

A	04663 FDID *	NJ State *	02 Incident	08 Date	2021 YYYY	663 Station	21-0039789 Incident Number *	000 Exposure *	☐ 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 Census Tract Module In Section B "Alternative Location Specification". Use only for Wildland fires. ☒ Street address ☐ Intersection ☐ In front of ☐ Rear of ☐ Adjacent to ☐ Directions 5061 Number/Milepost MAIN Prefix ST Street Type Voorhees City NJ State 08043 Zip Code - Suffix Cross street or directions, as applicable									
C	Incident Type * 111 Building 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 Check boxes if dates are the same as Alarm Date. 02 Month 08 Day 2021 Year 20:44:21 Hr Min Sec									
E2	Shift & Alarms 2 Shift or Platoon 3485 Alarms District									
E3	Special Studies Local Option Special Study ID# Special Study Value									
F	Actions Taken * 51 Ventilate 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. 0004 Apparatus 0010 Personnel Suppression 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. Property \$ 000 000 ☒ None Contents \$ 001 000 ☒ None 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 ☐ 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 ☐ Not Mixed ☐ Assembly use ☐ Education use ☐ Medical use ☐ Residential use ☐ Row of stores ☐ Enclosed mall ☐ Bus. & Residential ☐ Office use ☐ Industrial use ☐ Military use ☐ Farm use ☐ 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/boarded 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 419 1 or 2 family dwelling									

Business name (if applicable) 856 - 425 - 4050
Area Code Phone Number

Mr., Ms., Mrs. First Name MI Last Name Suffix
 5061 Prefix MAIN Street or Highway ST Street Type Suffix
 Post Office Box Apt./Suite/Room Voorhees City
 NJ 08043 -
State Zip Code

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

Business name (if Applicable) _____ Area Code _____ Phone Number _____

Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
Number	Prefix	Street or Highway		Street Type
Post Office Box		Apt./Suite/Room	City	
State	Zip Code			

Local Option

0120	Pacione, Mathew N	LT		02	08	2021
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year

Check Box if same as Officer in charge. ☒ 0120 Pacione, Mathew N LT Assignment 02 08 2021
 Member making report ID Signature Position or rank Month Day Year

A		FDID 04663	State NJ	Incident Date 02/08/2021	Station 663	Incident Number 21-0039789	Exposure 000	☐ Delete ☐ Change ☐ No Activity	NFIRS -2 Fire
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B Property Details B1 ☐ 0001 ☐ Not Residential <i>Estimated Number of residential living units in building of origin whether or not all units became involved</i> B2 ☐ ☐ Buildings not involved <i>Number of buildings involved</i> B3 ☐ ☐ None <i>Acres burned (outside fires)</i> ☐ Less than one acre	C On-Site Materials or Products ☐ None <i>Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved</i> Enter up to three codes. Check one or more boxes for each code entered. ☐ ☐ On-site material (1) ☐ ☐ On-site material (2) ☐ ☐ On-site material (3) 1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service 1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service 1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service
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D Ignition D1 ☐ 24 ☐ Cooking area, kitchen <i>Area of fire origin *</i> D2 ☐ 12 ☐ Radiated, conducted <i>Heat source *</i> D3 ☐ 76 ☐ Cooking materials, <i>Item first ignited *</i> ☐ 1 ☐ Check Box if fire spread was confined to object of origin D4 ☐ 27 ☐ Cooking oil, <i>Type of material first ignited</i> ☐ Required only if item first ignited code is 00 or <70	E1 Cause of Ignition ☐ Check box if this is an exposure report. Skip to section G 1 ☐ Intentional 2 ☐ Unintentional 3 ☐ Failure of equipment or heat source 4 ☐ Act of nature 5 ☐ Cause under investigation U ☒ Cause undetermined after investigation	E3 Human Factors Contributing To Ignition Check all applicable boxes 1 ☐ Asleep ☒ None 2 ☐ Possibly impaired by alcohol or drugs 3 ☐ Unattended person 4 ☐ Possibly mental disabled 5 ☐ Physically Disabled 6 ☐ Multiple persons involved 7 ☐ Age was a factor Estimated age of person involved 1 ☐ Male 2 ☐ Female
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F1 Equipment Involved In Ignition ☐ None If Equipment was not involved, Skip to Section G <i>Equipment Involved</i> Brand Model Serial # Year	F2 Equipment Power <i>Equipment Power Source</i> F3 Equipment Portability 1 ☐ Portable 2 ☐ Stationary Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.	G Fire Suppression Factors Enter up to three codes. ☒ None <i>Fire suppression factor (1)</i> <i>Fire suppression factor (2)</i> <i>Fire suppression factor (3)</i>
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H1 Mobile Property Involved ☐ None 1 ☐ Not involved in ignition, but burned 2 ☐ Involved in ignition, but did not burn 3 ☐ Involved in ignition and burned	H2 Mobile Property Type & Make <i>Mobile property type</i> <i>Mobile property make</i> <i>Mobile property model</i> <i>Year</i> <i>License Plate Number</i> <i>State</i> <i>VIN Number</i>	Local Use ☐ Pre-Fire Plan Available <i>Some of the information presented in this report may be based upon reports from other Agencies</i> ☐ Arson report attached ☐ Police report attached ☐ Coroner report attached ☐ Other reports attached
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NFIRS-2 Revision 01/19/99

