

NFPA No.

902M

FIRE REPORTING

**FIELD
INCIDENT
MANUAL
1976**



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See Inside Back Cover for Official NFPA Definitions

Fire Reporting

Field Incident Manual

NFPA No. 902M — 1976

1976 Edition of NFPA 902M

This edition of NFPA 902M was officially adopted on November 16, 1976 at the Fall Meeting of the National Fire Protection Association held in Cincinnati, Ohio. It incorporates changes recommended by the Committee on Fire Reporting and supersedes the 1973 edition.

With this edition, the Basic Incident Report form and the Basic Casualty Report form have been revised and renumbered 902F and 902G respectively. The "Fire Reporting Field Incident Manual" has been renumbered NFPA 902M, the text has been revised, and new text has been added describing the proper completion of the Action Summary sheet. This sheet was also revised and renumbered NFPA 902S.

Origin and Development of NFPA 902M

With the adoption by the Association in 1969 of NFPA 901, "Uniform Coding for Fire Protection," the Committee started the development of tools for standardized use of NFPA 901. In 1971, the Committee issued NFPA 901AM, "Fire Reporting Field Incident Manual." This included a Basic Incident Report form, NFPA 901F.

In 1973, NFPA 901AM was revised to include a Basic Casualty Report form, NFPA 901G, and instructions for completing it. The Committee also issued an Action Summary sheet, NFPA 901S, as a separate tool.

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This list represents the membership at the time the Committee was balloted on the text of this edition. Since that time, changes in the membership may have occurred

Interpretation Procedure of the Committee on Fire Reporting

Those desiring an interpretation shall supply the Chairman with five identical copies of a statement in which shall appear specific reference to a single problem, paragraph, or section. Such a statement shall be on the business stationery of the inquirer and shall be duly signed.

When applications involve actual field situations they shall so state and all parties involved shall be named.

The Interpretations Committee will reserve the prerogative to refuse consideration of any application that refers specifically to proprietary items of equipment or devices. Generally inquiries should be confined to interpretation of the literal text or the intent thereof.

Requests for interpretations should be addressed to the National Fire Protection Association, 470 Atlantic Avenue, Boston, MA 02210.

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Fire Reporting Field Incident Manual

NFPA 902M—1976

INTRODUCTION

For many years it has been recognized by the fire service that it can become more successful in its attempts to educate people to fire safe habits, to make or suggest changes in fire and building codes, and to show clearly its own value through the collection and use of meaningful data. To help develop fire incident data in a uniform manner, the NFPA established a Committee on Fire Reporting. Using information available in the United States, Canada, Europe, and Australia, the committee developed definitions, standard terminology, and a classification system for data which was first officially published in 1969 as NFPA No. 901, *Uniform Coding for Fire Protection*. This standard was revised in 1971, 1973, and 1976 to incorporate improvements.

This *Field Incident Manual* (NFPA No. 902M) and the Basic Incident Report (Form 902F), the Basic Casualty Report (Form 902G), and the Action Summary Sheet (Form 902S) were developed to provide a fire department with a basic system for collecting and using data in a uniform manner based on NFPA No. 901.

Fire departments wishing to use only part of the system outlined in this manual are welcome to do so. Those wishing to add additional details are encouraged to use these basic forms with supplementary forms as needed.

Data can be compiled from the forms either manually or automatically using electronic data processing. Regardless of the complexity of the system, the most important aspect is that it produce information to support fire prevention activities, public relations, code enforcement, planning, and administrative functions.

GENERAL APPLICATIONS

I. Uniformity in Reporting

This manual contains instructions for the completion of the Basic Incident Report, Form 902F; the Basic Casualty Report, Form 902G; and the Action Summary Sheet, Form 902S. The two input forms and the summarization sheet are designed to allow a fire department to collect and summarize basic details about all incidents to which it responds and to use that information in making decisions affecting the fire protection of the community.

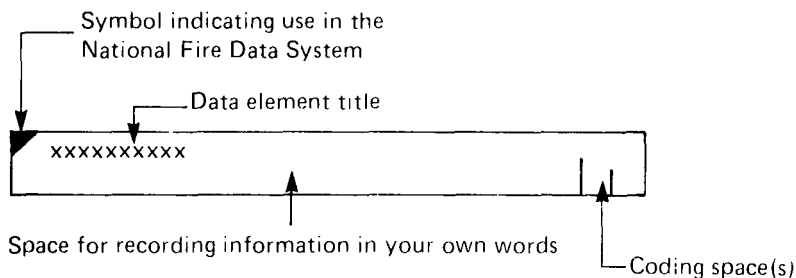
The use of this system allows a community to collect its information in a uniform manner so that it can be aggregated at state and national levels. It also allows one fire department to compare its data with that from other fire departments, as the terminology and classifications are uniform.

The person completing the report should use words that accurately describe the situation. Each item of data can then be classified using categories defined in NFPA No. 901, *Uniform Coding for Fire Protection*. It is this classification process that establishes the uniformity, not the person's original words.

II. Forms

Each time one or more fire service units move in response to an alarm, an incident occurs. A record of that incident should be kept. The Basic Incident Report, Form 902F, is designed to provide such a record. All applicable categories should be completed for each incident. If the incident involved casualties, the Basic Casualty Report, Form 902G, should be used for recording details of each casualty. For complicated incidents, additional information may be required in the incident record or file.

The forms contain *blocks* which group related information together. Each *block* contains several *lines*; and each *line* contains several *data spaces*. A typical *data space* is shown below.



Typical Data Space

III. Form Completion

The Basic Incident Report and the Basic Casualty Report should be in the words of the person completing the report and should give the details necessary for someone not at the incident to understand exactly what happened. The symbol N/A should be used in any data space that is Not Applicable. If information cannot be determined, the abbrevia-

tion UNDET can be used to indicate Undetermined. All data spaces in each applicable block should be completed.

If it is the policy of the department to put code numbers on the form to facilitate "adding up" data, this should be done preferably after the report has been completed. The appropriate number of coding spaces for entering code numbers has been provided at the end of each data space.

This manual contains references to NFPA No. 901, *Uniform Coding for Fire Protection*. These references are to allow persons responsible for classifying the data to find the appropriate sections in NFPA No. 901. All references are to the 1976 edition of NFPA No. 901. A review of the terminology, definitions, and classifications in NFPA No. 901 will help to improve the quality of the report.

IV. Definitions

The following definitions are provided here to help improve the understanding of the use of this manual.

Incident. The movement of a piece of fire service apparatus or equipment in response to an alarm.

Incident Record. The official fire department file on an incident. For a simple "lockout" the incident record may be a single incident report. For a complicated fatal fire, on the other hand, the incident record may consist of a file containing the original incident report, fire company reports, several follow-up reports, narrative and newspaper accounts, photographs, as well as physical exhibits.

Incident Report. A written document by the officer in charge of that particular operation. For understanding and legal purposes, this report should be in the officer's own words. For summarization purposes, the information on this report can be classified into broad categories. The incident report is always part of the incident record or file.

The incident report includes information on the time of the incident, the response to the incident, the action taken, as well as details of the incident, the damage, and the casualties.

Fire Report. The incident report on a fire.

V. Forwarding Reports

The officer in charge should forward the appropriate reports through channels to department headquarters. As a minimum, there should be one Form 902F for each field incident. If the incident involved casualties, one or more Forms 902G should be attached. If the fire involved exposures, additional Forms 902F will be required. All forms and other reports of the same incident should be fastened together, and the same incident number should appear on each report.

SPECIAL APPLICATIONS

The following comments are to assist persons using the system when the circumstances of the incident raise special questions.

I. Fires in Multiple-Occupancy Structures

In a single multiple-occupancy structure, only one report is required. The correct address and occupant listed should correspond to the location of the property where the fire originated. Other occupants affected by the incident can be listed in the REMARKS together with any special information concerning their loss.

II. Exposure Fires

An exposure fire is a fire starting in a building, structure, vehicle, or outside property resulting from a fire outside that building, structure, vehicle, or outside property.

Where fire involves more than one building, each building fire shall be considered a separate fire, with the ignition for all but the original building fire involved classified as "exposure fires." If the building fire ignites a truck parked nearby but outside the building, the truck fire is an exposure fire. If the truck was parked inside the building and is damaged by a fire which started elsewhere in the building, the truck is regarded as part of the building contents rather than as a separate exposure fire.

A separate Form 902F report will be required for each exposure fire, using the same incident number as is used on the original fire. The form provides a space for sequentially numbering each exposure fire. Certain data spaces on the exposure report are not applicable. These are:

(a) "Method of Alarm from Public." Mark N/A unless a separate alarm was received from a different source for the exposure fire.

(b) "Number Alarms" should be marked only on the report covering the initial fire. This data space on the exposure report should be marked N/A.

(c) "Response Information" (Line G) should be listed only on the original fire report. The data spaces on the exposure report should be marked N/A.

III. Incidents Involving Electrical Units

When an incident involves electrically operated equipment or an electrical installation, and disconnection of the electrical energy clears the emergency, treat it as a hazardous condition under Type of Situation Found. If there is sustained burning after the electrical energy has been disconnected, treat the incident as a fire.

IV. Crashes and Ruptures

Fire loss resulting from crashes or explosions should be reported as described below.

(a) Fires Caused by Crashes (i.e., aircraft, automobile, etc.): All casualties will be reported, but a differentiation will be made as to whether the casualty was a “fire casualty” (injuries suffered as a result of ensuing fire) or an “EMS (Emergency Medical Service) casualty” (injuries suffered as a result of the crash). Only the portions of property that were undamaged by the crash but were later damaged by fire will be considered in estimating the dollar loss.

(b) Overpressure Ruptures (i.e., explosions, etc.):

1. An overpressure rupture is not a “Fire” unless fire follows.
2. When there is a rupture followed by a fire, all casualties will be reported, but a differentiation will be made as to whether the casualty was a “fire casualty” (injury suffered as a result of ensuing fire) or an “EMS casualty” (injury suffered as a result of the rupture). Only the portions of the structure that were not damaged by the rupture but were damaged by the fire will be considered in estimating the dollar loss.

V. Incidents “Outside of Jurisdiction”

If the incident occurs outside the jurisdictional boundaries of your fire department, and another fire department has responsibility and is present at the incident, it is not necessary to record information concerning the incident beyond what your fire department did.

If the responsible fire department is not present, it is still their responsibility to complete the report of the incident. Your fire department should assist them in gathering the necessary information.

If the incident occurs in an area where there is no fire department responsible for protection, a complete report should be filed, but the details should not be included in your summary of fire experience.

VI. Fires Discovered Later

A fire occurrence is sometimes discovered after it has burned itself out or at some later date, as during an inspection. These fires should be reported using the Basic Incident Report, and as many details as are obtainable should be recorded on the form. Assign it an incident number using the next available number.

VII. Remarks

A check box under Line T is provided to indicate that there is additional information in the REMARKS. The REMARKS should contain explanatory information necessary to clarify any of the entries

made in a particular line of the report. It should also tie the report together by adding the information necessary to ensure that persons not at the incident will understand the circumstances of the incident. Additional sheets of paper can be appended to the report for additional remarks or diagrams.

EXAMPLES

Four examples are presented on the following pages which show reports for typical situations that a fire department might encounter. They are presented here as an aid to understanding the use of Forms 902F and 902G. These reports are all of hypothetical situations, and any resemblance to any actual incident is coincidental.

The first report is for a dwelling fire where a smoke detector wakes a husband and wife. The husband suffers smoke inhalation when he goes to the basement to attempt to fight the fire. The wife reports the fire using a street fire alarm box.

The second report is for an automobile fire where a cigarette thought to have been flipped out the window apparently landed on the back seat. The fire was discovered after the owner had returned home and parked the car.

The third report is an emergency medical service call for an elderly woman suffering the symptoms of a heart attack.

The fourth report is a false call received automatically from a building detection and alarm system tied directly to the fire department.

