="checkbox"/>				

**Arson and Juvenile
Firesetter Module:
NFIRS-11
Scenario 11-2 Answers**

NFIRS 5.0 Self-Study Program

A FDID <input type="text" value="92188"/> State <input type="text" value="AZ"/> Incident Date MM <input type="text" value="06"/> DD <input type="text" value="25"/> YYYY <input type="text" value="2005"/> Station <input type="text" value="0444999"/> Exposure <input type="text" value="0"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS-1 Basic
B Location Type <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 for wildland fires.			
<input checked="" 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 <input type="checkbox"/> US National Grid		Census Tract <input type="text" value="0501-101"/> Number/Milepost <input type="text" value="222"/> Prefix <input type="text" value="Main"/> Street or Highway <input type="text" value="ST"/> City <input type="text" value="Queen Creek"/> State <input type="text" value="AZ"/> ZIP Code <input type="text" value="85242"/>	
C Incident Type <input checked="" type="checkbox"/> Building Fires Incident Type <input type="text" value="111"/>		E1 Dates and Times <small>Midnight is 0000</small> Check boxes if dates are the same as Alarm Date. Alarm <input checked="" type="checkbox"/> <input type="text" value="06"/> <input type="text" value="25"/> <input type="text" value="2005"/> <input type="text" value="15"/> <input type="text" value="00"/> Arrival <input type="checkbox"/> <input type="text" value="06"/> <input type="text" value="25"/> <input type="text" value="2005"/> <input type="text" value="15"/> <input type="text" value="07"/> Controlled <input type="checkbox"/> <input type="text" value="06"/> <input type="text" value="25"/> <input type="text" value="2005"/> <input type="text" value="15"/> <input type="text" value="45"/> Last Unit Cleared <input type="checkbox"/> <input type="text" value="06"/> <input type="text" value="25"/> <input type="text" value="2005"/> <input type="text" value="17"/> <input type="text" value="00"/>	
D Aid Given or Received <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given		E2 Shifts and Alarms <small>Local Option</small> Shift or Platoon <input type="text" value="C"/> Alarms <input type="text" value=""/> District <input type="text" value=""/> E3 Special Studies <small>Local Option</small> Special Study ID# <input type="text" value=""/> Special Study Value <input type="text" value=""/>	
F Actions Taken <input checked="" type="checkbox"/> 1,1 Extinguish Primary Action Taken (1) 1,2 Salvage & overhaul Additional Action Taken (2) 8,6 Investigate Additional Action Taken (3)		G1 Resources <input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus Personnel Suppression <input type="text" value="3"/> <input type="text" value="13"/> EMS <input type="text" value="0"/> <input type="text" value="0"/> Other <input type="text" value="0"/> <input type="text" value="0"/> <input type="checkbox"/> Check box if resource counts include aid received resources.	
G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <input type="text" value=""/> <input type="text" value="30"/> <input type="text" value="00"/> Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> PRE-INCIDENT VALUE: 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=""/>			
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-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		H1 Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire Service <input type="text" value=""/> <input type="text" value=""/> Civilian <input type="text" value=""/> <input type="text" value=""/> H2 Detector <small>Required for confined fires.</small> 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input checked="" type="checkbox"/> Unknown	
H3 Hazardous Materials Release <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.)		I Mixed Use Property <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 <input checked="" type="checkbox"/> Structures <input type="checkbox"/> None 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, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 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 checked="" type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/boardng 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 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/science laboratory 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 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 and description only if you have NOT checked a Property Use box.			
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		Property Use <input type="text" value=""/> Code <input type="text" value=""/> Property Use Description	

K1 Person/Entity Involved

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

X _____ **Stash** _____ **Stable** _____
 Mr., Ms., Mrs. First Name MI Last Name Suffix

_____ **222** _____ **Main** _____ **ST** _____
 Number Prefix Street or Highway Street Type Suffix

_____ **Queen Creek** _____
 Post Office Box Apt./Suite/Room City

_____ **AZ** _____ **85242** _____
 State ZIP Code

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

K2 Owner

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

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

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

_____ _____ _____ _____
 Number Prefix Street or Highway Street Type Suffix

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

_____ _____ _____
 State ZIP Code


L **Remarks:**

Local Option _____

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure Modules
<input type="checkbox"/> Special structure 112	Complete Fire Module & Section I, Structure Module
<input type="checkbox"/> Confined 113-118	Basic Module Only
<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 Module
<input type="checkbox"/> Outside rubbish fire 150-155	Basic Module Only
<input type="checkbox"/> Special outside fire 160	Complete Fire or Wildland Module
<input type="checkbox"/> Special outside fire 161-163	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire or Wildland 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.

