NFIRS – REQUIRED DATA GUIDE
The NFIRS – Required Data Guide was created after numerous requests by Washington’s Fire Service Personnel for a highly-condensed version of the *NFIRS Complete Reference Guide (2015)* that was written by the Federal Emergency Management Agency (FEMA) and the United States Fire Administration (USFA).

All information in this guide was taken directly from the original source. This guide is not all-encompassing. For more in-depth instruction, National Code lists, glossary terms, abbreviations and more, please refer back to the *NFIRS Complete Reference Guide*.

The purpose of the NFIRS – Required Data Guide is to walk fire service personnel through all of the required data points that must be completed within each NFIRS module, along with important notes and sample NFIRS forms for illustrative purposes. The primary purpose of noting only the required data points in each module is so that an incident will validate properly once submitted to the NFIRS National Database. While third-party software programs for Record and Report Management are required to meet minimum standards regarding NFIRS reporting, they are not infallible. Reading this guide and learning about the required data for NFIRS reporting will decrease the occurrence of critical errors within the data and the need to correct and resubmit reports.

Please note, a truly comprehensive report will have no blank sections or spaces. The more complete a report, the more useful the return data will be, and the more others can see “the big picture” of each incident reported. A dynamic report, after being read, will leave no question in the reader’s mind as to what happened at the incident.

If you have questions or need assistance after reading through this Guide, please contact the Washington NFIRS Coordinator by email at NFIRS@wsp.wa.gov or by phone at (360) 596-3924.
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BASIC MODULE RULES

This section covers the data that must be completed within the Basic Module for your incident to be valid. Ideally, no sections or spaces should be left blank.

The Basic Module is...

ALWAYS REQUIRED for Incident types: 100 – 911

If Incident Type = 571 (Standby) and if Aid Given or Received = codes 3 or 4, then only Sections A – D within the Basic Module needs to be completed by the department giving aid. The rest of the Basic Module and any other applicable modules are optional.

If Incident Type is any code other than a 571 and if Aid Given or Received = code 3 or 4, and the “their FDID” information on SECTION D is entered, then you only need to fill out the Basic Module through SECTION G – RESOURCES (G1). If there is a Fire Service Casualty (injury or death), you must complete the Basic Module through SECTION H – CASUALTIES (H1), in addition to completing a mandatory Fire Service Casualty Module. (All departments always track their own Fire Service Casualties separately. See ‘Fire Service Casualty Module Rules’ for Module data requirements.) The remainder of the Basic Module and any other optional modules associated with the incident may be completed, but are not required.

If Aid Given or Received is anything other than a 3 or 4, read the “REQUIRED DATA” section below.

The information not captured by the department giving aid will be captured by the department that receives aid for that incident. Additionally, the department receiving aid is responsible for tracking and entering all of the Civilian Casualty (injury or death) information for the incident.

REQUIRED DATA – Below you will find the data points that must be completed when filling out this module. All required fields are denoted by a star in the sample form. (See pgs. 3 & 4.)

SECTION A:
- FDID
- STATE
- INCIDENT DATE (MM/DD/YYYY)
- INCIDENT NUMBER
- EXPOSURE NUMBER

SECTION B:
- LOCATION TYPE

SECTION C:
- INCIDENT TYPE (NOTE: Remember to code your incident type for what you found at the scene upon arrival, not what you were dispatched for, if different.)
SECTION D:
- AID GIVEN OR RECEIVED (NOTE: If no aid was given or received, make sure you select ‘None.’)

SECTION E:
- DATES & TIMES (E1) (NOTE: Alarm & Arrival Times are always required. Controlled Time is optional, unless the incident is a Wildland Fire; then it is mandatory. Last Unit Cleared is required except for Wildland fires.)

SECTION F:
- ACTIONS TAKEN (NOTE: The Basic Module only allows for up to 3 Actions Taken. If you wish to further define the incident, you can add more Actions Taken within your Apparatus/Resources and Personnel Modules.)

SECTION G:
- RESOURCES (G1)
- ESTIMATED DOLLAR LOSSES & VALUES (G2) (NOTE: LOSSES are required for all fires, if known or able to be obtained. It is optional for non-fire incidents.)

SECTION H:
- CASUALTIES (H1) (NOTE: If no casualties (injury or death) occurred, check “None.”)

