

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

Delete Change No Activity

NFIRS-1 BASIC
OMB 1660-0069
Expires 06/30/2009
*Paperwork Burden Notice on Back

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
 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.

Suppression
 EMS
 Other

Apparatus Personnel
 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 Code
 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.

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

*PAPERWORK BURDEN DISCLOSURE NOTICE NFIRS-1

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

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 & Structure Modules |
| <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

I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air-supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g., piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g., fences) 0 <input type="checkbox"/> Other type of structure 	I2 Building Status ☆ <ul style="list-style-type: none"> 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	I3 Building Height ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text"/> <p style="font-size: small;">Total number of stories at or above grade</p> </div> <div style="margin-top: 10px;"> <input type="text"/> <p style="font-size: small;">Total number of stories below grade</p> </div>	I4 Main Floor Size ☆ <div style="margin-top: 10px;"> <input type="text"/> , <input type="text"/> <p style="font-size: small;">Total square feet</p> </div> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">OR</p> <div style="margin-top: 10px;"> <input type="text"/> , <input type="text"/> <p style="font-size: small;">Length in feet Width in feet</p> </div>
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NFIRS-3 STRUCTURE FIRE
 OMB 1660-0069
 Expires 06/30/2009
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J1 Fire Origin ☆ <input type="text"/> <input type="text"/> <p style="font-size: x-small;">Story of fire origin</p> <input type="checkbox"/> Below grade	J3 Number of Stories Damaged by Flame ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text"/> <p style="font-size: x-small;">Number of stories w/minor damage (1 to 24% flame damage)</p> </div> <div style="margin-top: 10px;"> <input type="text"/> <p style="font-size: x-small;">Number of stories w/significant damage (25 to 49% flame damage)</p> </div> <div style="margin-top: 10px;"> <input type="text"/> <p style="font-size: x-small;">Number of stories w/heavy damage (50 to 74% flame damage)</p> </div> <div style="margin-top: 10px;"> <input type="text"/> <p style="font-size: x-small;">Number of stories w/extreme damage (75 to 100% flame damage)</p> </div>	K Type of Material Contributing Most to Flame Spread <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> <div style="margin-top: 10px;"> K1 <input type="text"/> <p style="font-size: x-small;">Item contributing most to flame spread</p> </div> <div style="margin-top: 10px;"> K2 <input type="text"/> <p style="font-size: x-small;">Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</p> </div>
J2 Fire Spread ☆ 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"> 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin 		

L1 Presence of Detectors ☆ (In area of the fire) <ul style="list-style-type: none"> N <input type="checkbox"/> None Present ➔ Skip to Section M 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined 	L3 Detector Power Supply <ul style="list-style-type: none"> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug-in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug-in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	L5 Detector Effectiveness Required if detector operated. <ul style="list-style-type: none"> 1 <input 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
L2 Detector Type <ul style="list-style-type: none"> 1 <input 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 	L4 Detector Operation <ul style="list-style-type: none"> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated ➔ Complete Block L5 3 <input type="checkbox"/> Failed to operate ➔ Complete Block L6 U <input type="checkbox"/> Undetermined 	L6 Detector Failure Reason Required if detector failed to operate <ul style="list-style-type: none"> 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

M1 Presence of Automatic Extinguishing System ☆ <ul style="list-style-type: none"> N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present 2 <input type="checkbox"/> Partial System Present ➔ Complete rest of Section M U <input type="checkbox"/> Undetermined 	M3 Operation of Automatic Extinguishing System Required if fire was within designed range <ul style="list-style-type: none"> 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 	M5 Reason for Automatic Extinguishing System Failure Required if system failed or not effective <ul style="list-style-type: none"> 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
M2 Type of Automatic Extinguishing System Required if fire was within designed range of AES <ul style="list-style-type: none"> 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 	M4 Number of Sprinkler Heads Operating Required if system operated <div style="margin-top: 10px;"> <input type="text"/> <p style="font-size: x-small;">Number of sprinkler heads operating</p> </div>	

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

NFIRS-4 CIVILIAN FIRE CASUALTY
 OMB 1660-0069
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B Injured Person Star Gender 1 Male 2 Female

First Name MI Last Name Suffix

C Casualty Number Star

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 Time of Injury
 Month Day Year 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 M5
 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

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NFIRS-4**

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

K1 Did protective equipment fail and contribute to the injury?

