

A		MM	DD	YYYY			
	FDID	State	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	E1 Dates & Times						E2 Shifts & Alarms				
	Incident Type	Month	Day	Year	Hour	Min	Seconds	Local Option	Shift or platoon	Alarms	District
D Aid Given or Received	Alarm										
	Arrival										
	Controlled										
	Last Unit Cleared										
Their FDID						Their State					
Their Incident Number						Special Studies					
Type Aid Given or Received						Local Option					
						Special Study ID#					
						Special Study Value					

F Actions Taken	G1 Resources		G2 Estimated Dollar Losses & Values	
	<input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.		LOSSES: Required for all fires if known. Optional for non fires.	
	Apparatus		Personnel	
	Suppression		Contents	
EMS		PRE-INCIDENT VALUE: Optional		
Other		Property		
<input type="checkbox"/> Check box if resource counts include aid received resources.		Contents		

H1 Casualties	H2 Detector
Deaths	
Injuries	
Fire Service	H3 Hazardous Materials Release
Civilian	
	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