Fire Department Reports

9/8/13 through 9/12/13

Fort Lee Fire Prevention Bureau
Activity Report
: 09/08/2013 to 09/12/2013, : 09/08/2013 to 09/12/2013
Printed: 01/08/2014 Page: 1

Incident Types (NFIRS)

Incident Type Group	>>><<< # Inc.	% of Total	>>><<< # Inc.	% of Total
10-Fire, other	0	0%	0	0%
11-Structure Fire	0	0%	0	0%
12-Fire in mobile property used as a fixed structure	0	0%	0	0%
13-Mobile property (vehicle) fire	0	0%	0	0%
14-Natural vegetation fire	1	4.5%	1	4.5%
15-Outside rubbish fire	0	0%	0	0%
16-Special outside fire	0	0%	0	0%
17-Cultivated vegetation, crop fire	0	0%	0	0%
20-Overpressure rupture, explosion, overheat, other	0	0%	0	0%
21-Overpressure rupture from steam (no ensuing fire)	0	0%	0	0%
22-Overpressure rupture from air or gas (no fire)	0	0%	0	0%
23-Overpressure rupture, chemical reaction (no fire)	0	0%	0	0%
24-Explosion (no fire)	0	0%	0	0%
25-Excessive heat, scorch burns with no ignition	0	0%	0	0%
30-Rescue, emergency medical call (EMS), other	0	0%	0	0%
31-Medical assist	0	0%	0	0%
32-Emergency medical service (EMS) Incident	0	0%	0	0%
33-Lock-In	0	0%	0	0%
34-Search for lost person	0	0%	0	0%
35-Extrication, rescue	3	13.6%	3	13.6%
36-Water or ice-related rescue	0	0%	0	0%
37-Electrical rescue	0	0%	0	0%
38-Rescue or EMS standby	0	0%	0	0%
40-Hazardous condition, other	0	0%	0	0%
41-Combustible/flammable spills & leaks	0	0%	0	0%
42-Chemical release, reaction, or toxic condition	0	0%	0	0%
43-Radioactive condition	0	0%	0	0%
44-Electrical wiring/equipment problem	0	0%	0	0%
45-Biological hazard	0	0%	0	0%
46-Accident, potential accident	2	9.1%	2	9.1%
47-Explosive, bomb removal	0	0%	0	0%
48-Attempted burning, illegal action	0	0%	0	0%
50-Service call, other	0	0%	0	0%
51-Person in distress	0	0%	0	0%
52-Water problem	1	4.5%	1	4.5%
53-Smoke, odor problem	0	0%	0	0%
54-Animal problem or rescue	0	0%	0	0%
55-Public service assistance	0	0%	0	0%
56-Unauthorized burning	0	0%	0	0%
57-Cover assignment, standby at fire station, move-up	0	0%	0	0%
60-Good intent call, other	0	0%	0	0%
61-Dispatched and canceled en route	0	0%	0	0%
62-Wrong location, no emergency found	0	0%	0	0%
63-Controlled burning	0	0%	0	0%
64-Vicinity alarm	0	0%	0	0%
65-Steam, other gas mistaken for smoke	0	0%	0	0%
66-EMS call where party has been transported	0	0%	0	0%
67-HazMat release investigation w/no HazMat	0	0%	0	0%
70-False alarm and false call, other	5	22.7%	5	22.7%
71-Malicious, mischievous false alarm	0	0%	0	0%
72-Bomb scare	0	0%	0	0%
73-System or detector malfunction	2	9.1%	2	9.1%
74-Unintentional system/detector operation (no fire)	8	36.4%	8	36.4%
75-Biohazard scare	0	0%	0	0%

Incident Types (NFIRS)

Incident Type Group	>>><<< # Inc.	>>><<< % of Total	>>><<< # Inc.	>>><<< % of Total
80-Severe weather or natural disaster , other	0	0.0%	0	0.0%
81-Severe weather or natural disaster	0	0%	0	0%
90-Special type of incident, other	0	0%	0	0%
91-Citizen complaint	0	0%	0	0%
	22	100.0%	22	100.0%

Report Types

Incident Type Group	>>><<< #Inc.	>>><<< #Pers.	>>><<< #Hrs in Svc	>>><<< #Man Hrs	>>><<< #Inc.	>>><<< #Pers.	>>><<< #Hrs in Svc	>>><<< #Man Hrs
D-Drill	3	6	2.5	7.5	3	6	2.5	7.5
M-Meeting	1	22	0.8	16.5	1	22	0.8	16.5
N-NFIRS	22	178	12.2	167.3	22	178	12.2	167.3
O-Other (not NFIRS)	0	0	0	0	0	0	0	0
S-Special Assignment	0	0	0	0	0	0	0	0
W-Work Detail	0	0	0	0	0	0	0	0
	26	206	15.4	191.2	26	206	15.4	191.2

