Civilian Fire Casualty Module: NFIRS-4

Objectives

After completing the Civilian Fire Casualty Module the student will be able to:

- 1. Describe when the Civilian Fire Casualty Module is to be used.
- 2. Demonstrate how to complete the Civilian Fire Casualty Module, given the scenario of a hypothetical incident.

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Pretest #4 - Basic Civilian Fire Casualty Module

1. A civilian fire casualty is a nonfire service person who is injured or killed as a result of a fire.

(a) True.

(b) False.

2.	The Civilian Fire Casualty Module can be used for civilian injuries resulting from an automobile accident with no associated fire.
	(a) True.
	(b) False.
3.	The Civilian Fire Casualty Module is not a required NFIRS Module.
	(a) True.
	(b) False.
4.	The Civilian Fire Casualty Module can be used to report exposures to hazardous substances.
	(a) True.
	(b) False.
5.	The Civilian Fire Casualty Module is completed for each civilian casualty reported in H ₁ of the Basic Module.
	(a) True.
	(b) False.

Using the Civilian Fire Casualty Module

The Civilian Fire Casualty Module is used to record any civilian (nonfire service) casualty associated with a fire-related incident. When you enter information on Block H₁ of the Basic Module, the completion of this Module is required.

NOTE: A casualty is a person who dies or is physically injured as the direct result of a fire-related incident. In this circumstance the term civilian includes, but is not limited to, private citizens, emergency medical responders (not part of the fire department), utility workers, and police. Deaths also include people who die within 1 year of the incident because of injuries sustained from the incident. In this case, it is important to submit a change to the Civilian Fire Casualty Module for that incident.

Section A: FDID, State, Incident Number, Incident



The information contained in **Section A** of the Civilian Fire Casualty Module is drawn from Section A of the Basic Module. Use the data in the Basic Module to help you supply the requested information. If you are using an automated system the data need to be entered only once, then they will be transferred automatically into other modules that use the data.

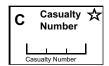
Section B: Injured Person



Section B is used to enter the first and last name, middle initial, and any suffix (i.e., Jr., Sr., and III) for the casualty.

Boxes are available to indicate whether the casualty is male or female. You are required to fill in the gender field.

Section C: Casualty Number



Each casualty is given a number. The numbers are assigned consecutively starting with one (001) and continuing, based on how many civilians are injured or killed.

Section D: Age or Date of Birth

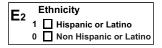


Enter either the age or the date of birth of the casualty in Section D. Do not enter both. The number associated with the age is assumed to be provided in years unless the months box is marked. The age should be recorded in months only for infants who are less than 1 year old at the time of injury.

Section E: Race and Ethnicity

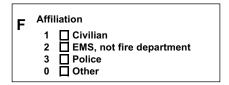
Eı	Race
1	White
2	Black, African American
3	Am. Indian, Alaska Native
4	Asian
5	■ Native Hawaiian, Other
	Pacific Islander
0	Other, multiracial
U	Undetermined

Block E1 contains six boxes. Mark one box to record the race of the casualty, if known.



Block E_2 allows you to identify the ethnicity of the casualty. Ethnicity is an ethnic classification or affiliation. Currently, Hispanic is the only U.S. Census Bureau classification. Hispanic is not considered a race, because a person can be black **and** Hispanic, white **and** Hispanic, etc.

Section F: Affiliation



Section F is used to mark the casualty's affiliation - civilian, EMS (not fire department), police, or other.

Section G: Date and Time of Injury



Record the month, day, year, and time of the injury in the appropriate spaces. Time - hours and minutes - is entered based on the 24-hour clock where midnight is 0000.

Section H: Severity



Enter the severity of the injury in **Section H**. Check one of the five boxes shown: minor, moderate, severe, life threatening, and death. Severity is a required field.

Section I: Cause of Injury

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

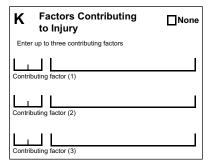
Mark one box to record the main cause of injury. You must choose from the eleven possibilities provided.