Eastwood

Fire Department

902F

Fill In This Report
In Your Own Words

BASIC INCIDENT REPORT

☐ Revised
Report

A	FD ID 78	Incident No 6, 3, 3, 7	Exp No 0, 0	Mo 0, 5	Day 2, 6	Year 7, 6	Day of the Week Wednesday	Alarm Time 4, 0, 2, 3, 8	Time-- "In Service"	0, 4, 4, 9
B	CORRECT ADDRESS	No 1, 4, 1, 5	Dir S	Name A, S, H, W, O, R, T, H	Type R, D	Zip Code 2, 8, 9, 4, 6	Census Tract 3, 8, 2, 9, 0, 1			
C	Occupant Name Joseph Russell	Telephone 776-5432	Room or Apt N/A							
D	Owner Name Same as above	Address Same as above	Telephone							
E	Method of Alarm from Public Box 4451	Type of Situation Found 2 Structure fire								
F	Type of Action Taken Extinguish fire	Co Inspection District 1 E, 1, 4	Shift B	No Alarms 1	Mutual Aid <input type="checkbox"/> Rec'd <input type="checkbox"/> Given					
G	No Fire Service Personnel Used at Scene 0, 1, 5	No Engines Used at Scene E12, E14	0, 0, 2	No Aerial Apparatus Used at Scene L4	0, 0, 1	No Other Vehicles Used at Scene SQ2	0, 0, 1			

COMPLETE ON ALL INCIDENTS

H	No Incident-related Injuries ^a Fire Service 0	Others 0, 0, 1	No Incident-related Fatalities ^b Fire Service 0	Others 0	Complex None	9, 8
I	Fixed Property Use Single-family dwelling	4, 1, 1	Mobile Property Type ^{aa} N/A	0, 8		

COMPLETE IF
CASUALTY OR
FIRE

J	Area of Fire Origin Family room	1, 4	Level of Fire Origin Basement	8	Termination Stage Open flaming	3
K	Equipment Involved in Ignition (if any) ^{aa} Television set	5, 1	Form of Heat of Ignition Electrical component short circuit	2, 4		
L	Type of Material Ignited Polyvinyl chloride	4, 3	Form of Material Ignited Electrical insulation	6, 1	Ignition Factor Short circuit	5, 4

ALL IGNITIONS

M	Structure Type Single occupancy bldg.	1	Construction Type Unprotected frame	8	Construction Method Site-built	1
N	Extent of Flame Damage 2 rooms in basement	5	Extent of Smoke Damage Throughout house	6	Extent of Water Damage Basement area	5
O	Extent of Fire Control Damage Basement and 1st story	6	Detector Performance Smoke detector 1st story operated	2	Sprinkler Performance No A. S. present	8
P	IF FLAME SPREAD BEYOND ROOM OF ORIGIN	Type of Material Generating Most Flame Wood wall paneling	6, 5	Avenue of Flame Travel No significant avenue	9, 8	
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	Type of Material Generating Most Smoke Foam rubber cushioning	5, 1	Avenue of Smoke Travel Stairwell	4	

COMPLETE IF FIRE
FOR STRUCTURE FIRE
ONLY

R	Method of Extinguishment Two 1 1/2" preconnect - hydrant supply	6		
S	Estimated Total Dollar Loss 9, 5, 0, 0	Property Damage Classification 3	Time from Alarm to Agent Application 6 minutes	4

ALL FIRES

^aList name, age, sex, and description of injury
for each casualty on form 902G^{ff}Collected by the
National Fire Data System^{aa}Complete Below☐ Check box if remarks are made on reverse side

U	If Mobile Property	Year	Make	Model	Serial No	License No (If any)
V	If Equipment Involved In Ignition	Year	Make	Model	Serial No	Voltage (if any)
	Television	72	Acme	Q499	Q499364862	110 v.

COMPLETE
ON ALL
INCIDENTSThis form is for use with NFPA 902M, *Field Incident Manual*. Users should also refer to NFPA 901, *Uniform Coding for Fire Protection*, for information on fire reporting systems and classifications for information entered on this form.

Eastwood

Fire Department

902G

Fill In This Report
In Your Own Words

BASIC CASUALTY REPORT

Page. 1
of 1

A	FD ID 78	Incident No 6 3 3 7	Exp No 0 0	Mo 0 5	Day 2 6	Year 7 6	Day of Week Wednesday	Alarm Time 14 0 2 3 8
---	-------------	------------------------	---------------	-----------	------------	-------------	--------------------------	--------------------------

Casualty Last Name Russell		First Name Joseph		MI F	D.O.B. 8/19/37	Age 38	Time of Injury 0 12 13 14	Casualty Number 0 0 1	<input type="checkbox"/> Revised Report
Home Address 1415 South Ashworth Road							Telephone 776-5432		
SEX 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female		CASUALTY TYPE 1 <input checked="" type="checkbox"/> Fire Casualty 2 <input type="checkbox"/> Action Casualty 3 <input type="checkbox"/> EMS Casualty		SEVERITY 1 <input checked="" type="checkbox"/> Injury 2 <input type="checkbox"/> Death		AFFILIATION 1 <input type="checkbox"/> Fire Service 2 <input type="checkbox"/> Other Emergency Personnel 3 <input checked="" type="checkbox"/> Civilian			
GD Familiarity With Structure 3 years		Location at Ignition 7 One story above fire		Condition Before Injury 4 Awake		8			
GE Condition Preventing Escape None		Activity at Time of Injury 8 Attempting to fight fire		Cause of Injury 3 Exposed to smoke		2			
GF Nature of Injury Smoke inhalation		Part of Body Injured 3 Lungs		Disposition Treated and transported by FD		7 3			
<input type="checkbox"/> See Remarks on Back					<input type="checkbox"/> See Additional Report				

CASUALTY 1

Casualty Last Name		First Name		MI	D.O.B.	Age	Time of Injury	Casualty Number	<input type="checkbox"/> Revised Report
Home Address							Telephone		
SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		CASUALTY TYPE 1 <input type="checkbox"/> Fire Casualty 2 <input type="checkbox"/> Action Casualty 3 <input type="checkbox"/> EMS Casualty		SEVERITY 1 <input type="checkbox"/> Injury 2 <input type="checkbox"/> Death		AFFILIATION 1 <input type="checkbox"/> Fire Service 2 <input type="checkbox"/> Other Emergency Personnel 3 <input type="checkbox"/> Civilian			
GD Familiarity With Structure		Location at Ignition		Condition Before Injury					
GE Condition Preventing Escape		Activity at Time of Injury		Cause of Injury					
GF Nature of Injury		Part of Body Injured		Disposition					
<input type="checkbox"/> See Remarks on Back					<input type="checkbox"/> See Additional Report				

CASUALTY 2

Casualty Last Name		First Name		MI	D.O.B.	Age	Time of Injury	Casualty Number	<input type="checkbox"/> Revised Report
Home Address							Telephone		
SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		CASUALTY TYPE 1 <input type="checkbox"/> Fire Casualty 2 <input type="checkbox"/> Action Casualty 3 <input type="checkbox"/> EMS Casualty		SEVERITY 1 <input type="checkbox"/> Injury 2 <input type="checkbox"/> Death		AFFILIATION 1 <input type="checkbox"/> Fire Service 2 <input type="checkbox"/> Other Emergency Personnel 3 <input type="checkbox"/> Civilian			
GD Familiarity With Structure		Location at Ignition		Condition Before Injury					
GE Condition Preventing Escape		Activity at Time of Injury		Cause of Injury					
GF Nature of Injury		Part of Body Injured		Disposition					
<input type="checkbox"/> See Remarks on Back					<input type="checkbox"/> See Additional Report				

CASUALTY 3

☒ Collected by the
National Fire Data System

T

Officer in Charge (Name, Position, Assignment) Raymond Symmes, B/C, 6	Date 5/26/76
Member Making Report (If Different From Above)	Date

This form is for use with NFPA 902M, *Field Incident Manual*. Users should also refer to NFPA 901, *Uniform Coding for Fire Protection*, for information on fire reporting systems and classifications for information entered on this form.

Winston

Fire Department

902F

Fill In This Report
In Your Own Words

BASIC INCIDENT REPORT

☐ Revised
Report

A	FD ID 131	Incident No 4 9 0 6	Exp No 0 0	Mo 0 4	Day 1 7	Year 7 6	Day of the Week Saturday	Alarm Time 7 1 5 3 3	Time— "In Service"	1 6 1 0
B	CORRECT ADDRESS		No 2 7 8	Dir M	Name A P L E		Type S T	Zip Code 6 9 4 9	Census Tract 2 4 2 9 8 0 0	
C	Occupant Name N/A						Telephone N/A	Room or Apt N/A		
D	Owner Name Jane Smith				Address 278 Maple Street				Telephone 298-4286	
E	Method of Alarm from Public Telephone (298-4286)						Type of Situation Found Auto fire			
F	Type of Action Taken Extinguished fire						Co Inspection District 1	Shift E 1 2	No Alarms 3	Mutual Aid <input type="checkbox"/> Rec'd <input type="checkbox"/> Given
G	No Fire Service Personnel Used at Scene		No Engines Used at Scene		No Aerial Apparatus Used at Scene		No Other Vehicles Used at Scene			
	0 0 4		E 12		0 0 1		0 0 0		0 0 0	

COMPLETE ON ALL INCIDENTS

H	No Incident related Injuries ^a Fire Service 0 Others 0		No Incident related Fatalities ^a Fire Service 0 Others 0		Complex Dwelling		4 1
I	Fixed Property Use Private driveway		Mobile Property Type ^{aa} Automobile		1 1		

COMPLETE IF
CASUALTY OR
FIRE

J	Area of Fire Origin Passenger area		8 1	Level of Fire Origin Ground level		1	Termination Stage Open flame		3	
K	Equipment Involved in Ignition (if any) ^{aa} None				9 8	Form of Heat of Ignition Cigarette				3 1
L	Type of Material Ignited Polyurethane		4 1	Form of Material Ignited Seat cushioning		2 1	Ignition Factor Improperly discarded cigarette		3 1	

ALL IGNITIONS

M	Structure Type		8	Construction Type		Construction Method	
N	Extent of Flame Damage		Extent of Smoke Damage		Extent of Water Damage		
O	Extent of Fire Control Damage		Detector Performance		Sprinkler Performance		
P	IF FLAME SPREAD BEYOND ROOM OF ORIGIN		Type of Material Generating Most Flame			Avenue of Flame Travel	
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		Type of Material Generating Most Smoke			Avenue of Smoke Travel	

COMPLETE IF FIRE
FOR STRUCTURE FIRE
ONLY

R	Method of Extinguishment Booster line		5			
S	Estimated Total Dollar Loss		3 5 0 0	Property Damage Classification 3	Time from Alarm to Agent Application 7 minutes	4

ALL FIRES
INCIDENTS^aList name, age, sex, and description of injury
for each casualty on form 902G^{aa}Collected by the
National Fire Data System

Officer in Charge (Name, Position, Assignment)

Jack Doherty, Captain, E12

Date
4/17/76

Member Making Report (If Different from Above)

Date

^{aa}Complete Below☐ Check box if remarks are made on reverse side

U	If Mobile Property Automobile		Year 75	Make Johnson	Model XX75	Serial No MEX79482XX	License No (if any) OK-649827
V	If Equipment Involved In Ignition		Year	Make	Model	Serial No	Voltage (if any)

This form is for use with NFPA 902M, *Field Incident Manual*. Users should also refer to NFPA 901, *Uniform Coding for Fire Protection*, for information on fire reporting systems and classifications for information entered on this form.

