

# NFIRS 4 - Civilian Fire Casualty Module



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The Civilian Fire Casualty Module should be completed whenever there are civilian casualties resulting from a fire.

If a civilian injury is not directly related to fire, it may be reported on the optional EMS Module with the same incident ID information.

When you see a star ★ the field is required.

# A - Header

**A**

FDID	State	Incident Date	Station	Incident Number	Exposure	<input type="checkbox"/> Delete	NFIRS-4 Civilian Fire Casualty
★	★	MM DD YYYY ★		★	★	<input type="checkbox"/> Change	

**Header information is repeated on all modules .**

**In an automated system, this information is entered once and imported into all modules.**

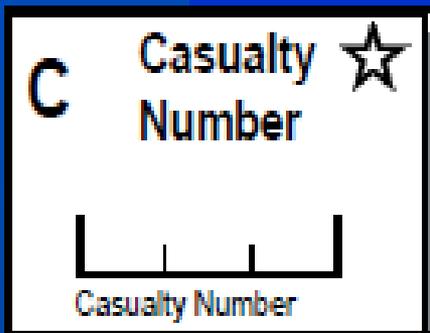
# B - Injured Person

<b>B Injured Person</b>			★ Gender	
			1 <input type="checkbox"/> Male	2 <input type="checkbox"/> Female
_____	____	____ _____	____ ____ ____ _____	
First Name	MI	Last Name	Suffix	

Identifies the name and gender (sex) of the casualty.

The **Gender** is required, the name is not.

# C - Casualty Number



The diagram shows a rectangular box with a black border. On the left side, there is a large black letter 'C'. To the right of the 'C', the words 'Casualty' and 'Number' are stacked vertically. To the right of 'Casualty' is a black star symbol. Below the text, there is a horizontal line with three vertical tick marks, representing a three-digit number field. Below this line, the words 'Casualty Number' are written in a smaller font.

**Assign a specific consecutive number to each casualty.**

**Always start with the number 001.**

**Complete a Civilian Fire Casualty Module for each civilian fire casualty.**

# C – Number of Casualties

The number of civilian fire casualties reported should be reflected in the Basic Module NFIRS 1 – Section H1.



# **E<sub>1</sub> - Race / E<sub>2</sub> - Ethnicity**

**E<sub>1</sub> Identifies race of casualty.**

**Based upon US Census Bureau categories.**

**E<sub>2</sub> Identifies the ethnicity of the casualty.**

**Currently the only Census Bureau classification for ethnicity is Hispanic.**

<b>E<sub>1</sub></b>	<b>Race</b>
1	<input type="checkbox"/> White
2	<input type="checkbox"/> Black, African American
3	<input type="checkbox"/> Am. Indian, Alaska Native
4	<input type="checkbox"/> Asian
5	<input type="checkbox"/> Native Hawaiian, Other Pacific Islander
0	<input type="checkbox"/> Other, multiracial
U	<input type="checkbox"/> Undetermined

<b>E<sub>2</sub></b>	<b>Ethnicity</b>
1	<input type="checkbox"/> Hispanic or Latino
0	<input type="checkbox"/> Non Hispanic or Latino

# F - Affiliation

<b>F</b>	<b>Affiliation</b>
1	<input type="checkbox"/> Civilian
2	<input type="checkbox"/> EMS, not fire department
3	<input type="checkbox"/> Police
0	<input type="checkbox"/> Other

**Identifies if the casualty was a civilian or a non-fire service emergency responder.**

# G - Date and Time of Injury

G Date and Time of Injury			Midnight is 0000.	
Date of Injury			Time of Injury	
Month	Day	Year	Hour	Minute

**Captures the date and time of the civilian injury.**

**Hours and minutes are recorded in 24 hour time.**

**Midnight is 0000.**

# H – Severity

H	Severity	☆
1	<input type="checkbox"/> Minor	
2	<input type="checkbox"/> Moderate	
3	<input type="checkbox"/> Severe	
4	<input type="checkbox"/> Life threatening	
5	<input type="checkbox"/> Death	
U	<input type="checkbox"/> Undetermined	

Identifies the relative severity of the casualty.

*Handbook page 6-11*

# I - Cause of Injury

	Cause of Injury
1	<input type="checkbox"/> Exposed to fire products including flame heat, smoke, and gas
2	<input type="checkbox"/> Exposed to toxic fumes other than smoke
3	<input type="checkbox"/> Jumped in escape attempt
4	<input type="checkbox"/> Fell, slipped, or tripped
5	<input type="checkbox"/> Caught or trapped
6	<input type="checkbox"/> Structural collapse
7	<input type="checkbox"/> Struck by or contact with object
8	<input type="checkbox"/> Overexertion or strain
9	<input type="checkbox"/> Multiple causes
0	<input type="checkbox"/> Other
U	<input type="checkbox"/> Undetermined

**Identifies the physical event that caused the injury.**

# J - Human Factors Contributing to Injury

**J** Human Factors Contributing to Injury  None

Check all applicable boxes

- 1  Asleep
- 2  Unconscious
- 3  Possibly impaired by alcohol
- 4  Possibly impaired by other drug
- 5  Possibly mentally disabled
- 6  Physically disabled
- 7  Physically restrained
- 8  Unattended person

Identifies the physical or mental state of the person that may have contributed to the injury.

