

B: Location 14 Mountain Ave Woodland Park, NJ 07424 ☐ WILDLAND FIRE?		NFIRS - 1 Basic													
C: Incident Type* 111 Building fire		E1: Dates & Times Check boxes if dates are the same as Alarm Date. Alarm* 01/27/2021 0634 ☒ Arrival* 01/27/2021 0634 ☐ Controlled ☒ Last unit cleared 01/27/2021 0855													
D: Aid Given or Received* ☒ None N None ☒ Is this the Master?		E2: Shift & Alarms Shift Alarms 1 District													
☒ 1 ☒ 2 ☒ 3		E3: Special studies # ID Code 1 6000 9													
7 911 / Telephone tie-line to fire department		021027													
F: Actions Taken* (all incident types) 1. 11 Extinguishment by fire service personnel 2. 51 Ventilate 3. 10 Fire control or extinguishment, other		G1: Resources* ☒ Apparatus or Personnel forms used OR Apparatus Personnel Suppression 7 17 EMS 0 0 Other 5 7 ☐ aid received included													
G2: Estimated \$ Loss & Value LOSSES: Property 40000 ☐ none Contents 10000 ☐ none PRE-INCIDENT VALUE: Property ☐ none Contents ☐ none		H1: Casualties Deaths Injuries ☐ None Fire Service: 0 2 Total Civilian: 0 1 Total casualties: 0 3 Including: EMS patients: 0 0 but NOT including: HazMat Civ. cas.: 0 0 Deaths Injuries Including Civilian FIRE 0 1 Fields in Italics are used to determine form counts: Fire Service -> NFIRS6, Civilian Fire -> NFIRS4, EMS -> NFIRS6, HazMat -> HazMat total casualties. Only Fire Service and Total Civilian are on NFIRS.													
H2: Detector Alerted Occupants? ☐ Yes ☒ No ☐ Unknown		H3: Hazardous Material Release ☐													
I: Mixed use Property ☐ None		J: Property Use 419 1 or 2 family dwelling													
K1: Persons/Entities Involved AND K2: Owner <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>#</th> <th>Last Name</th> <th>First Name</th> <th>Business Name</th> <th>Phone</th> <th>Street or Highway Name</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Perez</td> <td>Aslen</td> <td></td> <td>2013035840</td> <td>Mountain</td> </tr> </tbody> </table> K2: Perez Aslen 2013035840 Mountain				#	Last Name	First Name	Business Name	Phone	Street or Highway Name	1	Perez	Aslen		2013035840	Mountain
#	Last Name	First Name	Business Name	Phone	Street or Highway Name										
1	Perez	Aslen		2013035840	Mountain										
M: Authorization Officer in charge ID Name: (first, mi, last) Position or rank Assignment Date* 3007 Paul Salomone Chief OIC 01/27/2021 ☐ Check box if same as Officer in charge Member making report Name: (first, mi, last) Position or rank Assignment Date* 2051 Michael J Herrmann Asst Chief Reporting 01/27/2021															

West Paterson Fire Department • 5 Brophy Ln • Woodland Park, NJ 07424
 FDID State Date Time Incident Exp Station
 16160 NJ 01/27/2021 06:34 0021027 000 002

NFIRS
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