Reports by Category

Incident Type Group	>>><<< #Inc.	>>><<< #Pers.	>>><<< #Hrs in Svc	>>><<< #Man Hrs	>>><<< #Inc.	>>><<< #Pers.	>>><<< #Hrs in Svc	>>><<< #Man Hrs
1-Fire	1	13	0.2	2.6	1	13	0.2	2.6
2-Overpressure Rupture, Explosion...	0	0	0	0	0	0	0	0
3-Rescue & Emergency Medical S...	3	50	5.8	99.7	3	50	5.8	99.7
4-Hazardous Condition (No Fire)	2	46	2.0	43.8	2	46	2.0	43.8
5-Service Call	1	11	0.2	2.4	1	11	0.2	2.4
6-Good Intent Call	0	0	0	0	0	0	0	0
7-False Alarm & False Call	15	58	3.9	18.7	15	58	3.9	18.7
8-Severe Weather & Natural Disast...	0	0	0	0	0	0	0	0
9-Special Incident Type	0	0	0	0	0	0	0	0
D-Drill	3	6	2.5	7.5	3	6	2.5	7.5
M-Meeting	1	22	0.8	16.5	1	22	0.8	16.5
O-Other (not NFIRS)	0	0	0	0	0	0	0	0
S-Special Assignment	0	0	0	0	0	0	0	0
W-Work Detail	0	0	0	0	0	0	0	0
	26	206	15.4	191.2	26	206	15.4	191.2

Causes of Ignition (NFIRS)

Cause of Ignition	>>><<< # Inc.	>>><<< % of Total	>>><<< # Inc.	>>><<< % of Total
Cause, other	0	0%	0	0%
Intentional	0	0%	0	0%
Unintentional	1	100.0%	1	100.0%
Failure of equipment or heat source	0	0%	0	0%
Act of nature	0	0%	0	0%
Cause under investigation	0	0%	0	0%
Cause undetermined after investigation	0	0%	0	0%
	1	100.0%	1	100.0%

Losses (NFIRS)

Total Losses	>>><<< # Inc.	>>><<< % of Total	>>><<< # Inc.	>>><<< % of Total
None	22	100.0%	22	100.0%
1 to 9	0	0%	0	0%
1 billion and up	0	0%	0	0%
10 to 99	0	0%	0	0%
100 to 999	0	0%	0	0%
1000 to 9999	0	0%	0	0%
10000 to 99999	0	0%	0	0%
100000 to 999999	0	0%	0	0%
1 to 9.9 million	0	0%	0	0%
10 to 99.9 million	0	0%	0	0%
100 to 999.9 million	0	0%	0	0%
	22	100.0%	22	100.0%

Aid Given or Received (NFIRS)

Aid Given or Received	>>><<< # Inc.	>>><<< % of Total	>>><<< # Inc.	>>><<< % of Total
Mutual aid received	0	0%	0	0%
Automatic aid received	0	0%	0	0%
Mutual aid given	0	0%	0	0%
Automatic aid given	0	0%	0	0%
Other aid given	1	4.5%	1	4.5%
None	21	95.5%	21	95.5%
	22	100.0%	22	100.0%

Mutual Aid Agencies Used (NFIRS)

Station/Agency Giving Aid	>>><<< # Responses	>>><<<

No incidents with 'Mutual Aid Agencies Used (NFIRS)' found for this report.

Other Districts Responded To (NFIRS)

FDID Receiving Mutual Aid	>>><<< # Inc.	>>><<< % of Total	>>><<< # Inc.	>>><<< % of Total
02030-Bergenfield Fire Dept.	0	0%	0	0%
02040-Bogota Fire Dept.	0	0%	0	0%
0206-CLIFFSIDE PARK FIRE DEPT.	0	0%	0	0%
02060-CARSTADT FIRE DEPARTMENT	0	0%	0	0%
0213-EDGEWATER FIRE DEPT.	0	0%	0	0%
0215-ENGLEWOOD FIRE DEPT.	0	0%	0	0%
0216-ENGLEWOOD CLIFFS FIRE DEPT.	0	0%	0	0%
0218-FAIRVIEW FIRE DEPT.	0	0%	0	0%
0229-LEONIA FIRE DEPT.	0	0%	0	0%
02300-LITTLE FERRY	0	0%	0	0%
0245-PALISADES PARK FIRE DEPT.	0	0%	0	0%
0249-RIDGEFIELD FIRE DEPT.	0	0%	0	0%
02500-RIDGEFIELD PARK FIRE DEPT.	0	0%	0	0%
0260-TEANECK FD BOX 54	0	0%	0	0%
0261-TENAFLY FIRE DEPT.	0	0%	0	0%
0285-NY/NJ PORT AUTHORITY	0	0%	0	0%
0906-JERSEY CITY FIRE DEPT.	0	0%	0	0%
	22	100.0%	22	100.0%

Calls by Day of Week (NFIRS)

	>>><<<			>>><<<		
	Calls	Avg Apparatus/Call	Avg Personnel/Call	Calls	Avg Apparatus/Call	Avg Personnel/Call
Sunday	2	3.5	15.5	2	3.5	15.5
Monday	3	4.7	12.0	3	4.7	12.0
Tuesday	2	3.5	14.0	2	3.5	14.0
Wednesday	5	3.0	6.6	5	3.0	6.6
Thursday	10	2.2	5.0	10	2.2	5.0
Friday	0	0	0	0	0	0
Saturday	0	0	0	0	0	0

Calls by Time of Day (NFIRS)

