

A			MM DD YYYY				NFIRS - 5 Fire Service Casualty
	FDID	State	Incident Date	Station	Incident Number	Exposure	

B	Injured Person				C	Casualty Number
		Identification Number	Gender	Career status		
		First Name	MI	Last Name		Casualty Number
				Suffix		

D	Age or Date of Birth		E	Date & Time of Injury		F	Responses
	Age	Date of Birth		Date of Injury	Time of Injury		
	In years			Month Day Year	Hour Minutes		Number of prior responses during past 24 hours
	OR						

G₁	Usual Assignment		H₁	Primary Apparent Symptom	
	Usual assignment			Primary apparent symptom	
G₂	Physical Condition Just Prior To Injury		H₂	Primary Area of Body Injured	
	Physical condition just prior to injury			Primary injured body part or area	
G₃	Severity		I₁	Cause of Firefighter Injury	
	Severity			Cause of injury	
G₄	Taken To				
	Taken to				
G₅	Activity at Time of Injury				
	Activity at time of injury				

I₂	Factor Contributing to Injury		J₁	Where Injury Occurred	
	Contributing factor			Where injury occurred	
I₃	Object Involved in Injury		J₂	Story Where Injury Occurred	
	Object involved in injury			Story of injury	
			J₃	Specific Location	
				Specific location where injury occurred	
			J₄	Vehicle Type	
				Vehicle type	

Protective Equipment That Failed and Contributed to Injury

K₂	Protective Equipment Item	Equipment Sequence Number		K₄	Equipment Manufacturer, Model & Serial Number
	Protective equipment item				Manufacturer
K₃	Protective Equipment Problem				
					Model
	Protective equipment problem				Serial Number