#### NASFM JUVENILE FIRESETTING INTERVENTION PROJECT New Jersey DATA COLLECTION FORM

# AGENCY INFORMATION COMPLETE BOTH SIDES of FORM

New Jersey Local Municipal (	Code (LEA#)	Incident Date	//	
•				

CHILD INFORMATION (One form per incident; place answer in appropriate box.

Answer all questions. Only completed forms can be entered into database.)



More than 4 children, use additional form(s)	Child 1	Child 2	Child 3	Child 4
Age of child at time of incident				
Race W (White), B (Black), H (Hispanic),				
${f A}$ (Asian), ${f I}$ (Am. Indian, Alaska Native),				
O (Other), Specify				
Gender M (Male)				
<b>F</b> (Female)				
Grade in school				
<b>D</b> (D 1 1)				
P (Preschool)  K-12 (Enter Grade Level)				
HS (Home School)				
SE (Special Education)				
NS (Not in School)				
,				
Language spoken at home				
T (English)				
E (English) S (Spanish)				
O (Other) Specify				
(Other) Specify				
Previous fire play or misuse of fire				
Y (Yes) N (No)				
Previous reported fire/				
fire department response				
Y (Yes) N (No)				
Other agency working with family				
M (Mental Health)				
SS (Social Services)				
JJ (Juvenile Justice) O (Other) Specify				
Outer) specify				

### **INCIDENT INFORMATION** (One form per incident)

Number of fatalities resulting from this incident:	Who was involved with this incident?  □ Child acted alone
Number of injuries resulting from this incident:	Other unknown children involved
Number of people displaced as a result of this incident:	Original ignition source? (Select one)
Dollar loss estimate (as per report only) \$	<ul> <li>□ Match</li> <li>□ Heating Appliance</li> <li>□ Candles</li> <li>□ Other (specify)</li> </ul>

## **New Jersey DATA COLLECTION FORM**

#### **INCIDENT INFORMATION - Page 2**

Item first ignited by ignition source? (Select one)		Action taken in response to fire? (Check all that apply)		
	Paper/Cardboard/Tissue Clothing Furniture Grass/Leaves/Branches Flammable/Combustible Liquid Fireworks Other	<ul> <li>Bedding</li> <li>Toys</li> <li>Trash/Garbage</li> <li>Animal/Person</li> <li>Aerosol sprays</li> <li>Explosive device</li> </ul>	<ul> <li>Nothing</li> <li>Referred to Youth Firesetting Intervention/Education</li> <li>Referred to Legal Authority (Police/Fire Investigator)</li> <li>Other (specify)</li> </ul>	_
Referral to program initiated by? (Select one)		Ignition source obtained from? (Select one)		
	Fire report Parent/Caregiver School Mental Health Law Enforcement Other (specify)		<ul> <li>Own home</li> <li>Other person/location</li> <li>Found outdoors</li> <li>Other (Specify)</li> </ul>	_
Fire incident result? (Select one)		Caregiver at time of incident? (Select one)		
<ul> <li>Intentional result (intended to ignite/burn all objects that did burn)</li> <li>Non-intentional result (fireplay, other fire use that got out of control)</li> </ul>		<ul> <li>□ Parent/Caregiver</li> <li>□ Sitter (approximate age)</li> <li>□ School</li> <li>□ No one</li> <li>□ Other (specify)</li> </ul>		
	ere did the incident occur?			
	<ul> <li>Inside family home (apartment/multi-family)</li> <li>Other structure at home (shed, garage, etc.)</li> </ul>		<ul> <li>Park/Field/Vacant Lot</li> <li>School</li> <li>Vehicle (at home or away)</li> <li>Other (Specify)</li> </ul>	

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**