Section J: Human Factors Contributing to Injury

J	Human Factors ☐ None Contributing to Injury
Che	ck all applicable boxes
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

You may mark as many of the items shown in Section J as you think apply to the casualty. If no human factors contributed to the injury, check the box marked None.

Section K: Factors Contributing to Injury



If there are factors other than human ones that contributed to the injury, record them in Section K. If there were no other factors, check the box marked None.

Codes found in the NFIRS Complete Reference Guide (CRG) can be used to identify up to three factors.

Section L: Activity When Injured

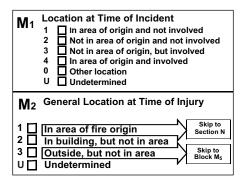
L	Activity When Injured
1 2 3 4 5 6 7	☐ Escaping ☐ Rescue attempt ☐ Fire control ☐ Return to fire before control ☐ Return to fire after control ☐ Sleeping ☐ Unable to act
8	☐ Irrational act
0	Other
U	☐ Undetermined

Record what the casualty was doing at the time of the injury by checking one of the boxes in Section L.

How people respond to an emergency provides important information to the people who develop safety codes and standards.

Public education programs are designed to prevent injuries. However, they also teach people how to react in the safest manner possible during an emergency. Recording information about the activity associated with an injury can help determine the focus of a new public education program, or help determine if an existing public education program is having the desired result.

Section M: Location at Time of Incident, General Location at Time of Injury, Story at Start of Incident, Story When Injury Occurred, and Specific Location at Time of Injury



Use Section M to record information that identifies when and where the injury took place.

Use Block M_1 to mark one box that describes the location of the casualty at the time that the fire started.

Mark one of the boxes in M_2 to indicate the general location of the casualty at the time of the injury. Leave this block blank and skip to Section N if the location is undetermined.

If you mark the box "In area of fire origin," skip the rest of the section and continue on to Section N.

If you mark "Outside, but not in area," skip to M5.

You will complete M_3 only if the injury occurred inside the building but not in the area of origin. Enter the story where the casualty was at the start of the incident.



Stories are numbered with 1 representing the ground level. A "Below grade" box is marked if that story is below grade. For an ordinary residential basement, enter 1 for "Story at start of incident" and mark the "Below grade" box. If the story where the injury occurred is different from the story at the start of the incident, enter that information in M_4 .



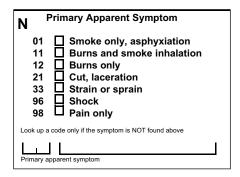
If the injury happened in the building but did not occur in the area of fire origin, complete **Block** M₅.



Enter the description and code found in the CRG which best explains the location.

The code set table used for this data element is the same set that is used for Area of Fire Origin - D₁ in the Fire Module. Please see the codes listed for the data element found in the CRG.

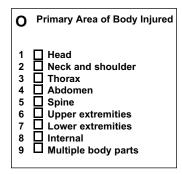
Section N: Primary Apparent Symptom



Use Section N to record the symptom of the most apparent serious injury. Section N lists several of the most common symptoms along with specific identifying codes. Check the appropriate box.

If the primary symptom is not on the list, look for a suitable code in the CRG. Enter the appropriate code on the line provided.

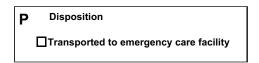
Section O: Primary Area of Body Injured



Use Section O to identify the area of the body that sustained the most serious injury.

Make one choice from the nine listed in the section. It should be the same part of the body affected by the Primary Apparent Symptom in Section N.

Section P: Disposition



Mark the box in this section if the casualty was transported to an emergency care facility.

If you are using paper forms instead of the software program, use the space on the forms to supply additional remarks.

SUMMARY

The Civilian Fire Casualty Module captures data regarding any civilian (nonfire service) casualty associated with fire-related incidents. If civilian injuries or deaths are recorded in H₁ of the Basic Module, then you are required to complete the Civilian Fire Casualty Module.

A civilian casualty can be a private citizen, emergency medical responder (nonfire department), or police officer who dies or is physically injured as the result of a fire-related incident. This description is not meant to exclude other people who fall into this category. For instance, any number of public and emergency services personnel may be on the scene of an emergency, such as public works personnel, State highway personnel, and other Federal, State, or local employees/officials.

