

FIRE SERVICE CASUALTY MODULE (NFIRS-5)

Fire Service Casualty Module is used to report injuries or fatalities to fire fighters that occur as a result of an incident.

A-IDENTIFICATION

FDID	Enter your Fire Department Identifier, as assigned by your state. Required for all incidents.
State	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. Required for all incidents.
Incident Date	Enter the date that the department received the incident alarm. Required for all incidents.
Station Number	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) Local Option.
Incident Number	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> Required for all incidents.
Exposure	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. Required for all incidents.
Delete	Check this box to indicate that a fire fighter casualty report has been previously submitted and you now want to delete all data associated with that casualty record from the database. If you check this box, complete Section A, the casualty number assigned to this person (Section C) and leave the rest of the report blank. Required only when deleting all information associated with a fire service casualty from the database. Section A must always be completed for a delete transaction.
Change	Check this box to indicate a fire fighter casualty report has been previously submitted and you now want to update or change the information in the database for that fire fighter casualty. If you check this box, complete Section A, the casualty number assigned to the person (Section C) and the data elements that are to be updated or changed for this module. Required only when updating a fire fighter casualty report. Section A must always be completed for a change transaction.

Fire Service Casualty Report-Instructions for Completion

B-INJURED PERSON

- Injured Person** Enter the full name of the injured person. Names should be clearly printed or typed.
- Identification Number** In the spaces provided, enter the casualty's identification number. It is often the individual's social security number.
- Gender** Check one box to indicate the gender of the injured person. **Required.**
1 Male
2 Female
- Affiliation** Check one box to indicate the affiliation of the fire service casualty at the time of injury.

1 Career
2 Volunteer

C-CASUALTY NUMBER

- Casualty Number** Enter the casualty number assigned to this casualty. The first fire service casualty for each incident is always 001, the second casualty is 002, etc. **Required.**

D-AGE OR DATE OF BIRTH

- Age** Enter the firefighter's age. **Age or Date of Birth is Required.**
- Date of Birth** Enter the date of birth including the month, day, and year. The year should be in 4-digit format.

E-DATE & TIME OF INJURY

- Date of Injury** Enter the month, day, and four-digit year when the injury occurred. **Required.**
- Time of Injury** Enter the time when the injury occurred using the 24-hour clock, i.e., 0000-2359. **Required.**

F-RESPONSES

- Responses** Enter the number of incidents responded to by the firefighter in the immediate 24 hour period prior to the time of injury. Do not count the incident at which the injury occurred.

Fire Service Casualty Report-Instructions for Completion

G1-USUAL ASSIGNMENT

Usual Assignment Check one box to indicate the **usual** duty assignment of the injured firefighter.

- 1 Suppression
- 2 EMS
- 3 Prevention
- 4 Training
- 5 Maintenance
- 6 Communications
- 7 Administration
- 8 Fire Investigation
- 0 Other assignment

G2-PHYSICAL CONDITION JUST PRIOR TO INJURY

Physical Condition Just Prior To Injury Check one box to indicate the injured person's physical condition just prior to the injury. **Required.**

- 1 Rested
- 2 Fatigued
- 4 Ill or injured
- 0 Other physical condition just prior to injury
- U Undetermined physical condition just prior to injury

G3-SEVERITY

Severity Check one box to indicate the severity of the injury.

- 1 Report only, including exposure
- 2 First aid only
- 3 Treated by physician, not a lost-time injury
- 4 Lost time injury, moderate severity
- 5 Lost time injury, severe
- 6 Lost time injury, life threatening
- 7 Death

G4-TAKEN TO

Taken To Check the box that best describes where the fire service casualty was taken regardless of who transported the firefighter or whether the firefighter was transported.

- 1 Hospital
- 4 Doctor's office
- 5 Morgue/funeral home
- 6 Residence
- 7 Station or quarters
- 0 Other
- N Not transported

G5-ACTIVITY AT TIME OF INJURY

Activity At Time of Injury Enter the code and written description of the activity of the casualty when injured.