	>>><<<			>>><<<		
	Calls	Avg Apparatus/Call	Avg Personnel/Call	Calls	Avg Apparatus/Call	Avg Personnel/Call
00:00-00:59	1	3.0	15.0	1	3.0	15.0
01:00-01:59	0	0	0	0	0	0
02:00-02:59	0	0	0	0	0	0
03:00-03:59	0	0	0	0	0	0
04:00-04:59	0	0	0	0	0	0
05:00-05:59	0	0	0	0	0	0
06:00-06:59	0	0	0	0	0	0
07:00-07:59	0	0	0	0	0	0
08:00-08:59	1	6.0	28.0	1	6.0	28.0
09:00-09:59	1	3.0	3.0	1	3.0	3.0
10:00-10:59	1	3.0	3.0	1	3.0	3.0
11:00-11:59	1	2.0	2.0	1	2.0	2.0
12:00-12:59	1	3.0	10.0	1	3.0	10.0
13:00-13:59	3	3.0	5.0	3	3.0	5.0
14:00-14:59	0	0	0	0	0	0
15:00-15:59	3	3.7	3.7	3	3.7	3.7
16:00-16:59	2	2.0	7.5	2	2.0	7.5
17:00-17:59	1	4.0	18.0	1	4.0	18.0
18:00-18:59	0	0	0	0	0	0
19:00-19:59	6	2.3	9.2	6	2.3	9.2
20:00-20:59	1	3.0	3.0	1	3.0	3.0
21:00-21:59	0	0	0	0	0	0
22:00-22:59	0	0	0	0	0	0
23:00-23:59	0	0	0	0	0	0

NFIRS - 1
Basic

B: Location Historic Park
Fort Lee, NJ 07024

WILDLAND FIRE?

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/08/2013	08:09	0000963	000	2

C: Incident Type*
D Drill

D: Aid Given or Received* X None
N None

E1: Dates & Times
Check boxes if dates are the same as Alarm Date.

Alarm*	09/08/2013	0809
X Arrival*	09/08/2013	0809
Controlled		
Last unit cleared	09/08/2013	1038

E2: Shift & Alarms
Shift 2
Alarms 1
District

E3: Special studies

#	ID	Code

For Local Use
County Run
Method of Alarm to the FD

F: Actions Taken*
(all incident types)
1.
2.
3.

G1: Resources*
X *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	3	3
EMS	0	0
Other	0	0

aid received included

G2: Estimated $ Loss & Value
LOSSES:
Property none
Contents none
PRE-INCIDENT VALUE:
Property none
Contents none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

X None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
2-Fire
3-Structure
4-Civilian Fire Casualty
5-Fire Service Casualty
6-EMS
7-HazMat
8-Wildland Fire
X 9-Apparatus
11-Arson

H2: Detector Alerted Occupants? ***H3: Hazardous Material Release***
Yes No Unknown

I: Mixed use Property None ***J: Property Use***

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)		Position or rank	Assignment	Date*
SUL466439	MARK	SULCOV	Chief	OIC	09/08/2013

Check box if same as Officer in charge

Member making report	Name: (first, mi, last)		Position or rank	Assignment	Date*
PIE726096	JOSEPH	PIEMONTE	Fire Inspe	Reporting	09/08/2013

Drill
Printed: 01/08/2014 16:18

NFIRS - 1
Basic

B: Location

Route 5 - Freedom Park (Intersection with Abbott Blvd)
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/08/2013	16:29	0000964	000	4

C: Incident Type*

142	Brush or brush-and-grass mixture fire

D: Aid Given or Received* ☒ None

N	None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/08/2013	1629
☒ Arrival*	09/08/2013	1629
☐ Controlled		
☒ Last unit cleared	09/08/2013	1641

E2: Shift & Alarms

Shift ☐
Alarms ☐
District ☐

E3: Special studies

#	ID	Code
1	6000	1

For Local Use

County Run ☐

Method of Alarm to the FD

1	Telephone direct to fire department

F: Actions Taken*

(all incident types)

1.	11	Extinguishment by fire service personnel
2.		
3.		

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	2	13
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:

Property	0	☒ none
Contents	0	☒ none

PRE-INCIDENT VALUE:

Property		☐ none
Contents		☐ none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

☒ None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☒ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

962	Residential street, road or residential driveway

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
RIC760516	CHRISTOPH.		RICHTER	Captain	OIC	09/08/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe	Reporting	09/08/2013

NFIRS
Printed: 01/08/2014 16:18

B: Location Rockerfeller Lockout - PIP
Alpine, NJ 07620

WILDLAND FIRE?

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/08/2013	19:17	0000965	000	2

C: Incident Type*
356 High-angle rescue

D: Aid Given or Received* None
5 Other aid given

E1: Dates & Times
Check boxes if dates are the same as Alarm Date.

Alarm*	09/08/2013	1917
X Arrival*	09/08/2013	1927
Controlled		
Last unit cleared	09/09/2013	0008

E2: Shift & Alarms
Shift 3
Alarms 1
District

E3: Special studies

#	ID	Code
1	6000	1

For Local Use
County Run

Method of Alarm to the FD
1 Telephone direct to fire department

F: Actions Taken* (all incident types)
1. 24 Recover body
2.
3.

G1: Resources*
X *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	5	18
EMS	0	0
Other	0	0

aid received included

G2: Estimated $ Loss & Value
LOSSES:
Property none
Contents none
PRE-INCIDENT VALUE:
Property none
Contents none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	1	0
Total casualties:	1	0
including: *EMS patients:*	1	0
but NOT including: *HazMat Civ. cas.:*	0	0

None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
2-Fire
3-Structure
4-Civilian Fire Casualty
5-Fire Service Casualty
X 6-EMS
7-HazMat
8-Wildland Fire
X 9-Apparatus
11-Arson

H2: Detector Alerted Occupants? ***H3: Hazardous Material Release***
Yes No Unknown

I: Mixed use Property None

J: Property Use
900 Outside or special property, other

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)		Position or rank	Assignment	Date*
SUL466439	MARK	SULCOV	Chief	OIC	09/08/2013