SECTION J:
- PROPERTY USE

SECTION L:
*** While not required, it is highly preferred and encouraged for you to use this area to record your narrative or other pertinent incident information/data that does not already have its own section within this module or within another module. This helps paint the “big picture” of what happened during the incident.***
<table>
<thead>
<tr>
<th>Location Type</th>
<th>Street address</th>
<th>Intersection</th>
<th>In front of</th>
<th>Rear of</th>
<th>Adjacent to</th>
<th>Directions</th>
<th>U.S. National Grid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number/Milepost</td>
<td>Prefix</td>
<td>Street or Highway</td>
<td>Number/Milepost</td>
<td>Prefix</td>
<td>Street or Highway</td>
<td></td>
</tr>
<tr>
<td></td>
<td>State</td>
<td>ZIP Code</td>
<td>State</td>
<td>State</td>
<td>Zip Code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incident Type</th>
<th>Aid Given or Received</th>
<th>Dates and Times</th>
<th>Shifts and Alarms</th>
<th>Special Studies</th>
<th>Estimated Dollar Losses and Values</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mutual aid received</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
<td>Hour</td>
</tr>
<tr>
<td></td>
<td>Auto. aid received</td>
<td>Alarm</td>
<td>Arrival</td>
<td>Controlled</td>
<td>Last Unit Cleared</td>
</tr>
<tr>
<td></td>
<td>Mutual aid given</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Auto. aid given</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other aid given</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions Taken</th>
<th>Resources</th>
<th>Hazardous Materials Release</th>
<th>Completed Modules</th>
<th>Casualties</th>
<th>Deaths</th>
<th>Injuries</th>
<th>Detectors</th>
<th>Hazardous Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Action Taken</td>
<td>Check box if dates are the same as Alarm Date</td>
<td>Natural gas: slow leak, no evacuation or HazMat actions</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Additional Action Taken</td>
<td>Apparatus Personnel</td>
<td>Propane gas: &gt;21-lb tank (as in home BBQ grill)</td>
<td>Fire</td>
<td>Fire</td>
<td>Service</td>
<td>Fire</td>
<td>Service</td>
<td>Fire</td>
</tr>
<tr>
<td>Additional Action Taken</td>
<td>EMS</td>
<td>Gasoline: vehicle fuel tank or portable container</td>
<td>Civilian</td>
<td>Civilian</td>
<td>Civilian</td>
<td>Civilian</td>
<td>Civilian</td>
<td>Civilian</td>
</tr>
<tr>
<td>Additional Action Taken</td>
<td>Other</td>
<td>Kerosene: fuel burning equipment or portable storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Action Taken</td>
<td></td>
<td>Diesel fuel/fuel oil: vehicle fuel tank or portable storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Action Taken</td>
<td></td>
<td>Household solvents: home/office spill, cleanup only</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Action Taken</td>
<td></td>
<td>Motor oil: from engine or portable container</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Action Taken</td>
<td></td>
<td>Paint: from paint cans totaling &lt;55 gallons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Action Taken</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed Modules</th>
<th>Deaths</th>
<th>Injuries</th>
<th>Detectors</th>
<th>Hazardous Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Structure Fire-3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Civilian Fire Cas.-4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Service Cas.-5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMS-6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HazMat-7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wildland Fire-8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apparatus-9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel-10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arson-11</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Property Use</th>
<th>Structures</th>
<th>Outside</th>
<th>Hazardous Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Church, place of worship</td>
<td>Playground or park</td>
<td>Clinic, clinic-type infirmary</td>
</tr>
<tr>
<td></td>
<td>Restaurant or cafeteria</td>
<td>Graded/Cared for plot of land</td>
<td>Doctor/Dentist office</td>
</tr>
<tr>
<td></td>
<td>Bar/Tavern or nightclub</td>
<td>Lake, river, stream</td>
<td>Prison or jail, not juvenile</td>
</tr>
<tr>
<td></td>
<td>Elementary school, kindergarten</td>
<td>Railroad right-of-way</td>
<td>1- or 2-family dwelling</td>
</tr>
<tr>
<td></td>
<td>High school, junior high</td>
<td>Other street</td>
<td>Multifamily dwelling</td>
</tr>
<tr>
<td></td>
<td>College, adult education</td>
<td>Highway/Divided highway</td>
<td>Dormitory/Barracks</td>
</tr>
<tr>
<td></td>
<td>Nursing home</td>
<td>Residential street/driveway</td>
<td>Food and beverage sales</td>
</tr>
<tr>
<td></td>
<td>Hospital</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Property Use</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Property Use</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>None</td>
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<tr>
<td></td>
<td>None</td>
<td>None</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Property Use</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
More people involved? Check this box and attach Supplemental Forms (NFIRS–1S) as necessary.

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

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

- Buildings 111
- Special structure 112
- Confined 113–118
- Mobile property 120–123
- Vehicle 130–138
- Vegetation 140–143
- Outside rubbish fire 150–155
- Special outside fire 160
- Special outside fire 161–164
- Crop fire 170–173

ITEMS WITH A ✫ MUST ALWAYS BE COMPLETED!

Authorization
Check box if same as Officer in charge. ✗

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

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

Local Option
FIRE MODULE RULES

This section covers the data that must be completed within the Fire Module for your incident to be valid. Ideally, no sections or spaces should be left blank.

The Fire Module is...

ALWAYS REQUIRED for Incident Types (with the exception of Aid Given Incidents): 110 – 112, 120 – 138, 161 – 164. (Incident Type 160 is not included here because that code can be a Wildland Fire.)

NEVER allowed for Incident Types: 200 - 911

OPTIONAL for Incident Types: 113 – 118

➤ If the Wildland Module is not used in place of the Fire Module, then the Fire Module must be completed for Incident Types: 140 – 143, 160, 170 – 173.

REQUIRED DATA – Below you will find the data points that must be completed when filling out this module – even if you are filling it out for an incident type where this module is optional. All required fields are denoted by a star in the sample form. (See pg. 7.)

SECTION A:
➤ FDID
➤ STATE
➤ INCIDENT DATE (MM/DD/YYYY)
➤ INCIDENT NUMBER (Should match Incident Number given in Basic Module)
➤ EXPOSURE NUMBER

SECTION B:
➤ NUMBER OF RESIDENTIAL LIVING UNITS (B1) (NOTE: This field is only required if the PROPERTY USE section on the Basic Module (Section J) is coded in the 400’s.)

SECTION C:
➤ ON-SITE MATERIALS OR PRODUCTS AND ON-SITE MATERIALS STORAGE USE (NOTE: This field is only required if the PROPERTY USE section on the Basic Module (Section J) is coded in 500, 600, 700, or 800-series codes.

