NFIRS -1 Basic

A

FDID *	State *	Incident Date * (MM DD YYYY)	Station	Incident Number *	Exposure *	
04161	NJ	06 23 2020	1	20-0191359	000	☐ Delete ☐ Change ☐ No Activity

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/Mileyost	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 *

735 Alarm system sounded due to

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	23	2020	21:00:29
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	06	23	2020	21:03:47
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	06	23	2020	21:13:27

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
3		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 evacuation 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.

Business name (if Applicable): Macona BBQ | Area Code: 856 | Phone Number: 577-0413

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

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

Number: 16 | Prefix: | Street or Highway: Hillcrest | Street Type: AVE | Suffix:

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

State: NJ | Zip Code: 08108

L Remarks

Local Option

Squad 16 BLS 16 dispatched for the alarm system, alarm company reported a 1st floor and basement activation, Squad 16 BLS 16 arrived with nothing showing, the business owner was pulling up upon our arrival, crews donned P100 mask before entering the property, investigation revealed a worker on location who spilled a mop bucket of water and the water seeped through the floor and activated a smoke detector head in the basement, the head was drained, the alarm was reset and held, Squad 16 BLS 16 went available.
06/24/2020 07:08:36 gjoyce16

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
350	Joyce, Geoffrey T	CC	SD16	06	24	2020

Check Box if same as Officer in charge. ☒

Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
350	Joyce, Geoffrey T	CC	SD16	06	24	2020

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Responding Personnel
04161	NJ	6	23	2020	1	20-0191359	000	

Staff ID\Staff Name	Unit		Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
1128 Lyons, Steven J	1648	X	3 Silent Alarm	FF	PTFF		0.22	0.22	0.00
1120 Applegate, Dillon	SD16		3 Silent Alarm	FF	FFE		0.22	0.22	0.00
349 Aurig, Theodore J	SD16		3 Silent Alarm	FF	FFE		0.22	0.22	0.00
350 Joyce, Geoffrey T	SD16		3 Silent Alarm	CA	DC		0.22	0.22	0.00
373 Tredanari, Timothy D	SD16	X	3 Silent Alarm	FF	PR		0.22	0.22	0.00

Total Participants: 5

Total Personnel Hours: 1.10

An 'X' next to the unit denotes driver.

A

FDID: 04161 ★ | State: NJ ★ | Incident Date (MM DD YYYY): 07 26 2020 ★ | Station: 1 | Incident Number: 20-0225109 ★ | Exposure: 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: 577 | Prefix: | Street or Highway: Haddon | Street Type: AVE | Suffix:

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

Cross street or directions, as applicable:

C Incident Type ★

735 | Alarm system sounded due to

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 ★	07	26	2020	20:38:05
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival ★	07	26	2020	20:41:46
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	07	26	2020	20:51:44

E2 Shift & Alarms

Local Option

Shift or Platoon: 4 | Alarms: 01 | District: 161

E3 Special Studies

Local Option

Special Study ID#: 6000 | Special Study Value: 1

F Actions Taken ★

86 | Investigate — Primary Action Taken (1)

63 | Restore fire alarm — 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 evacuation 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.

Business name (if Applicable): Macona BBQ | Area Code: 856 | Phone Number: 585-8719

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

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

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

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

State: NJ | Zip Code: 08108

L Remarks

Local Option

Squad 16 and BLS 16 were dispatched to investigate the alarm system. Upon arrival the crews had a two story taxpayer with nothing showing from the exterior. There was an audible alarm sounding. The owner arrived on location and was able to give access to the interior. The alarm panel indicated an activation on the first floor and in the basement. The first floor is occupied by Macona BBQ. The crews searched to first floor and the basement and could not find an activation. The alarm was reset and all units went available.
07/26/2020 21:41:16 eglaze16

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
334	Glaze Jr., Edward W	CL	SD16	07	26	2020

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	334	Glaze Jr., Edward W	CL	SD16	07	26	2020

04161	NJ	MM 7	DD 26	YYYY 2020	1	20-0225109	000	Responding Personnel
FDID *	State *	Incident Date *			Station	Incident Number *	Exposure *	

Staff ID\Staff Name	Unit		Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
1132 Layden, Adam B	1648	X	3 Silent Alarm	DR	PTFF		0.23	0.23	0.00
1117 Beswick, Brian	SD16	X	3 Silent Alarm	DR	PR		0.23	0.23	0.00
334 Glaze Jr., Edward W	SD16		3 Silent Alarm	LT	CL		0.23	0.23	0.00
352 Prete, Michael A	SD16		3 Silent Alarm	4	FFE		0.23	0.23	0.00
377 Bonamassa, Paul M	SD16		3 Silent Alarm	2	FFE		0.23	0.23	0.00

Total Participants: 5

Total Personnel Hours: 1.15

An 'X' next to the unit denotes driver.