_____ **333** _____ **Joe Mill** _____ **Captain** _____
 Officer in charge ID Signature Position or rank Assignment Month Day Year

_____ _____ _____ _____
 Member making report ID Signature Position or rank Assignment Month Day Year

A FDID <input type="text" value="92188"/> State <input type="text" value="AZ"/> Incident Date <input type="text" value="06"/> <input type="text" value="25"/> <input type="text" value="2005"/> Station <input type="text" value="0444999"/> Exposure <input type="text" value="0"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change NFIRS-2 Fire	
B Property Details B1 <input type="text" value="1"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved</small> B2 <input type="text" value="1"/> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small> B3 <input type="text" value=""/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than one acre <small>Acres burned (outside fires)</small>	C On-Site Materials or Products <input checked="" type="checkbox"/> None <small>Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved</small> 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=""/> On-Site Materials Storage Use 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 U <input type="checkbox"/> Undetermined 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 U <input type="checkbox"/> Undetermined 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 U <input type="checkbox"/> Undetermined		
D Ignition D1 <input type="text" value="21"/> Bedroom < 5 persons <small>Area of fire origin</small> D2 <input type="text" value="64"/> Match <small>Heat source</small> D3 <input type="text" value="65"/> Flammable liquid/gas <small>Item first ignited</small> <input type="checkbox"/> Check box if fire spread was confined to object of origin. D4 <input type="text" value="71"/> Fabric, fiber, cotton <small>Type of material first ignited</small> <small>Required only if item first ignited code is 00 or <70</small>	E1 Cause of Ignition <input checked="" type="checkbox"/> <small>Check box if this is an exposure report.</small> 1 <input checked="" type="checkbox"/> Intentional 2 <input 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 E2 Factors Contributing to Ignition <input type="checkbox"/> None Factor contributing to ignition (1) <input type="text" value=""/> Factor contributing to ignition (2) <input type="text" value=""/>	E3 Human Factors Contributing to Ignition Check all applicable boxes: <input type="checkbox"/> None 1 <input type="checkbox"/> Asleep 2 <input 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 checked="" type="checkbox"/> Age was a factor Estimated age of person involved <input type="text" value="16"/> 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	
F1 Equipment Involved in Ignition <input checked="" type="checkbox"/> None <small>If equipment was not involved, skip to Section G</small> Equipment involved <input type="text" value=""/> Brand <input type="text" value=""/> Model <input type="text" value=""/> Serial # <input type="text" value=""/> Year <input type="text" value=""/>	F2 Equipment Power Source Equipment Power Source <input type="text" value=""/> F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <small>Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.</small>	G Fire Suppression Factors <input checked="" type="checkbox"/> None Enter up to three codes. Fire suppression factor (1) <input type="text" value=""/> Fire suppression factor (2) <input type="text" value=""/> Fire suppression factor (3) <input type="text" value=""/>	
H1 Mobile Property Involved <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned Mobile property model <input type="text" value=""/> License Plate Number <input type="text" value=""/> State <input type="text" value=""/> VIN <input type="text" value=""/>	H2 Mobile Property Type and Make Mobile property type <input type="text" value=""/> Mobile property make <input type="text" value=""/> Year <input type="text" value=""/>	Local Use <input type="checkbox"/> Pre-Fire Plan Available <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	
Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).			NFIRS-2 Revision 01/01/05

