A

FDID ☆ | State ☆ | Incident Date (MM DD YYYY) ☆ | Station | Incident Number ☆ | Exposure ☆

☐ Delete
☐ Change

NFIRS–5 Fire Service Casualty

B Injured Person

Identification Number

1 ☐ Male ☆
2 ☐ Female

1 ☐ Career
2 ☐ Volunteer

First Name | MI | Last Name | Suffix

C Casualty Number ☆

Casualty Number

D Age or Date of Birth ☆

Age: In years

OR

Date of Birth: Month | Day | Year

E Date and Time of Injury ☆

Midnight is 0000.

Date of Injury: Month | Day | Year

Time of Injury: Hour | Minute

F Responses

Number of prior responses during past 24 hours

G1 Usual Assignment

1 ☐ Suppression
2 ☐ EMS
3 ☐ Prevention
4 ☐ Training
5 ☐ Maintenance
6 ☐ Communications
7 ☐ Administration
8 ☐ Fire investigation
0 ☐ Other

G2 Physical Condition Just Prior to Injury

1 ☐ Rested
2 ☐ Fatigued
4 ☐ Ill or injured
0 ☐ Other
U ☐ Undetermined

G3 Severity ☆

1 ☐ Report only, including exposure
2 ☐ First aid only
3 ☐ Treated by physician (no lost time)
4 ☐ Moderate (lost time)
5 ☐ Severe (lost time)
6 ☐ Life threatening (lost time)
7 ☐ Death

G4 Taken To

☐ Not transported

1 ☐ Hospital
4 ☐ Doctor's office
5 ☐ Morgue/funeral home
6 ☐ Residence
7 ☐ Station or quarters
0 ☐ Other

G5 Activity at Time of Injury

Activity at time of injury

H1 Primary Apparent Symptom

Primary apparent symptom

H2 Primary Part of Body Injured

☐ None

Primary injured body part

I1 Cause of Firefighter Injury

Cause of injury

I2 Factor Contributing to Injury

☐ None

Contributing factor

I3 Object Involved in Injury

☐ None

Object involved in injury

J1 Where Injury Occurred

1 ☐ En route to FD location
2 ☐ At FD location
3 ☐ En route to incident scene
4 ☐ En route to medical facility
5 ☐ At scene in structure
6 ☐ At scene outside
7 ☐ At medical facility
8 ☐ Returning from incident
9 ☐ Returning from med facility
0 ☐ Other
U ☐ Undetermined

J2 Story Where Injury Occurred

1 ☐ Check this box and enter the story if the injury occurred inside or on a structure

Story of injury ☐ Below grade

2 ☐ Injury occurred outside

J3 Specific Location Where Injury Occurred

65 ☐ In aircraft
64 ☐ In boat, ship, or barge
63 ☐ In rail vehicle
61 ☐ In motor vehicle
54 ☐ In sewer
53 ☐ In tunnel
49 ☐ In structure
45 ☐ In attic
36 ☐ In water
35 ☐ In well
34 ☐ In ravine
33 ☐ In quarry or mine
32 ☐ In ditch or trench
31 ☐ In open pit
28 ☐ On steep grade
27 ☐ On fire escape/outside stairs
26 ☐ On vertical surface or ledge
25 ☐ On ground ladder
24 ☐ On aerial ladder or in basket
23 ☐ On roof
22 ☐ Outside at grade

Complete Block J4

00 ☐ Other
UU ☐ Undetermined

J4 Vehicle Type

Complete ONLY if Specific Location code is >60

1 ☐ Suppression vehicle
2 ☐ EMS vehicle
3 ☐ Other FD vehicle
4 ☐ Non-FD vehicle

Remarks

If protective equipment failed and was a factor in this injury, please complete the other side of this form.