City of Linden
UNION COUNTY, NEW JERSEY

OFFICE OF CITY CLERK
City Hall – 301 North Wood Avenue
(908) 474-8452
Fax: (908) 474-8451

Joseph C. Bodek, RMC, RPPO
City Clerk

Jennifer Honan
Deputy City Clerk

January 31, 2022

Accurate
Jennifer Battiloro
U2getlost@aol.com
Opra+request-26727-fba2ea75@requests.opramachine.com

File Number: 2021-991

Re: OPRA Request – Fire Records

Dear Accurate & Jennifer Battiloro:

The City of Linden received your Open Public Records Act (OPRA) request on October 28, 2021. The official Records Custodian, Joseph C. Bodek, received your OPRA request on October 28, 2021.

You requested the following: See Attached

The rest of the records are now being provided to you as per your request, with redactions. In accordance with N.J.S.A. N.J.S.A. 47:1A-1 (24) Privacy Interest and N.J.S.A. 47:1A-1.1(19). Personal Identifying Information "personnel id numbers" a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy: and N.J.S.A 47:1A-9(22) which upholds exceptions contained in other State or Federal statutes and regulations, Executive Orders of the Governor, rules of Court, Constitution of this State, or juridical case law or exempt as their disclosure would violate the U.S Department of Health & Human Services Health Information Privacy Rule (HIPPA).

If you feel that your request for access to a government record has been improperly denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision of the City of Linden to deny access. I have attached information, from the Government Records Council regarding the process to file a complaint.

Sincerely,

Joseph C. Bodek
Custodian of Records
City of Linden

New Jersey Government Records Council ("GRC")

What to do if your request for a record has been denied

The New Jersey Open Public Records Act (N.J.S.A. 47:1A-1 *et seq.*) permits a person who believes that he or she has been unlawfully denied access to a public record either to file a complaint with the GRC or to file suit in Superior Court to challenge the decision and compel disclosure. This poster describes the procedures for taking such actions.

To file a complaint with the GRC:

- Visit the GRC's website at www.nj.gov/grc for information and to register your complaint. In the alternative, you may contact the GRC by telephone at 1-866-850-0511 or by e-mail at government.records@dca.nj.gov.
- When you file the written complaint, the GRC will offer both you and the public agency non-adversarial, impartial mediation. If mediation is not accepted or is not successful, the GRC will investigate the complaint.
- In some cases, the GRC can award attorney's fees to a complainant or impose a fine against a records custodian.
- There is no fee to file a complaint with the GRC.

To file a complaint in Superior Court:

- A requestor may start a summary (expedited) lawsuit in the Superior Court. A written complaint and order to show cause must be filed with the court.
- The court requires a filing fee, and you must serve the lawsuit papers on the appropriate parties.
- The court will schedule a hearing to resolve the dispute.
- If you disagree with the court's decision, you may appeal the decision to the Appellate Division of the Superior Court.
- If you are successful, you may be entitled to reasonable attorney's fees.
- You may wish to consult with an attorney to learn about initiating and pursuing a summary lawsuit in the Superior Court.
- Filing suit in Superior Court may result in a faster resolution, because the courts adjudicate cases every day, whereas the GRC only meets once a month.

Government Records Council, P.O. Box 819, Trenton, New Jersey 08625-0819

OPRA Request

Accurate made this OPRA request to Linden City.

Response to this request is **long overdue**. By law, under all circumstances, Linden City should have responded by now (details). You can **complain** by requesting an internal review.

2021 - 991

Accurate **October 28, 2021**
Unknown

Dear Linden City,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

Any reports, CAD's dispatch records, incident reports from the Linden Fire Department and their response to a motor vehicle accident that occurred on 10-24-21 between the hours of 3 and 5 am in the area of I278 and Route 1 & 9 Linden, NJ - vehicle involved is a 2018 Black BMW

Yours faithfully,

Accurate

A

FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure
20009	NJ	10	24	2021	ST1	21.007766	000

☐ Delete ☐ Change ☐ No Activity

NFIRS–1 Basic

B Location Type ☆

☐ 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: 8 -

- ☑ Street address
- ☐ Intersection
- ☐ In front of
- ☐ Rear of
- ☐ Adjacent to
- ☐ Directions
- ☐ US National Grid

Number/Milepost | Prefix | Street or Highway: DOMESTIC SALES ENTRANCE / 1100 E EDGAR RD | Street Type | Suffix

Apt./Suite/Room | City: Linden | State: NJ | ZIP Code: 07036 -

Cross Street, Directions or National Grid, as applicable

C Incident Type ☆

352 Extrication of victim(s)

Incident Type

D Aid Given or Received ☆

☐ None

1 ☑ Mutual aid received
2 ☐ Auto. aid received
3 ☐ Mutual aid given
4 ☐ Auto. aid given
5 ☐ Other aid given

Their FDID | Their State | Their Incident Number

E1 Dates and Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hour	Min
Alarm ☆ (ALARM always required)	10	24	2021	04:10:25	
☐ Arrival ☆ (ARRIVAL required, unless canceled or did not arrive)	10	24	2021	04:14:07	
☐ Controlled (CONTROLLED optional, except for wildland fires)					
☐ Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	10	24	2021	05:30:15	

E2 Shifts and Alarms

Local Option

Shift or Platoon	Alarms	District
3	0	3

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken ☆

86	Investigate
23	Extricate, disentangle
31	Provide first aid & check for injur

Primary Action Taken (1)
Additional Action Taken (2)
Additional Action Taken (3)