Waverly

Fire Department

902F

Fill In This Report
In Your Own Words

BASIC INCIDENT REPORT

☐ Revised
Report

A	FD ID 224	Incident No 8, 4, 7, 0, 0	Exp No 0, 3	Mo 2, 7	Day 7, 6	Year Saturday	Day of the Week	Alarm Time 7, 1, 1, 0, 8	Time— "In Service"	1, 1, 4, 1	
B	CORRECT ADDRESS	No 6, 2, 4	Dir N, W, S, E, C, O, N, D	Name	Type S, T	Zip Code 2, 8, 9, 2, 9	Census Tract 4, 2, 1, 1, 0, 1				
C	Occupant Name Judith Koss	Telephone 334-2928	Room/Lo. Apt 426								
D	Owner Name N/A	Address N/A	Telephone N/A								
E	Method of Alarm from Public Telephone (334-2928)	Type of Situation Found 1, Apparent heart attack victim	3, 2								
F	Type of Action Taken Resuscitation and emergency medical treatment	Co. Inspection 2	Shift L, 1, 8	B	No Alarms Still	Mutual Aid <input type="checkbox"/> Rec'd <input type="checkbox"/> Given					
G	No. Fire Service Personnel Used at Scene 0, 0, 2	No. Engines Used at Scene 0	No. Aerial Apparatus Used at Scene 0	No. Other Vehicles Used at Scene R3	0, 0, 1						

COMPLETE ON ALL INCIDENTS

H	No. Incident-related Injuries ^a Fire Service Others	No. Incident-related Fatalities ^a Fire Service Others	Complex
I	Fixed Property Use	Mobile Property Type ^{aa}	

COMPLETE IF
CASUALTY OR
FIRE

J	Area of Fire Origin	Level of Fire Origin	Termination Stage
K	Equipment Involved in Ignition (if any) ^{aa}	Form of Heat of Ignition	
L	Type of Material Ignited	Form of Material Ignited	Ignition Factor

ALL IGNITIONS

M	Structure Type	Construction Type	Construction Method
N	Extent of Flame Damage	Extent of Smoke Damage	Extent of Water Damage
O	Extent of Fire Control Damage	Detector Performance	Sprinkler Performance
P	IF FLAME SPREAD BEYOND ROOM OF ORIGIN	Type of Material Generating Most Flame	Avenue of Flame Travel
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	Type of Material Generating Most Smoke	Avenue of Smoke Travel

COMPLETE IF FIRE
FOR STRUCTURE FIRE
ONLY

R	Method of Extinguishment	
S	Estimated Total Dollar Loss	Property Damage Classification
		Time from Alarm to Agent Application

ALL FIRES

^aList name, age, sex, and description of injury
for each casualty on form 902G

Officer in Charge (Name, Position, Assignment)

Date

Steve Forbes, F. F., R3

3/27/76

☒ Collected by the
National Fire Data System

Member Making Report (If Different from Above)

Date

^{aa}Complete Below☐ Check box if remarks are made on reverse side

U	If Mobile Property	Year	Make	Model	Serial No	License No. (If any)
V	If Equipment Involved In Ignition	Year	Make	Model	Serial No	Voltage (if any)

COMPLETE
ON ALL
INCIDENTSThis form is for use with NFPA 902M, *Field Incident Manual*. Users should also refer to NFPA 901, *Uniform Coding for Fire Protection*, for information on fire reporting systems and classifications for information entered on this form.

Waverly

Fire Department

902G

Fill In This Report
In Your Own Words

BASIC CASUALTY REPORT

A FD ID 224 Incident No. 847 Exp. No. 00 Mo. 03 Day 27 Year 76 Day of Week Saturday Alarm Time 71108 Page 1 of 1

CASUALTY LAST NAME Koss		FIRST NAME Judith		MI A	D.O.B. 2/13/01	AGE 75	TIME OF INJURY 1015	CASUALTY NUMBER 001	<input type="checkbox"/> REVISED REPORT
HOME ADDRESS 624 N. W. Second Street		TELEPHONE 334-2928							
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		CASUALTY TYPE <input type="checkbox"/> Fire Casualty <input type="checkbox"/> Action Casualty <input checked="" type="checkbox"/> EMS Casualty		SEVERITY <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Death		AFFILIATION <input type="checkbox"/> Fire Service <input type="checkbox"/> Other Emergency Personnel <input checked="" type="checkbox"/> Civilian			
FAMILIARITY WITH STRUCTURE 7 years		LOCATION AT IGNITION N/A		CONDITION BEFORE INJURY Awake and alert					
CONDITION - PREVENTING ESCAPE N/A		ACTIVITY AT TIME OF INJURY Normal housecleaning		CAUSE OF INJURY N/A					
NATURE OF INJURY Apparent heart attack		PART OF BODY INJURED Internal - heart		DISPOSITION TRANSPORTED BY ACE to General Hospital					
<input type="checkbox"/> See Remarks on Back					<input type="checkbox"/> See Additional Report				

CASUALTY 1

CASUALTY LAST NAME		FIRST NAME		MI	D.O.B.	AGE	TIME OF INJURY	CASUALTY NUMBER	<input type="checkbox"/> REVISED REPORT
HOME ADDRESS		TELEPHONE							
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		CASUALTY TYPE <input type="checkbox"/> Fire Casualty <input type="checkbox"/> Action Casualty <input type="checkbox"/> EMS Casualty		SEVERITY <input type="checkbox"/> Injury <input type="checkbox"/> Death		AFFILIATION <input type="checkbox"/> Fire Service <input type="checkbox"/> Other Emergency Personnel <input type="checkbox"/> Civilian			
FAMILIARITY WITH STRUCTURE		LOCATION AT IGNITION		CONDITION BEFORE INJURY					
CONDITION - PREVENTING ESCAPE		ACTIVITY AT TIME OF INJURY		CAUSE OF INJURY					
NATURE OF INJURY		PART OF BODY INJURED		DISPOSITION					
<input type="checkbox"/> See Remarks on Back					<input type="checkbox"/> See Additional Report				

CASUALTY 2

CASUALTY LAST NAME		FIRST NAME		MI	D.O.B.	AGE	TIME OF INJURY	CASUALTY NUMBER	<input type="checkbox"/> REVISED REPORT
HOME ADDRESS		TELEPHONE							
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		CASUALTY TYPE <input type="checkbox"/> Fire Casualty <input type="checkbox"/> Action Casualty <input type="checkbox"/> EMS Casualty		SEVERITY <input type="checkbox"/> Injury <input type="checkbox"/> Death		AFFILIATION <input type="checkbox"/> Fire Service <input type="checkbox"/> Other Emergency Personnel <input type="checkbox"/> Civilian			
FAMILIARITY WITH STRUCTURE		LOCATION AT IGNITION		CONDITION BEFORE INJURY					
CONDITION - PREVENTING ESCAPE		ACTIVITY AT TIME OF INJURY		CAUSE OF INJURY					
NATURE OF INJURY		PART OF BODY INJURED		DISPOSITION					
<input type="checkbox"/> See Remarks on Back					<input type="checkbox"/> See Additional Report				

CASUALTY 3

Collected by the
National Fire Data System

Officer in Charge (Name, Position, Assignment)

Date

Steve Forbes, F. F., R3

3/27/76

Member Making Report (If Different From Above)

Date

This form is for use with NFPA 902M, *Field Incident Manual*. Users should also refer to NFPA 901, *Uniform Coding for Fire Protection*, for information on fire reporting systems and classifications for information entered on this form.

Pierce

Fire Department

902F

Fill In This Report
In Your Own Words

BASIC INCIDENT REPORT

☐ Revised
Report

A	FD ID 510	Incident No. 1, 2, 8, 3	Exp No. 0, 0	Mo 0, 6	Day 0, 7	Year 7, 6	Day of the Week Sunday	Alarm Time 1, 5, 4, 8	Time—"In Service" 1, 6, 1, 5
B	CORRECT ADDRESS No 4, 2, 9, 8	Dir U, N, I, V, E, R, S, I, T, Y	Name A, V	Type 7, 6, 9, 8	Zip Code 4, 1, 2, 1, 0, 0	Census Tract			
C	Occupant Name F. R. Baker - D. B. A. Fred's Shoes, Inc.	Telephone 376-4983	Room or Apt N/A						
D	Owner Name G & B Realty Corporation	Address 2840 South Clifton Street	Telephone 946-2222						
E	Method of Alarm from Public Private alarm from building	Type of Situation Found 3 No fire - apparent system malfunction	7, 3						
F	Type of Action Taken Investigated source of alarm	Co Inspection District 3, E, 4	Shift N/A	No Alarms 1	Mutual Aid <input type="checkbox"/> Rec'd <input type="checkbox"/> Given				
G	No Fire Service Personnel Used at Scene 0, 0, 4	No Engines Used at Scene 0	No Aerial Apparatus Used at Scene 0	No Other Vehicles Used at Scene 0					

COMPLETE ON ALL INCIDENTS

H	No Incident-related Injuries ^a Fire Service Others	No Incident-related Fatalities ^a Fire Service Others	Complex
I	Fixed Property Use	Mobile Property Type ^{aa}	

COMPLETE IF
CASUALTY OR
FIRE

J	Area of Fire Origin	Level of Fire Origin	Termination Stage
K	Equipment Involved in Ignition (if any) ^{aa}	Form of Heat of Ignition	
L	Type of Material Ignited	Form of Material Ignited	Ignition Factor

ALL IGNITIONS

M	Structure Type	Construction Type	Construction Method
N	Extent of Flame Damage	Extent of Smoke Damage	Extent of Water Damage
O	Extent of Fire Control Damage	Detector Performance	Sprinkler Performance
P	IF FLAME SPREAD BEYOND ROOM OF ORIGIN	Type of Material Generating Most Flame	Avenue of Flame Travel
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	Type of Material Generating Most Smoke	Avenue of Smoke Travel

COMPLETE IF FIRE
FOR STRUCTURE FIRE
ONLY

R	Method of Extinguishment		
S	Estimated Total Dollar Loss	Property Damage Classification	Time from Alarm to Agent Application
^a List name, age, sex, and description of injury for each casualty on form 902G		Officer in Charge (Name, Position, Assignment) L. R. Gray, B/C, 2	
^f Collected by the National Fire Data System		Date 6/7/76	
^{aa} Complete Below		Member Making Report (If Different from Above) Date	

COMPLETE
ON ALL
FIRES
INCIDENTS☐ Check box if remarks are made on reverse side.

U	If Mobile Property	Year	Make	Model	Serial No	License No. (if any)
V	If Equipment Involved In Ignition	Year	Make	Model	Serial No	Voltage (if any)

This form is for use with NFPA 902M, *Field Incident Manual*. Users should also refer to NFPA 901, *Uniform Coding for Fire Protection*, for information on fire reporting systems and classifications for information entered on this form.

PREPARATION OF THE BASIC INCIDENT REPORT FORM 902F

This section of the manual is for reference in preparing the Basic Incident Report, Form 902F.

The explanation for completing Lines A through V and other information in this manual should be referenced when preparing the Basic Incident Report, Form 902F.

The form is divided into six blocks, each outlined by a heavy border across the bottom and up the right side.

The first block is designed to collect information which is relative to all incidents. This block establishes the time and date information, where the incident was, who was responsible for the property, what the incident involved, and what the fire department did and used for resources.

The second block is designed to collect the number of casualties associated with the incident, and information about the property where the incident occurred.

The third block (fire only) identifies why the fire started. This is recorded as a heat source, a material ignited, and a factor which allowed the heat source and the material to combine in a situation which started the fire. It also identifies the location of origin within the property.

The fourth block (structure fire only) identifies information about the construction of the structure, the extent of damage, the operation of detection or sprinkler systems, and relevant factors in fire and smoke travel.

The fifth block (fire only) is designed to collect information about a fire's suppression as well as the resulting damage. This block also contains the signature lines for the officer responsible for the report.

The sixth block is used to identify mobile property or equipment when it is involved in the fire.