Check box if same as Officer in charge

Member making report	Name: (first, mi, last)		Position or rank	Assignment	Date*
PIE726096	JOSEPH	PIEMONTE	Fire Inspe	Reporting	09/08/2013

NFIRS - 1
Basic

B: Location

Brinkerhoff Ave (Intersection with Juanita Pl)
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/09/2013	08:52	0000966	000	4

C: Incident Type*

463	Vehicle accident, general cleanup

D: Aid Given or Received* ☒ None

N	None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/09/2013	0852
☒ Arrival*	09/09/2013	0855
☐ Controlled		
☒ Last unit cleared	09/09/2013	0939

E2: Shift & Alarms

Shift: 2
Alarms: 1
District:

E3: Special studies

#	ID	Code
1	6000	1

For Local Use

County Run

Method of Alarm to the FD

1	Telephone direct to fire department

F: Actions Taken* (all incident types)

1.	73	Provide manpower
2.	75	Provide equipment
3.		

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	6	28
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:
Property: ☐ none
Contents: ☐ none

PRE-INCIDENT VALUE:
Property: ☐ none
Contents: ☐ none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

☒ None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

962	Residential street, road or residential driveway

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)		Position or rank	Assignment	Date*
SUL466439	MARK	SULCOV	Chief	OIC	09/09/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)		Position or rank	Assignment	Date*
PIE726096	JOSEPH	PIEMONTE	Fire Inspe	Reporting	09/09/2013

NFIRS
Printed: 01/08/2014 16:22

NFIRS - 1
Basic

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/09/2013	15:19	0000967	000	3

B: Location

514 Main St - 1st Floor
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

C: Incident Type*

743 Smoke detector activation, no fire - unintentional

D: Aid Given or Received* ☒ None

N None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/09/2013	1519
☒ Arrival*	09/09/2013	1520
☐ Controlled		
☒ Last unit cleared	09/09/2013	1536

E2: Shift & Alarms

Shift 2
Alarms 1
District

E3: Special studies

#	ID	Code
1	6000	1

For Local Use

County Run

Method of Alarm to the FD

1 Telephone direct to fire department

F: Actions Taken*

(all incident types)

1. 86 Investigate
2. 63 Restore fire alarm system
3.

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	4	4
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:

Property ☐ none
Contents ☐ none

PRE-INCIDENT VALUE:

Property ☐ none
Contents ☐ none

H1: Casualties

☒ None

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

557 Personal service, including barber & beauty shops

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
CUR544565	STEVEN	J	CURRY	Fire Offic	OIC	09/09/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe	Reporting	09/09/2013

NFIRS
Printed: 01/08/2014 16:23

NFIRS - 1
Basic

B: Location

1614 Valley St
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/09/2013	15:28	0000968	000	3

C: Incident Type*

735	Alarm system sounded due to malfunction

D: Aid Given or Received* ☒ None

N	None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/09/2013	1528
☒ Arrival*	09/09/2013	1528
☐ Controlled		
☒ Last unit cleared	09/09/2013	1549

E2: Shift & Alarms

Shift	2
Alarms	1
District	

For Local Use

County Run

Method of Alarm to the FD

1	Telephone direct to fire department

E3: Special studies

#	ID	Code
1	6000	1

F: Actions Taken*

(all incident types)

1.	86	Investigate
2.	63	Restore fire alarm system
3.		

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	4	4
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:

Property		☐ none
Contents		☐ none

PRE-INCIDENT VALUE:

Property		☐ none
Contents		☐ none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

☒ None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

429	Multifamily dwelling

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
CUR544565	STEVEN	J	CURRY	Fire Offic	OIC	09/09/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe	Reporting	09/09/2013

NFIRS
Printed: 01/08/2014 16:25

NFIRS - 1
Basic

B: Location

3060 Edwin Ave - Apt. 3-B
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

C: Incident Type*

746	Carbon monoxide detector activation, no CO

D: Aid Given or Received* ☒ None

N	None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/10/2013	1239
☒ Arrival*	09/10/2013	1245
☐ Controlled		
☒ Last unit cleared	09/10/2013	1320

E2: Shift & Alarms

Shift: 2
Alarms: 1
District:

E3: Special studies

#	ID	Code
1	6000	1

For Local Use

County Run

Method of Alarm to the FD

1	Telephone direct to fire department

F: Actions Taken* (all incident types)

1.	86	Investigate
2.		
3.		

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	3	10
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:

Property		☐ none
Contents		☐ none

PRE-INCIDENT VALUE:

Property		☐ none
Contents		☐ none

H1: Casualties

☒ None

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

429	Multifamily dwelling

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
SUL466439	MARK		SULCOV	Chief	OIC	09/10/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe	Reporting	09/10/2013

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/10/2013	12:39	0000969	000	2

NFIRS
Printed: 01/08/2014 16:26

NFIRS - 1
Basic

B: Location

Anderson Ave (Intersection with Main St)
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/10/2013	17:40	0000970	000	3

C: Incident Type*

463	Vehicle accident, general cleanup

D: Aid Given or Received* ☒ None

N	None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/10/2013	1740
☒ Arrival*	09/10/2013	1741
☐ Controlled		
☒ Last unit cleared	09/10/2013	1853

E2: Shift & Alarms

Shift 3
Alarms 1
District

E3: Special studies

#	ID	Code
1	6000	1

For Local Use

County Run

Method of Alarm to the FD

1	Telephone direct to fire department

F: Actions Taken*

(all incident types)

1.	43	Hazardous materials spill control and confine...
2.		
3.		