EXAMPLE: Burn Victim

Directions: Read the call information in the example below. Then look at the completed Civilian Fire Casualty Module form. Look at each section and follow along with the proper use of the information as applicable to the Civilian Fire Casualty Module.

At 2135 hours on October 31, 2000, FDID #TR200 Ambulance 29 received a call at 2918 Kilroy Ave., Norman, OK, for a burn victim. Upon arrival, the crew found a 28-year-old white male with severe burns on the hands.

The victim was cooking dinner after having a couple of beers and fell asleep leaving the food unattended. His smoke detector sounded and woke him up. The victim saw a grease fire on the stove and tried to extinguish it. After trying unsuccessfully picking up the pan to move to the sink, he was able to reach under the kitchen cabinet and remove a fire extinguisher. He then successfully extinguished the fire.

The grease fire caused second-degree burns to hands, fingers, and the chest area. Ambulance 29 called for an engine company to check for fire extension to the cabinets. Ambulance 29 treated and transported the patient, Mike Johnson, to the Regan Burn Center for further treatment. The engine company found no extension and returned to service at 2200 hours.

The incident number, 8797051, was assigned to Station #2.

$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	DD YYYY 3,1 2000	Q 0 ₁ 2 8 ₁ 7 ₁ 9 ₁ 7 ₁ 0 Station Incident Number	0,5,1 [0,0,0] ★ Exposure ★	□Delete Civilian Fire Casualty
B Injured Person Mike First Name	John:	☆ Gender 1 ဩMale son	2 Female	C Casualty A Number
D Age or Date of Birth 1 1 2 3 4 5 OR OR Date of Birth U E1 1 2 2 3 4 5 5 E2	White Black, African Americ Am. Indian, Alaska N Asian Native Hawaiian, Oth Pacific Islander Other, multiracial Undetermined	2	ot fire department	H Severity 🔆 1 Minor 2 Moderate 3 Severe 4 Life threatening 5 Death U Undetermined
I Cause of Injury J Human Factors Contributing to Injury None Contributing to Injury K Factors Contributing Industry Improper Use Improper Us				
Activity When Injured Secaping Rescue attempt Return to fire before control Return to fire after control Sleeping Unable to act Irrational act Undetermined	M1 Location at Tin 1 In area of of 2 Not in area 3 Not in area 4 In area of of 0 Other loca U Undetermi M2 General Locatic Check ONE box. If und leave blank and skip to 1 Imarea of fire of In building, but n U Undetermined	M3 Story at Start of In Complete ONLY if injury occur Story at start of incident M4 Story Where Injury Story where injury occurred, if different from M3 M5 Specific Location Complete ONLY if casualty N L L Specific location at time of in	rred INSIDE Below grade y Occurred Below grade at Time of Injury NOT in area of origin	
N Primary Apparent Symptom 01 Smoke only, asphyxiat 11 Burns and smoke inha 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 about the	O	eck and shoulder horax bdomen	P Disposition Transported to en Remarks Local o Regan Burn Ce	

EXERCISE SCENARIO 4-1: Market Street Fire

Directions: Read the call information in the exercise below. Use the information provided to complete the Civilian Casualty Module form. Compare your work to the answers provided on the completed Structure Fire Module form. If your answers are different from the ones provided, read over the Civilian Casualty Module again.

At 2:36 a.m. on December 25, 1997, the 911 center receives a telephone call reporting a fire in a building at 1326 Market Street, (12345 zip code). The East Wind, Wisconsin, Fire Department (FDID #TR100, Station #2) is dispatched and responds with two engines, one truck, and one deputy chief, a total of 12 personnel. The dispatch center receives additional calls reporting a fire at this location and dispatches one engine from the Lakeview Fire Department (FDID #11077).

Engine 422 arrives on the scene at 2:41 a.m. and reports a two-story single-family dwelling of approximately 2,000 square feet. Fire is showing on the first floor. The crew from Engine 422 advances a 1-3/4-inch line to the fire, searching for occupants as they proceed.