G1 Resources ☆

☑ Check this box and skip this block if an Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	2	6
EMS	0	0
Other	1	1

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses and Values

LOSSES: Required for all fires if known. Optional for non-fires. None

Property $, , ☑
Contents $, , ☑

PRE-INCIDENT VALUE: Optional

Property $, , ☑
Contents $, , ☑

Completed Modules

- ☐ Fire–2
- ☐ Structure Fire–3
- ☐ Civilian Fire Cas.–4
- ☐ Fire Service Cas.–5
- ☐ EMS–6
- ☐ HazMat–7
- ☐ Wildland Fire–8
- ☑ Apparatus–9
- ☑ Personnel–10
- ☐ Arson–11

H1 ☆ Casualties

☑ None

	Deaths	Injuries
Fire Service	0	0
Civilian	0	0

H2 Detector

Required for confined fires.

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

H3 Hazardous Materials Release

☑ 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 storage
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 > 55 gal (Please complete the HazMat form.)

I Mixed Use Property

☑ Not mixed

10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Business & residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use ☆

☐ None

Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/tavern or nightclub
213 ☐ Elementary school, kindergarten
215 ☐ High school, junior high
241 ☐ College, adult education
311 ☐ Nursing home
331 ☐ Hospital
341 ☐ Clinic, clinic-type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1- or 2-family dwelling
429 ☐ Multifamily 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
571 ☐ Gas or service station
579 ☐ Motor vehicle/boat sales/repairs
599 ☐ Business office
615 ☐ Electric-generating plant
629 ☐ Laboratory/science laboratory
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/cared 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

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

Property Use: 961 (Code)
Highway or divided highw (Property Use Description)

K1 Person/Entity Involved

Local Option

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

☐ Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. | First Name: Aldai | MI | Last Name: Toussaint | Suffix

Number | Prefix | Street or Highway: 47 Elm St Apt 409 | Street Type | Suffix

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

State: NJ | ZIP Code: 07208 —

☑ 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 block.

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

☐ Check this box if same address as incident Location (Section B). 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

-Please refer to Supplemental form for Remarks

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

☐ Buildings 111	Complete Fire & Structure Modules
☐ Special structure 112	Complete Fire Module & Section I, Structure Module
☐ Confined 113–118	Basic Module Only
☐ Mobile property 120–123	Complete Fire & Structure Modules
☐ Vehicle 130–138	Complete Fire Module
☐ Vegetation 140–143	Complete Fire or Wildland Module
☐ Outside rubbish fire 150–155	Basic Module Only
☐ Special outside fire 160	Complete Fire or Wildland Module
☐ Special outside fire 161–163	Complete Fire Module
☐ Crop fire 170–173	Complete Fire or Wildland Module

ITEMS WITH A ☆ MUST **ALWAYS** BE COMPLETED!

☐ More remarks? Check this box and attach Supplemental Forms (NFIRS–1S) as necessary.

M Authorization

Check box if same as Officer in charge. ⇨ ☐

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
[redacted]	Principato, Salvitore	Deputy Chief / I	L2 Shift Deputy	10	24	2021
Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
[redacted]	Ferraro, Brian	Captain / Inspec	Engine 3	10	24	2021

E3 Supplemental Special Studies
Local Option

Incident Number	Exposure	MM	DD	YYYY	Incident Date
21.007766	000	10	24	2021	

NFIRS–1S Supplemental

	Special Study ID#	Special Study Value		Special Study ID#	Special Study Value		Special Study ID#	Special Study Value		Special Study ID#	Special Study Value
1			2			3			4		
5			6			7			8		

L Remarks:
Local Option

Received a call for a motor vehicle accident with entrapment on the 278 WB ramp at Rt 1 South. Upon arrival, crews from Engine 3 and Engine 1 split to extricate and check for injuries in both cars. A combi tool was used to gain access to the driver of one vehicle (2016 Jeep Wrangler) by removing the door. The second vehicle had injuries but no entrapment. [redacted]. The driver of the second vehicle was detained by police prior to the arrival of fire units. The driver was checked for injuries by fire department personnel but refused medical treatment and to give any personal information. The batteries to both vehicles were disconnected. LPD remained on scene for an accident investigation team and all fire units cleared.

Driver: Aldai Toussaint2016 Jeep Wrangler NJ Plate: R37 KMW Unknown Driver Info2017 BMW X1NJ Plate: E17 LVH

A | 20009 (FDID) | NJ (State) | MM 10 / DD 24 / YYYY 2021 (Incident Date) | ST1 (Station) | 21.007766 (Incident Number) | 000 (Exposure) | ☐ Delete ☐ Change | **NFIRS-1S Supplemental**

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 these three duplicate address lines.

Mr., Ms., Mrs. | First Name: Shaka | MI: D | Last Name: Barnes | Suffix

Number | Prefix | Street or Highway: 144 Clarken Dr | Street Type | Suffix

Post Office Box | Apt./Suite/Room | City: West Orange

State: NJ | ZIP Code: 07052 –

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 these these duplicate address lines.

Mr., Ms., Mrs. | First Name: Breon | MI: M | Last Name: Washington | Suffix

Number | Prefix | Street or Highway: 39 William St Apt 2 | Street Type | Suffix

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

State: NJ | ZIP Code: 07050 –

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 these three duplicate address lines.