Activity at Time of Injury Codes Driving or Riding Vehicle

- 11 Boarding fire department vehicle
- 12 Driving fire department vehicle
- 13 Tilling fire department vehicle
- 14 Riding fire department vehicle
- 15 Getting off fire department vehicle
- 16 Driving/riding non-fire department vehicle
- 17 Getting off non-fire department vehicle
- 10 Driving or riding vehicle, other

Fire Department Apparatus

- 21 Operating engine or pumper
- 22 Operating aerial ladder or platform
- 23 Operating EMS vehicle
- 24 Operating HazMat vehicle
- 25 Operating rescue vehicle
- 20 Operating fire department apparatus, other

Extinguishing Fire or Neutralizing Incident

- 31 Handling charged hose lines
- 32 Using hand extinguishers
- 33 Operating master steam device
- 34 Using hand tools in extinguishment activity
- 35 Removing power lines
- 36 Removing flammable liquids/chemicals
- 37 Shutting off utilities, gas lines, etc.
- 30 Extinguishing fire/neutralizing incident, other

Suppression Support

- 41 Forcible entry
- 42 Ventilation with power tools
- 43 Ventilation with hand tools
- 44 Salvage
- 45 Overhaul
- 40 Suppression support, other

Access Or Egress

- 51 Carrying ground ladder
- 52 Raising ground ladder
- 53 Lowering ground ladder
- 54 Climbing ladder

- 55 Scaling
- 56 Escaping fire/hazard
- 57 Moving/lifting patient with carrying device
- 58 Lifting/carrying patient without carrying device
- 50 Access/egress, other

EMS / Rescue

- 61 Searching for victim
- 62 Rescuing fire victim
- 63 Rescuing non-fire victim
- 64 Water rescue
- 65 Providing EMS care
- 66 Diving operations
- 67 Extraction with power tools
- 68 Extraction with hand tools
- 60 EMS/rescue, other

Other Incident Scene Activity

- 71 Directing traffic
- 72 Catching hydrant
- 73 Laying hose
- 74 Moving tools or equipment around scene
- 75 Picking up tools, equipment, or hose on scene
- 76 Setting up lighting
- 77 Operating portable pump
- 70 Other incident scene activity, other

Station Activity

- 81 Moving about station, alarm sounding
- 82 Moving about station, normal activity
- 83 Station maintenance
- 84 Vehicle maintenance
- 85 Equipment maintenance
- 86 Physical fitness activity, supervised
- 87 Physical fitness activity, unsupervised
- 88 Training activity or drill
- 80 Station activity, other

Other Activity

- 91 Incident investigation, during incident
- 92 Incident investigation, after incident
- 93 Inspection activity
- 94 Administrative work
- 95 Communications work
- 00 Other activity at time of injury
- UU Undetermined activity at time of injury

Fire Service Casualty Report-Instructions for Completion

H1-PRIMARY APPARENT SYMPTOM

Primary Apparent Symptom Enter the code and written description of the casualty's most serious apparent injury.

Primary Apparent Symptom Codes

- | | |
|---|---|
| 01 Smoke inhalation | 57 Frostbite |
| 02 Hazardous fumes inhalation | 50 Sickness, other |
| 03 Breathing difficulty or shortness of breath | |
| | 61 Miscarriage |
| 11 Burns and smoke inhalation | 63 Eye trauma, avulsion |
| 12 Burns only: thermal | 64 Drowning |
| 13 Burn: scald | 65 Foreign body obstruction |
| 14 Burn: chemical | 66 Electric shock |
| 15 Burn: electric | 67 Poison |
| | |
| 21 Cut or laceration | 71 Convulsion or seizure |
| 22 Stab wound/puncture wound: penetrating | 72 Internal trauma |
| 23 Gunshot wound; projectile wound | 73 Hemorrhaging, bleeding internally |
| 24 Contusion/bruise: minor trauma | |
| 25 Abrasion | 81 Disorientation |
| | 82 Dizziness/fainting/weakness |
| 31 Dislocation | 83 Exhaustion/fatigue, including heat exhaustion |
| 32 Fracture | 84 Heat stroke |
| 33 Strain or sprain | 85 Dehydration |
| 34 Swelling | |
| 35 Crushing | 91 Allergic reaction, including anaphylactic shock |
| 36 Amputation | 92 Drug overdose |
| | 93 Alcohol impairment |
| 41 Cardiac symptoms | 94 Emotional/psychological stress |
| 42 Cardiac arrest | 95 Mental disorder |
| 43 Stroke | 96 Shock |
| 44 Respiratory arrest | 97 Unconscious |
| | 98 Pain only |
| 51 Chills | |
| 52 Fever | 00 Other primary apparent symptom |
| 53 Nausea | NN No primary apparent symptom |
| 54 Vomiting | UU Undetermined primary apparent symptom |
| 55 Numbness or tingling, paresthesia | |
| 56 Paralysis | |

H2-PRIMARY AREA OF BODY INJURED

Primary Area of Body Injured Enter the code and a written description of the part of the body that was most seriously injured. It should be the part of the body affected by the "Primary Apparent Symptom."