<p>I1 Structure Type ☆</p> <p>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</p> <p>1 <input checked="" type="checkbox"/> Enclosed building</p> <p>2 <input type="checkbox"/> Portable/mobile structure</p> <p>3 <input type="checkbox"/> Open structure</p> <p>4 <input type="checkbox"/> Air-supported structure</p> <p>5 <input type="checkbox"/> Tent</p> <p>6 <input type="checkbox"/> Open platform (e.g., piers)</p> <p>7 <input type="checkbox"/> Underground structure (work areas)</p> <p>8 <input type="checkbox"/> Connective structure (e.g., fences)</p> <p>0 <input type="checkbox"/> Other type of structure</p>	<p>I2 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input checked="" type="checkbox"/> Occupied & operating</p> <p>3 <input type="checkbox"/> Idle, not routinely used</p> <p>4 <input type="checkbox"/> Under major renovation</p> <p>5 <input type="checkbox"/> Vacant and secured</p> <p>6 <input type="checkbox"/> Vacant and unsecured</p> <p>7 <input type="checkbox"/> Being demolished</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>I3 Building Height ☆</p> <p>Count the roof as part of the highest story.</p> <p>_____ 2 _____</p> <p>Total number of stories at or above grade</p> <p>_____ 0 _____</p> <p>Total number of stories below grade</p>	<p>I4 Main Floor Size ☆</p> <p>_____, _____ 1, _____ 600</p> <p>Total square feet</p> <p>OR</p> <p>_____, _____ BY _____, _____</p> <p>Length in feet Width in feet</p>
--	---	--	--

NFIRS-3
Structure
Fire

<p>J1 Fire Origin ☆</p> <p>_____ 2 _____</p> <p>Story of fire origin</p> <p><input type="checkbox"/> Below grade</p>	<p>J3 Number of Stories Damaged by Flame</p> <p>Count the roof as part of the highest story.</p> <p>_____ 0 _____</p> <p>Number of stories w/minor damage (1 to 24% flame damage)</p> <p>_____ 0 _____</p> <p>Number of stories w/significant damage (25 to 49% flame damage)</p> <p>_____ 1 _____</p> <p>Number of stories w/heavy damage (50 to 74% flame damage)</p> <p>_____ 0 _____</p> <p>Number of stories w/extreme damage (75 to 100% flame damage)</p>	<p>K Type of Material Contributing Most to Flame Spread</p> <p><input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.</p> <p>K1 _____</p> <p>Item contributing most to flame spread</p> <p>K2 _____</p> <p>Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</p>
<p>J2 Fire Spread ☆</p> <p>If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module).</p> <p>2 <input type="checkbox"/> Confined to room of origin</p> <p>3 <input checked="" type="checkbox"/> Confined to floor of origin</p> <p>4 <input type="checkbox"/> Confined to building of origin</p> <p>5 <input type="checkbox"/> Beyond building of origin</p>		

<p>L1 Presence of Detectors ☆</p> <p>(In area of the fire)</p> <p>N <input type="checkbox"/> None Present</p> <p>1 <input type="checkbox"/> Present</p> <p>U <input checked="" type="checkbox"/> Undetermined</p>	<p>L3 Detector Power Supply</p> <p>1 <input type="checkbox"/> Battery only</p> <p>2 <input type="checkbox"/> Hardwire only</p> <p>3 <input type="checkbox"/> Plug-in</p> <p>4 <input type="checkbox"/> Hardwire with battery</p> <p>5 <input type="checkbox"/> Plug-in with battery</p> <p>6 <input type="checkbox"/> Mechanical</p> <p>7 <input type="checkbox"/> Multiple detectors & power supplies</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L5 Detector Effectiveness</p> <p>Required if detector operated.</p> <p>1 <input type="checkbox"/> Alerted occupants, occupants responded</p> <p>2 <input type="checkbox"/> Alerted occupants, occupants failed to respond</p> <p>3 <input type="checkbox"/> There were no occupants</p> <p>4 <input type="checkbox"/> Failed to alert occupants</p> <p>U <input type="checkbox"/> Undetermined</p>
<p>L2 Detector Type</p> <p>1 <input type="checkbox"/> Smoke</p> <p>2 <input type="checkbox"/> Heat</p> <p>3 <input type="checkbox"/> Combination smoke and heat</p> <p>4 <input type="checkbox"/> Sprinkler, water flow detection</p> <p>5 <input type="checkbox"/> More than one type present</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L4 Detector Operation</p> <p>1 <input type="checkbox"/> Fire too small to activate</p> <p>2 <input type="checkbox"/> Operated</p> <p>3 <input type="checkbox"/> Failed to operate</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L6 Detector Failure Reason</p> <p>Required if detector failed to operate</p> <p>1 <input type="checkbox"/> Power failure, shutoff, or disconnect</p> <p>2 <input type="checkbox"/> Improper installation or placement</p> <p>3 <input type="checkbox"/> Defective</p> <p>4 <input type="checkbox"/> Lack of maintenance, includes not cleaning</p> <p>5 <input type="checkbox"/> Battery missing or disconnected</p> <p>6 <input type="checkbox"/> Battery discharged or dead</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>