Mr., Ms., Mrs. | First Name: Denise | MI | Last Name: Perez | Suffix

Number | Prefix | Street or Highway: 335 E 5th St | Street Type | Suffix

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

State: NJ | ZIP Code: 07060 –

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 these 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 –

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 these 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 –

A

FDID ☆	State ☆	Incident Date (MM / DD / YYYY) ☆	Station	Incident Number ☆	Exposure ☆	Delete / Change	NFIRS–9 Apparatus or Resources
20009	NJ	10 / 24 / 2021	ST1	21.007766	000	☐ / ☐	

B Apparatus or Resources — Use codes listed below

	ID / ☆ Type	Dates and Times (Midnight is 0000; ☐ Check if same date as Alarm date on the Basic Module (Block E1))	Sent (X)	Number of People ☆	Apparatus Use ☆ (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus.)
1	ID: L61 ☆ Type: 11	Dispatch ☐ 10 / 24 / 2021 / 04:10:25 Arrival ☐ 10 / 24 / 2021 / 04:15:20 Clear ☐ 10 / 24 / 2021 / 05:30:15	☐	3	☑ Suppression ☐ EMS ☐ Other	
2	ID: L63 ☆ Type: 11	Dispatch ☐ 10 / 24 / 2021 / 04:10:26 Arrival ☐ 10 / 24 / 2021 / 04:15:32 Clear ☐ 10 / 24 / 2021 / 05:30:13	☐	3	☑ Suppression ☐ EMS ☐ Other	
3	ID: L2 ☆ Type: 92	Dispatch ☐ 10 / 24 / 2021 / 04:10:26 Arrival ☐ 10 / 24 / 2021 / 04:14:07 Clear ☐ 10 / 24 / 2021 / 05:30:12	☐	1	☐ Suppression ☐ EMS ☑ Other	
4	ID: ☆ Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
5	ID: ☆ Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
6	ID: ☆ Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
7	ID: ☆ Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
8	ID: ☆ Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
9	ID: ☆ Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	

Apparatus or Resource Type

Ground Fire Suppression
- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker and pumper combination
- 16 Brush truck
- 17 ARFF (aircraft rescue and firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment
- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy ground equipment, other

Aircraft
- 41 Aircraft: fixed-wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment
- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine equipment, other

Support Equipment
- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical and Rescue
- 71 Rescue unit
- 72 Urban search and rescue unit
- 73 High-angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

Other
- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type I hand crew
- 95 Type II hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resources

More apparatus? Use additional sheets.

NN None
UU Undetermined

A

FDID ☆	State ☆	MM Incident Date ☆	DD Incident Date ☆	YYYY Incident Date ☆	Station	Incident Number ☆	Exposure ☆	Delete	Change	NFIRS–10 Personnel
20009	NJ	10	24	2021	ST1	21.007766	000	☐	☐	

B Apparatus or Resources | Dates and Times (Midnight is 0000; Check if same date as Alarm date on the Basic Module (Block E1); Month Day Year Hour/Min) | Sent [X] | Number of People ☆ | Apparatus Use ☆ (Check ONE box for each apparatus to indicate its main use at the incident.) | Actions Taken (List up to 4 actions for each apparatus and each personnel.)

1 ID: L61 ☆Type: 11

Dispatch	☐	10	24	2021	04:10:25
Arrival	☐	10	24	2021	04:15:20
Clear	☐	10	24	2021	05:30:15

Sent: ☐ | Number of People: 3 | Apparatus Use: ☑ Suppression ☐ EMS ☐ Other

Personnel ID ☆	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
[redacted]	Pribish,Mathew[redacted]	Firefighter/In	☐				
[redacted]	Schulhafer,Kevin[redacted]	Lieutenant / I	☐				
[redacted]	Bennoit,Timothy[redacted]	Firefighter / I	☐				
			☐				
			☐				
			☐				

2 ID: L63 ☆Type: 11

Dispatch	☐	10	24	2021	04:10:25
Arrival	☐	10	24	2021	04:15:20
Clear	☐	10	24	2021	05:30:15

Sent: ☐ | Number of People: 3 | Apparatus Use: ☑ Suppression ☐ EMS ☐ Other

Personnel ID ☆	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
[redacted]	Ferraro,Brian[redacted]	Captain / Ins	☐				
[redacted]	Braxton,Tadji[redacted]	Firefighter D	☐				
[redacted]	Haszko,Christophe[redacted]	Firefighter / I	☐				
			☐				
			☐				
			☐				

3 ID: L2 ☆Type: 92

Dispatch	☐	10	24	2021	04:10:25
Arrival	☐	10	24	2021	04:15:20
Clear	☐	10	24	2021	05:30:15

Sent: ☐ | Number of People: 1 | Apparatus Use: ☐ Suppression ☐ EMS ☑ Other

Personnel ID ☆	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
[redacted]	Principato,Salvitore[redacted]	Deputy Chief	☐				
			☐				
			☐				
			☐				
			☐				
			☐				

A

FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure
20009	NJ	10	24	2021	ST1	21.007767	000

☐ Delete ☐ Change ☐ No Activity

NFIRS–1 Basic

B Location Type ☆

☐ 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: 6 -

☑ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions
☐ US National Grid

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
		1100 E EDGAR RD		

Apt./Suite/Room	City	State	ZIP Code
	Linden	NJ	07036 -

Cross Street, Directions or National Grid, as applicable

C Incident Type ☆

322 Vehicle accident with i

Incident Type

D Aid Given or Received ☆

☑ None

1 ☐ Mutual aid received
2 ☐ Auto. aid received
3 ☐ Mutual aid given
4 ☐ Auto. aid given
5 ☐ Other aid given

