

A		FDID		State		MM DD YYYY Incident Date		Station		Incident Number		Exposure		NFIRS-6 EMS	
B Patient Number				C Date/Time				Month Day Year Hour/Mins							
				Time Arrived at Patient											
				Time of Patient Transfer											
D Provider Impression/Assessment				E1 Age or Date of Birth				E2 Gender							
				Age											
				OR											
Provider impression/assessment				Month Day Year				Gender							
F1 Race				F2 Ethnicity				G1 Human Factors				G2 Other Factors			
Race				Ethnicity				Human factors contributing to injury/illness				Other contributing factors			
H1 Body Site of Injury				H2 Injury Type				H3 Cause of Illness/Injury							
								Cause of illness/injury							
I Procedures Used				J Safety Equipment				K Cardiac Arrest							
				Used or deployed by Patient				Cardiac arrest							
								Pre-arrival Details							
								Pre-arrival details							
								Initial Arrest Rhythm							
Procedures used				Safety equipmnet				Initial arrest rhythm							
L1 Initial Level of Provider				L2 Highest Level of Provider On Scene				M Patient Status				N Disposition			
								Patient status							
								Pulse on Transfer?							
Initial level of provider				Highest level of provider on scene				Pulse on transfer				Disposition			