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	4	18
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:
Property ☐ none
Contents ☐ none

PRE-INCIDENT VALUE:
Property ☐ none
Contents ☐ none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

☒ None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
☐ 2-Fire
☐ 3-Structure
☐ 4-Civilian Fire Casualty
☐ 5-Fire Service Casualty
☐ 6-EMS
☐ 7-HazMat
☐ 8-Wildland Fire
☒ 9-Apparatus
☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

963	Street or road in commercial area

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
SUL466439	MARK		SULCOV	Chief	OIC	09/10/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe	Reporting	09/10/2013

NFIRS
Printed: 01/08/2014 16:26

NFIRS - 1
Basic

B: Location

6 Horizon Rd - Deli
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

C: Incident Type*

700	False alarm or false call, other

D: Aid Given or Received* ☒ None

N	None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/11/2013	0021
☒ Arrival*	09/11/2013	0025
☐ Controlled		
☒ Last unit cleared	09/11/2013	0036

E2: Shift & Alarms

Shift 1
Alarms 1
District

E3: Special studies

#	ID	Code
1	6000	1

For Local Use

County Run

Method of Alarm to the FD

1	Telephone direct to fire department

F: Actions Taken* (all incident types)

1.	86	Investigate
2.	63	Restore fire alarm system
3.		

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	3	15
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:

Property		☐ none
Contents		☐ none

PRE-INCIDENT VALUE:

Property		☐ none
Contents		☐ none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

☒ None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

511	Convenience store

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIP762224	THOMAS		PIPER	Captain	OIC	09/11/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe	Reporting	09/11/2013

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/11/2013	00:21	0000971	000	4

NFIRS
Printed: 01/08/2014 16:26

NFIRS - 1
Basic

B: Location

2100 Linwood Ave
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/11/2013	10:42	0000972	000	1

C: Incident Type*

743	Smoke detector activation, no fire - unintentional

D: Aid Given or Received* ☒ None

N	None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/11/2013	1042
☒ Arrival*	09/11/2013	1044
☐ Controlled		
☒ Last unit cleared	09/11/2013	1051

E2: Shift & Alarms

Shift: 2
Alarms: 1
District:

E3: Special studies

#	ID	Code
1	6000	1

For Local Use

County Run

Method of Alarm to the FD

1	Telephone direct to fire department

F: Actions Taken*

(all incident types)

1.	86	Investigate
2.	63	Restore fire alarm system
3.		

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	3	3
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:

Property		☐ none
Contents		☐ none

PRE-INCIDENT VALUE:

Property		☐ none
Contents		☐ none

H1: Casualties

☒ None

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

429	Multifamily dwelling

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
BOU649836	MARY		BOUJOTAS	Lt.	OIC	09/11/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe	Reporting	09/11/2013

NFIRS
Printed: 01/08/2014 16:26

B: Location

2071 Lemoine Ave
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

NFIRS - 1
Basic

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/11/2013	13:21	0000973	000	2

C: Incident Type*

743 | Smoke detector activation, no fire - unintentional

D: Aid Given or Received* ☒ None

N | None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/11/2013	1321
☒ Arrival*	09/11/2013	1322
☐ Controlled		
☒ Last unit cleared	09/11/2013	1330

E2: Shift & Alarms

Shift: 2
Alarms: 1
District:

E3: Special studies

#	ID	Code
1	6000	1

For Local Use

County Run

Method of Alarm to the FD

1 | Telephone direct to fire department

F: Actions Taken* (all incident types)

1.	86	Investigate
2.	63	Restore fire alarm system
3.		

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	3	3
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:

Property		☐ none
Contents		☐ none

PRE-INCIDENT VALUE:

Property		☐ none
Contents		☐ none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

☒ None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

59 | Office use

J: Property Use

592 | Bank

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
CUR544565	STEVEN	J	CURRY	Fire Offic	OIC	09/11/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe	Reporting	09/11/2013

NFIRS
Printed: 01/08/2014 16:27

NFIRS - 1
Basic

B: Location

2348 Linwood Ave
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/11/2013	13:58	0000974	000	2

C: Incident Type*

353	Removal of victim(s) from stalled elevator

D: Aid Given or Received* ☒ None

N	None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/11/2013	1358
☒ Arrival*	09/11/2013	1408
☐ Controlled		
☒ Last unit cleared	09/11/2013	1440

E2: Shift & Alarms

Shift	2
Alarms	1
District	

For Local Use

County Run

Method of Alarm to the FD

1	Telephone direct to fire department

E3: Special studies

#	ID	Code
1	6000	1

F: Actions Taken*

(all incident types)

1.	22	Rescue, remove from harm
2.		
3.		

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	3	9
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:

Property		☐ none
Contents		☐ none

PRE-INCIDENT VALUE:

Property		☐ none
Contents		☐ none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

☒ None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

429	Multifamily dwelling

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
CHI569489	WILLIAM	B	CHIAPPANE	Dep. Chief	OIC	09/11/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe	Reporting	09/11/2013

NFIRS
Printed: 01/08/2014 16:27

NFIRS - 1
Basic

B: Location

220 Bruce Reynolds Blvd - PAPD
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/11/2013	15:12	0000975	000	1

C: Incident Type*

743 — Smoke detector activation, no fire - unintentional

D: Aid Given or Received* ☒ None

N — None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/11/2013	1512
☒ Arrival*	09/11/2013	1513
☐ Controlled		
☒ Last unit cleared	09/11/2013	1516

E2: Shift & Alarms

Shift
Alarms
District

E3: Special studies

#	ID	Code
1	6000	1

For Local Use

County Run

Method of Alarm to the FD

1 — Telephone direct to fire department

F: Actions Taken* (all incident types)

1. 86 — Investigate
2.
3.