Fire Department

902F

Fill In This Report
In Your Own Words

BASIC INCIDENT REPORT

☐ Revised
Report

COMPLETE ON ALL INCIDENTS

A	FD ID	Incident No.	Exp No.	Mo	Day	Year	Day of the Week	Alarm Time	Time-- "In Service"
B	CORRECT ADDRESS		No.	Dir.	Name	Type	Zip Code	Census Tract	
C	Occupant Name						Telephone	Room or Apt.	
D	Owner Name				Address			Telephone	
E	Method of Alarm from Public						Type of Situation Found		
F	Type of Action Taken						Co. Inspection District	Shift	No. Alarms
									Mutual Aid <input type="checkbox"/> Rec'd <input type="checkbox"/> Given
G	No. Fire Service Personnel Used at Scene		No. Engines Used at Scene		No. Aerial Apparatus Used at Scene		No. Other Vehicles Used at Scene		

COMPLETE IF
CASUALTY OR
FIRE

H	No. Incident-related Injuries ^a		No. Incident-related Fatalities ^a		Complex	
	Fire Service		Fire Service		Others	
I	Fixed Property Use				Mobile Property Type ^{aa}	

ALL IGNITIONS

J	Area of Fire Origin	Level of Fire Origin	Termination Stage
K	Equipment Involved in Ignition (if any) ^{aa}		Form of Heat of Ignition
L	Type of Material Ignited	Form of Material Ignited	Ignition Factor

COMPLETE IF FIRE
FOR STRUCTURE FIRE
ONLY

M	Structure Type	Construction Type	Construction Method
N	Extent of Flame Damage	Extent of Smoke Damage	Extent of Water Damage
O	Extent of Fire Control Damage	Detector Performance	Sprinkler Performance
P	IF FLAME SPREAD BEYOND ROOM OF ORIGIN	Type of Material Generating Most Flame	Avenue of Flame Travel
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	Type of Material Generating Most Smoke	Avenue of Smoke Travel

ALL FIRES
INCIDENTS

R	Method of Extinguishment		
S	Estimated Total Dollar Loss	Property Damage Classification	Time from Alarm to Agent Application
	Officer in Charge (Name, Position, Assignment)		Date
	Member Making Report (If Different from Above)		Date

^aList name, age, sex, and description of injury for each casualty on form 902G^fCollected by the National Fire Data System^{aa}Complete Below☐ Check box if remarks are made on reverse side

U	If Mobile Property	Year	Make	Model	Serial No.	License No. (if any)
V	If Equipment Involved In Ignition	Year	Make	Model	Serial No.	Voltage (if any)

This form is for use with NFPA 902M, *Field Incident Manual*. Users should also refer to NFPA 901, *Uniform Coding for Fire Protection*, for information on fire reporting systems and classifications for information entered on this form.

LINE A DATA

										<input type="checkbox"/> Revised Report	
A	FD ID	Incident No.	Exp No.	Mo	Day	Year	Day of the Week	Alarm Time	Time—"In Service"		

Fire Department Identification

FD ID

This space is provided for fire departments which participate in regional or state systems. The identification number will normally be assigned by the state and will be unique to the fire department. If your fire department does not forward reports to a regional or state center, this data space can be left blank.

Incident Number

Incident No.

The incident number is a unique number assigned to an incident such that no two incidents in a given year have the same number.

Enter the identification number assigned to this incident using your existing fire department system of numbering incidents. It may be necessary to obtain this number from the alarm center.

Example:

The 124th incident of the year would be entered as

Incident No.

Exposure Number

Exp. No.

The exposure number is a sequential number assigned by the officer in charge to each exposure fire resulting from the original fire. The number "01" should be used for the first exposure fire and a sequential number used for each additional exposure fire. If the report is not for an exposure fire, enter "00."

An exposure fire is a fire in a building, structure, vehicle, or outside property resulting from a fire outside that building, structure, vehicle, or outside property. Where fire involves more than one building, each building fire is considered a separate fire with the ignition for all but the original building involved classified as exposure fires. If the building fire ignites a truck parked nearby but outside the building, the truck fire is an exposure fire. If the truck is parked inside the building and is damaged by a fire which starts elsewhere in the building, the truck is considered as part of the contents rather than a separate exposure fire.

A separate Basic Incident Report should be submitted for each exposure fire. Each report submitted for an exposure fire should contain the same incident number assigned to the original property involved, with the separate sequential exposure number entered in the Exposure Number data space.

If the fire damages a large number of mobile properties, like items in the group of mobile units may be treated as a single exposure for reporting purposes, provided that each mobile property is properly identified in the REMARKS. For example, if a building fire damages or destroys a fleet of automobiles parked next to the building, the automobiles may be treated as a single exposure and the distinguishing features of each vehicle listed in the REMARKS.

Month

Mo	Day	Year
----	-----	------

Enter the month of year when the incident occurred using its numeric designation.

January = 01	April = 04	July = 07	October = 10
February = 02	May = 05	August = 08	November = 11
March = 03	June = 06	September = 09	December = 12

Day

Mo.	Day	Year

Enter the day of month when the incident occurred.

Year

Mo.	Day	Year

Enter the last two digits of the year of century when the incident occurred.

Example:

An incident occurring on July 8, 1976, would be entered as

Mo.	Day	Year
0 7	0 8	7 6

Day of the Week

Day of the Week

Enter the day of the week when the incident occurred as a word, and classify using the following table.

Sunday = 1

Wednesday = 4

Saturday = 7

Monday = 2

Thursday = 5

Tuesday = 3

Friday = 6

Alarm Time

Alarm Time

Enter the time the original alarm was received by the fire department alarm center. Use the 24-hour clock.

Time by 24-hour clock:

1:00 AM = 0100

1:00 PM = 1300

12:00 Midnight = 2400

12:01 AM = 0001

Example:

An alarm received at 2:56 PM would be entered as

Alarm Time			
1	4	5	6

Time "In-Service"

Time			
"In Service"			

Use your local definition for "in-service." It may be the time the "all-out" or "recall" is sounded or when all or most of the apparatus is again ready for response to another alarm. If one company is left at the scene as a "fire watch" for a considerable period of time beyond the "in-service" time, record the activities of this company separately in the REMARKS section.

Revised Report

<input type="checkbox"/>	Revised Report
--------------------------	-------------------

If any information on the report is to be updated once the report has been submitted, obtain a copy of the original report, enter the new information in red, date and initial the change, check the Revised Report block, and resubmit the report.

LINE B DATA

B	CORRECT ADDRESS	No.	Dir.	Name	Type	Zip Code	Census Tract

Correct Address

CORRECT ADDRESS:	No.	Dir.	Name	Type

Enter the street number, the direction of the street if it is part of the address, the street name, and the street type (RD, ST, AV, etc.).

Use a single letter to indicate street direction when it is North, South, East, or West. Use two letters when it is a combined direction.

Northeast = NE

Southwest = SW

Southeast = SE

Northwest = NW

If the address is a street intersection or other than an address with a street number, start at the left and enter the address leaving one blank space between words or abbreviations.

If the involved property is a motor vehicle, boat, or other mobile property, list the address where the incident occurred.

Examples:

CORRECT ADDRESS:	No.	Dir.	Name	Type
	429	E	MAIN	ST

CORRECT ADDRESS:	No.	Dir.	Name	Type
	8614	SW	MAPLE	DR

CORRECT ADDRESS:	No.	Dir.	Name	Type
	SMITH	&	ELM	ST

Zip Code

	Zip Code						
--	----------	--	--	--	--	--	--

Enter the postal zip code number for the address of the property involved in the incident.

NOTE: The shading is for countries with six- or seven-digit postal codes.

Census Tract

	Census Tract						
--	--------------	--	--	--	--	--	--

Enter the number for the census tract in which the property involved in the incident is located. The census tract number is a six-digit number assigned by the U.S. Census Bureau which identifies an area of land within the United States about which there is census data available.

LINE C DATA

C	Occupant Name	Telephone	Room or Apt
---	---------------	-----------	-------------

Occupant Name

Occupant Name

Enter the full name of the person, company, or agency that occupies the area where the incident occurred. This may be an occupant of an apartment, a manager of a business, or the owner of the property.

Examples:

Occupant Name ABC Widget Co. -- Sam Smith, Mgr.
--

Occupant Name John X. Quinley -- owner

Telephone

Telephone

Enter the telephone number where the above-named occupant can be reached.

Room or Apartment

Room or Apt.

Enter the number of the room or apartment where the incident occurred if there is a distinguishing number. If there is no distinguishing number, enter N/A.

LINE D DATA

D	Owner Name	Address	Telephone
---	------------	---------	-----------

Owner Name

Owner Name

Enter the correct full name of the owner of the property where the incident occurred if it is different from that of the occupant. If the owner was also the occupant, enter "SAME AS ABOVE."

Address of Owner

Address

Enter the complete address of the owner if it is different from the address where the incident occurred. If the address is the same as the address of the incident, enter "SAME AS ABOVE."

Telephone

Telephone

Enter the telephone number where the owner of the property can be reached if it is available.

LINE E DATA

E Method of Alarm from Public	Type of Situation Found
-------------------------------	-------------------------

Method of Alarm from Public

Method of Alarm from Public

Record the method by which the first fire service person became aware of the incident. It is good practice to record the telephone number of the calling party or the number of the alarm box if that was the method of receipt. Do *not* record the means by which the individual fire companies were notified of the incident by the alarm center. Some of the methods by which the fire department receives an alarm are telephone, municipal alarm system, private alarm system, radio from a police or fire vehicle, and people walking into a fire station.

Examples:

Method of Alarm from Public
Telephone 622-9827 1

Method of Alarm from Public
Box 4298 2

Refer to NFPA No. 901, Section KBA, for classifications for Method of Alarm from the Public.

Type of Situation Found

Type of Situation Found		
-------------------------	--	--

Record the situation which the fire department found when they arrived at the incident. In broad categories, this could be a fire, overpressure rupture, rescue call, hazardous condition, service call, good intent call, or false call. Be more definitive, however, and indicate the type of fire or other incident.

If conditions change during fire department operations, details of the change in situation should be included in the REMARKS. For example, if the arriving apparatus found a fuel spill and it subsequently ignited, treat it as a hazardous condition and provide details of the subsequent fire in the REMARKS section.

Examples:

Type of Situation Found		
2 acre grass fire	1	4

Type of Situation Found		
Mattress fire in house	1	1

Type of Situation Found		
False alarm	7	1

Type of Situation Found		
Wires down and arcing	4	4

Refer to NFPA No. 901, Section KCA, for classifications for Type of Situation Found.

LINE F DATA

F	Type of Action Taken	Co. Inspection District	Shift	No. Alarms	Mutual Aid <input type="checkbox"/> Rec'd <input type="checkbox"/> Given

Type of Action Taken

Type of Action Taken	
----------------------	--

Record the duty or action taken by the responding fire department personnel to deal with the incident. Actions will include extinguishing fires, providing first aid or rescuing a person, removing or neutralizing a hazard, investigating a reported situation, or maybe just standing by at an incident. Be as specific as possible in stating the action taken.

Examples:

A fire where the fire department extinguished the fire.

Type of Action Taken	
Extinguished fire	1

An alarm from a building where nothing could be found.

Type of Action Taken	
Investigated source of alarm	3

A victim of an auto accident was given first aid and taken to a hospital.

Type of Action Taken	
Provided first aid and transported	7

Refer to NFPA No. 901, Section KDA, for classifications for Type of Action Taken.

Company Inspection District

Co. Inspection District				
----------------------------	--	--	--	--

Enter the number of the fire department company or district which has primary responsibility for the inspection of the property. If the incident is out of the fire department's area of responsibility or jurisdiction, enter "O/J."

Examples:

Co. Inspection District	E	1	0
----------------------------	---	---	---

Co. Inspection District	L	4	
----------------------------	---	---	--

Co. Inspection District	O	/	J
----------------------------	---	---	---

Shift

Shift

Where applicable, enter the designation of the shift on duty which responded to the incident. If the incident was of such duration that the shift changed during the control of the incident, record the shift change time and designation of the new shift in the REMARKS.