SECTION D:
➤ AREA OF FIRE ORIGIN (D1)
➤ HEAT SOURCE (D2)
➤ ITEM FIRST IGNITED (D3)
➤ TYPE OF MATERIAL FIRST IGNITED (NOTE: This is only required if Item First Ignited code is 00 or <70.)
SECTION E:

- CAUSE OF IGNITION (E1)
- FACTORS CONTRIBUTING TO IGNITION (E2)
- HUMAN FACTORS CONTRIBUTING TO IGNITION (E3)
### Property Details

<table>
<thead>
<tr>
<th>B1</th>
<th>Estimated number of residential living units in building of origin: whether or not all units became involved.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B2</td>
<td>Number of buildings involved</td>
</tr>
<tr>
<td>B3</td>
<td>Acres burned (outside fires)</td>
</tr>
</tbody>
</table>

### On-Site Materials or Products

| C | None |

#### On-Site Materials Storage Use

- [ ] Bulk storage or warehousing
- [ ] Processing or manufacturing
- [ ] Packaged goods for sale
- [ ] Repair or service
- [ ] Undetermined

#### On-Site Material (1)

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
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#### On-Site Material (2)

<p>| | |</p>
<table>
<thead>
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<tbody>
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</table>

#### On-Site Material (3)

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
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</tbody>
</table>

### Ignition

<table>
<thead>
<tr>
<th>D1</th>
<th>Area of fire origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2</td>
<td>Heat source</td>
</tr>
<tr>
<td>D3</td>
<td>Item first ignited</td>
</tr>
</tbody>
</table>

#### Factor contributing to ignition (1)

<p>| | |</p>
<table>
<thead>
<tr>
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#### Factor contributing to ignition (2)

<p>| | |</p>
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</table>

### Cause of Ignition

- [ ] Check box if this is an exposure report.

#### Human Factors Contributing to Ignition

- [ ] Asleep
- [ ] Possibly impaired by alcohol or drugs
- [ ] Unattended person
- [ ] Possibly mentally disabled
- [ ] Physically disabled
- [ ] Multiple persons involved

#### Age was a factor

<p>| | |</p>
<table>
<thead>
<tr>
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</table>

#### Estimated age of person involved

<p>| | |</p>
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<td></td>
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</tbody>
</table>

### Equipment Involved in Ignition

- [ ] None

#### Equipment Power Source

<table>
<thead>
<tr>
<th>F2</th>
<th>Equipment Power Source</th>
</tr>
</thead>
</table>

## Equipment Portability

### Fire Suppression Factors

- [ ] None

#### Fire suppression factor (1)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
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</table>

#### Fire suppression factor (2)

<p>| | |</p>
<table>
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#### Fire suppression factor (3)

<p>| | |</p>
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</tbody>
</table>

### Mobile Property Involved

- [ ] None

#### Mobile Property Type and Make

<table>
<thead>
<tr>
<th>H2</th>
<th>Mobile property type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mobile property make</td>
</tr>
</tbody>
</table>

#### Mobile property model

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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#### License Plate Number

<p>| | |</p>
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#### State

<p>| | |</p>
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#### VIN

<p>| | |</p>
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<th></th>
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</thead>
</table>

### Local Use

- [ ] Pre-Fire Plan Available

#### Arson report attached

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
</table>

#### Police report attached

<p>| | |</p>
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</table>

#### Coronor report attached

<p>| | |</p>
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</table>

#### Other reports attached

<p>| | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
</table>

---

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

This section covers the data that **must** be completed within the Structure Fire Module for your incident to be valid. *Ideally, no sections or spaces should be left blank.*

The Structure Fire Module is...

**ALWAYS REQUIRED** for Incident Types: 111 – 112 (For Incident Type 112: Only the Structure Type (I1) section is required on the Structure Module, the rest of the Module is optional.)

**NEVER** allowed for Incident Types: 130 – 173

**OPTIONAL** for Incident Types: 113 – 118

**REQUIRED DATA** – Below you will find the data points that **must** be completed when filling out this module – *even if you are filling it out for an incident type where this module is optional*. All required fields are denoted by a star in the sample form. (See pg. 9.)

**SECTION I:**
- **STRUCTURE TYPE (I1)** *(NOTE: If fire was in an enclosed building or a portable/mobile structure, you must complete **ALL** elements of the Structure Fire Module)*
- **BUILDING STATUS (I2)**
- **BUILDING HEIGHT (I3)** *(NOTE: For split grades, consider the main egress point as the “at grade” portion of the building. Do not count normally inaccessible attics, attics with less than standing height, or the roof as a story (the roof is counted as part of the highest story).)*
- **MAIN FLOOR SIZE (I4)**

**SECTION J:**
- **FIRE ORIGIN (J1)**
- **FIRE SPREAD (J2)** *(NOTE: If fire spread was confined to object of origin, do not check a box.)*

**SECTION L:**
- **PRESENCE OF DETECTORS (L1)** *(NOTES: If “None Present” is selected, skip to Section M. DETECTOR TYPE (L2), DETECTOR POWER SUPPLY (L3), and DETECTOR OPERATION (L4) are required if the fire was within designed range of the detector. DETECTOR EFFECTIVENESS (L5) is required if the detector did operate. DETECTOR FAILURE REASON (L6) is required if the detector failed to operate.)*

**SECTION M:**
- **PRESENCE OF AUTOMATIC EXTINGUISHING SYSTEM (M1)** *(NOTE: If “Present” or “Partial System Present” are selected in this section, **all** components of SECTION M must be completed.)*
CIVILIAN CASUALTY MODULE RULES

This section covers the data that must be completed within the Civilian Casualty Module for your incident to be valid. Ideally, no sections or spaces should be left blank.

