



**NJ DIVISION OF FIRE SAFETY**  
**OFFICE OF THE STATE FIRE MARSHAL**  
P.O. Box 809 Trenton, NJ 08625-0809  
(609) 633-6070 fax: (609) 341-3472  
**DISPATCH 1-877-653-4737**  
Email [jason.spiecker@dca.nj.gov](mailto:jason.spiecker@dca.nj.gov)

**FIREFIGHTER SEVERE INJURY / FATALITY NOTIFICATION FORM**

*To be submitted within 4 hours upon admittance to hospital  
or contact our Dispatch Center for immediate assistance.*

**CASE NUMBER:**

**INVESTIGATOR:**

Date Reported:	Reported By:
Contact Phone:	F.D. Name:
Municipality:	County:
Incident Date:	Location:
# FF Injured:	# FF Killed:
Victim(s) Name(s)	Nature of Injury/Fatality:

**Description of Incident:**

<b>Follow up required by Division? (Check one)</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
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