Examples:

Shift Shift A

Shift Group 4

No. of Alarms

No. Alarms

Enter the number of alarms transmitted for the incident. This information is used by your department only, and local definitions of what constitutes a first alarm, second alarm, etc. should be used in recording the number of alarms. Where multiple alarms are sounded, the time for each alarm should be recorded in the REMARKS section.

Example:

No. Alarms
Still

No. Alarms
2nd alarm

Mutual Aid

Mutual Aid

☐ Rec'd ☐ Given

If any other fire department was called or responded to assist at the scene of the incident, put a check in the box labeled "Rec'd," and list the names of the responding departments and the type of apparatus sent in the REMARKS section. (*Example:* Anytown Fire Department—1 pumper, 1 ladder truck.) If the mutual aid received was to cover a vacated fire station, it should not be indicated as mutual aid received for the purpose of this report; but the fact that another fire department provided coverage to vacated fire stations can be noted in the REMARKS.

If the incident to which the fire department responded was to assist another fire department either at the scene of an incident or by covering vacated stations in another community, the fire department gave mutual aid, and the "Given" box should be checked.

Sometimes, because of other emergencies or predetermined arrangements for providing coverage to areas of a community, the fire department responsible for the area where the incident occurred will not be present. Your fire department still gave mutual aid if it is outside the jurisdiction of your department, and the "Mutual Aid Given" box should be checked.

LINE G DATA

G	No. Fire Service Personnel Used at Scene	No. Engines Used at Scene	No. Aerial Apparatus Used at Scene	No. Other Vehicles Used at Scene
---	---	------------------------------	---------------------------------------	-------------------------------------

Definitions:

Personnel Used. Those individuals who worked at the incident or were needed to control the situation found.

Apparatus Used. That apparatus which pumped, used an aerial or was used otherwise, or which carried equipment which was needed to control the situation found.

Number of Fire Service Personnel Used at Scene

No. Fire Service Personnel Used at Scene

Enter the total number of officers and fire fighters who worked at the scene.

Number of Engines Used at Scene

No. Engines Used at Scene

Enter the total number of engines which were used or which carried equipment used at the scene.

Number of Aerial Apparatus Used at Scene

No. Aerial Apparatus Used at Scene				
---------------------------------------	--	--	--	--

Enter the total number of aerial ladder or elevating apparatus which were used or which carried equipment used at the scene.

Number of Other Vehicles Used at Scene

No. Other Vehicles Used at Scene				
-------------------------------------	--	--	--	--

Enter the total number of fire department vehicles which were used or which carried equipment used at the scene, but which have not been counted above. Included are heavy rescue vehicles, ambulances, and specialized equipment.

LINE H DATA

H	No Incident-related Injuries ^a				No Incident-related Fatalities ^a				Complex			
	Fire Service		Others		Fire Service		Others					

Definitions:

Injury. Physical damage to a person suffered as a result of an incident that requires (or should require) treatment by a practitioner of medicine within one year of the incident (regardless of whether treatment was actually received), or results in at least one day of restricted activity immediately following the incident.

All injuries should be routinely followed up with the appropriate medical authorities until the casualty is released or the outcome has been determined.

Death. An injury which is fatal or becomes fatal within one year of the incident.

Number of Incident-related Injuries

No. Incident-related Injuries ^a							
Fire Service				Others			

Record the number of people injured nonfatally either as a result of a fire or the action of handling the incident, entering separately the number of fire service personnel and the number of others (civilians or other emergency personnel). Include those injuries which occurred responding to and returning from this incident. If the injury occurred on fire department property after the apparatus was in-service, do not include it in this count. Details of each injury should be recorded using Form 902G.

This count is not intended to include injuries to a person which occur before the alarm but for which the alarm was given unless such injuries are the result of a fire. Typical injuries not included are drownings, injuries from motor vehicle accidents where the injury is the result of the crash, and heart attacks where the fire department is called upon to administer first aid.

Number of Incident-related Fatalities

No. Incident-related Fatalities ^Δ									
Fire Service				Others					

Record the number of fatalities which occurred as a result of a fire or the action in handling the incident, entering separately the number of fire service personnel and the number of others (civilians or other emergency personnel). Include those fatalities which occurred responding to and returning from this incident. If the fatality occurred on fire department property after the apparatus was in-service, do not include it in this count. Details of each fatality should be recorded using Form 902G.

This count is not intended to include injuries fatal to a person which occur before the alarm but for which the alarm was given unless such fatal injuries are the result of a fire. Typical fatal injuries not included are drownings, injuries from motor vehicle accidents where a person is killed as a result of the crash whether or not fire ensued, and persons dying from heart attacks where the fire department may have been called to administer first aid.

Complex

Complex		
---------	--	--

A property complex is a property meeting all three of the following criteria.

1. (a) A single building containing two or more "fixed property uses" as listed in the previous section

or

(b) more than one building of the same or different "fixed property use" as listed in the previous section

or

(c) other multi-use property

and

2. located within a continuous boundary

and

3. operated under one business management or ownership.

A grease duct fire in a restaurant in a hotel, or an explosion in a chemical laboratory of a university, presents a challenge to fire reporting.

Obviously, in the first case, if only "hotel" data are collected, then "restaurant" data will be lost. In the second example, if only "laboratory" data are collected, then "university" data will be lost. The use of a property complex code enables the user to capture both "hotel" and "restaurant" or both "university" and "laboratory" information.

The recording of a complex should provide information about the property not readily attainable without the code. If the property is part of a complex, record the type of complex.

Examples:

A fire in a clothing store in a shopping center.

Complex Shopping center	5	8
----------------------------	---	---

Fixed Property Use	Clothing store	5	2	1
--------------------	----------------	---	---	---

A fire in a chapel at a university.

Complex University	2	0
-----------------------	---	---

Fixed Property Use	Chapel	1	3	1
--------------------	--------	---	---	---

A barn fire on a large farm complex.

Complex Farm	6	5
-----------------	---	---

Fixed Property Use	Barn	8	1	5
--------------------	------	---	---	---

Refer to NFPA No. 901, Chapter A, for classifications for Property Complex.

LINE I DATA

Fixed Property Use

Mobile Property Type^{aa}

Fixed Property Use

Fixed Property Use

Every piece of property, whether it be a structure or an open piece of land, has a use. This use should be identified here.

The intent is to show the use of the property and not the configuration of buildings or other important details of a property such as access, ownership, size, or internal weaknesses in construction or fire defenses. For example, property used for storage of a product should be shown for that use whether the storage is inside or outside.

Every incident report for a fire or incident-related casualty should include a fixed property use.

Property which is mobile, i.e., can move in relationship to fixed property, is reported separately, and the fixed property it is located on at the time of the incident is reported here.

Examples:

A fire in a single-family dwelling.

Fixed Property Use

Single family dwelling

4 | 1 | 1

A grass fire on an open lot.

Fixed Property Use

Open lot

9 | 3 | 1

A fire in a clothing store.

Fixed Property Use				
Clothing store	5	2	1	

An automobile in a paved driveway.

Fixed Property Use				
Paved driveway	9	6	3	

Rolled paper stored outside.

Fixed Property Use				
Rolled paper storage	8	5	4	

Refer to NFPA No. 901, Chapter B, for classifications for Fixed Property Use.

Mobile Property Type

Mobile Property Type ^{△△}				
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If the property which was involved in the fire was designed to be mobile (designed to move or be moved from one fixed property to another, whether or not it can still be moved), it should be identified here. While it is mobile or in transit, the property on which it is located when the fire occurs should be identified in the fixed property use entry. If the mobile property has been fixed by placing it on a foundation or on jacks or has been placed in a location where there is no intent of moving it for a period of time, its use should be identified in the fixed property use entry. A fixed property use should always be recorded.

The double triangle indicates that identification of the mobile property should be entered on Line U of Form 902F.

Examples:

A bus with passengers on a suburban street.

Fixed Property Use 2-lane street	9	6	2
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Mobile Property Type ^{ΔΔ} METRO bus	1	2
---	---	---

A mobile home in transit on a dealer's parking lot.

Fixed Property Use Parking lot	9	6	5
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Mobile Property Type ^{ΔΔ} Mobile home	1	7
---	---	---

A mobile home on a foundation used as a dwelling.

Fixed Property Use 1-family dwelling	4	1	1
---	---	---	---

Mobile Property Type ^{ΔΔ} Mobile home	1	7
---	---	---

Refer to NFPA No. 901, Chapter C, for classifications for Mobile Property Type.

LINE J DATA

J	Area of Fire Origin	Level of Fire Origin	Termination Stage
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Area of Fire Origin

Area of Fire Origin

Describe the use of the room or area where the fire originated. Whereas the property complex takes in the entire multi-use building or group of buildings and the fixed property use takes in that portion of a complex having one fixed occupancy, the area of origin takes in that portion of the occupancy which is devoted to a specific use or process. For example, a hotel may be a complex; a restaurant in that hotel may be the fixed property use; and the kitchen in that restaurant, if an ignition occurs there, is the area of origin. The area of origin is either a room, an area or portion of a room, a vehicle or a portion of a vehicle, or possibly some open area devoted to a specific use. Be careful to avoid the use of words like "attic" and "basement," as these denote a level of origin and not the use of the area.

Examples:

A fire starting in the bedroom closet of a home.

Area of Fire Origin
Closet 4 2

A fire starting in a wastebasket in a kitchen.

Area of Fire Origin
Kitchen 2 4

A fire starting under the hood of an automobile.

Area of Fire Origin	
Engine compartment	8 3

A fire starting in a vacant lot next to a dwelling.

Area of Fire Origin	
Vacant lot	9 4

Refer to NFPA No. 901, Chapter E, for classifications for Area of Origin.

Level of Fire Origin

Level of Fire Origin	
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Record the height in feet above ground level or grade where the fire originated. Height may be estimated, each story being equal to approximately 10 feet. If the fire occurs inside a building with regular floor levels, the story of origin may be recorded. If the fire originated below grade, indicate the number of feet below grade, but be sure to indicate that it is below grade. Fires outside of structures and in motor vehicles will normally be at or near grade level.

Examples:

A fire in the second story of a house.

Level of Fire Origin	
2nd story--12 feet	2

A fire in the basement of an office building.

Level of Fire Origin	
8 feet below grade	8

A grass fire in the back yard of a house.

Level of Fire Origin	
Grade level	1

A fire on the 14th story of an apartment house.

Level of Fire Origin	
14th story	6

Refer to NFPA No. 901, Section KEA, for classifications for Level of Origin.

Termination Stage

Termination Stage	
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A fire may be discovered and extinguished or may self-terminate in one of three stages of its development as defined below. Identify and record the stage in which the fire terminated.

Definitions:

Overheat. Destruction of material by heat without self-sustained combustion. Removal of the heat source will stop the destruction. Overheat is the stage before ignition.

Smoldering. Self-sustaining combustion of a material without any flame evident.

Flame. Products of combustion that are illuminated by the heat of combustion and accompany the burning of most materials in normal atmospheres.

Examples:

Fire fighters find a mattress smoldering as a result of a discarded cigarette. There is no evidence of open flame.

Termination Stage	
Smoldering stage	2

A fire burned in open flame, but due to lack of fuel is smoldering when discovered.

Termination Stage	
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Open flame	
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	3
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An electric motor overheating and smoking ceases to smoke when the electricity is turned off.

Termination Stage	
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Overheat condition	
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	1
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Refer to NFPA No. 901, Section LA, for classifications for Termination Stage of Incident.

LINE K DATA

K	Equipment Involved in Ignition (if any) ^{△△}	Form of Heat of Ignition
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Equipment Involved in Ignition

Equipment Involved in Ignition (if any) ^{△△}

This data space is intended to indicate the source of the heat of ignition. The heat of ignition often originates in equipment that fails or brings about the ignition while operating properly. Record the type of equipment if equipment was involved. The double triangles refer to Line V of Form 902F where additional details of the equipment are recorded.

If the heat of ignition was from a fire in an exposure, indicate the separation from the exposure or the protection provided if adjoining or attached.