The Civilian Fire Casualty Module is...

ALWAYS REQUIRED for Incident Types: 100 – 199 and whenever there are civilian injuries or deaths that are a result of a fire. This includes injuries or deaths that occur from natural or accidental causes sustained while involved in the activities of fire control, attempting rescue, or escaping from the dangers of the fire. If a civilian injury is not directly related to a fire, it may be reported in an EMS Module. A separate Civilian Fire Casualty Module is required for each fire casualty.

REQUIRED DATA – Below you will find the data points that must be completed when filling out this module. All required fields are denoted by a star in the sample form. (See pg. 11.)

SECTION A:
- FDID
- STATE
- INCIDENT DATE (MM/DD/YYYY)
- INCIDENT NUMBER (Should match Incident Number given in Basic Module)
- EXPOSURE NUMBER

SECTION B:
- INJURED PERSON (NOTE: While it is preferred that a First and Last Name be listed, it is understood that these are not always immediately available/known. You can always edit your report and add it later. GENDER, however, is required.)

SECTION C:
- CASUALTY NUMBER (NOTE: The first Casualty in an incident should always be coded as 001, with subsequent casualties numbered sequentially and incremented by 1. (Example: 002, 003, 004, etc.)

SECTION D:
- AGE – or – DATE OF BIRTH (NOTE: Enter one or the other; do NOT enter both. If opting to use Age, enter the number in years. If the casualty is an infant, enter the Age in months, and ensure that the ‘Months’ box has been checked/selected. If Age is not immediately known, enter an estimated age.)

SECTION H:
- SEVERITY

REMARKS SECTION:
*** While not required, it is highly preferred and encouraged for you to use this area to record your narrative or other pertinent incident information/data that does not already have its own section within the module. This helps paint the “big picture” of what happened during the incident.***
FIRE SERVICE CASUALTY MODULE RULES

This section covers the data that must be completed within the Fire Service Casualty Module for your incident to be valid. Ideally, no sections or spaces should be left blank.

The Fire Service Casualty Module is...

ALWAYS REQUIRED when there is any injury, exposure, or death of Fire Service personnel. This includes casualties that occur in conjunction both with incident response and with non-incident events, such as station duties or training.

In the event of a non-incident casualty, it is critical that an EMS incident report is created in the system and that it is treated as if the same department with the injury responded to the EMS call.

A Health Exposure occurs when fire service personnel come in contact with a toxic substance or harmful physical agent through any route of entry into the body (e.g., inhalation, ingestion, skin absorption, direct contact). These exposures can be reported regardless of the presence of clinical signs and symptoms. An exposure fire, which is captured in SECTION A of the Basic Module, is not the same as a Health Exposure to personnel.

A separate Fire Service Casualty Module is required for each fire casualty.

If there have been multiple injuries to a single fire service personnel member, the most significant injury should be reported in SECTIONS I and J. All other injuries should be reported in the REMARKS SECTION.

REQUIRED DATA – Below you will find the data points that must be completed when filling out this module. All required fields are denoted by a star in the sample form. (See pgs. 14 & 15.)

SECTION A:
- FDID
- STATE
- INCIDENT DATE (MM/DD/YYYY)
- INCIDENT NUMBER (Should match Incident Number given in Basic Module)
- EXPOSURE NUMBER

SECTION B:
- INJURED PERSON (NOTE): Like with a CIVILIAN FIRE CASUALTY Module, it is preferred that a First and Last Name be listed, as well as the personnel identification number (if one has been assigned/one exists). At the very least, GENDER is required.

SECTION C:
- CASUALTY NUMBER (NOTE): The first Casualty in an incident should always be coded as 001, with subsequent casualties numbered sequentially and incremented by 1. (Example: 002, 003, 004, etc.)

SECTION D:
- AGE – or – DATE OF BIRTH (NOTE: Enter one or the other; do NOT enter both. If opting to use Age, enter the number in years. If Age is not immediately known, enter an estimated age.)
SECTION E:

- DATE & TIME OF INJURY (NOTE: Date should be in MM/DD/YYYY format; time should be entered as closely as possible to when the injury occurred, using the 24-hour clock.)

SECTION G:

- SEVERITY (G3) (NOTE: As previously mentioned at the beginning of this reference sheet, Health Exposures occur when fire service personnel are exposed to a toxic substance or harmful physical agent through any route of entry. These exposures can be reported regardless of the presence of clinical signs and symptoms. Exposures are treated as a ‘REPORT ONLY’ (1).)
<table>
<thead>
<tr>
<th>K1</th>
<th>Did protective equipment fail and contribute to the injury?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Y □</td>
</tr>
<tr>
<td>No</td>
<td>N □</td>
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<table>
<thead>
<tr>
<th>K2</th>
<th>Protective Equipment Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head or Face Protection</td>
<td>Coat, Shirt, or Trousers</td>
</tr>
<tr>
<td>11</td>
<td>□ Helmet</td>
</tr>
<tr>
<td>12</td>
<td>□ Full face protector</td>
</tr>
<tr>
<td>13</td>
<td>□ Partial face protector</td>
</tr>
<tr>
<td>14</td>
<td>□ Goggles/eye protection</td>
</tr>
<tr>
<td>15</td>
<td>□ Hood</td>
</tr>
<tr>
<td>16</td>
<td>□ Ear protector</td>
</tr>
<tr>
<td>17</td>
<td>□ Neck protector</td>
</tr>
<tr>
<td>10</td>
<td>□ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>K3</th>
<th>Protective Equipment Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>□ Burned</td>
</tr>
<tr>
<td>12</td>
<td>□ Melted</td>
</tr>
<tr>
<td>21</td>
<td>□ Fractured, cracked or broken</td>
</tr>
<tr>
<td>22</td>
<td>□ Punctured</td>
</tr>
<tr>
<td>23</td>
<td>□ Scratched</td>
</tr>
<tr>
<td>24</td>
<td>□ Knocked off</td>
</tr>
<tr>
<td>25</td>
<td>□ Cut or ripped</td>
</tr>
<tr>
<td>31</td>
<td>□ Trapped steam or hazardous gas</td>
</tr>
<tr>
<td>32</td>
<td>□ Insufficient insulation</td>
</tr>
<tr>
<td>33</td>
<td>□ Object fell in or onto equipment item</td>
</tr>
<tr>
<td>41</td>
<td>□ Failed under impact</td>
</tr>
<tr>
<td>42</td>
<td>□ Face piece or hose detached</td>
</tr>
<tr>
<td>43</td>
<td>□ Exhalation valve inoperative or damaged</td>
</tr>
<tr>
<td>44</td>
<td>□ Harness detached or separated</td>
</tr>
<tr>
<td>45</td>
<td>□ Regulator failed to operate</td>
</tr>
<tr>
<td>46</td>
<td>□ Regulator damaged by contact</td>
</tr>
<tr>
<td>47</td>
<td>□ Problem with admissions valve</td>
</tr>
<tr>
<td>48</td>
<td>□ Alarm failed to operate</td>
</tr>
<tr>
<td>49</td>
<td>□ Alarm damaged by contact</td>
</tr>
<tr>
<td>51</td>
<td>□ Supply cylinder or valve failed to operate</td>
</tr>
<tr>
<td>52</td>
<td>□ Supply cylinder/valve damaged by contact</td>
</tr>
<tr>
<td>53</td>
<td>□ Supply cylinder—insufficient air/oxygen</td>
</tr>
<tr>
<td>94</td>
<td>□ Did not fit properly</td>
</tr>
<tr>
<td>95</td>
<td>□ Not properly serviced or stored prior to use</td>
</tr>
<tr>
<td>96</td>
<td>□ Not used for designed purpose</td>
</tr>
<tr>
<td>97</td>
<td>□ Not used as recommended by manufacturer</td>
</tr>
<tr>
<td>00</td>
<td>□ Other equipment problem</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>K4</th>
<th>Equipment Manufacturer, Model and Serial Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer</td>
<td></td>
</tr>
<tr>
<td>Model</td>
<td></td>
</tr>
<tr>
<td>Serial Number</td>
<td></td>
</tr>
</tbody>
</table>

Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page for each piece of failed equipment.
EMS MODULE RULES

This section covers the data that **must** be completed within the EMS Module for your incident to be valid. **Ideally, no sections or spaces should be left blank.**

The EMS Module is...

**OPTIONAL**, but if used, is **only allowed** for Incident Types: 100 – 243, 311, 321 – 323, 351 – 381, 400 – 431, 451, and 900

**REQUIRED DATA** – Below you will find the data points that **must** be completed when filling out this module – even if you **are filling it out for an incident type where this module is optional**. All required fields are denoted by a star in the sample form. (See pg. 17.)

**SECTION A:**
- FDID
- STATE
- INCIDENT DATE (MM/DD/YYYY)
- INCIDENT NUMBER (Should match Incident Number given in Basic Module)
- EXPOSURE NUMBER

**SECTION B:**
- NUMBER OF PATIENTS/PATIENT NUMBER (NOTE): While NUMBER OF PATIENTS is not required, if it is used, a separate EMS Module should be completed for each patient. PATIENT NUMBER is required. The first Patient is always coded “001,” and each succeeding patient is numbered sequentially and incremented by 1. (Example: 002, 003, 004, etc.)

**SECTION D:**
- PROVIDER IMPRESSION/ASSESSMENT (NOTE: Check only one box. Check/select the ‘None/no patient or refused treatment’ option when there is no Patient upon arrival to the scene of the incident, or if the Patient refused treatment.)

**SECTION E:**
- AGE OR DATE OF BIRTH (NOTE: While this is not required data, like other modules where this section exists, if you choose to use it, choose one option or the other, not both.)

**SECTION L:**
- INITIAL LEVEL OF PROVIDER (L1)
HAZMAT MODULE RULES

This section covers the data that must be completed within the HazMat Module for your incident to be valid. Ideally, no sections or spaces should be left blank.

The HazMat Module is...

OPTIONAL, but if used, is only allowed for Incident Types: 100 – 243, 321 – 324, 371, 400 – 431, 451, and 900

This module should be used when the ‘Other’ box in Section H – Hazardous Materials Release (H3) has been checked within the Basic Module. The purpose is to document reportable HazMat incidents.

A reportable HazMat incident is when either: (1) Specialized HazMat resources were dispatched or used, or should have been dispatched or used, for assessing, mitigating, or managing the situation -OR- (2) releases or spills of hazardous materials that exceed 55 gallons occur. If more than one Hazardous Material was involved, one HazMat Module should be completed for each Hazardous Material released or spilled.