D/C Depew arrives on the scene at 2:42 a.m. and assumes command of the incident. Truck 42 arrives at 2:43 a.m. The truck company is split into two crews. One crew performs search and rescue and the other performs ventilation. When the crews complete their initial tasks, they do salvage and overhaul.

Engine 425 arrives on the scene at 2:44 a.m., lays a supply line to Engine 422, and takes a hydrant. The crew then takes a 1-3/4-inch line to the second floor and finds that the fire has extended into a bedroom. The extension was through existing balloon framing and combustible insulation.

D/C Depew determines the fire is under control at 3:01 a.m.

The Truck Company Captain reports that most of the family escaped the fire when they heard the smoke detectors sounding. (Detectors were hardwired with battery back up.) The search and rescue team from Truck 42 found one white male victim - 60 year old Robert Thomas - in a second story bedroom. They carried the victim down stairs and outside to safety.

Mr. Thomas was treated for smoke inhalation by the East Wind Fire Department EMT's on the scene. He improved and was transported by private ambulance to the Mercy Hospital Emergency Room. Mr. Thomas stated later that he had been on the sofa drinking alcohol and watching television. He also stated that he had been smoking earlier in the evening and left the ashtray on the sofa when he went to bed at 1 a.m. The estimated time of Mr. Thomas' injury was 2:30 p.m.

The investigator determined that the fire started in the living room where the couch was located. It appeared that the ashtray fell into the couch cushions and a smoldering cigarette started the fire. Building property loss was estimated at \$65,000; loss to contents, \$15,000.

Mr. Robert Thomas was the recorded occupant of the home. His phone number is 888/555-5555. The owner of the dwelling is P&K Development Corporation of Parrot Island, Florida. Their phone number is 888/235-8888. Ms. Laurie Burnetti of 1 Mango Drive is their agent.

An incident number of 9706231 was assigned to the call, which had no exposures. Engine 422 cleared the scene at 3 a.m. and was available for duty at 3:25 a.m. Truck 42 cleared the scene at 3:20 a.m. and was available at 3:45 a.m. D/C Depew cleared the scene at 3:35 a.m. and was available at 3:36 a.m. and Engine 425 cleared at 3:50 a.m. and was available at 4:10 a.m.

The value of the property is set at \$185,000 and contents at \$47,000. There is no loss as a result of the fire.

A Incident Date State State Incident Date Station Incident Number Station Station Incident Number State Stat					
B Injured Person	der]Male 2 □Female C Casualty ☆				
First Name	MI Last Name	Suffix Casualty Number			
Age Months (for infants) 2 3 4	White	n Civilian EMS, not fire department Police Other d Time of Injury Time of Injury Hour Minute H Severity Minor Minor Moderate Severe Life threatening Death U Undetermined			
Cause of Injury					
Activity When Injured Secaping Rescue attempt Rescue attempt Return to fire before control Return to fire after control Sleeping Unable to act Irrational act Undetermined	2 In building, but not in area Sect Outside but not in area	wed M3 Story at Start of Incident Complete ONLY if injury occurred INSIDE Story at start of incident 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, asphyxiati 11 Burns and smoke inhal 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 about	ion Altion	P Disposition			