I1 Structure Type * If Fire was In enclosed building or a portable/mobile structure complete the rest of this form 1 ☒ Enclosed Building 2 ☐ Portable/mobile structure 3 ☐ Open structure 4 ☐ Air supported structure 5 ☐ Tent 6 ☐ Open platform (e.g. piers) 7 ☐ Underground structure (work areas) 8 ☐ Connective structure (e.g. fences) 0 ☐ Other type of structure	I2 Building Status * 1 ☐ Under construction 2 ☒ Occupied & operating 3 ☐ Idle, not routinely used 4 ☐ Under major renovation 5 ☐ Vacant and secured 6 ☐ Vacant and unsecured 7 ☐ Being demolished 0 ☐ Other U ☐ Undetermined	I3 Building * Height Count the ROOF as part of the highest story 002 Total number of stories at or above grade Total number of stories below grade	I4 Main Floor Size* NFIRS-3 Structure Fire , , 450 Total square feet OR , 030 BY , 015 Lenght in feet width in feet
J1 Fire Origin * 001 ☐ Below Grade Story of fire origin	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story 001 Number of stories w/ minor damage (1 to 24% flame damage) Number of stories w/ significant damage (25 to 49% flame damage) Number of stories w/ heavy damage (50 to 74% flame damage) Number of stories w/ extreme damage (75 to 100% flame damage)	K Material Contributing Most To Flame Spread ☐ Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 Item contributing most to flame spread K2 Type of material contributing most of flame spread Required only if item contributing code is 00 or <70	
J2 Fire Spread * 1 ☐ Confined to object of origin 2 ☒ Confined to room of origin 3 ☐ Confined to floor of origin 4 ☐ Confined to building of origin 5 ☐ Beyond building of origin	L1 Presence of Detectors * (In area of the fire) N ☐ None Present Skip to section M 1 ☐ Present U ☒ Undetermined		
L2 Detector Type 1 ☐ Smoke 2 ☐ Heat 3 ☐ Combination smoke - heat 4 ☐ Sprinkler, water flow detection 5 ☐ More than 1 type present 0 ☐ Other _____ U ☐ Undetermined		L3 Detector Power Supply 1 ☐ Battery only 2 ☐ Hardwire only 3 ☐ Plug in 4 ☐ Hardwire with battery 5 ☐ Plug in with battery 6 ☐ Mechanical 7 ☐ Multiple detectors & power supplies 0 ☐ Other _____ U ☐ Undetermined	L5 Detector Effectiveness Required if detector operated 1 ☐ Alerted Occupants, occupants responded 2 ☐ Occupants failed to respond 3 ☐ There were no occupants 4 ☐ Failed to alert occupants U ☐ Undetermined
L4 Detector Operation 1 ☐ Fire too small to activate 2 ☐ Operated (Complete Section L5) 3 ☐ Failed to Operate (Complete Section L6) U ☐ Undetermined		L6 Detector Failure Reason Required if detector failed to operate 1 ☐ Power failure, shutoff or disconnect 2 ☐ Improper installation or placement 3 ☐ Defective 4 ☐ Lack of maintenance, includes cleaning 5 ☐ Battery missing or disconnected 6 ☐ Battery discharged or dead 0 ☐ Other _____ U ☐ Undetermined	
M1 Presence of Automatic Extinguishment System * N ☒ None Present 1 ☐ Present Complete rest of Section M		M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 ☐ Operated & effective (Go to M4) 2 ☐ Operated & not effective (M4) 3 ☐ Fire too small to activate 4 ☐ Failed to operate (Go to M5) 0 ☐ Other U ☐ Undetermined	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 ☐ System shut off 2 ☐ Not enough agent discharged 3 ☐ Agent discharged but did not reach fire 4 ☐ Wrong type of system 5 ☐ Fire not in area protected 6 ☐ System components damaged 7 ☐ Lack of maintenance 8 ☐ Manual Intervention 0 ☐ Other _____ U ☐ Undetermined
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 ☐ Wet pipe sprinkler 2 ☐ Dry pipe sprinkler 3 ☐ Other sprinkler system 4 ☐ Dry chemical system 5 ☐ Foam system 6 ☐ Halogen type system 7 ☐ Carbon dioxide (CO ₂) system 0 ☐ Other special hazard system U ☐ Undetermined		M4 Number of Sprinkler Heads Operating Required if system operated Number of sprinkler heads operating	