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	3	3
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:
Property ☐ none
Contents ☐ none

PRE-INCIDENT VALUE:
Property ☐ none
Contents ☐ none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

☒ None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
☐ 2-Fire
☐ 3-Structure
☐ 4-Civilian Fire Casualty
☐ 5-Fire Service Casualty
☐ 6-EMS
☐ 7-HazMat
☐ 8-Wildland Fire
☒ 9-Apparatus
☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

150 — Public or government, other

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
CUR544565	STEVEN	J	CURRY	Fire Offic	OIC	09/11/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe	Reporting	09/11/2013

NFIRS
Printed: 01/08/2014 16:27

NFIRS - 1
Basic

B: Location

1 lewis St - 911 Service (Adjacent to)
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

C: Incident Type*

M | Meeting

D: Aid Given or Received* ☒ None

N | None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/11/2013	1845
☒ Arrival*	09/11/2013	1845
☐ Controlled		
☐ Last unit cleared	09/11/2013	1930

E2: Shift & Alarms

Shift: 3
Alarms: 1
District:

E3: Special studies

#	ID	Code

For Local Use

County Run

Method of Alarm to the FD

F: Actions Taken* (all incident types)

1.
2.
3.

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	4	22
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:
Property ☐ none
Contents ☐ none

PRE-INCIDENT VALUE:
Property ☐ none
Contents ☐ none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

☒ None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)		Position or rank	Assignment	Date*
SUL466439	MARK	SULCOV	Chief	OIC	09/11/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)		Position or rank	Assignment	Date*
PIE726096	JOSEPH	PIEMONTE	Fire Inspe	Reporting	09/11/2013

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/11/2013	18:45	0000976	000	3

Meeting
Printed: 01/08/2014 16:28

NFIRS - 1
Basic

B: Location

1560 Bergen Blvd - Skyview, Lobby
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/12/2013	09:33	0000978	000	3

C: Incident Type*

743	Smoke detector activation, no fire - unintentional

D: Aid Given or Received* ☒ None

N	None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/12/2013	0933
☒ Arrival*	09/12/2013	0935
☐ Controlled		
☒ Last unit cleared	09/12/2013	0942

E2: Shift & Alarms

Shift	2
Alarms	1
District	

For Local Use

County Run

Method of Alarm to the FD

1	Telephone direct to fire department

E3: Special studies

#	ID	Code
1	6000	1

F: Actions Taken*

(all incident types)

1.	86	Investigate
2.	63	Restore fire alarm system
3.		

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	3	3
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:

Property		☐ none
Contents		☐ none

PRE-INCIDENT VALUE:

Property		☐ none
Contents		☐ none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

☒ None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

449	Hotel/motel, commercial

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
CUR544565	STEVEN	J	CURRY	Fire Offic	OIC	09/12/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe	Reporting	09/12/2013

NFIRS
Printed: 01/08/2014 16:28

NFIRS - 1
Basic

B: Location

1193 Anderson Ave - School No. 4
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

C: Incident Type*

D | Drill

D: Aid Given or Received* ☒ None

N | None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/12/2013	0954
☒ Arrival*	09/12/2013	0954
☐ Controlled		
☒ Last unit cleared	09/12/2013	0954

E2: Shift & Alarms

Shift 2
Alarms 1
District

E3: Special studies

#	ID	Code

For Local Use

County Run

Method of Alarm to the FD

F: Actions Taken* (all incident types)

1.
2.
3.

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	2	2
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:
Property ☐ none
Contents ☐ none

PRE-INCIDENT VALUE:
Property ☐ none
Contents ☐ none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

☒ None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
☐ 2-Fire
☐ 3-Structure
☐ 4-Civilian Fire Casualty
☐ 5-Fire Service Casualty
☐ 6-EMS
☐ 7-HazMat
☐ 8-Wildland Fire
☒ 9-Apparatus
☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)		Position or rank	Assignment	Date*
BOU649836	MARY	BOUJOTAS	Lt.	OIC	09/12/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)		Position or rank	Assignment	Date*
PIE726096	JOSEPH	PIEMONTE	Fire Inspe	Reporting	09/12/2013

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/12/2013	09:54	0000979	000	4

Drill
Printed: 01/08/2014 16:28

NFIRS - 1
Basic

B: Location

3031 Edwin Ave - Apt. 1-B
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

C: Incident Type*

743 | Smoke detector activation, no fire - unintentional

D: Aid Given or Received* ☒ None

N | None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/12/2013	1135
☒ Arrival*	09/12/2013	1138
☐ Controlled		
☒ Last unit cleared	09/12/2013	1143

E2: Shift & Alarms

Shift: 2
Alarms: 1
District:

E3: Special studies

#	ID	Code
1	6000	1

For Local Use

County Run

Method of Alarm to the FD

1 | Telephone direct to fire department

F: Actions Taken* (all incident types)

1.	86	Investigate
2.		
3.		