$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	2 2,5 1,9,9,7 0 1 1 Date ★ Station	0 ₁ 2 <u>9</u> 7 ₁ 0 ₁ 6 ₁ 2	3,1 [0,0,0] Exposure	□Delete Civilian Fire Casualty
B Injured Person Robert First Name	Thomas	☆ Gender 1 ဩMale	2 Female	C Casualty A Number
D Age or Date of Birth 1 1 2 1 2 3 3 4 5 OR Date of Birth U Day Year	White Black, African American Am. Indian, Alaska Native Asian Native Hawaiian, Other Pacific Islander Other, multiracial Undetermined	3 Police 0 Other G Date and Time Date of Injury	ot fire department	H Severity 🛧 1 🖾 Minor 2 Moderate 3 Severe 4 Life threatening 5 Death U Undetermined
I Cause of Injury J Human Factors Contributing to Injury None Image: Contributing to Injury Image: Contributing to Injury				
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 In 1 In area of origin a 2 Not in area of origin a 3 Not in area of origin a 4 In area of origin a 0 Other location U Undetermined M2 General Location at Check ONE box. If undetermined leave blank and skip to Section N 1 In area of fire origin a 2 N In building, but not in a U Undetermined	M3 Story at Start of In Complete ONLY if injury occu Story at start of incident M4 Story Where Injury Story where injury occurred, if different from M3 M5 Specific Location Complete ONLY if casualty N 2,1 Beard Specific location at time of in	rred INSIDE O_O_2 Below grade y Occurred O_O_2 Below grade at Time of Injury NOT in area of origin	
N Primary Apparent Symptom 01	ion lation	nd shoulder en extremities extremities	P Disposition Transported to en Remarks Mercy Hospita treated at th and then tran private ambul	l, ER, e scene sported by

EXERCISE SCENARIO 4-2: Cary Street Fire

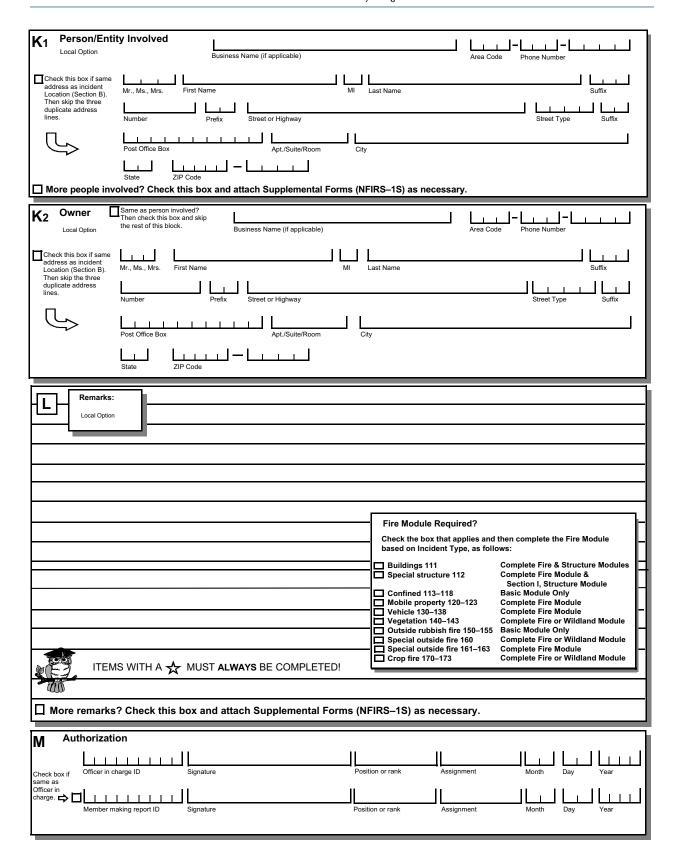
Directions: Read the call information in the exercise below. Use the information provided to complete the entire Civilian Fire Casualty Module form and the other required forms. Compare your work to the answers provided in Appendix A. If your answers are different from the ones provided, read over the Civilian Fire Casualty Module again.

The Alberta Fire Department (FDID #92188) received a call for a reported house fire at 5 East Cary Street, Brunswick, Virginia 23351, on May 1, 2005. The dispatcher assigned the incident (#5433) to Engine 1, Engine 2, and Truck 1 from Shift A, Station 2. The units received the alarm at 12:53 p.m. and arrived at the scene at 1:05 p.m. Each piece of apparatus was staffed with four firefighters.