REQUIRED DATA – Below you will find the data points that must be completed when filling out this module – even if you are filling it out for an incident type where this module is optional. All required fields are denoted by a star in the sample form. (See pg. 19.)

SECTION A:
- FDID
- STATE
- INCIDENT DATE (MM/DD/YYYY)
- INCIDENT NUMBER (Should match Incident Number given in Basic Module)
- EXPOSURE NUMBER
- HAZMAT NUMBER (HAZ NO.) (NOTE: A number is assigned to each Hazardous Material involved in the incident. The first material is always coded ‘01,’ and each succeeding material is numbered sequentially and incremented by 1. Example: 02, 03, 04, etc.)

SECTION B:
- CHEMICAL NAME (NOTE: This can be the standard Chemical Name or a Trade Name. Example: “Weed-B-Gone” would be a Trade Name, while “2, 4-Dichlorophenoxyacetic acid” would be the Chemical Name.)

SECTION D:
- ESTIMATED AMOUNT RELEASED (D1)
- UNITS RELEASED (D2)

SECTION J:
- CAUSE OF RELEASE

SECTION O:
- HAZMAT DISPOSITION
### NFIRS-7 HazMat Form

**B** HazMat ID

- UN Number
- DOT Hazard Classification
- CAS Registration Number
- Chemical Name

**C1** Container Type

- None

**C2** Estimated Container Capacity

- Capacity: by volume or weight

**C3** Units: Capacity

- Volume: Capacity
  - 11 Ounces
  - 12 Gallons
  - 13 Barrels: 42 gal.
  - 14 Liters
  - 15 Cubic feet
  - 16 Cubic meters

**D1** Estimated Amount Released

- Amount released: by volume or weight

**D2** Units: Released

- Volume: Released
  - 11 Ounces
  - 12 Gallons
  - 13 Barrels: 42 gal.
  - 14 Liters
  - 15 Cubic feet
  - 16 Cubic meters

**E1** Physical State When Released

- Solid
- Liquid
- Gas
- Undetermined

**E2** Released Into

- Released Into

**F1** Released From

- Check all applicable boxes:
  - Below grade
  - Inside/on structure
  - Story of release
  - Outside of structure

**F2** Population Density

- 1 Urban
- 2 Suburban
- 3 Rural

**G1** Area Affected

- Check all applicable boxes:
  - Square feet
  - Blocks
  - Square miles

**G2** Area Evacuated

- None

**G3** Estimated Number of People Evacuated

**G4** Estimated Number of Buildings Evacuated

- None

**H** HazMat Actions Taken

- Enter up to three actions taken
  - Primary action taken (1)
  - Additional action taken (2)
  - Additional action taken (3)

**I** If fire or explosion is involved with a release, which occurred first?

- 1 Ignition
- U Undetermined
- 2 Release

**J** Cause of Release

- 1 Intentional
- 2 Unintentional release
- 3 Container/Containment failure
- 4 Act of nature
- 5 Cause under investigation
- U Cause undetermined after investigation

**K** Factors Contributing to Release

- Enter up to three contributing factors
  - Factor contributing to release (1)
  - Factor contributing to release (2)
  - Factor contributing to release (3)

**L** Factors Affecting Mitigation

- None

**M** Equipment Involved in Release

- None

**N** Mobile Property Involved in Release

- None

**O** HazMat Disposition

- Completed by fire service only
- Completed w/fire service present
- Released to local agency
- Released to county agency
- Released to State agency
- Released to Federal agency
- Released to private agency
- Released to property owner or manager

**P** HazMat Civilian Casualties

- Deaths
- Injuries

**Q** NFIRS-7 Revision 01/01/06
WILDLAND FIRE MODULE

This section covers the data that **must** be completed within the Wildland Fire Module for your incident to be valid. *Ideally, no sections or spaces should be left blank.*

The Wildland Fire Module is...

**REQUIRED** for Incident Types: **140 – 143, 160, 170 – 173 if** a Fire Module was not used in place of the Wildland Fire Module. If no Fire Module was completed, then the Wildland Module **must** be completed.


**OPTIONAL** for Incident Types: **561, 631, and 632**

**REQUIRED DATA** – Below you will find the data points that must be completed when filling out this module – *even if you are filling it out for an incident type where this module is optional.* All required fields are denoted by a star in the sample form. (See pg. 22.)

**SECTION A:**
- **FDID**
- **STATE**
- **INCIDENT DATE (MM/DD/YYYY)**
- **INCIDENT NUMBER** (Should match Incident Number given in Basic Module)
- **EXPOSURE NUMBER**

**SECTION B:**
- **ALTERNATE LOCATION SPECIFICATION** *(NOTE: This section should only be completed if Section B was not completed in the Basic Module, but the ‘alternate address box’ was checked/filled in.)*

**SECTION C:**
- **AREA TYPE**

**SECTION D:**
- **WILDLAND FIRE CAUSE (D1)**
- **HUMAN FACTORS CONTRIBUTING TO IGNITION (D2)**
- **FACTORS CONTRIBUTING TO IGNITION (D3)**

**SECTION E:**
- **HEAT SOURCE**

**SECTION H:**
***While not required, it is highly preferred and encouraged that all of SECTION H – WEATHER INFORMATION be completed when filling out the Wildland Fire Module, as this information helps identify conditions that may have contributed to the fire cause or spread.***
SECTION I:

- **NUMBER OF BUILDINGS IGNITED (I1)** *(NOTE: If no buildings were ignited by fire, check “None.” If there were buildings ignited, remember that a separate exposure report must be done for each building ignited.)*

- **TOTAL ACRES BURNED (I3)** *(NOTE: This entry should be the most accurate estimate of acres burned that is practical to obtain. 1 acre = 43,560 square feet.)*
APPARATUS/RESOURCES MODULE RULES

This section covers the data that **must** be completed within the Apparatus/Resources Module for your incident to be valid. *Ideally, no sections or spaces should be left blank.*

The Apparatus/Resources Module is...