If no equipment was involved in the ignition and the fire was not the result of an exposure fire, enter the word "None."

Examples:

A deep fat fryer overheats igniting the grease.

Equipment Involved in Ignition (if any) ^{△△}
Deep fat fryer 2 4

An electric iron is left unattended and ignites the ironing board covering.

Equipment Involved in Ignition (if any) ^{△△}
Electric iron 5 7

A dwelling ignites from a fire in a detached garage 10 feet away.

Equipment Involved in Ignition (if any)^{AA}

Detached exposure 10 feet away

9 2

Refer to NFPA No. 901, Chapter F, for information on and classifications of Equipment Involved in Ignition.

Form of Heat of Ignition

Form of Heat of Ignition

The form the heat of ignition takes can be an open flame, a hot surface, an arc or spark, or some other form. Record the form of the heat which started the fire, as near as can be determined.

The form of heat of ignition when combined with a description of any equipment involved in ignition should clearly identify the heat which was responsible for the ignition. If the heat was from a fuel-fired or fuel-powered object, be sure to specify the fuel used.

NOTE: There is a difference between gas and gasoline. Gas is a gaseous fuel; gasoline is a liquid fuel.

Examples:

A fire starts when gasoline fumes are ignited by a gas-fired hot water heater.

Equipment Involved in Ignition (if any)^{AA}

Hot water heater

1 2

Form of Heat of Ignition

Flame in gas fired heater

1 2

A fire starts when a cigarette is dropped in an upholstered chair.

Equipment Involved in Ignition (if any)^{AA}

None

9 8

Form of Heat of Ignition

Discarded cigarette

3 1

An industrial plant contains a manufacturing building and an attached storage building. Stored materials are ignited by radiated heat passing through unprotected openings from a fire in the manufacturing building.

Equipment Involved in Ignition (if any) ^{ΔΔ}	
Attached unprotected exposure	9 5

Form of Heat of Ignition	
Radiated heat	8 2

Refer to NFPA No. 901, Chapter G, for classifications for Form of Heat of Ignition.

LINE L DATA

L Type of Material Ignited	Form of Material Ignited	Ignition Factor
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Type of Material Ignited

Type of Material Ignited

Identify and record the type of material which was first ignited by the heat source identified above. The first material ignited may not be the most significant from the standpoint of fire development, but it is most significant from the ignition standpoint, and as such, care should be taken to identify it properly. Other materials which may have been nearby and which may have contributed substantially to the fire can be identified later.

The type of material ignited may include a gas, a flammable liquid, a chemical, a plastic, a wood, a paper, a fabric, or other materials. Be as specific as possible when identifying the material.

Examples:

Gasoline is spilled and ignited by a hot water heater.

Type of Material Ignited Gasoline	2 3
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Paper in a wastebasket is ignited when a cigarette is discarded.

Type of Material Ignited Paper trash	6 7
---	-----

A rayon sweater on a person ignites when he leans across a gas burner on a stove.

Type of Material Ignited	
Rayon sweater	7 2

Refer to NFPA No. 901, Chapter H, for classifications for Type of Material First Ignited.

Form of Material Ignited

Form of Material Ignited	
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The form of material first ignited is the shape and use of the material as it is used by human beings—how it is used as opposed to its composition or what it is made of. Wood shingles on a roof, for instance, would be described as sawn or split wood for type of material, and roof covering for form of material. The form of material first ignited when combined with the type of material first ignited should clearly identify the material involved in the ignition.

Record the form or use of the material already identified as “Type of Material First Ignited.”

Examples:

A short circuit ignites the PVC plastic insulation on electric wire.

Type of Material Ignited	Polyvinyl
chloride plastic	4 3

Form of Material Ignited	
Electric wire insul.	6 1

Playing children set grass on fire.

Type of Material Ignited	
Grass	5 4

Form of Material Ignited	
Growing vegetation	7 4

A plumber working in a wall cavity ignites fiberboard used as sound-deadening material.

Type of Material Ignited		
Fiberboard	6	6

Form of Material Ignited		
Insulation material	1	8

A rayon sweater on a person ignites when he leans across a gas burner on a stove.

Type of Material Ignited		
Rayon	7	2

Form of Material Ignited		
Sweater on a person	3	5

Refer to NFPA No. 901, Chapter I, for classifications for Form of Material First Ignited.

Ignition Factor

Ignition Factor		
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The heat of ignition and the material first ignited have been identified previously. In order for a fire to start, there must be some means by which the heat and material are brought together. It can be a deliberate act, an accident, or even an act of nature. Care must be taken not to blame a person believed responsible—just get the facts. Record the factor responsible for the ignition, i.e., that factor which explains why the heat source and the material ignited were able to combine to initiate the fire.

Examples:

A building is deliberately set on fire.

Ignition Factor		
Incendiary	1	1

A lightning strike ignites a barn.

Ignition Factor	
Lightning strike	8, 4

A workman cutting away old metal ignites nearby combustible materials.

Ignition Factor	
Cutting too close to comb. mat.	3, 5

Refer to NFPA No. 901, Chapter J, for classifications for Ignition Factor.

LINE M DATA

M	Structure Type	Construction Type	Construction Method
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Structure Type

Structure Type

Structure type is the type of property housing one or more fixed property uses. The most common type of structure is a building; and a building can have a single use or a multiple use. For example, a single-family dwelling is usually a single-use building; the combination of a bowling alley, shoe store, and gift shop in one building is a multiple-use building.

Other types of structures would include air-supported structures, open-sided structures, open platforms, and underground structures.

Examples:

A building which has only one use.

Structure Type
Single-use building 1

An open structure used to transfer freight.

Structure Type
Freight platform w/o roof 6

Refer to NFPA No. 901, Section DAG, for classifications for Structure Type.

Construction Type

Construction Type	
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Record the type of construction used to build the structure if a structure was involved. If a mixture of construction types exists, record the principal type.

Building code classifications can be used provided that the particular code is also cited.

Examples:

Construction Type	
Unprotected wood frame	8

Construction Type	
Fire-resistive	1

Construction Type	
UBC Type IV (N)	4

Refer to NFPA No. 220, *Standard Types of Building Construction*, for information on construction types; and NFPA No. 901, Section DAA, for classifications for Type of Construction.

Construction Method

Construction Method	
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Record the method by which the structure was constructed. If a mixture of methods was used, record the principal method used. Construction methods are basically site built; factory built, site assembled; factory built modular structure or factory built mobile structure.

Examples:

A standard building constructed with materials brought to the site.

Construction Method	
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Site-built	1
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A mobile home built at a factory and towed to its present site.

Construction Method	Factory-
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built mobile structure	4
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Refer to NFPA No. 901, Section DAB, for classifications for Method of Construction.

LINE N DATA

N	Extent of Flame Damage	Extent of Smoke Damage	Extent of Water Damage
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Extent of Flame Damage

Extent of Flame Damage	
------------------------	--

If the fire was in a structure, describe the burned or charred area. The area of actual flame impingement is sought. "Browned" paper and similar areas scorched by heat but not attacked by flame should be recorded in "Extent of Smoke Damage." Flame damage can be confined to the object of origin, the room of origin, or can spread to other rooms, stories, or even to other structures.

Examples:

Fire is confined to the object first ignited and some materials immediately surrounding that object.

Extent of Flame Damage	
Part of room	2

Fire extends out of room to cause flame damage in two adjacent rooms but is confined to a fire-rated compartment.

Extent of Flame Damage	3 rooms	
in fire-rated compartment		4

Fire causes flame damage throughout building.

Extent of Flame Damage	
Building of origin	6

Refer to NFPA No. 901, Section LB, for classifications for Extent of Flame Damage.

Extent of Smoke Damage

Extent of Smoke Damage	
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If the fire was in a structure, describe the extent of damage caused by the movement of smoke and heat in the structure. This will include areas scorched by heat and browned paper where there was no flame impingement. Do not include areas where there may have been light smoke present but it did no damage. Smoke damage can be confined to the object of origin, the room of origin, or it can spread to other rooms, other stories, or even other structures.

Examples:

Fire is confined to the immediate object, but smoke causes damage throughout the room.

Extent of Smoke Damage	
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Room of origin	
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	3
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Fire is confined to two rooms on one floor, but there is smoke damage on two stories above the fire.

Extent of Smoke Damage	
------------------------	--

Confined to 3 stories	
-----------------------	--

	6
--	---

Fire destroys the building, and a store across the street suffers smoke damage.

Extent of Smoke Damage	Spread
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beyond building of origin	
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	7
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Refer to NFPA No. 901, Section LCA, for classifications for Extent of Smoke Damage.

Extent of Water Damage

Extent of Water Damage	
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If the fire was in a structure, describe the extent of damage caused by the water or other extinguishing agent used to suppress the fire. The extent of water damage can be confined to the object of origin, room or area of origin, several rooms on the same story, several stories, or it can even be beyond the structure of origin.

Examples:

A small fire in a kitchen oven is extinguished with a portable extinguisher.

Extent of Water Damage Confined to object of origin	1
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A fire on the second story of a dwelling is extinguished with water which runs through the ceiling on the first story.

Extent of Water Damage 1st and 2nd story	6
---	---

Water from a ladder pipe used to protect exposures gets into the exposed building causing damage to stock.

Extent of Water Damage 1 building beyond fire building	7
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Refer to NFPA No. 901, Section LCB, for classifications for Extent of Water Damage.

LINE O DATA

0	Extent of Fire Control Damage	Detector Performance	Sprinkler Performance
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Extent of Fire Control Damage

Extent of Fire Control Damage	
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If the fire was in a structure, describe the extent of damage done in controlling and extinguishing the fire. Included are openings made for ventilation, checking for fire extension, and overhaul. Do not include areas damaged by water but where there was no fire fighting damage.

Examples:

A fire involving a room and contents required opening a wall in two adjacent rooms to check for extension.

Extent of Fire Control Damage	
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3 rooms - same floor	
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	5
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Fire fighters opened the roof of a dwelling to ventilate the smoke from a serious fire in the building.

Extent of Fire Control Damage	
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Confined to building	
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	6
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Refer to NFPA No. 901, Section LCC, for classifications for Extent of Fire Control Damage.

Detector Performance

Detector Performance	
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If the fire was in a structure and fire detection equipment was present in or near the area of fire origin, record its proximity to the fire and whether it operated or not. If there were no detectors present, indicate "no detectors present."

This item is not designed to evaluate any alarm transmission capability of the system but just the detection of the fire.

Examples:

Fire in a room with heat detectors is detected by the heat detection system.

Detector Performance Heat detectors in room operated	1
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A small fire was discovered in a room by an occupant and extinguished before there was enough heat to activate the heat detectors in the room.

Detector Performance Fire too small to activate detector	5
---	---

A fire in a room activates smoke detectors in the corridor.

Detector Performance Smoke detec- tor not in room operated	2
---	---

Refer to NFPA No. 901, Section KHA, for classifications for Performance of Fire Detection Equipment.

Sprinkler Performance

Sprinkler Performance	
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If the fire was in a structure and automatic sprinklers were present in the room or space of fire origin, evaluate the performance of the automatic sprinklers. If there were no automatic sprinklers present, indicate "No A. S. present."

If automatic sprinkler performance was not satisfactory, details of the failure should be explained in the REMARKS section.

Examples:

Two sprinklers in the room of origin operated and extinguished the fire.

Sprinkler Performance	
2 sprinklers extinguished	1

A sprinkler in a closet did not operate because of paint on the head.

Sprinkler Performance Painted head did not operate	2
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Refer to NFPA No. 901, Section KHB, for classifications for Performance of Automatic Extinguishing Equipment.

LINE P DATA

P	IF FLAME SPREAD BEYOND ROOM OF ORIGIN	Type of Material Generating Most Flame	Avenue of Flame Travel
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Type of Material Generating Most Flame

IF FLAME SPREAD BEYOND ROOM OF ORIGIN:	Type of Material Generating Most Flame	
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The type of material first ignited often is not the most significant material involved in a fire. If the fire was in a structure and the flames spread beyond the room of origin, identify and record the type of material (what it is made of) which contributed the most to the flame or fire development whether that material was in the room or space of origin or in another area of the structure.