# K - Factors Contributing to Injury

**K** Factors Contributing to Injury  None

Enter up to three contributing factors

Contributing factor (1)

Contributing factor (2)

Contributing factor (3)

Identifies the most significant factors that contributed to the injury.

# L - Activity When Injured

L Activity When Injured	
1	<input type="checkbox"/> Escaping
2	<input type="checkbox"/> Rescue attempt
3	<input type="checkbox"/> Fire control
4	<input type="checkbox"/> Return to fire before control
5	<input type="checkbox"/> Return to fire after control
6	<input type="checkbox"/> Sleeping
7	<input type="checkbox"/> Unable to act
8	<input type="checkbox"/> Irrational act
0	<input type="checkbox"/> Other
U	<input type="checkbox"/> Undetermined

Identifies the activity in which the person was engaged at the time of the injury.

# M<sub>1</sub> - Location at Time of Incident

M <sub>1</sub>	Location at Time of Incident
1	<input type="checkbox"/> In area of origin and not involved
2	<input type="checkbox"/> Not in area of origin and not involved
3	<input type="checkbox"/> Not in area of origin, but involved
4	<input type="checkbox"/> In area of origin and involved
0	<input type="checkbox"/> Other location
U	<input type="checkbox"/> Undetermined

Identifies the location of the victim in relation to the fire origin.

# M<sub>2</sub> - General Location at Time of Injury

M <sub>2</sub> General Location at Time of Injury		
1 <input type="checkbox"/>	In area of fire origin	Skip to Section N
2 <input type="checkbox"/>	In building, but not in area	
3 <input type="checkbox"/>	Outside, but not in area	Skip to Block M <sub>5</sub>
U <input type="checkbox"/>	Undetermined	

Identifies the location of the victim at the time of injury.

If they were in the area of fire origin, skip to **Section N**.

If they were outside, but not in area, skip to **Block M<sub>5</sub>**.

# M<sub>3</sub> - Story at Start of Incident

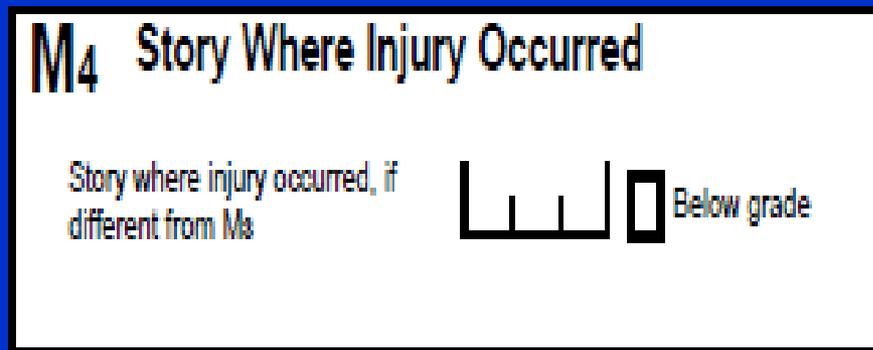
**M<sub>3</sub> Story at Start of Incident**  
Complete ONLY if injury occurred INSIDE

Story at start of incident:  1  2  3  Below grade

**Identifies the floor level where the victim was at the start of the incident.**

**Complete only if the injury occurred inside.**

# M<sub>4</sub> - Story Where Injury Occurred



**Identifies the story (floor level) where the casualty was located at the time of the injury.**

**Only complete if different from M<sub>3</sub>.**

# M<sub>5</sub> - Specific Location at Time of Injury

**M<sub>5</sub> Specific Location at Time of Injury**  
Complete ONLY if casualty NOT in area of origin

\_\_\_\_\_

Specific location at time of injury

Identifies the specific location at the time of injury.

Complete only if casualty was not in the area of origin.

# N - Primary Apparent Symptom

N Primary Apparent Symptom	
01	<input type="checkbox"/> Smoke only, asphyxiation
11	<input type="checkbox"/> Burns and smoke inhalation
12	<input type="checkbox"/> Burns only
21	<input type="checkbox"/> Cut, laceration
33	<input type="checkbox"/> Strain or sprain
96	<input type="checkbox"/> Shock
98	<input type="checkbox"/> Pain only

Look up a code only if the symptom is NOT found above

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Primary apparent symptom

**The casualty's most serious injury.**

# O - Primary Area of Body Injured

O Primary Area of Body Injured	
1	<input type="checkbox"/> Head
2	<input type="checkbox"/> Neck and shoulder
3	<input type="checkbox"/> Thorax
4	<input type="checkbox"/> Abdomen
5	<input type="checkbox"/> Spine
6	<input type="checkbox"/> Upper extremities
7	<input type="checkbox"/> Lower extremities
8	<input type="checkbox"/> Internal
9	<input type="checkbox"/> Multiple body parts

**Describes the part of the body that sustained the most serious injury.**

# P - Disposition

**P** Disposition

Transported to emergency care facility

**Identifies if the casualty was transported to an emergency care facility.**

# Remarks

Remarks	Local option
_____	
_____	
_____	
_____	
_____	
_____	

NFIRS-4 Revision 01/01/04

**The Remarks section is an area for any other remarks that might be made concerning the incident.**

**Only available on the paper form. Not included in an automated system.**

# Questions?