**OPTIONAL** for all Incident Types.

This module is used to help manage and track apparatus and resources used on incidents.

**REQUIRED DATA** – Below you will find the data points that **must** be completed when filling out this module – *even if you are filling it out for an incident type where this module is optional.* All required fields are denoted by a star in the sample form. (See pg. 24.)

**SECTION A:**
- **FDID**
- **INCIDENT DATE** (MM/DD/YYYY)
- **INCIDENT NUMBER** (Should match the incident number given in Basic Module)
- **EXPOSURE NUMBER**

**SECTION B:**
- **APPARATUS or RESOURCE TYPE**
- **NUMBER OF PEOPLE** (**NOTE**: The number of emergency personnel on the apparatus.)
- **APPARATUS or RESOURCE USE** (**NOTE**: Chief Officer Vehicles and privately owned vehicles should be classified as ‘Other.’)
## Apparatus or Resources

<table>
<thead>
<tr>
<th>ID</th>
<th>Type</th>
<th>Dates and Times</th>
<th>Number of People</th>
<th>Apparatus Use</th>
<th>Actions Taken</th>
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</thead>
<tbody>
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</tr>
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<td></td>
</tr>
</tbody>
</table>

### Apparatus or Resource Type

- **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

- **Heavy Ground Equipment**
  - 21 Dozer or plow
  - 22 Tractor
  - 24 Tanker or tender
  - 20 Heavy ground equipment, other

- **Aircraft**
  - 41 Aircraft: fixed-wing tanker
  - 42 Helicopter
  - 43 Helicopter
  - 40 Aircraft, 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

- **Medical and Rescue**
  - 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

- **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

---

NFIRS-9 Revision 09/01/04
PERSONNEL MODULE RULES

This section covers the data that must be completed within the Personnel Module for your incident to be valid. Ideally, no sections or spaces should be left blank.

The Personnel Module is...

OPTIONAL for all Incident Types.

This Module is used to help manage and track personnel and resources used on incidents.

REQUIRED DATA – Below you will find the data points that must be completed when filling out this module – even if you are filling it out for an incident type where this module is optional. All required fields are denoted by a star in the sample form. (See pg. 26.)

SECTION A:
- FDID
- INCIDENT DATE (MM/DD/YYYY)
- INCIDENT NUMBER (Should match the incident number given in the Basic Module)
- EXPOSURE NUMBER

SECTION B:
- APPARATUS or RESOURCES TYPE
- NUMBER OF PEOPLE (NOTE: The number of emergency personnel on the apparatus. This helps in determining personnel demands for different types of incidents, and staffing requirements for apparatus.)
- APPARATUS or RESOURCE USE (NOTE: Chief Officer Vehicles and privately owned vehicles should be classified as ‘Other.’)
- PERSONNEL ID, NAME, & RANK (NOTE: Only the Personnel ID is required.)
<table>
<thead>
<tr>
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<th>Name</th>
<th>Rank or Grade</th>
<th>Attended</th>
<th>Action Taken</th>
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</tr>
</tbody>
</table>

**Apparatus or Resources**

**Dates and Times**
- Midnight is 0000
- Check if same date as Alarm date on the Basic Module (Block E1)
- Month | Day | Year | Hour/Min

**Sent**

**Number of People**
- Select ONE box for each apparatus to indicate its main use at the incident.

**Apparatus Use**
- Suppression
- EMS
- Other
- Other

**Actions Taken**
- List up to 4 actions for each apparatus and each personnel.
ARSON MODULE RULES

This section covers the data that must be completed within the Arson Module for your incident to be valid. Ideally, no sections or spaces should be left blank.

The Arson Module is...

ONLY ALLOWED for Incident Types: 100 – 173

In order to use the Arson Module, the SECTION E – CAUSE OF IGNITION (E1) in the Fire Module must also be a ‘1 – Intentional’, ‘2 – Unintentional’, ‘5 – Cause Under Investigation,’ or ‘U – Undetermined after Investigation.’ If the Wildland Module is used instead, the Wildland Fire Cause must be ‘7 – Intentional.’

This Module can also be used to document juvenile-set fires, whether determined to be intentional, unintentional, or under investigation.

Because the Arson Module serves to document both Arson and Juvenile Fire-setters, the Arson Module consists of two parts – one for each purpose.

REQUIRED DATA – Below you will find the data points that must be completed when filling out this module. All required fields are denoted by a star in the sample form. (See pgs. 28 & 29.)