Examples:

A fire originating in a trash receptacle ignites polyurethane foam cushions causing intense flame.

IF FLAME SPREAD BEYOND ROOM OF ORIGIN:	Type of Material Generating Most Flame Polyurethane cushions	4 1
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A thin plywood paneling in a corridor spreads the fire from the room of origin to other rooms off the corridor.

IF FLAME SPREAD BEYOND ROOM OF ORIGIN:	Type of Material Generating Most Flame Plywood paneling	6 5
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Refer to NFPA No. 901, Section KFA, for classifications for Type of Material Generating Most Significant Flame.

Avenue of Flame Travel

Avenue of Flame Travel

If the fire was in a structure and flames spread beyond the room or area of origin, identify and record the single most important avenue which allowed rapid, unusual, or intense flame spread (char) beyond the room or area of origin. Avenues can be both vertical and horizontal and may be natural channels such as open shafts or long corridors, or they may be mechanical methods such as conveyor systems. In some cases the configuration of materials may be such that they form the avenue of flame travel.

Examples:

Flames from a room ignite the plywood paneling in the corridor and allow the fire to sweep down the corridor.

Avenue of Flame Travel	
Paneling on corridor wall	1 2

Flames break out of a window, and the heat breaks the window above allowing the flames to ignite combustibles inside that area.

Avenue of Flame Travel	
Exterior vertical spread	2 6

Materials on a conveyor traveling through a fire area are ignited and continue to burn as they pass through other areas, igniting other materials.

Avenue of Flame Travel	
Conveyor system	4 2

Refer to NFPA No. 901, Section KFC, for classifications for Most Significant Factor Contributing to Flame Travel.

LINE Q DATA

Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN:	Type of Material Generating Most Smoke	Avenue of Smoke Travel
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Type of Material Generating Most Smoke

IF SMOKE SPREAD BEYOND ROOM OF ORIGIN:	Type of Material Generating Most Smoke
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Materials other than those first ignited or those producing the most significant flame are often involved in the production of smoke. If the fire was in a structure and smoke spread beyond the room or area of origin, identify and record the type of material (what it is made of) which contributed the most to the development of smoke whether that material was in the room or area of origin or not.

Examples:

A fire spreading from the area of origin involves cutting oils stored in the structure producing heavy smoke.

IF SMOKE SPREAD BEYOND ROOM OF ORIGIN:	Type of Material Generating Most Smoke
	Combustible cutting oil 2 7

A fire spreading from the room of origin involves furniture with foam rubber cushioning producing the heaviest smoke.

IF SMOKE SPREAD BEYOND ROOM OF ORIGIN:	Type of Material Generating Most Smoke
	Foam rubber cushioning 5 1

Refer to NFPA No. 901, Section KFD, for classifications for the Type of Material Generating Most Significant Smoke.

Avenue of Smoke Travel

Avenue of Smoke Travel	
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If the fire was in a structure and smoke spread beyond the room or area of origin, describe the avenue along which the smoke traveled from the room or area of origin. All fires will not have a significant smoke spread avenue; therefore, it is not always necessary to report a smoke spread avenue. If you do not feel there was a significant smoke spread avenue, indicate "not significant" on the report.

Smoke can spread both horizontally and vertically, and both the direction and avenue should be noted.

Examples:

Smoke from a fire travels through the air conditioning system to other areas on the same story.

Avenue of Smoke Travel Horizontal - air conditioning duct	1
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Smoke travels up an open stairway.

Avenue of Smoke Travel Vertical - up open stairway	4
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Smoke from a fire in upholstered furniture fills the first story of a dwelling by traveling through open doorways.

Avenue of Smoke Travel Not significant	8
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Refer to NFPA No. 901, Section KFF, for classifications for Most Significant Avenue of Smoke Travel.

LINE R DATA

R	Method of Extinguishment	
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Method of Extinguishment

Method of Extinguishment	
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Record the mechanism or magnitude of equipment used to finally extinguish the fire whether it was by the fire department, people in the area, or an automatic system. Some fires may burn themselves out, others may be extinguished with makeshift aid, but the majority are probably extinguished by lines from fire apparatus.

Examples:

An automatic sprinkler system activates and extinguishes the fire.

Method of Extinguishment	
Automatic sprinkler	4

A small grass fire is extinguished before the arrival of the fire department by neighbors with a garden hose.

Method of Extinguishment	
Garden hose by neighbors	2

A kitchen fire is extinguished with a preconnected line, but a hydrant line was used for water supply.

Method of Extinguishment	
1 1/2" preconnect with hydrant backup	6

A major fire required 3 ladder pipes and 4 hand lines to extinguish.

Method of Extinguishment	
3 ladder pipes and 4 hand lines	8

Refer to NFPA No. 901, Section KDB, for classifications for Method of Extinguishment.

LINE S DATA

S	Estimated Total Dollar Loss	Property Damage Classification	Time from Alarm to Agent Application

Estimated Total Dollar Loss

[illegible]

When estimating fire loss, take into consideration material actually damaged by the fire as well as that damaged during extinguishment. This will include water and smoke damage as well as material damaged during overhaul operations.

Estimate and record the total physical direct loss to the structure, contents, machinery, and equipment. Estimate on a replacement in like kind and quality basis. All estimates should be to the closest whole dollar, and the loss should be recorded in the spaces provided working from right to left.

One method of estimating structure loss is to calculate the square footage of destroyed area. Multiply this by the appropriate cost per square foot for new construction in your area for that particular type of construction. Add 10 percent for demolition costs. Then add the cost of replacing the contents and other equipment.

A loss figure should be recorded for all fires. Enter "0" where there is no loss.

Example:

A loss of \$3575.00 would be entered

Estimated Total Dollar Loss	3	5	7	5
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Property Damage Classification

Property Damage Classification	
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The loss should be classified in categories as closely as possible. A range of loss value is given below for use in classifying the loss. The loss classification should take into account the total direct loss to the structure, contents, machinery, and equipment from fire, water, smoke, heat, and fire fighting operations. The estimate should be on the basis of replacement in like kind and quality.

1. 1 to 99 dollars.
2. 100 to 999 dollars.
3. 1,000 to 9,999 dollars.
4. 10,000 to 24,999 dollars.
5. 25,000 to 49,999 dollars.
6. 50,000 to 249,999 dollars.
7. 250,000 to 999,999 dollars.
8. 1,000,000 dollars or more.
9. No dollar loss.
0. Property Damage Classification undetermined.

Example:

A loss of approximately \$3500 would be entered

Property Damage Classification	
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Approx. 3500	3
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Time from Alarm to Agent Application

Time from Alarm to Agent Application	
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Many factors contribute to the time lapse between the receipt of an alarm for a fire by the fire department and activity on the fire scene to extinguish the fire. Alarm handling time, response time, and set-up time are all factors which can be influenced by fire department management. Delays in response, blocked hydrants, and building

access problems slow fire fighters in the application of extinguishing agents.

Estimate and record the time lapse from the first receipt of the alarm to the application of an extinguishing agent. Sometimes an agent will be applied before the alarm, as in the case of automatic systems, but in most cases the first agent will be applied by the fire department. Do not consider the sporadic application of an agent, such as an attempt to use a fire extinguisher before calling the fire department, unless such application is continuous or successfully controls or extinguishes the fire.

Examples:

An automatic sprinkler system activates, and an alarm is automatically transmitted to the fire department.

Time from Alarm to Agent Application Agent applied bef. alarm	1
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An alarm is received at 1438 hrs., and apparatus arrives at the scene at 1445. A preconnect is stretched, and fire fighting starts within 1 minute.

Time from Alarm to Agent Application Approx. 8 minutes	4
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The fire department receives an alarm at 1032 hrs. and responds in 2 minutes to the fire scene. However, the fire is on the 22nd story, and it takes about 14 minutes to reach the fire area and start extinguishment.

Time from Alarm to Agent Application 16-17 minutes	5
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Refer to NFPA No. 901, Section KGE, for classifications for Time from Alarm to Extinguishing Agent Application.

LINE T DATA

T	Officer in Charge (Name, Position, Assignment)	Date
	Member Making Report (If Different from Above)	Date

Officer in Charge

Officer in Charge (Name, Position, Assignment)	Date
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The officer in charge of the incident should sign and date the report regardless of whether he completes the report. This makes the report a legal document.

Member Making Report

Member Making Report (If Different from Above)	Date
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If someone other than the officer in charge makes the report, that person should also sign and date the report.

LINE U DATA

U	If Mobile Property	Year	Make	Model	Serial No	License No. (If any)
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If a mobile property was involved in the fire, record the following details regarding that mobile property:

Year — year of manufacture.

Make — name of manufacturer or brand name.

Model — model name or model number if there is one.

Serial No. — manufacturer's serial number.

License No. — Enter license or registration number, including the state or agency issuing the registration. If the vehicle is unregistered, indicate "UNREG."

For more than one mobile property, identify each one separately in the REMARKS.

Examples:

If Mobile Property	Year	Make	Model	Serial No	License No. (If any)
Automobile	1971	Swift	Super 66	XEMO 294862	Mass 66942

If Mobile Property	Year	Make	Model	Serial No	License No. (If any)
Mobile Home	1973	Pierce	70DW	70DW12946	UNREGISTERED

LINE V DATA

V	If Equipment Involved in Ignition	Year	Make	Model	Serial No	Voltage (if any)
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If a piece of equipment was involved in the ignition, record the following details regarding that piece of equipment:

Year — year of manufacture.

Make — name of manufacturer or brand name.

Model — model name or model number if there is one.

Serial No. — manufacturer's serial number.

Voltage (if any) — If the equipment was electrical, indicate the voltage it was designed to operate at.

Examples:

If Equipment Involved in Ignition	Iron	Year 1974	Make Quickey	Model FS228	Serial No. ME29476	Voltage (if any) 110 volts
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If Equipment Involved in Ignition	Copy mach	Year 1972	Make FASCO	Model FC2000	Serial No. 3648299	Voltage (if any) 220 volts
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Remarks

☐ Check box if remarks are made on reverse side.

If remarks are made on the back of the form, check the box below the Line T data.

The reverse side of the form and additional sheets of paper can be used to explain operations, significant features, problems encountered, or equipment failures. The remarks should tie everything together and ensure that the incident is understandable to someone who was not present at the scene. Many times a sketch is helpful in ensuring understanding. Remember, this report is a legal document and should contain enough explanation to allow its use in court as a document describing the entire incident.

PREPARATION OF THE BASIC CASUALTY REPORT FORM 902G

The Basic Casualty Report, Form 902G, should be used in reporting the casualty data for any incident resulting in injury or death. Each 902G form contains space for recording details on up to three casualties; additional pages of Form 902G should be used for incidents resulting in more than three casualties. The incident record for an incident resulting in casualties should consist of both the Basic Incident Report, Form 902F, and the Basic Casualty Report, Form 902G, to meet legal and information requirements. The incident identification data on Line A of Form 902G is identical to the incident identification data on Line A of Form 902F, and the two parts of the record are thus keyed together. Form 902G is shown in reduced size on the following page.

This form should be used whenever there is an injury or death (as defined below). The report should be completed in your words. If it is the policy of your department to code the information also, coding spaces have been provided for this purpose.

All hospitalized injuries should be routinely followed up with the appropriate medical authorities until the casualty is released or the outcome has been determined. Revised reports should be submitted as necessary.

Definitions:

Injury. Physical damage to a person suffered as the result of an incident that requires (or should require) treatment by a practitioner of medicine within one year of the incident (regardless of whether treatment was actually received), or results in at least one day of restricted activity immediately following the incident.

Death. An injury which is fatal or becomes fatal within one year of the incident.