NFIRS -1 Basic

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *
04161	NJ	12 / 18 / 2017	1	17-0485028	000

☐ Delete ☐ Change ☐ No Activity

B Location*

☐ Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section 3 "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 *

745 Alarm system activation, no

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 *	12	18	2017	09:31:44
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	12	18	2017	09:34:42
CONTROLLED Optional, Except for Wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	12	18	2017	09:53:25

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
3		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	0003	0004
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 evaluation 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 549

Specialty shop

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: Erin | MI | Last Name: Bernardo | 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.

Business name (if Applicable): Sweet Freedom Bakery/Netgain | Area Code: 267 | Phone Number: 471-9591

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

Mr.,Ms., Mrs. | First Name: Nicholas,Erin | MI | Last Name: Bernardo | Suffix

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

Post Office Box: STE 200 | Apt./Suite/Room | City: Collingswood

State: NJ | Zip Code: 08108

L Remarks

Local Option

Station 16 dispatched for an activated fire alarm, alarm company reported a basement and first floor activation, Squad 16 BLS 16 arrived to find nothing showing and an audible alarm sounding, crews entered the property via Knox Box, crews found an activated head on the 1st floor without cause, the alarm was reset and held, the property was re-secured, Squad 16 BLS 16 went available.

12/18/2017 14:06:20 GJoyce

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
350	Joyce, Geoffrey T	CL	SD16	12	18	2017

Check Box if same as Officer in charge. ☒

Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
350	Joyce, Geoffrey T	CL	SD16	12	18	2017

FDID *	State *	MM Incident	DD Date *	YYYY	Station	Incident Number *	Exposure *	Responding Personnel
04161	NJ	12	18	2017	1	17-0485028	000	

Staff ID\Staff Name	Unit		Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
349 Aurig, Theodore J	1648	X	4 General Alarm	FF	FFE		0.36	0.36	1.00
350 Joyce, Geoffrey T	SD16		4 General Alarm	LT	DC		0.00	0.00	0.00
373 Tredanari, Timothy D	SD16	X	4 General Alarm	FF	PR		0.00	0.00	0.00
377 Bonamassa, Paul M	SD16		4 General Alarm	FF	FFE		0.00	0.00	0.00

Total Participants: 4

Total Personnel Hours: 0.36

An 'X' next to the unit denotes driver.

NFIRS -1 Basic

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *
04161	NJ	07 / 27 / 2018	1	18-0284105	000

☐ Delete ☐ Change ☐ No Activity

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 *

743 — Smoke detector activation, no

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 *	07	27	2018	18:26:43
ARRIVAL required, unless canceled or did not arrive — ☒ Arrival *	07	27	2018	18:30:01
CONTROLLED Optional, Except for wildland fires — ☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires — ☒ Last Unit Cleared	07	27	2018	18:34:36

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
2	01	161

E3 Special Studies

Local Option

Special Study ID#	Special Study Value
6000	1

F Actions Taken *

63 — Restore fire alarm
Primary Action Taken (1)

86 — Investigate
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	0003	0006
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 evaluation 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,

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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.

Business name (if Applicable): Macona BBQ | Area Code: 856 | Phone Number: 912-6932

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

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

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

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

State: NJ | Zip Code: 08108

L Remarks

Local Option

Dispatched for the alarm system. Upon arrival had nothing showing and the business owner met us at the front door advising the activation was accidental by steam from the warming table activated the smoke detector. Crew confirmed the activation was from the steam and the system was reset. All units were made available.
07/29/2018 09:46:40 SReustle

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
270	Fox Jr., Robert W	CC	SD16	07	29	2018

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☐	351	Reustle, Stephen M	FFE	SD16	07	29	2018

FDID *	State *	MM Incident	DD Date *	YYYY	Station	Incident Number *	Exposure *	Responding Personnel
04161	NJ	7	27	2018	1	18-0284105	000	

Staff ID\Staff Name	Unit		Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
1117 Beswick, Brian	1648	X	4 General Alarm	DR	PR		0.13	0.13	1.00
1121 Santos, Christian	1648		4 General Alarm	OF	FFE		0.13	0.13	1.00
270 Fox Jr., Robert W	SD16		4 General Alarm	CA	CC		0.00	0.00	1.00
351 Reustle, Stephen M	SD16		4 General Alarm	1	CL		0.13	0.13	1.00
371 Jarozynski, Kyle P	SD16		4 General Alarm	4	FFE		0.13	0.13	1.00
382 Stuhlemmer, Adam D	SD16	X	4 General Alarm	DR	FFE		0.00	0.00	1.00

Total Participants: 6

Total Personnel Hours: 0.52

An 'X' next to the unit denotes driver.

