A

FDID *	State *	Incident Date * (MM DD YYYY)	Station	Incident Number *	Exposure *
04110	NJ	06 22 2010	11	10-0140741	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
6955		Central	HWY	

Apt./Suite/Room	City	State	Zip Code
	Pennsauken	NJ	08109 -

Cross street or directions, as applicable

C Incident Type *

422 Chemical spill or leak

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 *	06	22	2010	12:28:00
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	06	22	2010	12:35:00
CONTROLLED Optional, Except for wildland fires				
☒ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	06	22	2010	13:37:00

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
2		116

E3 Special Studies

Local Option

Special Study ID# ____ Special Study Value ____

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		
EMS		
Other	0001	0004

☐ 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 529

Textile, wearing apparel

NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved

Local Option

Business name (if applicable): Habitat for Humanity Re-Store

Area Code: 856 Phone Number: 963-8018

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

Mr.,Ms., Mrs.: | First Name: Humaniy | MI: | Last Name: Metro Camden Habitat for | Suffix:

Number: 650 | Prefix: | Street or Highway: Clinton | Street Type: ST | Suffix:

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

State: NJ | Zip Code: 08103-

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

K2 Owner

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

Local Option

Business name (if Applicable): Tanks A Lot

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: Paul | MI: | Last Name: Thompson | Suffix:

Number: 74 | Prefix: | Street or Highway: Bozarthtown | Street Type: RD | Suffix:

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

State: NJ | Zip Code: 08088-

L Remarks

Local Option

Dispatched to investigate trash bags smoking outside the building possibly containing cleaning chemicals. 1191 arrived on scene to find 11601 and FM112 in the rear of the building with a trash bag containing trash and the remains of a 1 gallon container of Muriatic Acid. 1191 crew donned SCBA and investigated the contents. Approximately 1/2 gallon had leaked from the container. 1191 stood by w/SCBA awaiting the arrival of county health. 1191 released upon the arrival of CEM 23.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
6002	Sheppard, Gene L	BATT CHIEF		06	22	2010

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☐	4041	Vandergrift, Michael E	FF-EMT	1191	06	22	2010

FDID *	State *	MM	DD	YYYY	Incident Date *	Station	Incident Number *	Exposure *	Complete Narrative
04110	NJ	6	22	2010		11	10-0140741	000	

Narrative:

Dispatched to investigate trash bags smoking outside the building possibly containing cleaning chemicals. 1191 arrived on scene to find 11601 and FM112 in the rear of the building with a trash bag containing trash and the remains of a 1 gallon container of Muriatic Acid. 1191 crew donned SCBA and investigated the contents. Approximately 1/2 gallon had leaked from the container. 1191 stood by w/SCBA awaiting the arrival of county health. 1191 released upon the arrival of CEM 23.

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *		
04110	NJ	6 / 22 / 2010	11	10-0140741	000	☐ Delete ☐ Change	**NFIRS - 1S Supplemental**

K1 Person/Entity Involved

Business name if applicable: | Phone Number: ( ) - -

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

Mr.,Ms., Mrs.: | First Name: Robert | MI: | Last Name: Fellner | Suffix:

Number: 25 | Prefix: | Street or highway: Thomas | Street Type: AVE | Suffix:

Post office box: | Apt./Suite/Room: | City: Maple Shade

State: NJ | Zip Code: 08052 -

K2 Person/Entity Involved

Business name if applicable: | Phone Number: ( ) - -

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

Mr.,Ms., Mrs.: | First Name: Douglas | MI: | Last Name: Wagner | Suffix:

Number: 6348 | Prefix: | Street or highway: Irving | Street Type: AVE | Suffix:

Post office box: | Apt./Suite/Room: | City: Pennsauken

State: NJ | Zip Code: 08109 -

K3 Person/Entity Involved

Business name if applicable: | Phone Number: ( ) - -

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

Mr.,Ms., Mrs.: | First Name: Harry | MI: | Last Name: Fox | Suffix:

Number: 808 | Prefix: | Street or highway: E. Brown | Street Type: ST | Suffix:

Post office box: | Apt./Suite/Room: | City: Gloucester

State: NJ | Zip Code: 08034 -

K4 Person/Entity Involved

Business name if applicable: | 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: -

K5 Person/Entity Involved

Business name if applicable: | 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: -