A	FDID * 04663	State * NJ	Incident Date * MM 2 DD 8 YYYY 2021	Station 663	Incident Number * 21-0039789	Exposure * 000	☐ Delete ☐ Change	NFIRS - 10 Personnel
B	Apparatus or * Resource	Date and Times Check if same as alarm date			Sent ☒	Number of * People	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.
	Use codes listed below	Month Day Year Hours/mins						
☐	ID E66 Type 11	Dispatch ☒ 2 8 2021 20:45 Arrival ☒ 2 8 2021 20:49 Clear ☒ 2 8 2021 21:14	Sent ☒	4	☒ Suppression ☐ EMS ☐ Other			
Personnel ID	Name	Rank or Grade	Attend ☒	Action Taken	Action Taken	Action Taken	Action Taken	
0014 0027 0028 0049	Conti, Dave Fryland, Tom Gallo, Joe O'Brien, Tom	LT FFE FF FFE	X X X X					
2	ID F6603 Type 92	Dispatch ☒ 2 8 2021 20:48 Arrival ☐ Clear ☒ 2 8 2021 20:54	Sent ☒	1	☒ Suppression ☐ EMS ☐ Other	93		
Personnel ID	Name	Rank or Grade	Attend ☒	Action Taken	Action Taken	Action Taken	Action Taken	
0079	Wharton, Mike	CP	X					
3	ID F6606 Type 92	Dispatch ☒ 2 8 2021 20:44 Arrival ☒ 2 8 2021 20:50 Clear ☒ 2 8 2021 21:14	Sent ☒	1	☒ Suppression ☐ EMS ☐ Other	81 86 83		
Personnel ID	Name	Rank or Grade	Attend ☒	Action Taken	Action Taken	Action Taken	Action Taken	
0120	Pacione, Mathew	LT	X					

A	FDID * 04663	State * NJ	Incident Date * MM 2 DD 8 YYYY 2021	Station 663	Incident Number * 21-0039789	Exposure * 000	☐ Delete ☐ Change	NFIRS - 10 Personnel
B	Apparatus or * Resource Use codes listed below		Date and Times Check if same as alarm date Month Day Year Hours/mins		Sent ☒	Number of * People	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.
	☐ ID SD66 Type 11		Dispatch ☒ 2 8 2021 20:44 Arrival ☒ 2 8 2021 20:52 Clear ☒ 2 8 2021 21:14	Sent ☒	4	☒ Suppression ☐ EMS ☐ Other	75 51 	
	Personnel ID	Name	Rank or Grade	Attend ☒	Action Taken	Action Taken	Action Taken	Action Taken
	0063	Robitaille, Jerry	FFE	X				
	0135	Caramiello, Frederick	AL	X				
	0145	Del Palazzo, Sal	PR	X				
	0158	Mondile, Mark	PR	X				
	2 ID Type 11		Dispatch ☐ Arrival ☐ Clear ☐	Sent ☐		☐ Suppression ☐ EMS ☐ Other		
	Personnel ID	Name	Rank or Grade	Attend ☒	Action Taken	Action Taken	Action Taken	Action Taken
	3 ID Type 11		Dispatch ☐ Arrival ☐ Clear ☐	Sent ☐		☐ Suppression ☐ EMS ☐ Other		
	Personnel ID	Name	Rank or Grade	Attend ☒	Action Taken	Action Taken	Action Taken	Action Taken

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
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E66 Engine 66	20:45:09	20:46:22	20:49:45	21:14:37
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Staff ID\Staff Name	Activity	Rank	Position	Role
0014 Conti, Dave	Fire Call	Lieutenant	Fire Lieuten	Company Offi
0027 Fryland, Tom	Fire Call	Firefighter	Nozzle	Firefighter
0028 Gallo, Joe	Fire Call	Firefighter	Control (HYD	Firefighter
0049 O'Brien, Tom	Fire Call	Firefighter	Driver Opera	Vehicle Driv

On arrival, we had nothing showing from A,B or C division. After making entry to the complex and getting to the residence, crew had a minor smoke at the front door through to the rear of the house. Crew found a burnt pot of oil on the stove top. No fire present. Command advised and a fan was called for. The back sliding door was opened and pot was removed to the back deck. Stove pulled from wall and unplugged. The stove had two melted knobs on the rear and there was minor charring of the wall. There was no fire in cabinets or found with TIC. Fan placed at front door and remained in service until smoke was vented.