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	
04161	NJ	04 / 22 / 2014	1	14-0097523	000	[ ] Delete [X] 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 3 "Alternative Location Specification". Use only for Wildland fires.

Census Tract: ____ - ____

[X] 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 *

113 Cooking fire, confined to

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 [X] 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 *	04	22	2014	08:15:54
ARRIVAL required, unless canceled or did not arrive				
[X] Arrival *	04	22	2014	08:19:46
CONTROLLED Optional, Except for wildland fires				
[ ] Controlled				
LAST UNIT CLEARED, required except for wildland fires				
[X] Last Unit Cleared	04	22	2014	08:23:34

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
2	01	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 *

[X] Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	0004	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	[X]
Contents $	000	000	[X]

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
[X] Apparatus-9
[X] Personnel-10
[ ] Arson-11

H1 * Casualties [ ] None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

1 [X] Detector alerted occupants
2 [ ] Detector did not alert them
U [ ] Unknown

H3 Hazardous Materials Release

N [ ] None
1 [ ] Natural Gas: slow leak, no evacuation 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 [X] 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.

Business name (if Applicable): Macona BBQ | Area Code: 856 | Phone Number: 585-8719

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

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

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

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

State: NJ | Zip Code: 08108

L Remarks

Local Option

Station16 dispatched to the reported address for the alarm system. Crews arrived to find nothing showing from the front of the building. Upon entering the business, the employee advised over cooking and reset the alarm system. No evidence of smoke was in the occupancy and Squad and BLS 16 went available.
04/22/2014 19:04:22 RobertFox

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
270	Fox Jr., Robert W	CC	SD16	04	22	2014

Check Box if same as Officer in charge. ☒

Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
270	Fox Jr., Robert W	CC	SD16	04	22	2014

FDID *	State *	MM Incident	DD Date *	YYYY	Station	Incident Number *	Exposure *	Responding Personnel
04161	NJ	4	22	2014	1	14-0097523	000	

Staff ID\Staff Name	Unit		Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
377 Bonamassa, Paul M	1647		4 General Alarm	OF	FFE		0.13	0.13	1.00
378 D'Alonzo, Julian P	1647		4 General Alarm	DR	CL		0.13	0.13	1.00
270 Fox Jr., Robert W	SD16		4 General Alarm	OF	CC		0.00	0.00	1.00
351 Reustle, Stephen M	SD16		4 General Alarm	1	CL		0.10	0.10	1.00
371 Jarozynski, Kyle P	SD16	X	4 General Alarm	DR	FFE		0.00	0.00	1.00

Total Participants: 5

Total Personnel Hours: 0.36

An 'X' next to the unit denotes driver.

A — FDID: 04161 ★ | State: NJ ★ | Incident Date (MM DD YYYY): 08 28 2018 ★ | Station: 1 | Incident Number: 18-0325140 ★ | Exposure: 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: 577 | Prefix: | Street or Highway: Haddon | Street Type: | Suffix:

Apt./Suite/Room: | City: COLLINGSWOOD | State: NJ | Zip Code: 08108 - ____

Cross street or directions, as applicable:

C Incident Type ★

743 | Smoke detector activation, no

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 ★	08	28	2018	19:24:01
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival ★	08	28	2018	19:26:59
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	08	28	2018	19:32:19

E2 Shift & Alarms

Local Option

Shift or Platoon: 2 | Alarms: | District: 161

E3 Special Studies

Local Option

Special Study ID#: 6000 | Special Study Value: 1

F Actions Taken ★

86 | Investigate — Primary Action Taken (1)

63 | Restore fire alarm — 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	0003	0007
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: 500

Mercantile, business, Other

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

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

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

L Remarks

Local Option

Squad and BLS 16 dispatched to the reported address for the alarm system. Crews arrived to find the activation due to a smoker box in the back room of the business. The system was reset and Squad and BLS 16 went available.
08/28/2018 20:41:03 RobertFox

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
270	Fox Jr., Robert W	CC	SD16	08	28	2018

Check Box if same as Officer in charge. ☒

Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
270	Fox Jr., Robert W	CC	SD16	08	28	2018

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Responding Personnel
04161	NJ	8	28	2018	1	18-0325140	000	

Staff ID\Staff Name	Unit		Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
0381 Mannion, Michael J	1647	X	3 Silent Alarm	DR	FFE		0.14	0.14	0.00
1118 Bicking, Jacob	1647		3 Silent Alarm	OF	PTFF		0.14	0.14	0.00
270 Fox Jr., Robert W	SD16		3 Silent Alarm	CA	CC		0.00	0.00	0.00
351 Reustle, Stephen M	SD16		3 Silent Alarm	4	CL		0.14	0.14	0.00
371 Jarozynski, Kyle P	SD16		3 Silent Alarm	2	FFE		0.14	0.14	0.00
378 D'Alonzo, Julian P	SD16		3 Silent Alarm	1	CL		0.00	0.00	0.00
382 Stuhlemmer, Adam D	SD16	X	3 Silent Alarm	DR	FFE		0.00	0.00	0.00

Total Participants: 7

Total Personnel Hours: 0.56

An 'X' next to the unit denotes driver.

