

**A** FDID  Star State  Star Incident Date  Star MM DD YYYY Station Incident Number  Star Exposure  Star  Delete  Change  No Activity **NFIRS-1 Basic**

**B Location Type**  Star  Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. Census Tract \_\_\_\_\_ - \_\_\_\_\_

Street address  
 Intersection Number/Milepost Prefix Street or Highway Street Type Suffix  
 In front of  
 Rear of  
 Adjacent to Apt./Suite/Room City State ZIP Code  
 Directions  
 U.S. National Grid Cross Street, Directions or National Grid, as applicable

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

**E1 Dates and Times** Midnight is 0000  
 Check boxes if dates are the same as Alarm Date.  
 Alarm  Star Month Day Year Hour Min  
 ALARM always required

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

**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

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

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

**F Actions Taken**  Star  
 Primary Action Taken (1)  
 Additional Action Taken (2)  
 Additional Action Taken (3)

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

Apparatus Personnel  
 Suppression  
 EMS  
 Other  
 Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses and Values**  
**LOSSES:** Required for all fires if known. Optional for non-fires. None  
 Property \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_   
 Contents \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_   
**PRE-INCIDENT VALUE:** Optional  
 Property \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_   
 Contents \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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

**H1 Casualties**  None  
 Fire Deaths Injuries  
 Service \_\_\_\_\_  
 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.)

**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/Boarding house  
 449  Commercial hotel or motel  
 459  Residential, board and care  
 464  Dormitory/Barracks  
 519  Food and beverage sales

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

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

981  Construction site  
 984  Industrial plant yard

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

### K1 Person/Entity Involved

Local Option

Business Name (if applicable) \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

Number \_\_\_\_\_ Prefix \_\_\_\_\_ Street or Highway \_\_\_\_\_ Street Type \_\_\_\_\_ Suffix \_\_\_\_\_



Post Office Box \_\_\_\_\_ Apt./Suite/Room \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ - \_\_\_\_\_

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

### K2 Owner

Local Option

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

Business Name (if applicable) \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

Number \_\_\_\_\_ Prefix \_\_\_\_\_ Street or Highway \_\_\_\_\_ Street Type \_\_\_\_\_ Suffix \_\_\_\_\_



Post Office Box \_\_\_\_\_ Apt./Suite/Room \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ - \_\_\_\_\_



Remarks:

Local Option

#### Fire Module Required?

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

- Buildings 111 Complete Fire & Structure Modules
- Special structure 112 Complete Fire Module & Section I, Structure Module
- Confined 113-118 Basic Module Only
- Mobile property 120-123 Complete Fire & Structure Modules
- Vehicle 130-138 Complete Fire Module
- Vegetation 140-143 Complete Fire or Wildland Module
- Outside rubbish fire 150-155 Basic Module Only
- Special outside fire 160 Complete Fire or Wildland Module
- Special outside fire 161-164 Complete Fire Module
- Crop fire 170-173 Complete Fire or Wildland Module



ITEMS WITH A ★ MUST ALWAYS BE COMPLETED!

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

### M Authorization

Check box if same as Officer in charge.

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

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