Fire Service Casualty Report-Instructions for Completion

Primary Area of Body Injured Codes

Head

- 11 Ear
- 12 Eye
- 13 Nose
- 14 Mouth included are lips, teeth and interior
- 10 Head, other

Neck & Shoulders

- 21 Neck
- 22 Throat
- 23 Shoulder

Thorax

- 31 Back, except spine
- 32 Chest
- 30 Thorax, other

Abdominal area

- 41 Abdomen
- 42 Pelvis or groin
- 43 Hip, lower back or buttocks

Spine

- 51 Spine

Upper extremities

- 61 Arm-upper, not including elbow or shoulder
- 62 Arm-lower, not including elbow or wrist
- 63 Elbow

- 64 Wrist
- 65 Hand and fingers
- 60 Upper extremities, other

Lower extremities

- 71 Leg-upper
- 72 Leg-lower
- 73 Knee
- 74 Ankle
- 75 Foot and toes
- 70 Lower extremities, other

Internal

- 81 Trachea and lungs
- 82 Heart
- 83 Stomach
- 84 Intestinal tract
- 85 Genito-urinary
- 80 Internal, other

Multiple parts

- 91 Multiple body parts – upper part of body
- 92 Multiple body parts – lower part of body
- 93 Multiple body parts – whole body

Other Body Parts

- 00 Other body part
- NN No body part
- UU Part of body undetermined

I1-CAUSE OF FIREFIGHTER INJURY

Cause of Firefighter Injury Enter the code and written description for the immediate cause or condition responsible for the injury.

- 1 Fall
- 2 Jump
- 3 Slip/trip
- 4 Exposure to hazard
- 5 Struck or assaulted by person/animal/object
- 6 Contact with object (firefighter moved into/onto)
- 7 Overexertion/strain
- 0 Other cause of injury
- U Undetermined cause of injury

Fire Service Casualty Report-Instructions for Completion

I2-FACTOR CONTRIBUTING TO INJURY

Factor Contributing to Injury Enter the code and written description of the most significant factor contributing to the injury.

Factor Contributing to Injury Codes

Collapse or Falling Object

- 11 Roof collapse
- 12 Wall collapse
- 13 Floor collapse
- 14 Ceiling collapse
- 15 Stair collapse
- 16 Falling objects
- 17 Cave-in (earth)
- 10 Collapse or falling object, other

Fire Development

- 21 Fire progress, including smoky conditions
- 22 Backdraft
- 23 Flashover
- 24 Explosion

- 20 Fire development, other
- Lost, Caught, Trapped, Confined**
- 31 Person physically caught or trapped
- 32 Lost in building
- 33 Operating in confined structural areas
- 34 Operating under water or ice
- 30 Lost, caught, trapped, or confined, other

Holes

- 41 Unguarded hole in structure
- 42 Hole burned through roof

- 43 Hole burned through floor
- 40 Holes, other

Slippery or Uneven Surfaces

- 51 Icy surface
- 52 Wet surface, included are water/soap/foam, etc.
- 53 Loose material on surface
- 54 Uneven surface, included are holes in the ground
- 50 Slippery or uneven surfaces, other

Vehicle or Apparatus

- 61 Vehicle left road or overturned
- 62 Vehicle collided with another vehicle
- 63 Vehicle collided with non-vehicular object
- 64 Vehicle stopped too fast
- 65 Seat belt not fastened
- 66 Firefighter standing on apparatus
- 60 Vehicle or apparatus, other

Other Contributing Factors

- 91 Civil unrest, including riots/civil disturbances
- 92 Hostile acts

- 00 Other contributing factors
- NN No contributing factor
- UU Undetermined contributing factor

I3-OBJECT INVOLVED IN INJURY

Object Involved in Injury Enter the code and written description of the object involved in the injury.

