A MM DD YYYY Delete Civilian Fire FDID ☆ State ☆ Incident Date ☆ Station Incident Number ☆ Exposure ☆ Casualty					
B Injured Person		C Casualty ☆ Number			
1 Male				2 Female	Casualty Number
Age or Date of Birth☆ E1	White Black, African American Am. Indian, Alaska Native Asian Native Hawaiian, Other Pacific Islander Other, multiracial Undetermined		F Affiliation 1 Civilian 2 EMS, not fire department 3 Police 0 Other G Date and Time of Injury Date of Injury Time of Injury Month Day Year Hour		H Severity ☆ 1 ☐ Minor 2 ☐ Moderate 3 ☐ Severe 4 ☐ Life threatening 5 ☐ Death U ☐ Undetermined
I Cause of Injury 1 Exposed to fire products including flame heat, smoke, and gas 2 Exposed to toxic fumes other than smoke 3 Jumped in escape attempt 4 Fell, slipped, or tripped 5 Caught or trapped 6 Structural collapse 7 Struck by or contact with object 8 Overexertion or strain 9 Multiple causes 0 Other U Undetermined				to Injury Enter up to three contrib Contributing factor (1)	ontributing Dominant None
Activity When Injured 1 Escaping 2 Rescue attempt 3 Fire control 4 Return to fire before control 5 Return to fire after control 6 Sleeping 7 Unable to act 8 Irrational act 0 Other U Undetermined	aping cue attempt control urn to fire before control ping ble to act ional act Pr I In area of origin and not involved 2 Not in area of origin, but involved 3 Not in area of origin, but involved 4 In area of origin and not involved 3 Not in area of origin and not involved 4 In area of origin and not involved 3 Not in area of origin and not involved 3 Not in area of origin and not involved 4 In area of origin and not involved 4 In area of origin and not involved 4 In area of origin and not involved 9 Other location 9 Undetermined M 2 General Location at Time of Injury 1 In building, but not in area 3 I Outside, but not in area			M ₃ Story at Start of I Complete ONLY if injury occu Story at start of incident M ₄ Story Where Injury Story where injury occurred, if different from M ₃ M ₅ Specific Location Complete ONLY if casualty L Specific location at time of i	urred INSIDE
N Primary Apparent Symptom 01 Smoke only, asphyxiation 11 Burns and smoke inhalation 12 Burns only 21 Cut, laceration 33 Strain or sprain 96 Shock 98 Pain only Look up a code only if the symptom is NOT found above Primary apparent symptom		☐ Head ☐ Neck an ☐ Thorax ☐ Abdome ☐ Spine ☐ Upper e: ☐ Lower e: ☐ Internal	rea of Body Injured d shoulder n xtremities xtremities body parts	P Disposition	mergency care facility option NFIRS-4 Revision 01/01/04