

A FDID Star State Star Incident Date MM DD YYYY Star Station Incident Number Star Exposure Star Delete Change **NFIRS-2 Fire**

B Property Details

B1 Not Residential
Estimated number of residential living units in building of origin *whether or not all units became involved.*

B2 Buildings not involved
Number of buildings involved

B3 None Less than one acre
Acres burned (outside fires)

C On-Site Materials or Products None
Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, *whether or not they became involved.*

Enter up to three codes. Check one box for each code entered.

On-site material (1) _____

On-site material (2) _____

On-site material (3) _____

On-Site Materials Storage Use

1 Bulk storage or warehousing
2 Processing or manufacturing
3 Packaged goods for sale
4 Repair or service
U Undetermined

D Ignition

D1 _____ Star
Area of fire origin

D2 _____ Star
Heat source

D3 _____ Star 1 Check box if fire spread was confined to object of origin.
Item first ignited

D4 _____
Type of material first ignited Required only if item first ignited code is 00 or <70.

E1 Cause of Ignition Star Check box if this is an exposure report.

1 Intentional
2 Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing to Ignition Star None

Factor contributing to ignition (1) _____

Factor contributing to ignition (2) _____

E3 Human Factors Star Contributing to Ignition None

Check all applicable boxes

1 Asleep
2 Possibly impaired by alcohol or drugs
3 Unattended person
4 Possibly mentally disabled
5 Physically disabled
6 Multiple persons involved
7 Age was a factor

Estimated age of person involved _____

1 Male 2 Female

F1 Equipment Involved in Ignition None Star

Equipment Involved _____

Brand _____

Model _____

Serial # _____

Year _____

F2 Equipment Power Source _____
Equipment Power Source

F3 Equipment Portability

1 Portable
2 Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

G Fire Suppression Factors None

Enter up to three codes.

Fire suppression factor (1) _____

Fire suppression factor (2) _____

Fire suppression factor (3) _____

H1 Mobile Property Involved None

1 Not involved in ignition, but burned
2 Involved in ignition, but did not burn
3 Involved in ignition and burned

Mobile property model _____

License Plate Number _____ State _____ VIN _____

H2 Mobile Property Type and Make

Mobile property type _____

Mobile property make _____

Year _____

Local Use

Pre-Fire Plan Available
Some of the information presented in this report may be based upon reports from other agencies:

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).

I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/Mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air-supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g., piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g., fences) 0 <input type="checkbox"/> Other type of structure 	I2 Building Status ☆ <ul style="list-style-type: none"> 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> In normal use 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	I3 Building Height ☆ Count the roof as part of the highest story. <div style="border: 1px solid black; padding: 2px; width: 50px; margin: 5px 0;"> _ _ _ </div> Total number of stories at or above grade. <div style="border: 1px solid black; padding: 2px; width: 50px; margin: 5px 0;"> _ _ _ </div> Total number of stories below grade.	I4 Main Floor Size ☆ <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 5px 0;"> _ _ , _ _ _ , _ _ _ </div> Total square feet <p style="text-align: center; margin: 10px 0;">OR</p> <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 5px 0;"> _ _ , _ _ _ BY _ _ _ , _ _ _ </div> Length in feet Width in feet	NFIRS-3 Structure Fire
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J1 Fire Origin ☆ <div style="border: 1px solid black; padding: 2px; width: 50px; margin: 5px 0;"> _ _ _ </div> Story of fire origin <input type="checkbox"/> Below grade	J3 Number of Stories Damaged by Flame Count the roof as part of the highest story. <ul style="list-style-type: none"> <div style="border: 1px solid black; padding: 2px; width: 50px; margin: 5px 0;"> _ _ _ </div> Number of stories w/minor damage (1 to 24% flame damage) <div style="border: 1px solid black; padding: 2px; width: 50px; margin: 5px 0;"> _ _ _ </div> Number of stories w/significant damage (25 to 49% flame damage) <div style="border: 1px solid black; padding: 2px; width: 50px; margin: 5px 0;"> _ _ _ </div> Number of stories w/heavy damage (50 to 74% flame damage) <div style="border: 1px solid black; padding: 2px; width: 50px; margin: 5px 0;"> _ _ _ </div> Number of stories w/extreme damage (75 to 100% flame damage) 	K Type of Material Contributing Most to Flame Spread <input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 5px 0;"> _ _ _ </div> Item contributing most to flame spread K1 <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 5px 0;"> _ _ _ </div> Type of material contributing most to flame spread K2 <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 5px 0;"> _ _ _ </div> Required only if item contributing code is 00 or <70.
J2 Fire Spread ☆ If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module). <ul style="list-style-type: none"> 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin 		

L1 Presence of Detectors ☆ (In area of the fire) <ul style="list-style-type: none"> N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined 	L3 Detector Power Supply <ul style="list-style-type: none"> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug-in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug-in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	L5 Detector Effectiveness Required if detector operated. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Alerted occupants, occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type <ul style="list-style-type: none"> 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke and heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than one type present 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	L4 Detector Operation <ul style="list-style-type: none"> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated 3 <input type="checkbox"/> Failed to operate U <input type="checkbox"/> Undetermined 	L6 Detector Failure Reason Required if detector failed to operate. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Power failure, shutoff, or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes not cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined

M1 Presence of Automatic Extinguishing System ☆ <ul style="list-style-type: none"> N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present 2 <input type="checkbox"/> Partial System Present U <input type="checkbox"/> Undetermined 	M3 Operation of Automatic Extinguishing System Required if fire was within designed range. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Operated/effective (go to M4) 2 <input type="checkbox"/> Operated/Not effective (go to M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	M5 Reason for Automatic Extinguishing System Failure Required if system failed or not effective. <ul style="list-style-type: none"> 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual intervention 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
M2 Type of Automatic Extinguishing System Required if fire was within designed range of AES. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Wet-pipe sprinkler 2 <input type="checkbox"/> Dry-pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen-type system 7 <input type="checkbox"/> Carbon dioxide (CO₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined 	M4 Number of Sprinkler Heads Operating Required if system operated. <div style="border: 1px solid black; padding: 2px; width: 50px; margin: 5px 0;"> _ _ _ </div> Number of sprinkler heads operating	