A | FDID * 04161 | State * NJ | Incident Date * MM 11 DD 16 YYYY 2019 | Station 1 | Incident Number * 19-0404588 | Exposure * 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: 577 | Prefix: | Street or Highway: Haddon | Street Type: AVE | Suffix:

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

Cross street or directions, as applicable:

C Incident Type *

744 | Detector activation, no fire -

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 *	11	16	2019	12:54:48
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	11	16	2019	12:59:32
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	11	16	2019	13:02:37

E2 Shift & Alarms

Local Option

Shift or Platoon: 2 | Alarms: | District: 161

E3 Special Studies

Local Option

Special Study ID#: 6000 | Special Study Value: 1

F Actions Taken *

Primary Action Taken (1): 86 Investigate

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 evacuation 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

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

Local Option

Business name (if Applicable): Macona BBQ | Area Code: 856 | Phone Number: 585-8719

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

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

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

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

State: NJ | Zip Code: 08108

L Remarks

Local Option

E16 BLS 16 was dispatched to the noted location for the report of a first floor smoke detector activation. E16 BLS 16 arrived with nothing showing. Crew met with business owner and stated that a BBQ smoker caused the activation. There was no need for fire department services alarm was reset and was returned to normal status.

11/16/2019 14:57:31 jdalonzo16

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
378	D'Alonzo, Julian P	CL	E16	11	16	2019

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	E16	11	16	2019

FDID *	State *	MM Incident	DD Date *	YYYY	Station	Incident Number *	Exposure *	Responding Personnel
04161	NJ	11	16	2019	1	19-0404588	000	

Staff ID\Staff Name	Unit		Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
1114 Medes, Matthew J	1647	X	3 Silent Alarm	DR	PTFF		0.13	0.13	0.00
351 Reustle, Stephen M	E16		3 Silent Alarm	4	CL		0.13	0.13	0.00
371 Jarozynski, Kyle P	E16		3 Silent Alarm	3	FFE		0.13	0.13	0.00
378 D'Alonzo, Julian P	E16		3 Silent Alarm	OF	CL		0.13	0.13	0.00
382 Stuhlemmer, Adam D	E16	X	3 Silent Alarm	DR	FFE		0.13	0.13	0.00

Total Participants: 5

Total Personnel Hours: 0.65

An 'X' next to the unit denotes driver.

A

FDID: 04161 * | State: NJ * | Incident Date (MM DD YYYY): 02 28 2020 * | Station: 1 | Incident Number: 20-0071873 * | Exposure: 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: 577 | Prefix: | Street or Highway: Haddon | Street Type: AVE | Suffix:

Apt./Suite/Room: | City: Collingswood | State: NJ | Zip Code: 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 * (ALARM always required)	02	28	2020	15:09:25
☒ Arrival * (ARRIVAL required, unless canceled or did not arrive)	02	28	2020	15:11:00
☐ Controlled (CONTROLLED Optional, Except for wildland fires)				
☒ Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	02	28	2020	15:18:00

E2 Shift & Alarms

Local Option

Shift or Platoon: 2 | Alarms: | District: 161

E3 Special Studies

Local Option

Special Study ID#: 6000 | Special Study Value: 1

F Actions Taken *

Primary Action Taken (1): 86 Investigate

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

		None
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 evacuation 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
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0 ☐ Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

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Property Use: 519

Food and beverage sales,

NFIRS-1 Revision 03/11/99

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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.

Business name (if Applicable): Macona BBQ | Area Code: 856 | Phone Number: 585-8719

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

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

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

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

State: NJ | Zip Code: 08108

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
[X]	378	D'Alonzo, Julian P	CL	SD16	02	28	2020

FDID *	State *	MM	DD	YYYY	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	PTFF		0.14	0.14	0.00
371 Jarozynski, Kyle P	SD16		3 Silent Alarm	DR	FFE		24.1	24.1	0.00
378 D'Alonzo, Julian P	SD16		3 Silent Alarm	OF	CL		24.1	24.1	0.00
382 Stuhlemmer, Adam D	SD16	X	3 Silent Alarm	3	FFE		24.1	24.1	0.00

Total Participants: 5

Total Personnel Hours: 72.70

An 'X' next to the unit denotes driver.