Their FDID | Their State

Their Incident Number

E1 Dates and Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hour	Min
ALARM always required					
Alarm ☆	10	24	2021	04:11:46	
ARRIVAL required, unless canceled or did not arrive					
☐ Arrival ☆	10	24	2021	04:15:35	
CONTROLLED optional, except for wildland fires					
☐ Controlled					
LAST UNIT CLEARED, required except for wildland fires					
☐ Last Unit Cleared	10	24	2021	05:36:10	

E2 Shifts and Alarms

Local Option

Shift or Platoon	Alarms	District
3	0	3

E3 Special Studies

Local Option

Special Study ID#	Special Study Value

F Actions Taken ☆

32 Provide basic life support (BLS)
Primary Action Taken (1)

34 Transport person
Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources ☆

☑ Check this box and skip this block if an Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	0	0
EMS	2	4
Other	0	0

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses and Values

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

		None
Property	$, ,	☑
Contents	$, ,	☑

PRE-INCIDENT VALUE: Optional

Property	$, ,	☑
Contents	$, ,	☑

Completed Modules

☐ Fire–2
☐ Structure Fire–3
☐ Civilian Fire Cas.–4
☐ Fire Service Cas.–5
☐ EMS–6
☐ HazMat–7
☐ Wildland Fire–8
☑ Apparatus–9
☑ Personnel–10
☐ Arson–11

H1 ☆ Casualties

☑ None

	Deaths	Injuries
Fire Service	0	0
Civilian	0	0

H2 Detector

Required for confined fires.

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

H3 Hazardous Materials Release

☑ 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 storage
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 > 55 gal (Please complete the HazMat form.)

I Mixed Use Property

☑ Not mixed

10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Business & residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use ☆

☐ None

Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/tavern or nightclub
213 ☐ Elementary school, kindergarten
215 ☐ High school, junior high
241 ☐ College, adult education
311 ☐ Nursing home
331 ☐ Hospital
341 ☐ Clinic, clinic-type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1- or 2-family dwelling
429 ☐ Multifamily 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
571 ☐ Gas or service station
579 ☐ Motor vehicle/boat sales/repairs
599 ☐ Business office
615 ☐ Electric-generating plant
629 ☐ Laboratory/science laboratory
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/cared 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

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

Property Use 961 (Code)

Highway or divided highw (Property Use Description)

K1 Person/Entity Involved

Local Option

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

☐ Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. | First Name: Denise | MI | Last Name: Perez | Suffix

Number | Prefix | Street or Highway: 335 E 5th St | Street Type | Suffix

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

State: NJ | ZIP Code: 07060 –

☑ **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 block.

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

☐ Check this box if same address as incident Location (Section B). 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

-Please refer to Supplemental form for Remarks

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

☐ Buildings 111	Complete Fire & Structure Modules
☐ Special structure 112	Complete Fire Module & Section I, Structure Module
☐ Confined 113–118	Basic Module Only
☐ Mobile property 120–123	Complete Fire & Structure Modules
☐ Vehicle 130–138	Complete Fire Module
☐ Vegetation 140–143	Complete Fire or Wildland Module
☐ Outside rubbish fire 150–155	Basic Module Only
☐ Special outside fire 160	Complete Fire or Wildland Module
☐ Special outside fire 161–163	Complete Fire Module
☐ Crop fire 170–173	Complete Fire or Wildland Module

ITEMS WITH A ☆ MUST **ALWAYS** BE COMPLETED!

☐ **More remarks? Check this box and attach Supplemental Forms (NFIRS–1S) as necessary.**

M Authorization

Check box if same as Officer in charge. ⇨ ☐

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
[redacted]	Principato, Salvitore	Deputy Chief / I				
Member making report ID	**Signature**	**Position or rank**	**Assignment**	**Month**	**Day**	**Year**
[redacted]	Mahon, Kevin	Firefighter / EMT	L52	10	24	2021

E3 Supplemental Special Studies
Local Option

21.007767	000	MM 10	DD 24	YYYY 2021	NFIRS-1S Supplemental
Incident Number	Exposure	Incident Date			

	Special Study ID#	Special Study Value		Special Study ID#	Special Study Value		Special Study ID#	Special Study Value		Special Study ID#	Special Study Value
1			2			3			4		
5			6			7			8		

L Remarks:
Local Option

L52 recd a call for a 2 car mva with injuries. Upon arrival we found 1 pt in backseat of a bmw being held by friend. [redacted]

Medic 44 arrived on scene and took over pt care. [redacted] (L52 transported Denise Perez) See ems charts

L51 dispatched to Edgar rd south bound for a two car MVA with injuries. Upon arrival L51 met with rear passenger of Jeep. [redacted] took over pt [redacted] (L51 transported Breon Washington)

L51 dispatched to Domestic Trade (1&9 SB) for an MVA with injuries. Upon arrival met with pt. sitting in passengers seat of vehicle. Pt. stated [redacted] Medic 10 arrived on scene and took over pt. care. [redacted] (L51 transported Shaka Barnes)

A | FDID: 20009 | State: NJ | Incident Date: MM 10 DD 24 YYYY 2021 | Station: ST1 | Incident Number: 21.007767 | Exposure: 000 | ☐ Delete ☐ Change

NFIRS–1S Supplemental

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 these three duplicate address lines.