Fire Department

902G

Fill In This Report
In Your Own Words

BASIC CASUALTY REPORT

A	FD ID	Incident No	Exp No	Mo	Day	Year	Day of Week	Alarm Time	Page. of
---	-------	-------------	--------	----	-----	------	-------------	------------	-------------------------------

							Casualty Number	<input type="checkbox"/> Revised Report
GA	Casualty Last Name		First Name		MI	D.O.B.	Age	Time of Injury
GB	Home Address						Telephone	
GC	SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		CASUALTY TYPE 1 <input type="checkbox"/> Fire Casualty 2 <input type="checkbox"/> Action Casualty 3 <input type="checkbox"/> EMS Casualty		SEVERITY 1 <input type="checkbox"/> Injury 2 <input type="checkbox"/> Death		AFFILIATION 1 <input type="checkbox"/> Fire Service 2 <input type="checkbox"/> Other Emergency Personnel 3 <input type="checkbox"/> Civilian	
GD	Familiarity With Structure		Location at Ignition		Condition Before Injury			
GE	Condition: Preventing Escape		Activity at Time of Injury		Cause of Injury			
GF	Nature of Injury		Part of Body Injured		Disposition			
<input type="checkbox"/> See Remarks on Back <input type="checkbox"/> See Additional Report								

CASUALTY 1

							Casualty Number	<input type="checkbox"/> Revised Report
GA	Casualty Last Name		First Name		MI	D.O.B.	Age	Time of Injury
GB	Home Address						Telephone	
GC	SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		CASUALTY TYPE 1 <input type="checkbox"/> Fire Casualty 2 <input type="checkbox"/> Action Casualty 3 <input type="checkbox"/> EMS Casualty		SEVERITY 1 <input type="checkbox"/> Injury 2 <input type="checkbox"/> Death		AFFILIATION 1 <input type="checkbox"/> Fire Service 2 <input type="checkbox"/> Other Emergency Personnel 3 <input type="checkbox"/> Civilian	
GD	Familiarity With Structure		Location at Ignition		Condition Before Injury			
GE	Condition: Preventing Escape		Activity at Time of Injury		Cause of Injury			
GF	Nature of Injury		Part of Body Injured		Disposition			
<input type="checkbox"/> See Remarks on Back <input type="checkbox"/> See Additional Report								

CASUALTY 2

							Casualty Number	<input type="checkbox"/> Revised Report
GA	Casualty Last Name		First Name		MI	D.O.B.	Age	Time of Injury
GB	Home Address						Telephone	
GC	SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		CASUALTY TYPE 1 <input type="checkbox"/> Fire Casualty 2 <input type="checkbox"/> Action Casualty 3 <input type="checkbox"/> EMS Casualty		SEVERITY 1 <input type="checkbox"/> Injury 2 <input type="checkbox"/> Death		AFFILIATION 1 <input type="checkbox"/> Fire Service 2 <input type="checkbox"/> Other Emergency Personnel 3 <input type="checkbox"/> Civilian	
GD	Familiarity With Structure		Location at Ignition		Condition Before Injury			
GE	Condition: Preventing Escape		Activity at Time of Injury		Cause of Injury			
GF	Nature of Injury		Part of Body Injured		Disposition			
<input type="checkbox"/> See Remarks on Back <input type="checkbox"/> See Additional Report								

CASUALTY 3

☒ Collected by the
National Fire Data System

T

Officer in Charge (Name, Position, Assignment)	Date
Member Making Report (If Different From Above)	Date

This form is for use with NFPA 902M, *Field Incident Manual*. Users should also refer to NFPA 901, *Uniform Coding for Fire Protection*, for information on fire reporting systems and classifications for information entered on this form.

LINE A DATA

A	FD ID	Incident No.	Exp No.	Mo	Day	Year	Day of Week	Alarm Time
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Fire Department Identification

FD ID

This space is provided for fire departments which participate in regional or state systems. The identification number will normally be assigned by the state and will be unique to the fire department. If your fire department does not forward reports to a regional or state center, this data space can be left blank.

Incident Number

Incident No.

The incident number is a unique number assigned to an incident such that no two incidents in a given year have the same number.

Enter the identification number assigned to this incident using your existing fire department system of numbering incidents. It may be necessary to obtain this number from the alarm center.

Example:

The 124th incident of the year would be entered as

Incident No.

Exposure Number

Exp. No.

The exposure number is a sequential number assigned by the officer in charge to each exposure fire resulting from the original fire. The number "01" should be used for the first exposure and a sequential number used for each additional exposure fire.

If the casualty occurs in an exposed property, be sure that the exposure number recorded on the incident report for that property is recorded here on the casualty report.

For additional information on exposures, see Line A information for 902F.

Month

Mo.	Day	Year
-----	-----	------

Enter the month of year when the incident occurred using its numeric designation.

January = 01	April = 04	July = 07	October = 10
February = 02	May = 05	August = 08	November = 11
March = 03	June = 06	September = 09	December = 12

Day

Mo.	Day	Year
-----	-----	------

Enter the day of month when the incident occurred.

Year

Mo.	Day	Year
-----	-----	------

Enter the last two digits of the year of century when the incident occurred.

Example:

An incident occurring on July 8, 1976, would be entered as

Mo.	Day	Year
0	7	0 8 7 6

Day of the Week

Day of the Week

Enter the day of the week when the incident occurred as a word, and classify using the following table.

Sunday = 1

Monday = 2

Tuesday = 3

Wednesday = 4

Thursday = 5

Friday = 6

Saturday = 7

Alarm Time

Alarm Time

Enter the time the original alarm was received by the fire department alarm center. Use the 24-hour clock.

Time by 24-hour clock:

1:00 AM = 0100

1:00 PM = 1300

12:00 Midnight = 2400

12:01 AM = 0001

Example:

An alarm received at 2:56 PM would be entered as

Alarm Time
1 4 5 6

LINE GA DATA

GA	Casualty Last Name		First Name	MI	DOB	Age	Time of Injury	Casualty Number	<input type="checkbox"/> Revised Report

Casualty Number

Casualty Number			
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Sequentially number each casualty which occurs during the same incident starting with 001. This number then becomes the number assigned to the person named below for that incident. All reports pertaining to the incident which refer to that person should have that casualty number also. Enter the number working from right to left in the spaces provided.

Example:

Casualty Number 3 would be entered as

Casualty Number	0	0	3
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Revised Report

<input type="checkbox"/> Revised Report

If any information pertaining to this casualty is to be updated once the report has been submitted, obtain a copy of the original report, enter the new information in red, date and initial the change, check the Revised Report block, and resubmit the report.

Casualty Name

Casualty Last Name	First Name	MI
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Enter the last name, first name, and middle initial of this casualty. The remaining data spaces in this block of the form will apply to this individual. This person has already been assigned a casualty number for this incident, and any future reports about this person's injuries at this incident should show the *same* casualty number.

Date of Birth

D.O.B.

Enter the date of birth (D.O.B.) of the casualty if known using a month, day, year format.

Age

Age

Enter the age of the person injured or killed. If the age of the person cannot be determined, approximate as closely as possible. For those casualties less than 1 year old, record a "1." For those over age 99, record "99." Record the single-digit numbers in the rightmost box.

Examples:

A 3-year-old child.

Age
3

A 68-year-old adult.

Age
68

Time of Injury

Time of Injury			

Enter as closely as possible the time when the injury occurred using the 24-hour clock. This could be before or after the time of alarm shown in Line A. If the date is different from the date shown in Line A, indicate this in the REMARKS and show the date of the injury.

Examples:

An injury occurring at 2:13 AM would be entered as

Time of Injury			
0	2	1	3

An injury occurring at 10:22 PM would be entered as

Time of Injury			
2	2	2	2

LINE GB DATA

GB	Home Address	Telephone
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Home Address

Home Address

Enter the casualty's permanent address. Be sure to include the city and state if it is different from the city of the incident.

Example:

Home Address	1246 E. Overshoe Drive	Anytown, Anystate
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Telephone

Telephone

Enter the casualty's home telephone number. Include the area code if appropriate.

LINE GC DATA

GC	SEX	CASUALTY TYPE	SEVERITY	AFFILIATION
	1 <input type="checkbox"/> Male	1 <input type="checkbox"/> Fire Casualty	1 <input type="checkbox"/> Injury	1 <input type="checkbox"/> Fire Service
	2 <input type="checkbox"/> Female	2 <input type="checkbox"/> Action Casualty	2 <input type="checkbox"/> Death	2 <input type="checkbox"/> Other Emergency Personnel
		3 <input type="checkbox"/> EMS Casualty		3 <input type="checkbox"/> Civilian

Sex

SEX
1 <input type="checkbox"/> Male
2 <input type="checkbox"/> Female

Check the appropriate box indicating the sex of the person injured or killed.

Casualty Type

CASUALTY TYPE
1 <input type="checkbox"/> Fire Casualty
2 <input type="checkbox"/> Action Casualty
3 <input type="checkbox"/> EMS Casualty

There are three types of casualties as defined below. Check the appropriate box indicating the type of casualty.

Fire Casualty: a person injured or killed as a direct result of a fire *before or after* the alarm for the incident.

For example: burns, smoke inhalation, trapped by fire, or injured by ceiling collapse.

Action Casualty: a person injured or killed *after* the alarm for the incident is received, but not a fire casualty.

For example: sprained back raising a ladder, cut hand, overexertion, all casualties occurring while responding to or returning from an incident, casualties due to the violence of others, and the like.

EMS Casualty (Emergency Medical Service Casualty): a person injured or killed *before* the alarm for the incident is received, but for whom the alarm is sounded.

For example: drowning, vehicle crash where injury is due to crash rather than ensuing fire, or heart attack.

Severity

SEVERITY	
1 <input type="checkbox"/>	Injury
2 <input type="checkbox"/>	Death

Check the appropriate box indicating whether the person was injured (or ill) or killed.

Affiliation

AFFILIATION	
1 <input type="checkbox"/>	Fire Service
2 <input type="checkbox"/>	Other Emergency Personnel
3 <input type="checkbox"/>	Civilian

Check the appropriate box to indicate the affiliation or relationship of the person to the incident.

Other emergency personnel include persons working at the scene of the incident, whether they are volunteers pressed into service by the officer in charge of the incident or persons from a utility company or other city department (including police department).

Civilians include nonemergency personnel.

LINE GD DATA

GD	Familiarity With Structure	Location at Ignition	Condition Before Injury
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Familiarity with Structure

Familiarity With Structure	
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Enter the length of time the casualty was acquainted with the inside of the building or structure. If the casualty did not occur in a structure, enter "Not a structure" or "N/A."

Examples:

A customer in a restaurant for the first time.

Familiarity With Structure	
2 hours	1

A person in a hotel room for 2 days.

Familiarity With Structure	
2 days	2

A person in the home he has lived in for 5 years.

Familiarity With Structure	
5 years	7

Refer to NFPA No. 901, Section MF, for classifications for Familiarity with the Structure.

Location at Ignition

Location at Ignition	
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Determine where the casualty was in relation to the area or space where the fire started when the ignition actually occurred, and record this relationship. If the casualty was not a fire casualty (i.e., an action casualty or an EMS casualty), indicate "Not a fire casualty" or "N/A."

Examples:

A person set his clothing on fire.

Location at Ignition	
Clothing set on fire	1

A person was in the bedroom when a fire started on the same floor in the living room.

Location at Ignition	
Same story-different room	3

Refer to NFPA No. 901, Section MG, for classifications for Location of Casualty at Time of Ignition.

Condition Before Injury

Condition Before Injury	
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Describe the condition or apparent condition of the person before the injury. This is the normal condition which the person would have been in if there had not been an emergency.

Examples:

A person asleep before being overcome by smoke.

Condition Before Injury	
Asleep	1

A child is aware of the fire but is too young to act alone.

Condition Before Injury

Child too young to act	5
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A person at his job is injured in a laboratory hood fire.

Condition Before Injury

Awake-condition normal	8
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Refer to NFPA No. 901, Section MI, for classifications for Condition Before Injury.