

**A** FDID  Star State  Star Incident Date  Star MM DD YYYY Station Incident Number  Star Exposure  Star

Delete  Change  No Activity

**NFIRS-1 Basic**

**B Location Type**  Star  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 \_\_\_\_\_-\_\_\_\_

Street address  
 Intersection  
 In front of  
 Rear of  
 Adjacent to  
 Directions  
 US National Grid

Number/Milepost Prefix Street or Highway Street Type Suffix  
 Apt./Suite/Room City State ZIP Code

Cross Street, Directions or National Grid, as applicable

**C Incident Type**  Star \_\_\_\_\_  
 Incident Type

**D Aid Given or Received**  Star  None

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

Their FDID Their State  
 Their Incident Number

**E1 Dates and Times** Midnight is 0000  
 Month Day Year Hour Min  
 Check boxes if dates are the same as Alarm Date.  
 Alarm  Star  ALARM always required  
 Arrival  Star  ARRIVAL required, unless canceled or did not arrive  
 Controlled   CONTROLLED optional, except for wildland fires  
 Last Unit Cleared   LAST UNIT CLEARED, required except for wildland fires

**E2 Shifts and Alarms** Local Option  
 Shift or Platoon Alarms District

**E3 Special Studies** Local Option  
 Special Study ID# Special Study Value

**F Actions Taken**  Star

Primary Action Taken (1)  
 Additional Action Taken (2)  
 Additional Action Taken (3)

**G1 Resources**  Star  Check this box and skip this block if an Apparatus or Personnel Module is used.

Apparatus Personnel  
 Suppression  
 EMS  
 Other

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 \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_   
 Contents \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_   
 PRE-INCIDENT VALUE: Optional  
 Property \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_   
 Contents \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**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  
 Fire Service Deaths Injuries  
 Civilian

**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**  Star  None

**Structures**  
 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

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 Description \_\_\_\_\_ Code \_\_\_\_\_

### 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



Remarks:

Local Option

#### Fire Module Required?

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

- Buildings 111 Complete Fire & Structure Modules
- Special structure 112 Complete Fire Module & Section I, Structure Module
- Confined 113-118 Basic Module Only
- Mobile property 120-123 Complete Fire Module
- Vehicle 130-138 Complete Fire Module
- Vegetation 140-143 Complete Fire or Wildland Module
- Outside rubbish fire 150-155 Basic Module Only
- Special outside fire 160 Complete Fire or Wildland Module
- Special outside fire 161-163 Complete Fire Module
- 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



<b>I1 Structure Type</b> ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Enclosed building</li> <li>2 <input type="checkbox"/> Portable/mobile structure</li> <li>3 <input type="checkbox"/> Open structure</li> <li>4 <input type="checkbox"/> Air-supported structure</li> <li>5 <input type="checkbox"/> Tent</li> <li>6 <input type="checkbox"/> Open platform (e.g., piers)</li> <li>7 <input type="checkbox"/> Underground structure (work areas)</li> <li>8 <input type="checkbox"/> Connective structure (e.g., fences)</li> <li>0 <input type="checkbox"/> Other type of structure</li> </ul>	<b>I2 Building Status</b> ☆ <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Under construction</li> <li>2 <input type="checkbox"/> Occupied &amp; operating</li> <li>3 <input type="checkbox"/> Idle, not routinely used</li> <li>4 <input type="checkbox"/> Under major renovation</li> <li>5 <input type="checkbox"/> Vacant and secured</li> <li>6 <input type="checkbox"/> Vacant and unsecured</li> <li>7 <input type="checkbox"/> Being demolished</li> <li>0 <input type="checkbox"/> Other</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>I3 Building Height</b> ☆ Count the roof as part of the highest story. <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>          Total number of stories at or above grade       </p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>          Total number of stories below grade       </p>	<b>I4 Main Floor Size</b> ☆ <div style="border: 1px solid black; padding: 2px; width: fit-content; float: right;">NFIRS-3 Structure Fire</div> <p style="text-align: center;"> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>          Total square feet       </p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">OR</p> <p style="text-align: center;"> <input type="text"/> , <input type="text"/> <input type="text"/> BY <input type="text"/> , <input type="text"/> <input type="text"/>          Length in feet                      Width in feet       </p>
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<b>J1 Fire Origin</b> ☆ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Story of fire origin <input type="checkbox"/> Below grade	<b>J3 Number of Stories Damaged by Flame</b> Count the roof as part of the highest story. <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>          Number of stories w/minor damage (1 to 24% flame damage)       </p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>          Number of stories w/significant damage (25 to 49% flame damage)       </p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>          Number of stories w/heavy damage (50 to 74% flame damage)       </p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>          Number of stories w/extreme damage (75 to 100% flame damage)       </p>	<b>K Type of Material Contributing Most to Flame Spread</b> <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. <span style="float: right;">➔ Skip to Section L</span></p> <p><b>K1</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Item contributing most to flame spread</p> <p><b>K2</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Type of material contributing most to flame spread      Required only if item contributing code is 00 or &lt;70.</p>
<b>J2 Fire Spread</b> ☆ If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module). <ul style="list-style-type: none"> <li>2 <input type="checkbox"/> Confined to room of origin</li> <li>3 <input type="checkbox"/> Confined to floor of origin</li> <li>4 <input type="checkbox"/> Confined to building of origin</li> <li>5 <input type="checkbox"/> Beyond building of origin</li> </ul>		