Mr., Ms., Mrs.: ____ First Name: Breon MI: M Last Name: Washington Suffix: ____

Number: ____ Prefix: ____ Street or Highway: 39 William St Apt 2 Street Type: ____ Suffix: ____

Post Office Box: ____ Apt./Suite/Room: ____ City: Orange

State: NJ ZIP Code: 07050 – ____

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 these these duplicate address lines.

Mr., Ms., Mrs.: ____ First Name: Shaka MI: D Last Name: Barnes Suffix: ____

Number: ____ Prefix: ____ Street or Highway: 144 Clarken Dr Street Type: ____ Suffix: ____

Post Office Box: ____ Apt./Suite/Room: ____ City: West Orange

State: NJ ZIP Code: 07052 – ____

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 these 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: ____ – ____

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 these 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: ____ – ____

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 these 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: ____ – ____

A

FDID ☆	State ☆	Incident Date (MM / DD ☆ / YYYY)	Station	Incident Number ☆	Exposure ☆	Delete / Change	NFIRS–9 Apparatus or Resources
20009	NJ	10 / 24 / 2021	ST1	21.007767	000	☐ / ☐	

B Apparatus or Resources — Use codes listed below

	Apparatus or Resources	Dates and Times (Midnight is 0000; ☐ Check if same date as Alarm date on the Basic Module (Block E1))	Sent (X)	Number of People ☆	Apparatus Use ☆ (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus.)
1	ID: L51 ☆ Type: 75	Dispatch ☐ 10 / 24 / 2021 / 04:11:46 Arrival ☐ 10 / 24 / 2021 / 04:15:35 Clear ☐ 10 / 24 / 2021 / 05:36:10	☐	2	☐ Suppression ☑ EMS ☐ Other	
2	ID: L52 ☆ Type: 75	Dispatch ☐ 10 / 24 / 2021 / 04:11:46 Arrival ☐ 10 / 24 / 2021 / 04:15:35 Clear ☐ 10 / 24 / 2021 / 05:36:10	☐	2	☐ Suppression ☑ EMS ☐ Other	
3	ID: ☆ Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
4	ID: ☆ Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
5	ID: ☆ Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
6	ID: ☆ Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
7	ID: ☆ Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
8	ID: ☆ Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
9	ID: ☆ Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	

Apparatus or Resource Type

Ground Fire Suppression

11 Engine
12 Truck or aerial
13 Quint
14 Tanker and pumper combination
16 Brush truck
17 ARFF (aircraft rescue and firefighting)
10 Ground fire suppression, other

Heavy Ground Equipment

21 Dozer or plow
22 Tractor
24 Tanker or tender
20 Heavy ground equipment, other

Aircraft

41 Aircraft: fixed-wing tanker
42 Helitanker
43 Helicopter
40 Aircraft, other

Marine Equipment

51 Fire boat with pump
52 Boat, no pump
50 Marine equipment, other

Support Equipment

61 Breathing apparatus support
62 Light and air unit
60 Support apparatus, other

Medical and Rescue

71 Rescue unit
72 Urban search and rescue unit
73 High-angle rescue unit
75 BLS unit
76 ALS unit
70 Medical and rescue unit, other

Other

91 Mobile command post
92 Chief officer car
93 HazMat unit
94 Type I hand crew
95 Type II hand crew
99 Privately owned vehicle
00 Other apparatus/resources

More apparatus? Use additional sheets.

NN None
UU Undetermined

A

FDID ☆	State ☆	Incident Date (MM / DD / YYYY) ☆	Station	Incident Number ☆	Exposure ☆	Delete / Change	NFIRS–10 Personnel
20009	NJ	10 / 24 / 2021	ST1	21.007767	000	☐ Delete ☐ Change	

B Apparatus or Resources | Dates and Times (Midnight is 0000; Check if same date as Alarm date on the Basic Module (Block E1); Month Day Year Hour/Min) | Sent [X] | Number of People ☆ | Apparatus Use ☆ (Check ONE box for each apparatus to indicate its main use at the incident.) | Actions Taken (List up to 4 actions for each apparatus and each personnel.)

1 ID: L51 ☆Type: 75

	Month	Day	Year	Hour/Min
Dispatch ☐	10	24	2021	04:11:46
Arrival ☐	10	24	2021	04:15:35
Clear ☐	10	24	2021	05:36:10

Sent ☐ | Number of People: 2 | Apparatus Use: ☐ Suppression ☑ EMS ☐ Other | Actions Taken:

Personnel ID ☆	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
[redacted]	Kunz,Brett [redacted]	Probationary	☐				
[redacted]	Viana,Michael [redacted]	Firefighter / E	☐				
			☐				
			☐				
			☐				
			☐				

2 ID: L52 ☆Type: 75

	Month	Day	Year	Hour/Min
Dispatch ☐	10	24	2021	04:11:46
Arrival ☐	10	24	2021	04:15:35
Clear ☐	10	24	2021	05:36:10

Sent ☐ | Number of People: 2 | Apparatus Use: ☐ Suppression ☑ EMS ☐ Other | Actions Taken:

Personnel ID ☆	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
[redacted]	Mahon,Kevin [redacted]	Firefighter / E	☐				
	Gergich,Scott [redacted]	Firefighter / E	☐				
			☐				
			☐				
			☐				
			☐				

3 ID: ☆Type:

Dispatch ☐				
Arrival ☐				
Clear ☐				

Sent ☐ | Number of People: | Apparatus Use: ☐ Suppression ☐ EMS ☐ Other | Actions Taken:

Personnel ID ☆	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

PRID: 72000478 | Incident Number: 21-7781A | Local ID: 21-7781A

Service: Linden Fire Department
Base: Linden Fire Dept.
Unit: L51
Shift: C Shift
EMD: No - 0
Dispatched As: MVA - Motor Vehicle Accident
Mass Casualty: No
Type of Svc: Emergency Response (Primary Response Area) Unscheduled
Dispatch Priority: LIghts and Siren
Response Mode: Emergent (Immediate Response)
Mode Descriptors: Lights and Sirens
Moved Via:
Position:
Disposition:
Amb. Transport Code: Initial Trip

Ref Other Type: *Street , highway and other paved roadways*
Location: Domestic Trade
1&9 South Bound
Linden, NJ 07036
Union County
United States
Requester: Dispatch

Date: October 24, 2021
Team: BLS
Crew 1: *Driver/Pilot - Response,Driver/Pilot - Transport*
Viana, Michael
Crew 2: *Primary Caregiver - Scene,Primary Caregiver - Transport*
Kunz, Brett
Transport Mode: Emergent (Immediate Response)
Mode Descriptors: Lights and Sirens
Moved From:
Stretcher Purpose:
Pt. Condition:
Final Acuity: Emergent (Yellow)

Receiving: *Hospital*
University Hospital

Emergency Department
Trauma Center Level 1
150 Bergen Street
Newark, NJ 07103-2425
Rec. RN: charge nurse

Last Name: Barnes First: Shaka
Address: 144 Carken Drive
City: West Orange ST: NJ Zip: 07052
County: Essex
Country: United States
Phone: Mobile:
DOB: 08/18/1991
Age: 30y Sex: M Weight: 90 kg
Height: 68 in IBW: 68.4
Subscriber: No
Race: Black, non-Hispanic
Billing Information:

Company	Group	ID
ESURANCE		PANJ-92222854

Odometer		Times	
At Ref:	49944.0	Notified:	04:11
At Rec:	49954.0	Dispatch:	04:11
Ld Miles:	10.0	Acknowledged:	04:12
		EnRoute:	04:12
		At Ref:	04:15
		At Patient:	04:15
		Leave Ref:	04:47
		At Rec:	05:01
		Transfer Care Dest:	05:02
		Available:	05:36
		Call Completed:	05:36

Consent Signed: No
PCS / Medical Necessity Signed: No

Scene Information

Description: Upon arrival found pt. sitting inside of vehicle.
First Agency Unit on Scene?: No
Other EMS: Linden FD Engine 1, Linden FD Engine 3, RWJ Rahway Medic 10, Linden Police

Chief Complaint (Category: MVA - Motor Vehicle Accident)

Anatomic Location:

History of Present Illness

L51 dispatched to Domestic Trade (1&9 SB) for an MVA with injuries. Upon arrival met with pt. sitting in passengers seat of vehicle. Pt.

Medical History	Current Medications	Allergies
None	None Listed	None

Neurological Exam

Level of Consciousness:
Loss of Consciousness: No
Chemically Paralyzed:
Neurological Present:
Mental Presen

Motor	Sensory

Glasgow Coma Scale

	E	V	M	Tot
Int:	4	5	6	= 15

LA: [redacted]
RA:
LL:
RL:

Airway

Status: Patent

Respiratory

Effort: [redacted]
Sounds:
Sounds:

Cardiovascular

JVD: [redacted]
Cap. Refill: [redacted]
Edema: [redacted]

Pulses

	Left	Right
Carotid:	[redacted]	
Radial		
Femoral:		

Cardiac Arrest

[redacted]
Defib Type:

Motor Vehicle Incident

Involved: 2
Airbag: Airbag Deployed Side
Location of Pt in Vehicle: Front Seat-Right Side
Vehicle Impact: 9
Extrication Required: No
Vehicle Body Type: Passenger car
Was ACN Used: No

Injury Details

Reason for Encounter: [redacted]
Drugs/Alcohol?:
Drug/Alcohol Indicators Present:
Intentional:
Work Related:
Injury Cause:
Mechanism:

Initial Physical Findings

Assessment
Neck: [redacted]
Mental Status:
Neurological:

Impression / Diagnosis

Symptoms: Pain (General)
Impression: General Pain
Initial Patient Acuity: Emergent (Yellow)

Activity

Time	H.R.	B.P.	RA SpO2		Resp	Rhythm	GCS	ECG Method	Temp	Pain
	H.R. Method	Method	LOC		Resp Effort					
Action	Comment									
04:22	[redacted]						4/5/6		97.8°F No Touch (e.g., Infrared)	6
	Palpated	Manual	Alert		Normal					

[redacted]

04:35 [redacted] 4/5/6

Response Factors Affecting Care: [redacted]
Scene Factors Affecting Care: [redacted]
Transportation Factors Affecting Care: [redacted]
Dispatch Factors [redacted]
Turn-Around Factors [redacted]

Viana, Michael: *Electronically Signed on 10/24/2021 06:42:54 EST*

Kunz, Brett: *Electronically Signed on 10/24/2021 06:43:43 EST*

PRID: 72000133 **Incident Number:** 21-7781 **Local ID:** 21-7781

Service: Linden Fire Department
Base: Linden Fire Dept.
Unit: L51
Shift: C Shift
EMD: No - 0
Dispatched As: MVA - Motor Vehicle Accident
Mass Casualty: No
Type of Svc: Emergency Response (Primary Response Area) Unscheduled
Dispatch Priority: LIghts and Siren
Response Mode: Emergent (Immediate Response)
Mode Descriptors: [redacted] Sirens
Moved Via: [redacted]
Position: [redacted]
Disposition [redacted]
Amb. Transport Code: Initial Trip