Please complete the remainder of this form ONLY if you answer YES.

Yes YNo NEquipment
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

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NFIRS-5

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MM DD YYYY

Delete Change

NFIRS-6 EMS
OMB 1660-0069
Expires 06/30/2009
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B Number of Patients Patient Number Star **C** Date/Time

Use a separate form for each patient

Check if same date as Alarm date Time Arrived at Patient Time of Patient Transfer

Month Day Year Hour/Min

D Provider Impression/Assessment Star Check one box only None/no patient or refused treatment

10 <input type="checkbox"/> Abdominal pain	18 <input type="checkbox"/> Chest pain	26 <input type="checkbox"/> Hypovolemia	34 <input type="checkbox"/> Sexual assault
11 <input type="checkbox"/> Airway obstruction	19 <input type="checkbox"/> Diabetic symptom	27 <input type="checkbox"/> Inhalation injury	35 <input type="checkbox"/> Sting/bite
12 <input type="checkbox"/> Allergic reaction	20 <input type="checkbox"/> Do not resuscitate	28 <input type="checkbox"/> Obvious death	36 <input type="checkbox"/> Stroke/CVA
13 <input type="checkbox"/> Altered LOC	21 <input type="checkbox"/> Electrocutation	29 <input type="checkbox"/> OD/poisoning	37 <input type="checkbox"/> Syncope
14 <input type="checkbox"/> Behavioral/psych	22 <input type="checkbox"/> General illness	30 <input type="checkbox"/> Pregnancy/OB	38 <input type="checkbox"/> Trauma
15 <input type="checkbox"/> Burns	23 <input type="checkbox"/> Hemorrhaging/bleeding	31 <input type="checkbox"/> Respiratory arrest	00 <input type="checkbox"/> Other
16 <input type="checkbox"/> Cardiac arrest	24 <input type="checkbox"/> Hyperthermia	32 <input type="checkbox"/> Respiratory distress	
17 <input type="checkbox"/> Cardiac dysrhythmia	25 <input type="checkbox"/> Hypothermia	33 <input type="checkbox"/> Seizure	

E1 Age or Date of Birth	F1 Race	G1 Human Factors Contributing to Injury <input type="checkbox"/> None	G2 Other Factors <input type="checkbox"/> None
<input type="checkbox"/> Months (for infants) Age OR <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year	1 <input 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	Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by 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	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	F2 Ethnicity		
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Hispanic or Latino 0 <input type="checkbox"/> Non Hispanic or Latino		

H1 Body Site of Injury	H2 Injury Type	H3 Cause of Illness/Injury
List up to five body sites	List one injury type for each body site listed under H1	
<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"/> Cause of illness/injury <input type="text"/>

I Procedures Used	J Safety Equipment <input type="checkbox"/> None	K Cardiac Arrest
Check all applicable boxes <input type="checkbox"/> No treatment	<input type="checkbox"/> None	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 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	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	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 <input type="checkbox"/> Star	L2 Highest Level of Care Provided On Scene <input type="checkbox"/> None	M Patient Status	N EMS Disposition <input type="checkbox"/> Not transported
1 <input type="checkbox"/> First Responder 2 <input 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	1 <input type="checkbox"/> First Responder 2 <input 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	1 <input type="checkbox"/> Improved 2 <input type="checkbox"/> Remained same 3 <input type="checkbox"/> Worsened Check if: 1 <input type="checkbox"/> Pulse on transfer 2 <input type="checkbox"/> No pulse on transfer	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

NFIRS-6 Revision 01/01/07

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NFIRS-6**

Paperwork burden for this form is estimated to average 50 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)

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A FDID Delete Change **NFIRS-7 HAZMAT**
 OMB 1660-0069
 Expires 06/30/2009
 *Paperwork Burden
 Notice on Back

MM DD YYYY
 State Incident Date Station Incident Number Exposure Haz No.

