

**STATE OF DRUMLIN
DEPARTMENT OF COMMUNITY AFFAIRS**

**DIVISION OF FIRE SAFETY
FIRE INCIDENT REPORT**

☐ Delete
☐ Change

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|---|--|---|--|---|-----|--|-------------|---|--------------|-----------------|--|
| F.D. Name Moraine | | EXP. NO. | | MO. | DAY | YR. | DAY OF WEEK | ALARM TIME | ARRIVAL TIME | BACK IN SERVICE | |
| 10 | | INCIDENT NO. | | 105 307 507 | | 105 307 507 | | 0 6 5 6 | | | |
| A | | B | | C | | D | | E | | F | |
| *TYPE OF SITUATION FOUND | | *FIXED PROPERTY USE (Occupancy) | | *IGNITION FACTOR | | TYPE OF ACTION TAKEN | | MUTUAL AID | | | |
| 11 <input type="checkbox"/> Structure fire 12 <input type="checkbox"/> Outside fire w/vehicle 13 <input type="checkbox"/> Vehicle fire 14 <input type="checkbox"/> Brush, grass, leaves 15 <input type="checkbox"/> Trash, rubbish 16 <input type="checkbox"/> Explosion, no other fire 17 <input type="checkbox"/> Outside spill with fire 22 <input type="checkbox"/> Air/Gas rupture 26 <input type="checkbox"/> Overpressure rupture 32 <input type="checkbox"/> Emergency medical call 33 <input type="checkbox"/> Locked-in, trapped 34 <input type="checkbox"/> Search 35 <input type="checkbox"/> Extraction 36 <input type="checkbox"/> Rescue-not classified 41 <input type="checkbox"/> Spill, leak-no fire 44 <input type="checkbox"/> Power line down 45 <input type="checkbox"/> Arcing electric equipment 46 <input type="checkbox"/> Aircraft standby 47 <input type="checkbox"/> Chemical spill 48 <input type="checkbox"/> Hazardous condition | | 213 <input type="checkbox"/> Elementary School 411 <input type="checkbox"/> 1 Family 419 <input type="checkbox"/> 2 Family, Year-Round 435 <input type="checkbox"/> Vehicle Property 631 <input type="checkbox"/> Duplex, Single-Family 991 <input type="checkbox"/> Limited Access Highway 33 <input type="checkbox"/> Locked-in, trapped 34 <input type="checkbox"/> Search 35 <input type="checkbox"/> Extraction 36 <input type="checkbox"/> Rescue-not classified 41 <input type="checkbox"/> Spill, leak-no fire 44 <input type="checkbox"/> Power line down 45 <input type="checkbox"/> Arcing electric equipment 46 <input type="checkbox"/> Aircraft standby 47 <input type="checkbox"/> Chemical spill 48 <input type="checkbox"/> Hazardous condition | | 11 <input type="checkbox"/> incendiary 21 <input type="checkbox"/> suspicious 31 <input type="checkbox"/> abandoned materials 33 <input type="checkbox"/> falling asleep 34 <input type="checkbox"/> unconfined open fire 35 <input type="checkbox"/> cutting, welding 51 <input type="checkbox"/> Lock-out 52 <input type="checkbox"/> Water removal 53 <input type="checkbox"/> Smoke removal 55 <input type="checkbox"/> Assist police 56 <input type="checkbox"/> Unauthorized burning 57 <input type="checkbox"/> Move-up 59 <input type="checkbox"/> Other service calls 61 <input type="checkbox"/> Smoke scare 63 <input type="checkbox"/> Controlled burn 65 <input type="checkbox"/> Steam, gas 71 <input type="checkbox"/> Malicious false 72 <input type="checkbox"/> Bomb scare 73 <input type="checkbox"/> Alarm malfunction 74 <input type="checkbox"/> Unintentional false 98 <input type="checkbox"/> Unclassified 99 <input type="checkbox"/> Other (list no.) | | 1 <input type="checkbox"/> Extinguishment 2 <input type="checkbox"/> Rescue 3 <input type="checkbox"/> Investigation only 4 <input type="checkbox"/> Remove hazard 5 <input type="checkbox"/> Standby 6 <input type="checkbox"/> Salvage 7 <input type="checkbox"/> Ambulance service 8 <input type="checkbox"/> Fill in, move up, transfer 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported | | 1 <input type="checkbox"/> Fire 2 <input type="checkbox"/> Given | | | |
| CORRECT ADDRESS (Up to Maximum of 21 Characters) | | ZIP CODE | | CENSUS TRACT | | ROOM OR APT. | | TELEPHONE | | | |
| 11 | | 12 | | 13 | | 14 | | 15 | | | |
| OCCUPANT LAST NAME | | OWNER LAST NAME | | METHOD OF ALARM FROM PUBLIC | | COMPANY INSPECTION DISTRICT | | SHIFT | | NO. ALARMS | |
| FIRST MI | | FIRST MI | | 4 <input type="checkbox"/> Radio 5 <input type="checkbox"/> Verbal 6 <input type="checkbox"/> Municipal alarm system 7 <input type="checkbox"/> Private alarm system 8 <input type="checkbox"/> Voice signal municipal alarm signal 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported | | | | | | | |
| NO. FIRE SERVICE PERSONNEL RESPONDING | | NO. ENGINES RESPONDING | | NO. AERIAL APPARATUS RESPONDING | | NO. OTHER VEHICLES RESPONDING | | | | | |
| 0 1 | | 0 5 | | 0 0 | | 0 0 | | | | | |

