

A

FDID

State

MM

DD

YYYY

Incident Date

Station

Incident Number

Exposure

NFIRS - 1
Basic

B

Location

Address Type

Number/Milepost

Prefix

Street or Highway

Street Type

Suffix

Apt./Suite/Room

City

State

Zip Code

Census Tract

Cross street or directions, as applicable

C

Incident Type

Incident Type

D

Aid Given or Received

Their FDID

Their State

Their Incident Number

Type Aid Given or Received

E1

Dates & Times

Midnight is 0000

Month

Day

Year

Hour

Min

Alarm

Arrival

Controlled

Last Unit Cleared

E2

Shifts & Alarms

Local Option

Shift or platoon

Alarms

District

E3

Special Studies

Local Option

Special Study ID#

Special Study Value

F

Actions Taken

Actions Taken

G1

Resources

☐ Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus

Personnel

Suppression

EMS

Other

☐ Check box if resource counts include aid received resources.

G2

Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

Property

\$

Contents

\$

PRE-INCIDENT VALUE: Optional

Property

\$

Contents

\$

H1

Casualties

Deaths

Injuries

Fire Service

Civilian

H2

Detector

H3

Hazardous Materials Release

I

Mixed Use Property

J

Property Use

K1

Person/Entity Involved

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

Business name (if applicable)

Area Code

Phone Number

K2

Owner

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

Business name (if applicable)

Area Code

Phone Number