

**New Jersey Department of Community Affairs  
DIVISION OF FIRE SAFETY**

**CIVILIAN BURN PATIENT FORM**

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| Date of Burn: <b>11/12/06</b> Alarm Time (24 Hr): <b>0400</b>                         | Age of Victim: <input checked="" type="checkbox"/> <b>Male</b> <input type="checkbox"/> Female |
| Victim's Name:<br><b>Mr. Harry Jones</b>  | Part(s) of body burned (or % BSA): <b>Unknown</b>  |
| <b>Address where burn reportedly occurred;</b><br>Street: <b>112 West Side Avenue</b> | <b>Victim's home address;</b><br>Street: <b>Same</b>   |
| City <b>USA City</b> Zip Code: <b>00000</b>   | City <b>Same</b> Zip Code: <b>Same</b>   |
| Fire Department Name: <b>Jersey City Fire Department</b> FDID: <b>09006</b>           | Name of Reporting Person:<br><b>Captain A.O. Smith</b>   |
| Reporting Agency:<br><b>Jersey City Fire Department</b>                               | Phone Number of Reporting Person:<br><b>999 - 000 - 0000</b>                                   |

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| <p align="center">TYPE OF BURN (Check one):</p> <input checked="" type="checkbox"/> <b>Flame</b> <input type="checkbox"/> Explosion<br><input type="checkbox"/> Fire <input type="checkbox"/> Chemical<br><input type="checkbox"/> Other: _____ | <p align="center">SEVERITY (Check one):</p> <input type="checkbox"/> Minor <input checked="" type="checkbox"/> <b>Moderate</b><br><input type="checkbox"/> Severe <input type="checkbox"/> Fatal |
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| Cause of Fire: <b>Under Investigation</b>  | Type of Occupancy: <b>6 Story Multiple Dwelling</b> |
| Detector Present: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Detector Operated: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Room of Origin: <b>First Floor Bedroom</b>          |

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| Remarks: <b>Victim was found in Bed in the First Floor Bedroom</b>  |
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| Hospital victim was transported to: <b>Community Medical Center</b> |

**DFS USE ONLY**  
 Rec'd by: \_\_\_\_\_  
 Date Rec'd: \_\_\_\_\_  
 Time Rec'd: \_\_\_\_\_

New Jersey Division of Fire Safety  
 N.F.I.R.S. Unit  
 101. South Broad Street  
 P.O. Box 809  
 Trenton, N.J. 08625-0809