NFIRS -1 Basic

A

FDID *	State *	Incident Date *			Station	Incident Number *	Exposure *	Delete / Change / No Activity
20013	NJ	01	03	2022	HQ	22-0000022	000	

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
343		WASHINGTON	ST	

Apt./Suite/Room	City	State	Zip Code
	Rahway	NJ	07065 -

Cross street or directions, as applicable:

C Incident Type *

Incident Type	
111	Building fire

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 *	01	03	2022	14:43:00
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	01	03	2022	14:47:00
CONTROLLED Optional, Except for wildland fires				
☒ Controlled	01	03	2022	16:16:00
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	01	03	2022	19:02:00

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
3	02	HQ

E3 Special Studies

Local Option

Special Study ID# ____ Special Study Value ____

F Actions Taken *

11	Extinguishment by fire
81	Incident command
82	Notify other agencies.

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	0009
EMS		
Other	0001	0001

☐ 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	$, 400 , 000	☐
Contents	$, 100 , 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		001

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: 419

1 or 2 family dwelling

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) | 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

ALL UNITS DISPATCHED TO 343 WASHINGTON ST FOR A STRUCTURE FIRE. WHILE ENROUTE DISPATCHED ADVISED OF A PERSON TRAPPED INSIDE OF THE RESIDENCE

UPON ARRIVAL WE HAD HEAVY FIRE SHOWING FROM THE BASEMENT AND FIRST FLOOR WINDOWS ON THE "D" SIDE AND A FEMALE VICTIM IN THE 2ND FLOOR WINDOW ON THE A/B CORNER. THE VICTIM JUMPED FROM WINDOW PRIOR TO FD LADDER ARRIVAL. THE VICTIM STATED THERE WERE NO OTHER PEOPLE IN THE RESIDENCE. PATIENT CARE BY RAHWAY EMS. PATIENT TRANSPORTED TO UNIVERSITY NEWARK

A SECOND ALARM AND A 30 MINUTE RECALL OF RFD PERSONELL WAS GIVEN

ENG 3 STRETCHED AN 1 3/4 LINE THROUGH THE FRONT DOOR TO ATTACK THE FIRE AS T- 10 WENT TO THE 2ND FLOOR TO CONDUCT A PRIMARY SEARCH. ENG 4 DID A FORWARD LAY TO SUPPLY ENG 3 WITH WATER.

ALL FIRE PERSONELL WERE EVACUATED FROM THE BUILDING AT 1510 HRS AS THE FIRE INTENSIFIED AND AN EXTERIOR DEFENSIVE ATTACK WAS BEGUN. WITH MAJORITY OF FIRE KNOCKED DOWN FROM THE EXTERIOR, CREWS RE-ENTERED THE STRUCTURE FOR FIRE EXTINGUISHMENT, SECONDARY SEARCHES AND OVERHAUL

CRANFORD FD ASSIGNED AS RIT
LINDEN ENG AND ROSELLE TRUCK ON SCENE
ELIZABETH LADDER AND ENG IN QUARTERS AS COVER

PSEG CALLED TO SCENE

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
FLEI03	Fleischman, Richard	BC	C-2, Grp 3	01	03	2022

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	FLEI03	Fleischman, Richard	BC	C-2, Grp 3	01	03	2022

A

FDID *	State *	Incident Date *			Station	Incident Number *	Exposure *		
20013	NJ	01	03	2022	HQ	22-0000022	000	☐ Delete ☐ Change ☐ No Activity	NFIRS -2 Fire

B Property Details

B1 0002 ☐ Not Residential
Estimated Number of residential living units in building of origin whether or not all units became involved

B2 001 ☐ Buildings not involved
Number of buildings involved

B3 ☐ ☒ None
Acres burned (outside fires) ☐ Less than one acre

C On-Site Materials or Products ☐ None

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

Enter up to three codes. Check one or more boxes for each code entered.

On-site material (1)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-site material (2)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-site material (3)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

D Ignition

D1 UU Undetermined
Area of fire origin *

D2 UU Undetermined
Heat source *

D3 UU Undetermined
Item first ignited * 1 ☐ Check Box if fire spread was confined to object of origin

D4 UU Undetermined
Type of material first ignited — 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

E2 Factors Contributing To Ignition

☒ None

UU Undetermined
Factor Contributing To Ignition (1)

Factor Contributing To Ignition (2)

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 envolved

1 ☐ Male 2 ☐ Female

F1 Equipment Involved In Ignition

☐ None If Equipment was not involved, Skip to Section G

Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power

Equipment Power Source

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

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

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

Mobile property type

Mobile property make

Moblie property model

Year

License Plate Number

State

VIN Number

Local Use

☐ Pre-Fire Plan Available

Some of the information presented in this report may be based upon reports from other Agencies

☐ Arson report attached
☐ Police report attached
☐ Coroner report attached
☐ Other reports attached

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 [X] 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 [X] 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

001 — Total number of stories below grade

I4 Main Floor Size *

NFIRS-3 Structure Fire

[ ] , [002] , [000]
Total square feet

OR

[ ] , [050] BY [ ] , [040]
Lenght in feet — Width in feet

J1 Fire Origin *

[ ] Below Grade

001 — Story of fire origin

J2 Fire Spread *

1 [ ] Confined to object of origin
2 [ ] Confined to room of origin
3 [ ] Confined to floor of origin
4 [X] Confined to building of origin
5 [ ] Beyond building of origin

J3 Number of Stories Damaged By Flame

Count the ROOF as part of the highest story

[ ] Number of stories w/ minor damage (1 to 24% flame damage)

[ ] Number of stories w/ significant damage (25 to 49% flame damage)

003 — 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 [UU] Undetermined
Item contributing most to flame spread

K2 [UU] Undetermined
Type of material contributing most of flame spread — Required only if item contributing code is 00 or<70

L1 Presence of Detectors *

(In area of the fire)

N [ ] None Present — Skip to section M

1 [ ] Present

U [X] 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 [ ] Multple detectors & power supplies
0 [ ] Other _____
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

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

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 [X] None Present

1 [ ] Present — Complete rest of Section M

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

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

M4 Number of Sprinkler Heads Operating

Required if system operated

[ ] Number of sprinkler heads operating

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

NFIRS-3 Revision 01/19/99