B HazMat ID None
 UN Number DOT Hazard Classification CAS Registration Number Chemical Name

C1 Container Type None
 Container Type

C2 Estimated Container Capacity
 Capacity: by volume or weight

C3 Units: Capacity Check one box
 VOLUME WEIGHT
 11 Ounces 21 Ounces
 12 Gallons 22 Pounds
 13 Barrels: 42 gal. 23 Grams
 14 Liters 24 Kilograms
 15 Cubic feet MICRO UNITS
 16 Cubic meters Enter Code

D1 Estimated Amount Released None
 Amount released: by volume or weight

D2 Units: Released Check one box
 VOLUME WEIGHT
 11 Ounces 21 Ounces
 12 Gallons 22 Pounds
 13 Barrels: 42 gal. 23 Grams
 14 Liters 24 Kilograms
 15 Cubic feet MICRO UNITS
 16 Cubic meters Enter Code

E1 Physical State When Released
 1 Solid
 2 Liquid
 3 Gas
 U Undetermined

E2 Released Into
 Released into

More hazardous materials? Use additional sheets.

F1 Released From Check all applicable boxes
 Below grade
 1 Inside/on structure Story of release
 2 Outside of structure

F2 Population Density
 1 Urban
 2 Suburban
 3 Rural

G1 Area Affected
 1 Square feet
 2 Blocks
 3 Square miles
 Enter measurement

G2 Area Evacuated None
 1 Square feet
 2 Blocks Enter measurement
 3 Square miles

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

Complete the remainder of this form only for the first hazardous material involved in this incident.

J Cause of Release None
 1 Intentional
 2 Unintentional release
 3 Container/container 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 Enter up to three factors or impediments that affected the mitigation of the incident
 Factor or impediment (1)
 Factor or impediment (2)
 Factor or impediment (3)

M Equipment Involved in Release None
 Equipment involved in release
 Brand
 Model
 Serial #
 Year

N Mobile Property Involved in Release None
 Mobile property type
 Mobile property make
 Model Year
 License plate number State
 DOT number/ ICC number

O HazMat Disposition None
 1 Completed by fire service only
 2 Completed w/fire service present
 3 Released to local agency
 4 Released to county agency
 5 Released to state agency
 6 Released to federal agency
 7 Released to private agency
 8 Released to property owner or manager

P HazMat Civilian Casualties
 Deaths Injuries
 NFIRS-7
 Revision 01/01/07

***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-7**

Paperwork burden for this form is estimated to average 75 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)

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

***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-8**

Paperwork burden for this form is estimated to average 75 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)

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***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-9**

Paperwork burden for this form is estimated to average 40 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)

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

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	NFIRS-10 PERSONNEL OMB 1660-0069 Expires 06/30/2009 *Paperwork Burden Notice on Back
						<input type="checkbox"/> Change	

B

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

2 ID
★Type

Dispatch
Arrival
Clear

Sent

Suppression
 EMS
 Other

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
★Type

Dispatch
Arrival
Clear

Sent

Suppression
 EMS
 Other

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"/>				

***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-10**

Paperwork burden for this form is estimated to average 40 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)

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

A FDID Delete **NFIRS-11 ARSON**
 State Change OMB 1660-0069
 Incident Date MM DD YYYY Expires 06/30/2009
 Station Incident Number Exposure *Paperwork Burden Notice on Back

B Agency Referred To None
 Agency name _____ Their case number _____
 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 FDID

C Case Status

1 <input type="checkbox"/> Investigation open	4 <input type="checkbox"/> Closed with arrest
2 <input type="checkbox"/> Investigation closed	5 <input type="checkbox"/> Closed with exceptional clearance
3 <input type="checkbox"/> Investigation inactive	

D Availability of Material First Ignited

1 <input type="checkbox"/> Transported to scene
2 <input type="checkbox"/> Available at scene
U <input type="checkbox"/> 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 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 None
 Check up to three factors

1 <input type="checkbox"/> Terrorist group
2 <input type="checkbox"/> Gang
3 <input type="checkbox"/> Anti-government group
4 <input type="checkbox"/> Outlaw motorcycle organization
5 <input type="checkbox"/> Organized crime
6 <input type="checkbox"/> Racial/ethnic hate group
7 <input type="checkbox"/> Religious hate group
8 <input type="checkbox"/> Sexual preference hate group
0 <input type="checkbox"/> Other group
U <input type="checkbox"/> Unknown

H Incendiary Devices CONTAINER No container
 Select one from each category

11 <input type="checkbox"/> Bottle (glass)	14 <input type="checkbox"/> Pressurized container	17 <input type="checkbox"/> Box
12 <input type="checkbox"/> Bottle (plastic)	15 <input type="checkbox"/> Can (not gas or fuel)	00 <input type="checkbox"/> Other Container
13 <input type="checkbox"/> Jug	16 <input type="checkbox"/> Gasoline or fuel can	UU <input type="checkbox"/> Unknown