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

NFIRS-3 Revision 01/01/05

A FDID State Incident Date Station Exposure Delete Change **NFIRS-11 Arson**

B Agency Referred To None

Street address

Their case number

Agency name City

Their ORI

Agency phone number --

State ZIP code -

Their Federal Identifier (FID)

Their FDID

C Case Status

1 Investigation open 4 Closed with arrest

2 Investigation closed 5 Closed with exceptional clearance

3 Investigation inactive

D Availability of Material First Ignited

1 Transported to scene

2 Available at scene

U Unknown

E Suspected Motivation Factors Check up to three factors

11 <input type="checkbox"/> Extortion	22 <input type="checkbox"/> Hate crime	42 <input type="checkbox"/> Vanity/recognition	54 <input type="checkbox"/> Burglary
12 <input type="checkbox"/> Labor unrest	23 <input type="checkbox"/> Institutional	43 <input type="checkbox"/> Thrills	61 <input type="checkbox"/> Homicide concealment
13 <input type="checkbox"/> Insurance fraud	24 <input type="checkbox"/> Societal	44 <input checked="" type="checkbox"/> Attention/sympathy	62 <input type="checkbox"/> Burglary concealment
14 <input type="checkbox"/> Intimidation	31 <input type="checkbox"/> Protest	45 <input type="checkbox"/> Sexual excitement	63 <input type="checkbox"/> Auto theft concealment
15 <input type="checkbox"/> Void contract/lease	32 <input type="checkbox"/> Civil unrest	51 <input type="checkbox"/> Homicide	64 <input type="checkbox"/> Destroy records/evidence
21 <input type="checkbox"/> Personal	41 <input type="checkbox"/> Fireplay/curiosity	52 <input type="checkbox"/> Suicide	00 <input type="checkbox"/> Other suspected motivation
		53 <input type="checkbox"/> Domestic violence	UU <input type="checkbox"/> Unknown motivation

F Apparent Group Involvement Check up to three factors None

1 Terrorist group

2 Gang

3 Anti-government group

4 Outlaw motorcycle organization

5 Organized crime

6 Racial/ethnic hate group

7 Religious hate group

8 Sexual preference hate group

0 Other group

U Unknown

G1 Entry Method

Entry Method

G2 Extent of Fire Involvement on Arrival

Extent of Fire Involvement

H Incendiary Devices CONTAINER No container

Select one from each category

11 Bottle (glass) 14 Pressurized container 17 Box

12 Bottle (plastic) 15 Can (not gas or fuel) 00 Other Container

13 Jug 16 Gasoline or fuel can UU Unknown

IGNITION/DELAY DEVICE No device

11 Wick or fuse 17 Road flare/fuse

12 Candle 18 Chemical component

13 Cigarette and matchbook 19 Trailer/streamer

14 Electronic component 20 Open flame source

15 Mechanical device 00 Other delay device

16 Remote control UU Unknown

FUEL None

11 Ordinary combustibles 16 Pyrotechnic material

12 Flammable gas 17 Explosive material

14 Ignitable liquid 00 Other material

15 Ignitable solid UU Unknown

I 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

J Property Ownership

1 Private

2 City, town, village, local

3 County or parish

4 State or province

5 Federal

6 Foreign

7 Military

0 Other

K 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)

L Laboratory Used Check all that apply None

1 Local 3 ATF 5 Other 6 Private

2 State 4 FBI Federal