The owner of the single-family dwelling, Mrs. Christy A. Gordon, said that she was warming her lunch on the stove when the grease from the pan began to burn. The gas stove was a Whirlpool, Model RF330PXVN, Serial Number F925888840, Year 2000. The fire spread from the pan to the curtains. She had fallen asleep upstairs and was alerted when the hardwired smoke detector activated. The flame damage was confined to the kitchen. The 2,000-square-foot, two-story home was filled with smoke in the other rooms. She called 9-1-1. The firefighters extinguished the fire and removed smoke from the other rooms. The fire was brought under control at 1:25 p.m. There was \$24,000 fire loss to property and \$9,600 content loss. The value of the property was \$161,000 and the content value was \$80,400. The last unit cleared the scene at 2:40 p.m. FF1 Adam C. Wallner, Badge No. 224, completed the report after returning to Station No. 2. Captain Tonya S. Gordon, Badge No. 105, was the officer in charge. The fire department keeps records on the location of all responses. The incident was in Census Tract 501.10, District A12.

Mrs. Gordon, 66-year old, white female, was overcome by smoke in her bedroom. She had problems finding the exit because of the smoke. Her injury occurred at 12:50 p.m. Fire department personnel treated her at the scene. Her injury was considered minor, but since she said that she felt dizzy, a local EMS provider transported her to the Proctor Medical Hospital for observation.

A MM DD YYYY Delete Delete Change NFIRS-1 Basic No Activity Delete NFIRS-1 Basic No Activity NFIRS-1 Delete NFIRS-1 Basic NFIRS-1 Delete D
B Location Type
C Incident Type D Aid Given or Received None Mutual aid received Mutual aid given Mutual aid given
F Actions Taken ☆ Check this box and skip this block if an Apparatus or Personnel Module is used. 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 \$,
Completed Modules Fire-2
Property Use



Α	MM DD YY FDID State Incident Date	^^	Station Incident Number	Exposure	Delete NFIRS-2 Fire
B B ₁	Property Details Not Residential Estimated number of residential living units in building of origin whether or not all units became involved		On-Site Materials or Products	None commercial, or materials	here were any significant amounts of industrial, energy, or agricultural products or on the property, whether or not they became involved On-Site Materials Storage Use 1
B ₂	Number of buildings involved	ved	On-site material (2)		1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service U ☐ Undetermined
Вз	Acres burned (outside fires) None Less than one acre	,	On-site material (3)		1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service U ☐ Undetermined
D	Ignition	匚 1	ause of Ignition 太	Skip to	E3 Human Factors
D ₁		 1 □ Int	tentional	Section G	Check all applicable boxes None
D ₂	Heat source A	3 ☐ Fa 4 ☐ Ac 5 ☐ Ca U ☐ Ca	nintentional illure of equipment or heat at of nature ause under investigation ause undetermined after in actors Contributing to Ignit	vestigation	1
D4	1 Check box if fire spread was confined to object of origin.	Factor con	ntributing to ignition (1)		7 Age was a factor Estimated age of person involved 1 Male 2 Female
F1 Equip Brand Model Serial	None If equipment was not involved, skip to Section G	F3 Portable one or to	Equipment Power Source Power Source Equipment Portability Portable Stationary equipment normally can be moved by wo persons, is designed to be used in locations, and requires no tools to install.	G	r (2)
H ₁	Mobile Property Involved ☐ None H₂	Mo	bile Property Type and Ma	ke Loca	I Use
1	Not involved in ignition, but burned Involved in ignition, but did not burn Involved in ignition and burned Involved in ignition, but did not burned Involved in ignition, but did not burned Involved in ignition and ign	Mobile prop	erty make Year		☐ Pre-Fire Plan Available sof the information presented in this report may be dispon reports from other agencies: ☐ Arson report attached ☐ Police report attached ☐ Coroner report attached ☐ Other reports attached
	Structure fire? Please be sure to complete the Structure	Fire form	(NFIRS-3).	====	NFIRS-2 Revision 01/01/05

