

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

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

Street address \_\_\_\_\_  
 Intersection \_\_\_\_\_  
 In front of \_\_\_\_\_  
 Rear of \_\_\_\_\_  
 Adjacent to \_\_\_\_\_  
 Directions \_\_\_\_\_

Number/Milepost \_\_\_\_\_ Prefix \_\_\_\_\_ Street or Highway \_\_\_\_\_ Street Type \_\_\_\_\_ Suffix \_\_\_\_\_  
 Apt./Suite/Room \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Cross Street or Directions, as applicable \_\_\_\_\_

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

**E1 Dates and Times** Midnight is 0000  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Hour \_\_\_\_\_ Min \_\_\_\_\_  
 Check boxes if dates are the same as Alarm Date.  
 Alarm   Arrival   Controlled   Last Unit Cleared

**E2 Shifts and Alarms**  
 Local Option \_\_\_\_\_  
 Shift \_\_\_\_\_ Alarms \_\_\_\_\_ District \_\_\_\_\_  
 Platform \_\_\_\_\_

**D Aid Given or Received**  None

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

Their FDID \_\_\_\_\_ Their State \_\_\_\_\_  
 Their Incident Number \_\_\_\_\_

ARRIVAL required, unless canceled or did not arrive  
 CONTROLLED optional, except for wildland fires  
 LAST UNIT CLEARED, required except for wildland fires

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

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

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

Apparatus \_\_\_\_\_ 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

Deaths \_\_\_\_\_ Injuries \_\_\_\_\_  
 Fire 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.)

**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**  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

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/boarder 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

**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

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 \_\_\_\_\_  
 Property Use Description \_\_\_\_\_ Code \_\_\_\_\_

### K1 Person/Entity Involved

Local Option

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

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

Mr., Ms., Mrs. First Name MI Last Name Suffix  
 Number Prefix Street or Highway Street Type Suffix  
 Post Office Box Apt./Suite/Room City  
 State ZIP Code



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

### K2 Owner

Local Option

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

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

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

Mr., Ms., Mrs. First Name MI Last Name Suffix  
 Number Prefix Street or Highway Street Type Suffix  
 Post Office Box Apt./Suite/Room City  
 State ZIP Code



L

Remarks:

Local Option

#### Fire Module Required?

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

- |   |  |
|---|--|
| <input type="checkbox"/> Buildings 111                | Complete Fire & Structure Modules                  |
| <input type="checkbox"/> Special structure 112        | Complete Fire Module & Section I, Structure Module |
| <input type="checkbox"/> Confined 113-118             | Basic Module Only                                  |
| <input type="checkbox"/> Mobile property 120-123      | Complete Fire & 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