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	2	2
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:

Property		☐ none
Contents		☐ none

PRE-INCIDENT VALUE:

Property		☐ none
Contents		☐ none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

☒ None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

429 | Multifamily dwelling

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
WAS808864	LEAH		WASSERMAN	Fire Inspe	OIC	09/12/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe	Reporting	09/12/2013

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/12/2013	11:35	0000980	000	2

NFIRS
Printed: 01/08/2014 16:29

NFIRS - 1
Basic

B: Location

2125 Center Ave - 5th Floor
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

C: Incident Type*

730	System malfunction, other

D: Aid Given or Received* ☒ None

N	None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/12/2013	1347
☒ Arrival*	09/12/2013	1348
☐ Controlled		
☒ Last unit cleared	09/12/2013	1404

E2: Shift & Alarms

Shift 2
Alarms 1
District

E3: Special studies

#	ID	Code
1	6000	1

For Local Use

County Run

Method of Alarm to the FD

1	Telephone direct to fire department

F: Actions Taken*

(all incident types)

1.	86	Investigate
2.	63	Restore fire alarm system
3.		

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	3	3
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:

Property		☐ none
Contents		☐ none

PRE-INCIDENT VALUE:

Property		☐ none
Contents		☐ none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

☒ None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

599	Business office

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
CUR544565	STEVEN	J	CURRY	Fire Offic	OIC	09/12/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe	Reporting	09/12/2013

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/12/2013	13:47	0000981	000	2

NFIRS
Printed: 01/08/2014 16:29

B: Location

220 Bridge Plaza South - PAPD
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

NFIRS - 1
Basic

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/12/2013	16:16	0000982	000	1

C: Incident Type*

743	Smoke detector activation, no fire - unintentional

D: Aid Given or Received* ☒ None

N	None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/12/2013	1616
☒ Arrival*	09/12/2013	1617
☐ Controlled		
☒ Last unit cleared	09/12/2013	1620

E2: Shift & Alarms

Shift	3
Alarms	1
District	

E3: Special studies

#	ID	Code
1	6000	1

For Local Use

County Run

Method of Alarm to the FD

1	Telephone direct to fire department

F: Actions Taken*

(all incident types)

1.	86	Investigate
2.		
3.		

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	2	2
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:

Property		☐ none
Contents		☐ none

PRE-INCIDENT VALUE:

Property		☐ none
Contents		☐ none

H1: Casualties

☒ None

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

150	Public or government, other

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
SUL466439	MARK		SULCOV	Chief	OIC	09/12/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe		09/12/2013

NFIRS
Printed: 01/08/2014 16:29

NFIRS - 1
Basic

B: Location

2200 Fletcher Ave
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

C: Incident Type*

353	Removal of victim(s) from stalled elevator

D: Aid Given or Received* ☒ None

N	None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/12/2013	1941
☒ Arrival*	09/12/2013	1943
☐ Controlled		
☒ Last unit cleared	09/12/2013	1957

E2: Shift & Alarms

Shift: 3
Alarms: 1
District:

E3: Special studies

#	ID	Code
1	6000	1

For Local Use

County Run

Method of Alarm to the FD

1	Telephone direct to fire department

F: Actions Taken* (all incident types)

1.	22	Rescue, remove from harm
2.		
3.		

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	3	23
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:

Property		☐ none
Contents		☐ none

PRE-INCIDENT VALUE:

Property		☐ none
Contents		☐ none

H1: Casualties ☒ None

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

599	Business office

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)	Position or rank	Assignment	Date*

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)		Position or rank	Assignment	Date*
PIE726096	JOSEPH	PIEMONTE	Fire Inspe	Reporting	09/12/2013

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/12/2013	19:41	0000983	000	2

NFIRS
Printed: 01/08/2014 16:30

NFIRS - 1
Basic

B: Location

320 Main St - Library
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/12/2013	19:39	0000984	000	1

C: Incident Type*

700	False alarm or false call, other

D: Aid Given or Received* ☒ None

N	None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/12/2013	1939
☒ Arrival*	09/12/2013	1942
☐ Controlled		
☒ Last unit cleared	09/12/2013	1951

E2: Shift & Alarms

Shift	3
Alarms	1
District	

For Local Use

County Run

Method of Alarm to the FD

1	Telephone direct to fire department

E3: Special studies

#	ID	Code
1	6000	1

F: Actions Taken*

(all incident types)

1.	86	Investigate
2.	63	Restore fire alarm system
3.		

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	1	1
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:

Property		☐ none
Contents		☐ none

PRE-INCIDENT VALUE:

Property		☐ none
Contents		☐ none

H1: Casualties

☒ None

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

151	Library

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
IPE607289	CHRISTOPH..		IPEK	Bat. Chief	OIC	09/12/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe	Reporting	09/12/2013

NFIRS
Printed: 01/08/2014 16:30

NFIRS - 1
Basic

B: Location

1624 Valley St
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

C: Incident Type*

700 | False alarm or false call, other

D: Aid Given or Received* ☒ None

N | None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/12/2013	1940
☒ Arrival*	09/12/2013	1942
☐ Controlled		
☒ Last unit cleared	09/12/2013	1955

E2: Shift & Alarms

Shift: 3
Alarms: 1
District:

E3: Special studies

#	ID	Code
1	6000	1

For Local Use

County Run

Method of Alarm to the FD

1 | Telephone direct to fire department

F: Actions Taken* (all incident types)

1. 86 | Investigate
2. 63 | Restore fire alarm system
3.