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|----|--|---|--|---|--|--------------|--|--------|--|
| 20 | | NO INCIDENT-RELATED INJURIES (COMPLETE NFIRS 3) | | NO INCIDENT-RELATED FATALITIES (COMPLETE NFIRS 3) | | FIRE SERVICE | | OTHERS | |
| | | | | | | | | | |

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|--|--|--|--|---|--|---|--|
| J | | K | | L | | M | |
| *COMPLEX | | *MOBILE PROPERTY TYPE (COMPLETE LINE 5) | | *AREA OF FIRE ORIGIN | | *EQUIPMENT INVOLVED IN IGNITION IF ANY (COMPLETE LINE 7) | |
| 11 <input type="checkbox"/> amusement/recreation 20 <input type="checkbox"/> education 40 <input type="checkbox"/> business with residential 41 <input type="checkbox"/> dwelling/townhouse 42 <input type="checkbox"/> apartment 58 <input type="checkbox"/> shopping 59 <input type="checkbox"/> office 62 <input type="checkbox"/> heating equip room 81 <input type="checkbox"/> vehicle passenger area 83 <input type="checkbox"/> engine/running gear area 84 <input type="checkbox"/> laundry/hold 95 <input type="checkbox"/> woods 00 <input type="checkbox"/> undetermined 01 <input type="checkbox"/> other (list no.) | | 11 <input type="checkbox"/> Auto 21 <input type="checkbox"/> Truck, Over 1 Ton 22 <input type="checkbox"/> P/U Trucks 23 <input type="checkbox"/> T Unit 27 <input type="checkbox"/> Trash Truck 65 <input type="checkbox"/> Tractor 00 <input type="checkbox"/> Other (list no.) 01 <input type="checkbox"/> N/A | | 21 <input type="checkbox"/> sleeping room 24 <input type="checkbox"/> kitchen/cooking areas 26 <input type="checkbox"/> trash area/container 62 <input type="checkbox"/> heating equip room 81 <input type="checkbox"/> vehicle passenger area 83 <input type="checkbox"/> engine/running gear area 84 <input type="checkbox"/> laundry/hold 95 <input type="checkbox"/> woods 00 <input type="checkbox"/> undetermined 01 <input type="checkbox"/> other (list no.) | | 11 <input type="checkbox"/> central heating unit 13 <input type="checkbox"/> wood stove 21 <input type="checkbox"/> fixed surface unit 41 <input type="checkbox"/> heat wiring 95 <input type="checkbox"/> vehicle parts 00 <input type="checkbox"/> undetermined 01 <input type="checkbox"/> Other (list no.) 02 <input type="checkbox"/> N/A | |
| *FORM OF HEAT OF IGNITION (HEAT SOURCE) | | *TYPE OF MATERIAL IGNITED (COMPOSITION) | | *FORM OF MATERIAL IGNITED (USE) | | ESTIMATED TOTAL DOLLAR LOSS | |
| 12 <input type="checkbox"/> heat/gas fuel eqpt 16 <input type="checkbox"/> heat from solid fuel 24 <input type="checkbox"/> short circuit 31 <input type="checkbox"/> cigarette 45 <input type="checkbox"/> match 01 <input type="checkbox"/> other (list no.) | | 23 <input type="checkbox"/> gasoline 54 <input type="checkbox"/> grass, leaves 63 <input type="checkbox"/> sawn wood 67 <input type="checkbox"/> paper 72 <input type="checkbox"/> cotton/rayon 00 <input type="checkbox"/> unknown | | 21 <input type="checkbox"/> unprotected solid char 32 <input type="checkbox"/> bedding 44 <input type="checkbox"/> papers/magazines 65 <input type="checkbox"/> fuel 74 <input type="checkbox"/> grass 75 <input type="checkbox"/> waste, creosote 00 <input type="checkbox"/> unknown 01 <input type="checkbox"/> other | | 5 <input type="checkbox"/> 50 to 70 feet 6 <input type="checkbox"/> Over 70 feet 7 <input type="checkbox"/> Objects in flight 0 <input type="checkbox"/> Undetermined | |
| METHOD OF EXTINGUISHMENT | | LEVEL OF FIRE ORIGIN | | | | | |
| 1 <input type="checkbox"/> Self-extinguished 2 <input type="checkbox"/> Make-shift aids 3 <input type="checkbox"/> Portable extinguisher 4 <input type="checkbox"/> Automatic ext system 5 <input type="checkbox"/> Pre-connect hose/tank 6 <input type="checkbox"/> Fire connect hose/hydrant 7 <input type="checkbox"/> Hand-tied hose/hydrant 8 <input type="checkbox"/> Master stream device 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined | | 1 <input type="checkbox"/> Grade level to 9 ft 2 <input type="checkbox"/> 10 to 19 feet 3 <input type="checkbox"/> 20 to 29 feet 4 <input type="checkbox"/> 30 to 49 feet 0 <input type="checkbox"/> Undetermined | | | | | |

