

Fire Department Use Only
Do Not Send To State Fire Marshal

NFIRS 5.0 FIELD DATA COLLECTION FORM

FTA Consultants 9/00

FDID	INCIDENT NO.	EXP	Month	Day	Year	Day of Week	Alarm Time	On Scene	In-Service	
Alarm Location		[Number / Street Name / Apartment # / City]						County	TWP.	
Mutual Aid <input type="checkbox"/> N/A <input type="checkbox"/> Received <input type="checkbox"/> Given (Indicate Dept)		INCIDENT TYPE				Actions Taken <input type="checkbox"/> Extinguish 11 <input type="checkbox"/> Investigate 86 <input type="checkbox"/> EMS 30 <input type="checkbox"/> Remove Hazard 45 <input type="checkbox"/> Remove Water 66 <input type="checkbox"/> Assistance Misc. 70 <input type="checkbox"/> Standby 92 <small>List Actions Taken (NFIRS uses MAXIMUM of THREE) Other Codes Available</small>				
RESOURCES Apparatus Personnel FD _____ EMS _____ OTH _____		ESTIMATED DOLLAR LOSSES / VALUES Pre-Incident Value \$ _____ Post Incident Losses \$ _____ Insur. Co.: _____			CASUALTIES DEATHS INJURIES <input type="checkbox"/> NONE FD: _____ Civilian: _____					
PROPERTY USE		MIXED USE PROPERTY								
PERSON / ENTITY INVOLVED <input type="checkbox"/> Check if Address is SAME as Incident Address _____ Business Name _____ A/C _____ Phone Number _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. _____ First Name _____ MI _____ Last Name _____ Title _____ Number _____ Street Name Apt. / P.O. Box _____ City _____ State _____ Zip Code _____										
OWNER <input type="checkbox"/> Check if SAME as Person/Entity Involved <input type="checkbox"/> Check if address is SAME as Incident Address <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. _____ First Name _____ MI _____ Last Name _____ Title _____ Number _____ Street Name Apt. / P.O. Box _____ City _____ State _____ Zip Code _____										
PROPERTY DETAILS _____ <input type="checkbox"/> NOT Residential _____ <input type="checkbox"/> NO Buildings Involved _____ <input type="checkbox"/> NONE <input type="checkbox"/> Less 1 Acre # Of Residential Living Units # Of Buildings INVOLVED # Acres Burned (OUTSIDE FIRES ONLY)										
IGNITION FACTORS _____ Area of Origin _____ Heat Source _____ Item First Ignited <input type="checkbox"/> Confined to Object of Origin Cause of Ignition: <input type="checkbox"/> 1 Intentional <input type="checkbox"/> 2 Unintentional <input type="checkbox"/> 3 Failure Equip./Heat Source <input type="checkbox"/> 4 Act of Nature <input type="checkbox"/> 5 Cause Under Investigation Factors Contributing to Ignition: <input type="checkbox"/> NONE _____ Human Factors Contributing to Ignition: <input type="checkbox"/> NONE <input type="checkbox"/> 1 Asleep <input type="checkbox"/> 2 Poss. Impaired Alcohol/Drugs <input type="checkbox"/> 3 Unattended Person <input type="checkbox"/> 4 Possibly Mental Disabled <input type="checkbox"/> 5 Physically Disabled <input type="checkbox"/> 6 Multiple Persons Involved <input type="checkbox"/> 7 Age was a Factor Estimated Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Equipment Involved in Ignition: <input type="checkbox"/> NONE Equipment: _____ _____ Equip Mfg Date _____ Brand _____ Model _____ Serial # _____ Equipment Power: _____ Equipment: <input type="checkbox"/> PORTABLE <input type="checkbox"/> STATIONARY										
MOBILE PROPERTY <input type="checkbox"/> NONE <input type="checkbox"/> NOT Involved In Ignition But Burned <input type="checkbox"/> Involved In Ignition DID NOT Burn <input type="checkbox"/> Involved & Burned _____ Mobile Property Type _____ Mobile Property Make _____ Mobile Property Model _____ Year _____ _____ License Plate # _____ State _____ Mobile Property VIN (Vehicle Identification #) _____										

Complete Other Side

STRUCTURE INFORMATION NOT A STRUCTURE FIRE

Enclosed Building Portable/Mobile Structure Open Structure Air Supported Structure Tent Open Platform
 Underground Connective Structure Other Type Structure: _____

Building Status: 1 Under Construction 2 Occupied/Operating 3 Idle, Not Used Routinely 4 Under Major Renovation
 5 Vacant/Secured 6 Vacant/Unsecured 7 Being Demolished Undetermined Other _____

STRUCTURE INFORMATION

[Length & Width in FT / Total SQ FT of MAIN FLOOR]

Building Height: _____ X _____ = _____ **NUMBER OF STORIES**
 Bldg. Length Bldg. Width Total SQ FT Above Grade _____ Below Grade _____

NUMBER OF STORIES DAMAGED BY FIRE

Minor	Moderate	Heavy	Extreme
1-24%	25-49%	50-74%	75 -100%

STORY OF FIRE ORIGIN: _____ Below Grade**DETECTORS** NONE PRESENT PRESENT UNDETERMINED

EFFECTIVENESS: ALERTED Occupants/Occupants Responded ALERTED Occupants/Occupants FAILED to Respond
 No Occupants FAILED to ALERT Occupants

DETECTOR TYPE: 1 Smoke 2 Heat 3 Combination Heat/Smoke 4 Sprinkler/Waterflow Undetermined
 Other _____

DETECTOR OPERATION: 1 Fire too Small to Activate 2 Operated 3 Failed To Operate Undetermined

DETECTOR FAILURE: 1 Power Failure/Shutoff Disconnected 2 Improper Installation/Placement 3 Defective
 4 Lack of Maintenance/Cleaning 5 Battery Missing/Disconnected 6 Battery Dead/Discharged
 Undetermined Other _____

AUTOMATIC EXTINGUISHING SYSTEMS None Present System Present & Operated System FAILED

AES TYPE: 0 Special Hazard System, Other 1 Wet Pipe Sprinkler 2 Dry Pipe Sprinkler 3 Other Sprinkler System
 4 Dry Chemical System 5 Foam System 6 Halogen Type System 7 Carbon Dioxide Underdetermined

AES OPERATION: 0 Operation of AES, Other 1 System Operated & Effective 2 System Operated NOT Effective
 3 Fire too Small to Activate 4 System DID NOT OPERATE Undetermined
 Number of HEADS OPERATED: _____

AES FAILURE: 0 Reason System Not Effective, Other 1 System Shut-Off 2 Not Enough Agent Discharged to Control Fire
 3 Agent Discharged, But Did NOT Reach Fire 4 Inappropriate System for the Type of Fire
 5 Fire Not in Area Protected By System 6 System Components Damaged 7 Lack of Maintenance,
 Including Corrosion, Heads Painted 8 Manual Intervention Defeated System Undetermined

NARRATIVE**FIRE DEPT USE ONLY *** DO NOT SEND TO THE STATE FIRE MARSHAL *******REPORT AUTHORIZATIONS****X***Officer In Charge*

Date

X*Person Making Report*