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	1	1
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:
Property ☐ none
Contents ☐ none

PRE-INCIDENT VALUE:
Property ☐ none
Contents ☐ none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

☒ None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

429 | Multifamily dwelling

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
SUL466439	MARK		SULCOV	Chief	OIC	09/12/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe	Reporting	09/12/2013

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/12/2013	19:40	0000985	000	3

NFIRS
Printed: 01/08/2014 16:31

NFIRS - 1
Basic

B: Location

2040 Edwin Ave
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

C: Incident Type*

700 False alarm or false call, other

D: Aid Given or Received* ☒ None

N None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/12/2013	1941
☒ Arrival*	09/12/2013	1941
☐ Controlled		
☒ Last unit cleared	09/12/2013	1952

E2: Shift & Alarms

Shift 3
Alarms 1
District

E3: Special studies

#	ID	Code
1	6000	1

For Local Use

County Run

Method of Alarm to the FD

1 Telephone direct to fire department

F: Actions Taken*

(all incident types)

1. 86 Investigate
2.
3.

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	1	1
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:

Property ☐ none
Contents ☐ none

PRE-INCIDENT VALUE:

Property ☐ none
Contents ☐ none

H1: Casualties

☒ None

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

564 Laundry, dry cleaning

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
ONU662077	RICHARD		ONUFREY	Lt.	OIC	09/12/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe	Reporting	09/12/2013

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/12/2013	19:41	0000986	000	3

NFIRS
Printed: 01/08/2014 16:31

NFIRS - 1
Basic

B: Location

1090 Abbott Blvd
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/12/2013	19:53	0000987	000	4

C: Incident Type*

520 Water problem, other

D: Aid Given or Received* ☒ None

N None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/12/2013	1953
☒ Arrival*	09/12/2013	1956
☐ Controlled		
☒ Last unit cleared	09/12/2013	2006

E2: Shift & Alarms

Shift 3
Alarms 1
District

E3: Special studies

#	ID	Code
1	6000	1

For Local Use

County Run

Method of Alarm to the FD

1 Telephone direct to fire department

F: Actions Taken*

(all incident types)

1. 75 Provide equipment
2.
3.

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	3	11
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:

Property ☐ none
Contents ☐ none

PRE-INCIDENT VALUE:

Property ☐ none
Contents ☐ none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

☒ None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

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

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)			Position or rank	Assignment	Date*
SUL466439	MARK		SULCOV	Chief	OIC	09/12/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)			Position or rank	Assignment	Date*
PIE726096	JOSEPH		PIEMONTE	Fire Inspe	Reporting	09/12/2013

NFIRS
Printed: 01/08/2014 16:31

NFIRS - 1
Basic

B: Location

320 Main St - Library
Fort Lee, NJ 07024

☐ *WILDLAND FIRE?*

C: Incident Type*

700 | False alarm or false call, other

D: Aid Given or Received* ☒ None

N | None

E1: Dates & Times

Check boxes if dates are the same as Alarm Date.

Alarm*	09/12/2013	2000
☒ Arrival*	09/12/2013	2000
☐ Controlled		
☒ Last unit cleared	09/12/2013	2043

E2: Shift & Alarms

Shift: 3
Alarms: 1
District:

E3: Special studies

#	ID	Code
1	6000	1

For Local Use

County Run

Method of Alarm to the FD

1 | Telephone direct to fire department

F: Actions Taken* (all incident types)

1. 86 | Investigate
2.
3.

G1: Resources*

☒ *Apparatus or Personnel forms used*

OR ==>	Apparatus	Personnel
Suppression	3	3
EMS	0	0
Other	0	0

☐ aid received included

G2: Estimated $ Loss & Value

LOSSES:

Property		☐ none
Contents		☐ none

PRE-INCIDENT VALUE:

Property		☐ none
Contents		☐ none

H1: Casualties

	Deaths	Injuries
Fire Service:	0	0
Total Civilian:	0	0
Total casualties:	0	0
including: *EMS patients:*	0	0
but NOT including: *HazMat Civ. cas.:*	0	0

☒ None

	Deaths	Injuries
including *Civilian FIRE*	0	0

Fields in italics are used to determine form counts:
Fire Service -> NFIRS5, Civilian Fire -> NFIRS4,
EMS -> NFIRS6, HazMat -> HazMat total casualties.
Only Fire Service and Total Civilian are on NFIRS.

Modules
- ☐ 2-Fire
- ☐ 3-Structure
- ☐ 4-Civilian Fire Casualty
- ☐ 5-Fire Service Casualty
- ☐ 6-EMS
- ☐ 7-HazMat
- ☐ 8-Wildland Fire
- ☒ 9-Apparatus
- ☐ 11-Arson

H2: Detector Alerted Occupants? ☐ Yes ☐ No ☐ Unknown

H3: Hazardous Material Release

I: Mixed use Property ☐ None

J: Property Use

151 | Library

K1: Persons/Entities Involved AND K2: Owner

#	Last Name	First Name	Business Name	Phone	Street or Highway Name

K2:

M: Authorization

Officer in charge ID	Name: (first, mi, last)		Position or rank	Assignment	Date*
SUL466439	MARK	SULCOV	Chief	OIC	09/12/2013

☐ Check box if same as Officer in charge

Member making report	Name: (first, mi, last)		Position or rank	Assignment	Date*
PIE726096	JOSEPH	PIEMONTE	Fire Inspe	Reporting	09/12/2013

Fort Lee Fire Department • 309 Main St • Fort Lee, NJ 07024

FDID	State	Date	Time	Incident	Exp	Station
02190	NJ	09/12/2013	20:00	0000988	000	1

NFIRS
Printed: 01/08/2014 16:31