Object Involved in Injury Codes

- 11 Coupling
- 12 Hose, not charged
- 13 Hose, charged
- 14 Water from master stream
- 15 Water from hose line
- 16 Water, not from a hose
- 17 Steam
- 18 Extinguishing agent

- 21 Ladder: aerial
- 22 Ladder: ground
- 23 Tools/equipment
- 24 Knife, scissors
- 25 Syringe
- 26 FD Vehicle/apparatus
- 27 FD Vehicle door, including apparatus compartments
- 28 Station sliding pole

Fire Service Casualty Report-Instructions for Completion

- 31** Curb
- 32** Door in building
- 33** Fire escape
- 34** Ledge
- 35** Stairs
- 36** Wall, including other vertical surfaces
- 37** Window
- 38** Roof
- 39** Floor or ceiling
- 30** Structural component, other

- 41** Asbestos
- 42** Dirt, stones, or debris
- 43** Glass
- 45** Nails
- 46** Splinters
- 47** Embers
- 48** Hot tar
- 49** Hot metal

- 51** Biological agents
- 52** Chemicals
- 53** Fumes, gases, or smoke
- 54** Poisonous plants
- 55** Insects
- 56** Radioactive materials

- 61** Electricity
- 62** Extreme weather
- 63** Utility flames, flares, torches
- 64** Heat or flame

- 91** Person: victim
- 92** Property and structure contents
- 93** Animal
- 94** Vehicle: not FD
- 95** Gun, including all other projectile weapons
- 90** Person, other

- 00** Other object involved
- NN** No object involved
- UU** Undetermined object involved

Fire Service Casualty Report-Instructions for Completion

J1-WHERE INJURY OCCURRED

Where Injury Occurred

Check one box that best describes where the injury occurred.
Blank defaults to undetermined.

- 1 Enroute to FD location
- 2 At FD location
- 3 Enroute to incident scene
- 4 Enroute to medical facility
- 5 At scene in structure
- 6 At scene outside
- 7 At medical facility
- 8 Returning from incident
- 9 Returning from medical facility
- 0 Other location where injury occurred
- U Undetermined location where injury occurred

J2-STORY WHERE INJURY OCCURRED

Story Where Injury Occurred

If the injury occurred inside or on a structure, check the box and enter the story where the injury occurred. If the story is below grade, check the "Below grade" box. If the injury occurred outside, check the box to indicate that.

- 1 Inside/on structure
- 2 Outside of structure

J3-SPECIFIC LOCATION

Specific Location

Check the box that best describes the specific location at time of injury. If any, code greater than 60 is checked, continue on to J4.

- | | |
|---------------------------------------|---|
| 22 Outside at grade | 36 In water |
| 23 On roof | 45 In attic or other confined structural space |
| 24 On aerial ladder or in basket | 49 In structure, excluding attic, roof, or wall |
| 25 On ground ladder | 53 In tunnel |
| 26 On vertical surface or ledge | 54 In sewer |
| 27 On fire escape or outside stairway | 61 In motor vehicle |
| 28 On steep grade | 63 In rail vehicle |
| 31 In open pit | 64 In boat, ship or barge |
| 32 In ditch or trench | 65 In aircraft |
| 33 In quarry or mine | 00 Other specific location |
| 34 In ravine | NN No specific location |
| 35 In well | UU Undetermined specific location |

Fire Service Casualty Report-Instructions for Completion

J4-VEHICLE TYPE

Vehicle Type Check the box that best describes the vehicle type. None indicates the specific location was coded with a number less than 60.

- 1 Suppression vehicle
- 2 EMS vehicle
- 3 Other fire department vehicle
- 4 Non-fire department vehicle, includes private auto
- N None or vehicle type not applicable

K-PROTECTIVE EQUIPMENT

Complete Section K only if protective equipment failed and was a factor in the injury.

K1- PROTECTIVE EQUIPMENT FAILURE

Protective Equipment Failure If the protective equipment failed and contributed to the injury, check the "Yes" box and complete the remainder of Section K. If the protective equipment did not fail or the failure did not contribute to the injury, check the "No" box and leave the remainder of Section K blank.

Equipment Failed?
Y Yes
N No

Equipment Sequence Number Enter 001 for the first item of equipment that failed, if more than one item of protective equipment failed, complete an additional Section K sheet for each additional item. Give each sheet a subsequent equipment sequence number and attach the additional sheet(s) to the original fire fighter casualty report.