F6603 Staff Capt	20:48:08	20:48:08	20:54:04
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Staff ID\Staff Name	Activity	Rank	Position	Role
0079 Wharton, Mike	Fire Call	Captain	Fire Captain	Fire Operati

F6606 Battalion Chief	20:44:22	20:46:05	20:50:23	21:14:37
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Staff ID\Staff Name	Activity	Rank	Position	Role
0120 Pacione, Mathew N	Fire Call	Lieutenant	Fire Lieuten	Incident Com

AOL and assumed command of the incident. CAN report was received from E66's officer who reported stove fire out on arrival requesting a fan for ventilation. The assignment was held to E66, SD66, and 6606. The townhouse was ventilated using PPV, and I proceeded with the investigation. The witness (Simone Woodard) said that she had left dinner on the stove to cook while she went upstairs. A short time later, she "smelled something burning" and went downstairs to investigate. She advised that she saw "flames on top of the stove and a lot of smoke" in the kitchen. She reported that she turned off the stove and discharged her fire extinguisher at the flames until, "the fire extinguisher ran out." E66's officer advised that he had a moderate smoke condition in the residence upon his arrival. He reported no active fire, but noted a smoking pot on the stove containing what appeared to be cooking oil. He advised that his crew removed the pot from the stove top and put it outside in the snow to cool off. His crew also removed the stove from the kitchen wall and secured it by unplugging the appliance (electric range). Dry chemical dust was noted throughout the entire kitchen, concentrated on the stove top. Charring with slight plastic melt was noticed to the knobs on the left side of the stove where the pot in question was reported to be located. Slight charring, warping, and plastic melt were noticed underneath the microwave, which hung over top of the stove when the stove was in its normal position. A small area of dark discoloration was noted on the tile back splash of the wall behind the stove. All surfaces were cool to the touch, and no active fire was noted. Both occupants (witness and her daughter) denied injury to E66's officer. Pictures of the scene were obtained and forwarded to FM66. Dollar amount of fire loss is estimated. The resident was advised not to use her range or microwave, and to have her kitchen professionally cleaned and appliances replaced. All units cleared the scene at the completion of the investigation.

04663 FDID	NJ State	2 Incident	8 Date	2021	663 Station	21-0039789 Incident Number	000 Exposure	Responding Units/Personnel
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Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
SD66 Squad 66	20:44:22	20:45:36	20:52:44	21:14:37

Staff ID\Staff Name	Activity	Rank	Position	Role
0063 Robitaille, Jerry	Fire Call	Firefighter	Driver Opera	Vehicle Driv
0135 Caramiello, Frederick	Fire Call	Acting lieu	Acting Lieut	Company Offi
0145 Del Palazzo, Sal	Fire Call	Probationar	Nozzle	Probationary
0158 Mondile, Mark	Fire Call	Probationar	Control (HYD	Probationary

SD66 arrived on the Alpha Bravo Side and deployed a reverse lay attack and supply line load up a 24' extension ladder from the parking garage level up to the first floor level, arriving simultaneously to the Side Alpha door as SD66. SD66 driver was initiating the reverse lay to the hydrant in front of the Terrace Grand Parking Garage Entrance on Centennial Blvd when SD66 officer ordered him to stand by and not lay the line. It was found to have been a kitchen fire extinguished with no extension. SD66 restored its extension ladder and attack line and assisted QT66 with ventilation of the occupancy before returning to service.

FDID	04663	State	NJ	Incident	MM	DD	2	8	YYYY	2021	Station	663	Incident Number	21-0039789	Exposure	000	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PaySc1	Hrs	HrsPd	Pts
0014 Conti, Dave	E66	FC Fire Call	FL	LT		0.49	0.49	1.00
0027 Fryland, Tom	E66	FC Fire Call	NZ	FFE		0.49	0.49	1.00
0028 Gallo, Joe	E66	FC Fire Call	CR	FF		0.49	0.49	1.00
0049 O`Brien, Tom	E66	X FC Fire Call	DO	FFE		0.49	0.49	1.00
0079 Wharton, Mike	F6603	FC Fire Call	CP	CP		0.10	0.10	1.00
0120 Pacione, Mathew N	F6606	FC Fire Call	FL	LT		0.50	0.50	1.00
0063 Robitaille, Jerry	SD66	X FC Fire Call	DO	FFE		0.50	0.50	1.00
0135 Caramiello,	SD66	FC Fire Call	AL	AL		0.50	0.50	1.00
0145 Del Palazzo, Sal	SD66	FC Fire Call	NZ	PR		0.50	0.50	1.00
0158 Mondile, Mark	SD66	FC Fire Call	CR	PR		0.50	0.50	1.00

Total Participants:10

Total Personnel Hours:4.56