A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *
04161	NJ	02 / 28 / 2020	1	20-0071873	000

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

B Location*

☐ Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract ____ - ____

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
577		Haddon	AVE	

Apt./Suite/Room	City	State	Zip Code
	Collingswood	NJ	08108 -

Cross street or directions, as applicable

C Incident Type *

651 Smoke scare, odor of smoke

Incident Type

D Aid Given or Received*

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID ____ Their State ____

Their Incident Number ____

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	02	28	2020	15:09:25
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	02	28	2020	15:11:00
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	02	28	2020	15:18:00

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
2		161

E3 Special Studies

Local Option

Special Study ID#	Special Study Value
6000	1

F Actions Taken *

86	Investigate

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources *

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	0002	0005
EMS		
Other		

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

		None
Property $ ____ , 000 , 000		☒
Contents $ ____ , 000 , 000		☒

PRE-INCIDENT VALUE: Optional

Property $ ____ , 000 , 000	☒
Contents $ ____ , 000 , 000	☒

Completed Modules

☐ Fire-2
☐ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☒ Apparatus-9
☒ Personnel-10
☐ Arson-11

H1 * Casualties

☒ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural Gas: slow leak, no evauation or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling < 55 gallons
0 ☐ Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Bus. & Residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use* Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school or kindergarten
215 ☐ High school or junior high
241 ☐ College, adult education
311 ☐ Care facility for the aged
331 ☐ Hospital
341 ☐ Clinic,clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1-or 2-family dwelling
429 ☐ Multi-family dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☒ Food and beverage sales
539 ☐ Household goods,sales,repairs
579 ☐ Motor vehicle/boat sales/repair
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage(barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 519

Food and beverage sales,

NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved

Local Option

Business name (if applicable) | Area Code | Phone Number

☐ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. | First Name | MI | Last Name | Suffix

Number | Prefix | Street or Highway | Street Type | Suffix

Post Office Box | Apt./Suite/Room | City

State | Zip Code

☐ **More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary**

K2 Owner

Local Option

☐ Same as person involved? Then check this box and skip The rest of this section.

Macona BBQ — Business name (if Applicable) | [redacted] — Area Code | [redacted] — Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. | Cory — First Name | MI | Reuss — Last Name | Suffix

577 — Number | Prefix | Haddon — Street or Highway | AVE — Street Type | Suffix

Ste 2 — Post Office Box | Apt./Suite/Room | Collingswood — City

NJ — State | 08108 — Zip Code

L Remarks

Local Option

The owner of 579 Haddon Ave. walked up to station 16 to report an odor of something burning from 577 Haddon Ave. Owner stated that he has been smelling the odor all day. SD16 and BLS started a card and responded. Crew arrived and met with a worker in 577 Haddon Ave. She stated that they found the cause of the odor. She stated that the business adjacent at 577 burnt a towel while cooking earlier in the day. Crew did not have an odor in 579 Haddon
and had negative readings on the 4 gas meter. Crew met with the owner in 577 Haddon and he confirmed that he burnt a towel while cooking earlier in the day. There was no evidence of smoke or fire present while on location. No further fire department services where needed.

02/28/2020 18:22:52 jdalonzo16

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
378	D'Alonzo, Julian P	CL	SD16	02	28	2020

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	378	D'Alonzo, Julian P	CL	SD16	02	28	2020

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Responding Personnel
04161	NJ	2	28	2020	1	20-0071873	000	

Staff ID\Staff Name	Unit		Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
0381 Mannion, Michael J	1647		3 Silent Alarm	OF	FFE		0.14	0.14	0.00
1126 Oswald, Eamon B	1647	X	3 Silent Alarm	1	FFE		0.14	0.14	0.00
371 Jarozynski, Kyle P	SD16		3 Silent Alarm	DR	FFE		24.14	24.14	0.00
378 D'Alonzo, Julian P	SD16		3 Silent Alarm	OF	CL		24.14	24.14	0.00
382 Stuhlemmer, Adam D	SD16	X	3 Silent Alarm	3	FFE		24.14	24.14	0.00

Total Participants: 5

Total Personnel Hours: 72.70

An 'X' next to the unit denotes driver.