K2-PROTECTIVE EQUIPMENT ITEM

Protective Equipment Item Check one box to indicate the type of protective equipment involved. If more than one item was a factor in the injury, use additional sheets.

Protective Equipment Item Codes

Head or Face Protection

- 11 Helmet
- 12 Full face protector
- 13 Partial face protector
- 14 Goggles/eye protection
- 15 Hood
- 16 Ear protector
- 17 Neck protector
- 10 Head or face protection, other

Coat, Shirt or Trousers

- 21 Protective coat

- 22 Protective trousers
- 23 Uniform shirt
- 24 Uniform T-shirt
- 25 Uniform trousers
- 26 Uniform coat or jacket
- 27 Coveralls
- 28 Apron or gown
- 20 Coat, shirt or trousers, other

Boots or Shoes

- 31 Knee length boots w/ steel baseplate & steel toes

Fire Service Casualty Report-Instructions for Completion

- 32 Knee length boots with steel toes only
- 33 ¾ length boots w/ steel baseplate & steel toes
- 34 ¾ length boots with steel toes only
- 35 Boots without steel baseplate or steel toes
- 36 Safety shoes with steel baseplate and steel toes
- 37 Safety shoes with steel toes only
- 38 Non-safety shoes
- 30 Boots or shoes, other

Respiratory Protection

- 41 Self-contained breathing apparatus (SCBA) demand
- 42 Self-contained breathing apparatus (SCBA) positive
- 43 Self-contained breathing apparatus (SCBA) closed
- 44 Non-self-contained breathing apparatus
- 45 Cartridge respirator
- 46 Dust or particle mask
- 40 Respiratory protection, other

Hand Protection

- 51 Firefighter gloves with wristlets
- 52 Firefighter gloves without wristlets
- 53 Work gloves
- 54 HazMat gloves

- 55 Medical gloves
- 50 Hand protection, other

Special Equipment

- 61 Proximity suit for entry
- 62 Proximity suit for non-entry
- 63 Totally encapsulated, reusable chemical suit
- 64 Totally encapsulated, disposable chemical suit
- 65 Partially encapsulated, reusable chemical suit
- 66 Partially encapsulated, disposable chemical suit
- 67 Flash protection suit
- 68 Flight or jump suit
- 69 Brush suit

Special Equipment Continued

- 71 Exposure suit
- 72 Self-Contained Underwater Breathing Apparatus(SCUBA)
- 73 Life preserver
- 74 Life belt or ladder belt
- 75 Personal alert safety system (PASS)
- 76 Radio distress device
- 77 Personal lighting
- 78 Fire shelter or tent
- 79 Vehicle safety belt
- 70 Special equipment, other
- 00 Other protective equipment item

K3-PROTECTIVE EQUIPMENT PROBLEM

Protective Equipment Problem Check the box that best describes the protective equipment problem.

Protective Equipment Problem Codes

- 11 Burned
- 12 Melted
- 21 Fractured, cracked or broke
- 22 Punctured
- 23 Scratched
- 24 Knocked off
- 25 Cut or ripped
- 31 Trapped steam or hazardous gas
- 32 Insufficient insulation
- 33 Object fell in or onto equipment item
- 41 Failed under impact
- 42 Face piece or hose detached
- 43 Exhalation valve inoperative or damaged
- 44 Harness detached or separated
- 46 Regulator damaged by contact
- 47 Problem with admissions valve
- 48 Alarm failed to operate
- 49 Alarm damaged by contact
- 51 Supply cylinder or valve failed to operate
- 52 Supply cylinder or valve damaged by contact
- 53 Supply cylinder contained insufficient air
- 94 Did not fit properly
- 95 Not properly serviced or stored prior to use
- 96 Not used for designed purpose
- 97 Not used as recommended by the

Fire Service Casualty Report-Instructions for Completion

45 Regulator failed to operate	manufacturer
00 Other protective equipment problem	UU Undetermined protective equipment problem
NN No protective equipment problem	

K4-EQUIPMENT MANUFACTURER, MODEL & SERIAL NUMBER

Protective Equipment If known, enter the manufacturer name, model and serial number of the protective equipment involved in this injury.

Manufacturer The name of the company that made the piece of equipment.

Model The manufacturer's model name. If one does not exist, use the common physical description that is used to describe the equipment.

Serial Number The manufacturer's serial number that is generally stamped on an identification plate on the equipment.