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

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

**A** FDID  Star State  Star Incident Date MM DD YYYY  Star Station Incident Number  Star Exposure  Star  Delete  Change **NFIRS-4 Civilian Fire Casualty**

**B Injured Person**  Star Gender 1  Male 2  Female **C Casualty Number**  Star

First Name MI Last Name Suffix Casualty Number

**D Age or Date of Birth**  Star Age  Months (for infants) OR Date of Birth Month Day Year

**E1 Race** 1  White 2  Black, African American 3  Am. Indian, Alaska Native 4  Asian 5  Native Hawaiian, Other Pacific Islander 0  Other, multiracial U  Undetermined

**E2 Ethnicity** 1  Hispanic or Latino 0  Non Hispanic or Latino

**F Affiliation** 1  Civilian 2  EMS, not fire department 3  Police 0  Other

**G Date and Time of Injury** Midnight is 0000. Date of Injury Month Day Year Time of Injury Hour Minute

**H Severity**  Star 1  Minor 2  Moderate 3  Severe 4  Life threatening 5  Death U  Undetermined

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

**J Human Factors Contributing to Injury**  None Check all applicable boxes 1  Asleep 2  Unconscious 3  Possibly impaired by alcohol 4  Possibly impaired by other drug 5  Possibly mentally disabled 6  Physically disabled 7  Physically restrained 8  Unattended person

**K Factors Contributing to Injury**  None Enter up to three contributing factors Contributing factor (1) Contributing factor (2) Contributing factor (3)

**L Activity When Injured** 1  Escaping 2  Rescue attempt 3  Fire control 4  Return to fire before control 5  Return to fire after control 6  Sleeping 7  Unable to act 8  Irrational act 0  Other U  Undetermined

**M1 Location at Time of Incident** 1  In area of origin and not involved 2  Not in area of origin and not involved 3  Not in area of origin, but involved 4  In area of origin and involved 0  Other location U  Undetermined

**M2 General Location at Time of Injury** 1  In area of fire origin → Skip to Section N 2  In building, but not in area 3  Outside, but not in area → Skip to Block Ms U  Undetermined

**M3 Story at Start of Incident** Complete ONLY if injury occurred INSIDE Story at start of incident  Below grade

**M4 Story Where Injury Occurred** Story where injury occurred, if different from M3  Below grade

**M5 Specific Location at Time of Injury** Complete ONLY if casualty NOT in area of origin Specific location at time of injury

**N Primary Apparent Symptom** 01  Smoke only, asphyxiation 11  Burns and smoke inhalation 12  Burns only 21  Cut, laceration 33  Strain or sprain 96  Shock 98  Pain only Look up a code only if the symptom is NOT found above Primary apparent symptom

**O Primary Area of Body Injured** 1  Head 2  Neck and shoulder 3  Thorax 4  Abdomen 5  Spine 6  Upper extremities 7  Lower extremities 8  Internal 9  Multiple body parts