SECTION A:

- FDID
- STATE
- INCIDENT DATE (MM/DD/YYYY)
- INCIDENT NUMBER (Should be the same as the Incident Number provided in the Basic Module)
- EXPOSURE NUMBER

SPECIAL NOTE: Section A is the only required section within the Arson Module, regardless if you are using it for Arson or a Juvenile Firesetter incident. This is one of those modules that while not required, is extremely helpful at multiple levels when it’s applicable to an incident. The more data, the better.
### B. Agency Referred To
- Agency Name
- Agency case number
- Name
- Number
- Prefix
- Street or Highway
- Street Type
- Suffix
- Their ORI
- Post Office Box
- Apt./Suite/Room
- City
- Their Federal Identifier (FID)
- State
- ZIP Code
- Agency phone number
- Their FID

### C. Case Status
1. Investigation open
2. Investigation closed
3. Investigation inactive
4. Closed with arrest
5. Closed with exceptional clearance

### D. Availability of Material First Ignited
1. Transported to scene
2. Available at scene
3. Unknown

### E. Suspected Motivation Factors
Check up to three factors:
- Extortion
- Labor unrest
- Insurance fraud
- Intimidation
- Void contract/lease
- Personal
- Extortion
- Hate crime
- Institutional
- Societal
- Protest
- Civil unrest
- Fireplay/Curiosity
- Vanity/Recognition
- Thrills
- Attention/Sympathy
- Sexual excitement
- Homicide
- Suicide
- Domestic violence
- Burglary
- Homicide concealment
- Burglary concealment
- Auto theft concealment
- Destroy records/evidence
- Other suspected motivation
- Unknown motivation

### F. Apparent Group Involvement
Check up to three factors:
- Terrorist group
- Gang
- Anti-government group
- Outlaw motorcycle organization
- Organized crime
- Racial/Ethnic hate group
- Religious hate group
- Sexual preference hate group
- Other group
- Unknown

### G. Entry Method
- Entry Method

### G. Extent of Fire Involvement on Arrival
- Extent of Fire Involvement

### H. Incendiary Devices
Select one from each category:
- No container
- Bottle (glass)
- Bottle (plastic)
- Jug
- Pressurized container
- Can (not gas or fuel)
- Gasoline or fuel can
- Wick or fuse
- Candle
- Cigarette and matchbook
- Electronic component
- Mechanical device
- Remote control
- Ordinary combustibles
- Flammable gas
- Ignitable liquid
- Ignitable solid
- Road flare/fuse
- Chemical component
- Trailer/Streamer
- Open flame source
- Other delay device
- Pyrotechnic material
- Explosive material
- Other material
- 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
- Private
- City, town, village, local
- County or parish
- State or province
- Federal
- Foreign
- Military
- Other

### K. Initial Observations
Check all that apply:
1. Windows ajar
2. Doors ajar
3. Doors locked
4. Doors unlocked
5. Fire department forced entry
6. Entry forced prior to FD arrival
7. Security system activated
8. Security system present (not activated)

### L. Laboratory Used
Check all that apply:
1. Local
2. State
3. ATF
4. FBI
5. Other
6. Private
Complete this section if the person involved in the ignition of the fire was a child or Juvenile under the age of 18.

<table>
<thead>
<tr>
<th>M1</th>
<th>Subject Number</th>
<th>Complete a separate Section M form for each juvenile.</th>
</tr>
</thead>
<tbody>
<tr>
<td>M2</td>
<td>Age or Date of Birth</td>
<td>Age (in years) OR Month Day Year</td>
</tr>
<tr>
<td>M3</td>
<td>Gender</td>
<td>1 [ ] Male 2 [ ] Female</td>
</tr>
<tr>
<td>M4</td>
<td>Race</td>
<td>1 [ ] White 2 [ ] Black, African American 3 [ ] American Indian, Alaska Native 4 [ ] Asian 5 [ ] Native Hawaiian, Other Pacific Islander 0 [ ] Other, multiracial U [ ] Undetermined</td>
</tr>
<tr>
<td>M5</td>
<td>Ethnicity</td>
<td>1 [ ] Hispanic or Latino 0 [ ] Non Hispanic or Latino</td>
</tr>
<tr>
<td>M6</td>
<td>Family Type</td>
<td>1 [ ] Single parent 2 [ ] Foster parent(s) 3 [ ] Two-parent family 4 [ ] Extended family N [ ] No family unit 0 [ ] Other family type U [ ] Unknown</td>
</tr>
<tr>
<td>M7</td>
<td>Motivation/Risk Factors</td>
<td>Check only one of codes 1–3 and then all others (4–9) that apply.</td>
</tr>
<tr>
<td></td>
<td>Mild curiosity about fire</td>
<td>1 [ ]</td>
</tr>
<tr>
<td></td>
<td>Moderate curiosity about fire</td>
<td>2 [ ]</td>
</tr>
<tr>
<td></td>
<td>Extreme curiosity about fire</td>
<td>3 [ ]</td>
</tr>
<tr>
<td></td>
<td>Diagnosed (or suspected) ADD/ADHD</td>
<td>4 [ ]</td>
</tr>
<tr>
<td></td>
<td>History of trouble outside school</td>
<td>5 [ ]</td>
</tr>
<tr>
<td></td>
<td>History of stealing or shoplifting</td>
<td>6 [ ]</td>
</tr>
<tr>
<td></td>
<td>History of physically assaulting others</td>
<td>7 [ ]</td>
</tr>
<tr>
<td></td>
<td>History of fireplay or firesetting</td>
<td>8 [ ]</td>
</tr>
<tr>
<td></td>
<td>Transiency</td>
<td>9 [ ]</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>0 [ ]</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>U [ ]</td>
</tr>
<tr>
<td>M8</td>
<td>Disposition of Person Under 18</td>
<td>1 [ ] Handled within department 2 [ ] Released to parent/guardian 3 [ ] Referred to other authority 4 [ ] Referred to treatment/counseling program 5 [ ] Arrested, charged as adult 6 [ ] Referred to firesetter intervention program 0 [ ] Other U [ ] Unknown</td>
</tr>
</tbody>
</table>

N Remarks (local use)