

**A** FDID  Delete  Change **NFIRS-4 Civilian Fire Casualty**

State  Incident Date  Station  Incident Number  Exposure

**B Injured Person**  Gender  Male  Female

First Name MI Last Name Suffix

**C Casualty Number**

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

**E1 Race**  
 White  
 Black, African American  
 Am. Indian, Alaska Native  
 Asian  
 Native Hawaiian, Other Pacific Islander  
 Other, multiracial  
 Undetermined

**E2 Ethnicity**  
 Hispanic or Latino  
 Non Hispanic or Latino

**F Affiliation**  
 Civilian  
 EMS, not fire department  
 Police  
 Other

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

**H Severity**   
 Minor  
 Moderate  
 Severe  
 Life threatening  
 Death  
 Undetermined

**I Cause of Injury**  
 Exposed to fire products including flame heat, smoke, and gas  
 Exposed to toxic fumes other than smoke  
 Jumped in escape attempt  
 Fell, slipped, or tripped  
 Caught or trapped  
 Structural collapse  
 Struck by or contact with object  
 Overexertion or strain  
 Multiple causes  
 Other  
 Undetermined

**J Human Factors Contributing to Injury**  None  
 Check all applicable boxes  
 Asleep  
 Unconscious  
 Possibly impaired by alcohol  
 Possibly impaired by other drug  
 Possibly mentally disabled  
 Physically disabled  
 Physically restrained  
 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**  
 Escaping  
 Rescue attempt  
 Fire control  
 Return to fire before control  
 Return to fire after control  
 Sleeping  
 Unable to act  
 Irrational act  
 Other  
 Undetermined

**M1 Location at Time of Incident**  
 in area of origin and not involved  
 Not in area of origin and not involved  
 Not in area of origin, but involved  
 In area of origin and involved  
 Other location  
 Undetermined

**M2 General Location at Time of Injury**  
 In area of fire origin → Skip to Section N  
 In building, but not in area  
 Outside, but not in area → Skip to Block M5  
 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