

New Jersey DATA COLLECTION FORM

INCIDENT INFORMATION - Page 2

<p>Item first ignited by ignition source? (Select one)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Paper/Cardboard/Tissue <input type="checkbox"/> Clothing <input type="checkbox"/> Furniture <input type="checkbox"/> Grass/Leaves/Branches <input type="checkbox"/> Flammable/Combustible Liquid <input type="checkbox"/> Fireworks <input type="checkbox"/> Other _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Bedding <input type="checkbox"/> Toys <input type="checkbox"/> Trash/Garbage <input type="checkbox"/> Animal/Person <input type="checkbox"/> Aerosol sprays <input type="checkbox"/> Explosive device </td> </tr> </table>	<input type="checkbox"/> Paper/Cardboard/Tissue <input type="checkbox"/> Clothing <input type="checkbox"/> Furniture <input type="checkbox"/> Grass/Leaves/Branches <input type="checkbox"/> Flammable/Combustible Liquid <input type="checkbox"/> Fireworks <input type="checkbox"/> Other _____	<input type="checkbox"/> Bedding <input type="checkbox"/> Toys <input type="checkbox"/> Trash/Garbage <input type="checkbox"/> Animal/Person <input type="checkbox"/> Aerosol sprays <input type="checkbox"/> Explosive device	<p>Action taken in response to fire? (Check all that apply)</p> <input type="checkbox"/> Nothing <input type="checkbox"/> Referred to Youth Firesetting Intervention/Education <input type="checkbox"/> Referred to Legal Authority (Police/Fire Investigator) <input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Paper/Cardboard/Tissue <input type="checkbox"/> Clothing <input type="checkbox"/> Furniture <input type="checkbox"/> Grass/Leaves/Branches <input type="checkbox"/> Flammable/Combustible Liquid <input type="checkbox"/> Fireworks <input type="checkbox"/> Other _____	<input type="checkbox"/> Bedding <input type="checkbox"/> Toys <input type="checkbox"/> Trash/Garbage <input type="checkbox"/> Animal/Person <input type="checkbox"/> Aerosol sprays <input type="checkbox"/> Explosive device		
<p>Referral to program initiated by? (Select one)</p> <input type="checkbox"/> Fire report <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> School <input type="checkbox"/> Mental Health <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other (specify) _____	<p>Ignition source obtained from? (Select one)</p> <input type="checkbox"/> Own home <input type="checkbox"/> Other person/location <input type="checkbox"/> Found outdoors <input type="checkbox"/> Other (Specify) _____		
<p>Fire incident result? (Select one)</p> <input type="checkbox"/> Intentional result (intended to ignite/burn all objects that did burn) <input type="checkbox"/> Non-intentional result (fireplay, other fire use that got out of control)	<p>Caregiver at time of incident? (Select one)</p> <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Sitter (approximate age) _____ <input type="checkbox"/> School <input type="checkbox"/> No one <input type="checkbox"/> Other (specify) _____		
<p>Where did the incident occur? (Select one)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Inside family home (single family home) <input type="checkbox"/> Inside family home (apartment/multi-family) <input type="checkbox"/> Other structure at home (shed, garage, etc.) <input type="checkbox"/> Yard at home </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Park/Field/Vacant Lot <input type="checkbox"/> School <input type="checkbox"/> Vehicle (at home or away) <input type="checkbox"/> Other (Specify) _____ </td> </tr> </table>		<input type="checkbox"/> Inside family home (single family home) <input type="checkbox"/> Inside family home (apartment/multi-family) <input type="checkbox"/> Other structure at home (shed, garage, etc.) <input type="checkbox"/> Yard at home	<input type="checkbox"/> Park/Field/Vacant Lot <input type="checkbox"/> School <input type="checkbox"/> Vehicle (at home or away) <input type="checkbox"/> Other (Specify) _____
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FAX or Mail this form to: Charles Lavin, Division of Fire Safety, PO Box 809, Trenton, NJ 08625-0809
 DFS Fire Department Services Fax (609) 633-9722

COMPLETE BOTH SIDES of FORM