Ref Other Type: *Street < 50 MPH*
Location: 1&9 South Bound
Linden, NJ 97036
Union County
United States
Requester: Dispatch

Date: October 24, 2021
Team: BLS
Crew 1: *Driver/Pilot - Response,Driver/Pilot - Transport*
Viana, Michael
Crew 2: *Primary Caregiver - Scene,Primary Caregiver - Transport*
Kunz, Brett
Transport Mode: Emergent (Immediate Response)
Mode Descriptors: Lights and Sirens
Moved From: [redacted]
Stretcher Purpose: [redacted]
Pt. Condition: [redacted]
Final Acuity: Emergent (Yellow)

Receiving: *Hospital*
University Hospital

Emergency Department
Hospital (General)
150 Bergen Street
Newark, NJ 07103-2425
(973)972-5658
Rec. RN: charge nurse

Last Name: washington **First:** breon
Address: 39 William St apt 2
City: Orange **ST:** NJ **Zip:** 07050
County: Essex
Country: United States
Citizenship: United States
Phone: Home: [redacted]
DOB: 05/08/1995 **SSN:** [redacted]
Age: 26y **Sex:** M **Weight:** 170 lb
Height: 69 in **IBW:** 70.7
Subscriber: No
Race: Black, non-Hispanic

Billing Information:

Company	Group	ID
ESURANCE	ESURANCE INSURANCE COMPANY	PANJ-92222854

Odometer		Times	
At Ref:	49944.0	Received:	04:11
At Rec:	49954.0	Notified:	04:11
Ld Miles:	10.0	Dispatch:	04:11
		Acknowledged:	04:12
		EnRoute:	04:12
		At Ref:	04:15
		At Patient:	04:15
		Leave Ref:	04:47
		At Rec:	05:01
		Transfer Care Dest:	05:05
		Available:	05:36
		Call Completed:	05:36

Consent Signed: No
PCS / Medical Necessity Signed: No

Scene Information

Description: Edgar rd south bound
First Agency Unit on Scene?: No
Other EMS: Linden FD Engine 1, Linden FD Engine 3, RWJ Rahway Medic 10, Linden Police

Exposed: Brett Kunz
Suspected Exposure/Injury: No
Type of Exposure: Other Not Listed
Exposed To: Infectious Disease - Other
Protective Equip: Gloves,Mask-N95

Exposed: Michael Viana
Suspected Exposure/Injury: No
Type of Exposure: Other Not Listed
Exposed To: Infectious Disease - Other
Protective Equip: Mask-N95,Gloves

Chief Complaint (Category: MVA - Motor Vehicle Accident)

[redacted]
Duration: [redacted]
Anatomic Location: [redacted]

History of Present Illness

L51 dispatched to Edgar rd south bound for a two car MVA with injuries. Upon arrival L51 met with rear passenger of [redacted] and assisted Pronto stretcher. Pt was transferred into the back of the ambulance. Pt [redacted] Pt wound cleaned above his eye. Pt showed signs of [redacted] Pt did not remember [redacted] arrived on scene and took over pt care. Pt transported to University hospital in Newark with [redacted]

Medical History	Current Medications	Allergies
Obtained From: [redacted]	[redacted]	[redacted]

Neurological Exam

Level of Consciousness: [redacted] Loss of Consciousness: [redacted]

Chemically Paralyzed: [redacted]

Neurological Present [redacted]

Mental Present: [redacted]

Glasgow Coma Scale

	E	V	M	Tot
Int	[redacted]			

Pupils

	Left	Right
Size:	[redacted]	

Motor Sensory

LA: [redacted]

RA: [redacted]

LL: [redacted]

RL: [redacted]

Airway

Status: [redacted]

Respiratory

Effort: [redacted]

Sounds: L: [redacted]

Sounds: [redacted]

Cardiovascular

JVD: [redacted]

Edema: [redacted]

Pulses

	Left	Right
Carotid	[redacted]	[redacted]
Radial	[redacted]	[redacted]
Femoral:	[redacted]	[redacted]
Dorsalis:	[redacted]	[redacted]

Cardiac Arrest

[redacted]

Motor Vehicle Incident

Involved: 2

Airbag: Airbag Deployed Side

Location of Pt in Vehicle: Second Seat-Right Side

Vehicle Impact: 9

Extrication Required: No

Vehicle Body Type: Passenger car

Was ACN Used: No

Injury Details

Reason for Encounter: [redacted]

Drugs/Alcohol?: [redacted]

Intentional: [redacted]

Injury Cause: [redacted]

Mechanism: [redacted]

Equipment: [redacted]

Risk Factors Present: [redacted]

Initial Physical Findings

Assessment

[redacted]

Impression / Diagnosis

Symptoms: [redacted]

Impression: [redacted]

Initial Patient Acuity: [redacted]

Activity

Time	H.R.	B.P.	MAP	RA SpO2	Resp	Rhythm	GCS	ECG Method	Temp	Pain

	H.R. Method	Method	LOC		Resp Effort			
Action	Comment							
04:22	[redacted]							Touch (e.g., Infrared)
04:35	[redacted]							

Response Factors Affecting Care: [redacted]
Scene Factors Affecting Care: [redacted]
Transportation Factors Affecting Care: [redacted]
Dispatch Factors: [redacted]
Turn-Around Factors: [redacted]

