

New Jersey Department of Community Affairs
 Division of Fire Safety
School Fire Report Form

Date of Incident:	Alarm Time (24 hr):	Municipality:
12/10/2006	0156	Jersey City NJ
Incident Address:		Zip Code:
102 2nd. St.		07307

School Name (indicate name and type of school):		Incident Type (description):	
William L. Dickinson, High School		Outside Dumpster Fire	
Cause of Fire:	Item First Ignited:	# of Injuries: Civilian	# of Injuries: Firefighter
Under Investigation	N/A	(1) one	(0) None
Property Value:	Property Loss:	Contents Value:	Contents Loss:
\$500.00	\$100.00	\$0.00	\$0.00
Juvenile(s) Involved:			
Yes	Age: 17 Male	Age: Male / Female	Age: Male / Female
		Age: Male / Female	Age: Male / Female
		Age: Male / Female	Age: Male / Female

Was school evacuated (please circle one):	Was fire department notified (please circle one):
NO	NO

Fire Department Name:	FDID:	County:
Jersey City Fire Department	9006	Hudson

Fire Official/Contact Person:	Reporting Agency:	Phone Number:	Extension #:
Fire Offiical A.O. Smith	FDJC	201 - 547 - 0000	Ext.07

Narrative/Remarks:
Fire was reported by a civilian who noticed smoke coming from the trash recepticle
The School was not evacuated and never notified the Fire Department.
The Fire was believed to be started by a juvenile

DFS Use Only
 Rec'd by: _____
 Date Rec'd: _____
 Time Rec'd: _____