If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. 1	Building Status Under construction Cocupied & operating Cocupied & ope	Building Height Count the roof as part of the highest story. Total number of stories at or above grade Total number of stories below grade	Main Floor Size NFIRS-3 Structure Fire □ ,
J1 Fire Origin	Number of Stories Damage Count the roof as part of the highest story. Number of stories w/minor dai (1 to 24% flame damage) Number of stories w/significar (25 to 49% flame damage) Number of stories w/heavy da (50 to 74% flame damage) Number of stories w/extreme of (75 to 100% flame damage)	to Fi Check same a Fire Mc Int damage K1 L Iter K2 L Tyl	e of Material Contributing Most lame Spread in of flame spread OR if s Material First Ignited (Block D4, Skip to soluble) OR if unable to determine. Skip to Section L Scipt to Section L Required only if item contributing code is 00 or <70.
Presence of Detectors (In area of the fire) N None Present 1 Present U Undetermined L2 Detector Type 1 Smoke 2 Heat 3 Combination smoke and heat 4 Sprinkler, water flow detection 5 More than one type present 0 Other U Undetermined	Detector Power Sup Battery only	L5 Rec 1	etector Effectiveness unired if detector operated. Ilerted occupants, occupants responded Ilerted occupants, occupants failed orespond here were no occupants ailed to alert occupants ndetermined etector Failure Reason equired if detector failed to operate bower failure, shutoff, or disconnect effective ack of maintenance, includes ot cleaning attery missing or disconnected attery discharged or dead ther indetermined
M1 Presence of Automatic Extinguishin N None Present Present Dryesent V Undetermined Type of Automatic Extinguishing Required if fire was within designed range of AES Wet-pipe sprinkler Dry-pipe sprinkler Dry-pipe sprinkler Dry chemical system Foam system Foam system Halogen-type system Carbon dioxide (CO ₂) system Carbon dioxide (CO ₂) system Undetermined	Required if fire Section M G System G System Required if fire 1	eration of Automatic inguishing System e was within designed range ated/leffective (go to M4) ated/not effective (go to I oo small to activate d to operate (go to M5) retermined Imber of Sprinkler ads Operating ystem operated	M5 Reason for Automatic Extinguishing System Failure Required if system failed or not effective 1 System shut off 2 Not enough agent discharged 3 Agent discharged but did not reach fire 4 Wrong type of system 5 Fire not in area protected 6 System components damaged 7 Lack of maintenance 8 Manual intervention 0 Other U Undetermined

MM DD YYYY FDID State Incident Date Station Incident Number Exposure The Casualty NFIRS—4 Civilian Fire Casualty		
B Injured Person	Gender 1 □Mal MI Last Name	e 2 Female Suffix C Casualty Number C Sumber Casualty Number
Age	Race White Black, African American Am. Indian, Alaska Native Asian Native Hawaiian, Other Pacific Islander Other, multiracial Undetermined Ethnicity Hispanic or Latino Non Hispanic or Latino Non Hispanic or Latino	not fire department e I
I Cause of Injury J Human Factors Contributing to Injury None K Factors Contributing to Injury 1 □ Exposed to fire products including flame heat, smoke, and gas Contributing to Injury Enter up to three contributing factors 2 □ Exposed to toxic fumes other than smoke Check all applicable boxes Image: Check all applicable boxes 3 □ Jumped in escape attempt I □ Asleep Contributing factor (1) 4 □ Fell, slipped, or tripped I □ Asleep Contributing factor (1) 5 □ Caught or trapped I □ Possibly impaired by alcohol I □ Contributing factor (2) 6 □ Structural collapse I □ Possibly impaired by other drughting factor (2) 7 □ Physically disabled I □ Physically disabled 9 □ Multiple causes I □ Physically restrained 0 □ Other I □ Physically restrained U □ Undetermined I □ Intributing factor (2)		
Activity When Injured Secaping Rescue attempt Rescue attempt Return to fire before control Return to fire after control Sleeping Unable to act Irrational act Undetermined	M1 Location at Time of Incident 1	M3 Story at Start of Incident Complete ONLY if injury occurred INSIDE Story at start of incident M4 Story Where Injury Occurred Story where injury occurred, if different from M3 M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin Specific location at time of injury
Primary Apparent Symptom O1 Smoke only, asphyxiatic 11 Burns and smoke inhala 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 abov	ation 1 ☐ Head 2 ☐ Neck and shoulder 3 ☐ Thorax 4 ☐ Abdomen 5 ☐ Spine 6 ☐ Upper extremities	P Disposition