Viana, Michael: *Electronically Signed on 10/24/2021 06:19:43 EST*

Kunz, Brett: *Electronically Signed on 10/24/2021 06:19:20 EST*

PRID: 72000198 **Incident Number:** 21-7783 **Local ID:** 21-7783

Service: Linden Fire Department
Base: Linden Fire Dept.
Unit: L52
Shift: C Shift
EMD: No - 0
Dispatched As: MVA - Motor Vehicle Accident
Mass Casualty: No
Type of Svc: Emergency Response (Primary Response Area) Unscheduled
Dispatch Priority: LIghts and Siren
Response Mode: Lights / Sirens
Mode Descriptors: Lights and Sirens
Moved Via: [redacted]
Position: [redacted]
Disposition: [redacted]
Amb. Transport Code: Initial Trip

Ref Other Type: *Street > 50 MPH*
Location: Domestic Trade
1 & 9 south
Linden, NJ 07036
Union County
United States
Requester: Dispatch

Date: October 24, 2021
Team: BLS
Crew 1: *Primary Caregiver - Scene,Primary Caregiver - Transport*
Mahon, Kevin
EMT-B
Crew 2: *Driver/Pilot - Response,Driver/Pilot - Transport*
Gergich, Scott
EMT-B
Transport Mode: Emergent (Immediate Response)
Mode Descriptors: Lights and Sirens
Moved From: [redacted]
Stretcher Purpose: [redacted]
Pt. Condition: [redacted]
Final Acuity: Emergent (Yellow)

Receiving: *Hospital*
University Hospital

Emergency Department
Trauma Center Level 1
150 Bergen Street
Newark, NJ 07103-2425
Rec. RN: [redacted]

Last Name: perez **First:** denise **Middle:** Y
Address: 335 e 5th st
City: plainfield **ST:** NJ **Zip:** 07060
Country: United States
Citizenship: United States
Phone: Home: [redacted]
DOB: 07/05/1991 **SSN:** [redacted]
Age: 30y **Sex:** F **Weight:** 145 lb
Height: 65 in **IBW:** 57
Subscriber: No
Race: Other - Hispanic
Billing Information:
None Given

Odometer		Times	
At Ref:	132074.0	Received:	04:10
At Rec:	132084.0	Notified:	04:10
Ld Miles:	10.0	Dispatch:	04:10
		Acknowledged:	04:10
		EnRoute:	04:11
		At Ref:	04:14
		At Patient:	04:14
		Leave Ref:	04:45
		At Rec:	04:59
		Transfer Care Dest:	05:19
		Available:	05:35

Consent Signed: No
PCS / Medical Necessity Signed: No

Scene Information

Description: Arrived on scene to a 2 car mva to find 1 pt in back right seat of a bmw with deformity to the front passenger seat.
First Agency Unit on Scene?: No
Other EMS: L51, Linden FD Engine 1, Linden FD Engine 3, Linden Police, Trinitas Medic 44

Exposed: Scott Gergich
Suspected Exposure/Injury: No
Type of Exposure: Not Applicable
Protective Equip: Gloves,Mask

Exposed: Kevin Mahon
Suspected Exposure/Injury: No
Type of Exposure: Not Applicable
Protective Equip: Gloves,Mask

Chief Complaint (Category: MVA - Motor Vehicle Accident)

[redacted]

Duration: [redacted]
Anatomic Location: [redacted]

History of Present Illness

L52 recd a call for a 2 car mva with injuries. Upon arrival we found 1 pt [redacted]

Medical History	Current Medications	Allergies
Obtained From: [redacted]	None	None

[redacted]

Level of Consciousness: [redacted]
Loss of Consciousness: No
Chemically Paralyzed: [redacted]
Neurological Present: [redacted]
Mental Present: [redacted]

Glasgow Coma Scale

	E	V	M	Tot
In	[redacted]			

Pupils		Motor	Sensory
Left	Right	[redacted]	
[redacted]			

Airway

Status: [redacted]

Respiratory

Effort: [redacted]
Sounds: [redacted]

Cardiovascular

JVD: [redacted] Cap. Refill: [redacted]
Edema: [redacted]

Pulses

	Left	Right
Carotid	[redacted]	
Radial		
Femoral		
Dorsalis		

Cardiac Arrest

[redacted]

Injury Details

Reason for Encounter: [redacted]
Drugs/Alcohol?: [redacted]
Drug/Alcohol Indicators Present: [redacted]
Intentional: [redacted]
Work Related: [redacted]
Injury Cause: [redacted]
Equipment: [redacted]
Risk Factors Present: [redacted]

Initial Physical Findings

Assessment
[redacted]

Impression / Diagnosis

Symptoms: [redacted]
Impression: [redacted]
Initial Patient Acuity: [redacted]

Activity

Time	H.R.	B.P.	MAP	RA SpO2		Resp	Rhythm	GCS	ECG Method	Pain	
	[redacted]										

Action	Comment
[redacted]	

04:58 [redacted]

Response Factors Affecting Care: [redacted]
Scene Factors Affecting Care: [redacted]
Transportation Factors Affecting Care: [redacted]
Dispatch Factors: [redacted]
Turn-Around Factors: [redacted]

Mahon, Kevin: *Electronically Signed on 10/24/2021 06:22:33 EST*

Gergich, Scott: *Electronically Signed on 10/24/2021 06:48:36 EST*