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|---|--|--|--|--|--|--|--|---|--|
| N | | O | | P | | Q | | R | |
| NUMBER OF STORIES | | CONSTRUCTION TYPE | | EXTENT OF DAMAGE | | DETECTOR PERFORMANCE | | *TYPE OF MATERIAL GENERATING MOST SMOKE | |
| 1 <input type="checkbox"/> 1 story 2 <input type="checkbox"/> 2 stories 3 <input type="checkbox"/> 3 to 4 stories 4 <input type="checkbox"/> 5 to 6 stories 5 <input type="checkbox"/> 7 to 12 stories 6 <input type="checkbox"/> 13 to 24 stories 7 <input type="checkbox"/> 25 to 49 stories 8 <input type="checkbox"/> 50 stories or more 0 <input type="checkbox"/> Undetermined | | 1 <input type="checkbox"/> Fire resistant 2 <input type="checkbox"/> Heavy timber 3 <input type="checkbox"/> Protected non-combustible 4 <input type="checkbox"/> Unprotected non-combustible 5 <input type="checkbox"/> Protected ordinary 6 <input type="checkbox"/> Unprotected ordinary 7 <input type="checkbox"/> Protected wood frame 8 <input type="checkbox"/> Unprotected wood frame 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined | | Confined to object of origin Confined to area of origin Confined to room of origin 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 5 <input type="checkbox"/> Det in room or space of fire origin but fire too small to oper 8 <input type="checkbox"/> No detectors present (N/A) 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined | | 31 <input type="checkbox"/> Fat/Grease (food) 67 <input type="checkbox"/> Paper 72 <input type="checkbox"/> Cotton/Rayon 98 <input type="checkbox"/> No Smoke Spread 00 <input type="checkbox"/> Unknown 01 <input type="checkbox"/> Other (list no.) | | AVENUE OF SMOKE TRAVEL 1 <input type="checkbox"/> Air handling duct 2 <input type="checkbox"/> Corridor 3 <input type="checkbox"/> Elevator shaft 4 <input type="checkbox"/> Stairwell 5 <input type="checkbox"/> Opening in construction 6 <input type="checkbox"/> Utility opening in wall 7 <input type="checkbox"/> Utility opening in floor 8 <input type="checkbox"/> No avenue of smoke travel (N/A) 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported | |
| *FORM OF MATERIAL GENERATING MOST SMOKE | | *FORM OF MATERIAL GENERATING MOST SMOKE | | | | | | | |
| 17 <input type="checkbox"/> Structural members 21 <input type="checkbox"/> Chair/Sofa 31 <input type="checkbox"/> Mattress/Pillow 44 <input type="checkbox"/> Papers, magazines 51 <input type="checkbox"/> Elect wire insulation 75 <input type="checkbox"/> Rubbish/Trash 76 <input type="checkbox"/> Cooking materials 98 <input type="checkbox"/> No smoke spread 00 <input type="checkbox"/> Unknown 01 <input type="checkbox"/> Other (list no.) | | 17 <input type="checkbox"/> Structural members 21 <input type="checkbox"/> Chair/Sofa 31 <input type="checkbox"/> Mattress/Pillow 44 <input type="checkbox"/> Papers, magazines 51 <input type="checkbox"/> Elect wire insulation 75 <input type="checkbox"/> Rubbish/Trash 76 <input type="checkbox"/> Cooking materials 98 <input type="checkbox"/> No smoke spread 00 <input type="checkbox"/> Unknown 01 <input type="checkbox"/> Other (list no.) | | | | | | | |

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|--------------------|--|-----------------------------------|--|--|--|----------|--|----------|--|
| S | | T | | U | | V | | W | |
| 30 | | 40 | | OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) | | PHONE | | DATE | |
| IF MOBILE PROPERTY | | IF EQUIPMENT INVOLVED IN IGNITION | | Capt. D'Almatio | | 03-15-95 | | | |
| YEAR | | YEAR | | MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE) | | PHONE | | DATE | |
| | | | | Inspector Burnham | | | | 03-15-95 | |

* ALL CODES NOT INCLUDED SEE HANDBOOK