**P Disposition**  Transported to emergency care facility

Remarks 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 No N Equipment  
Sequence  
NumberNFIRS-5  
Fire Service  
Casualty**K2 Protective Equipment Item**

## Head or Face Protection

- 11  Helmet  
 12  Full face protector  
 13  Partial face protector  
 14  Goggles/eye protection  
 15  Hood  
 16  Ear protector  
 17  Neck protector  
 10  Other

## Coat, Shirt, or Trousers

- 21  Protective coat  
 22  Protective trousers  
 23  Uniform shirt  
 24  Uniform T-shirt  
 25  Uniform trousers  
 26  Uniform coat or jacket  
 27  Coveralls  
 28  Apron or gown  
 20  Other

## Boots or Shoes

- 31  Knee length boots with steel baseplate and steel toes  
 32  Knee length boots with steel toes only  
 33  3/4 length boots with steel baseplate and steel toes  
 34  3/4 length boots with steel toes only  
 35  Boots without steel baseplate and steel toes  
 36  Safety shoes with steel baseplate and steel toes  
 37  Safety shoes with steel toes only  
 38  Non-safety shoes  
 30  Other

## Respiratory Protection

- 41  SCBA (demand) open circuit  
 42  SCBA (positive pressure) open circuit  
 43  SCBA closed circuit  
 44  Not self-contained  
 45  Cartridge respirator  
 46  Dust or particle mask  
 40  Other

## Hand Protection

- 51  Firefighter gloves with wristlets  
 52  Firefighter gloves without wristlets  
 53  Work gloves  
 54  HazMat gloves  
 55  Medical gloves  
 50  Other

## Special Equipment

- 61  Proximity suit for entry  
 62  Proximity suit for non-entry  
 63  Totally encapsulated, reusable chemical suit  
 64  Totally encapsulated, disposable chemical suit  
 65  Partially encapsulated, reusable chemical suit  
 66  Partially encapsulated, disposable chemical suit  
 67  Flash protection suit  
 68  Flight or jump suit  
 69  Brush suit  
 71  Exposure suit  
 72  Self-contained underwater breathing apparatus (SCUBA)  
 73  Life preserver  
 74  Life belt or ladder belt  
 75  Personal alert safety system (PASS)  
 76  Radio distress device  
 77  Personal lighting  
 78  Fire shelter or tent  
 79  Vehicle safety belt  
 70  Special equipment, other  
 00  Protective equipment, other

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.

**K3 Protective Equipment Problem**

Check one box to indicate the main problem that occurred.

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

**K4 Equipment Manufacturer, Model and Serial Number**  
Manufacturer  
Model  
Serial Number











**A**

FDID <input type="text"/>	State <input type="text"/>	Incident Date <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>	<input type="checkbox"/> Delete	<b>NFIRS-10 Personnel</b>
						<input type="checkbox"/> Change	

**B**

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

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

**2**

ID <input type="text"/>	Dispatch <input type="checkbox"/>	Arrival <input type="checkbox"/>	Clear <input type="checkbox"/>	Sent <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
★Type <input type="text"/>							

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

**3**

ID <input type="text"/>	Dispatch <input type="checkbox"/>	Arrival <input type="checkbox"/>	Clear <input type="checkbox"/>	Sent <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
★Type <input type="text"/>							

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				





**A**

FDID

State

MM DD  
Incident Date 

YYYY

Station

Incident Number

Exposure

 Delete  
 Change**NFIRS-1S  
Supplemental****K1****Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

 Check this box if same address as incident location. Then skip these 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

**K1****Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

 Check this box if same address as incident location. Then skip these 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

**K1****Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

 Check this box if same address as incident location. Then skip these 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

**K1****Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

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

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

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Street or Highway

Street Type

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Post Office Box

Apt./Suite/Room

City

State

ZIP Code

**K1****Person/Entity Involved**

Local Option

Business Name (if applicable)

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Phone Number

 Check this box if same address as incident location. Then skip these 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



**E3**

**Supplemental Special Studies**

Local Option

**NFIRS-1S  
Supplemental**

1 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Special Study ID# Special Study Value

2 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
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Special Study ID# Special Study Value

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Special Study ID# Special Study Value

**L**

**Remarks:**  
Local Option