IGNITION/DELAY DEVICE No device

11 <input type="checkbox"/> Wick or fuse	17 <input type="checkbox"/> Road flare/fuse
12 <input type="checkbox"/> Candle	18 <input type="checkbox"/> Chemical component
13 <input type="checkbox"/> Cigarette and matchbook	19 <input type="checkbox"/> Trailer/streamer
14 <input type="checkbox"/> Electronic component	20 <input type="checkbox"/> Open flame source
15 <input type="checkbox"/> Mechanical device	00 <input type="checkbox"/> Other delay device
16 <input type="checkbox"/> Remote control	UU <input type="checkbox"/> Unknown

G1 Entry Method
 Entry Method _____

FUEL None

11 <input type="checkbox"/> Ordinary combustibles	16 <input type="checkbox"/> Pyrotechnic material
12 <input type="checkbox"/> Flammable gas	17 <input type="checkbox"/> Explosive material
14 <input type="checkbox"/> Ignitable liquid	00 <input type="checkbox"/> Other material
15 <input type="checkbox"/> Ignitable solid	UU <input type="checkbox"/> Unknown

G2 Extent of Fire Involvement on Arrival
 Extent of Fire Involvement _____

I Other Investigative Information Check all that apply

1 <input type="checkbox"/> Code violations
2 <input type="checkbox"/> Structure for sale
3 <input type="checkbox"/> Structure vacant
4 <input type="checkbox"/> Other crimes involved
5 <input type="checkbox"/> Illicit drug activity
6 <input type="checkbox"/> Change in insurance
7 <input type="checkbox"/> Financial problem
8 <input type="checkbox"/> Criminal/civil actions pending

J Property Ownership

1 <input type="checkbox"/> Private
2 <input type="checkbox"/> City, town, village, local
3 <input type="checkbox"/> County or parish
4 <input type="checkbox"/> State or province
5 <input type="checkbox"/> Federal
6 <input type="checkbox"/> Foreign
7 <input type="checkbox"/> Military
0 <input type="checkbox"/> Other

K Initial Observations Check all that apply

1 <input type="checkbox"/> Windows ajar	5 <input type="checkbox"/> Fire department forced entry
2 <input type="checkbox"/> Doors ajar	6 <input type="checkbox"/> Entry forced prior to FD arrival
3 <input type="checkbox"/> Doors locked	7 <input type="checkbox"/> Security system activated
4 <input type="checkbox"/> Doors unlocked	8 <input type="checkbox"/> Security system present (not activated)

L Laboratory Used Check all that apply None

1 <input type="checkbox"/> Local	3 <input type="checkbox"/> ATF	5 <input type="checkbox"/> Other	6 <input type="checkbox"/> Private
2 <input type="checkbox"/> State	4 <input type="checkbox"/> FBI	Federal	

A

FDID <input type="checkbox"/> <input type="checkbox"/>	State <input type="checkbox"/> <input type="checkbox"/>	MM <input type="checkbox"/> DD <input type="checkbox"/> YYYY <input type="checkbox"/>	Incident Date <input type="checkbox"/> <input type="checkbox"/>	Station <input type="checkbox"/>	Incident Number <input type="checkbox"/> <input type="checkbox"/>	Exposure <input type="checkbox"/> <input type="checkbox"/>
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NFIRS-1S SUPPLEMENTAL Delete

OMB 1660-0069

Expires 06/30/2009

*Paperwork Burden
Notice on Back Change**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
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State	ZIP Code	-
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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	-
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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	-
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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	-
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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
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State	ZIP Code	-
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E3

Supplemental Special Studies

Local Option

**NFIRS-1S
Supplemental**

1
Special Study ID# Special Study Value

2
Special Study ID# Special Study Value

3
Special Study ID# Special Study Value

4
Special Study ID# Special Study Value

5
Special Study ID# Special Study Value

6
Special Study ID# Special Study Value

7
Special Study ID# Special Study Value

8
Special Study ID# Special Study Value

L

Remarks:

Local Option

***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-1S**

Paperwork burden for this form is estimated to average 25 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)

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