

Department of Community Affairs

Division of Fire Safety

Office of the Director



TO: Fire Chiefs, Fire Officials, County Fire Marshals, Fire Investigators
FROM: William Kramer, Jr. Acting Director/State Fire Marshal
DATE: December 10, 2012
SUBJECT: Fires in Buildings Damaged by Hurricane Sandy

Recently there have been several fires in structures that were damaged as a result of Hurricane Sandy. The Division of Fire Safety has received information from local officials that many of these fires have been attributed to the damage to building systems such as electrical and natural gas services. Additionally, it has become apparent that some owners may have intentionally set fires in buildings that either had insufficient or no flood insurance, thus hoping to collect from their fire insurance policies.

We are trying to compile statistics on the causes of fires to buildings damaged by Sandy in order to get an idea of the effect of the hurricane in this regard.

Therefore, if your jurisdiction investigates a fire in a structure damaged by the hurricane we are asking that you provide some basic information regarding the fire to the Division. We are not looking to impact your workload significantly with this request and as such, we ask that you complete a short form that is on the Division's website at: <http://www.state.nj.us/dca/divisions/dfs/>.

Instructions for submittal are contained on the form.

I wish to thank you all for your dedication to the good people of New Jersey and for your cooperation regarding this request.

**NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF FIRE SAFETY
OFFICE OF THE STATE FIRE MARSHAL**



SPECIAL DATA REQUEST

PO Box 809, Trenton, NJ 08625-0809 (609) 633-6070

DATA REQUEST 12-1

Hurricane Sandy Related Structure Fire Data Form

NOTE: Up to three incidents can be reported on this form

Incident Date:		Municipality:	
Incident Address:			
Type of Structure:		Occupied at Time of Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cause Determination: <input type="checkbox"/> Accidental <input type="checkbox"/> Incendiary <input type="checkbox"/> Natural <input type="checkbox"/> Undetermined			
If Undetermined, Arson Suspected? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Accidental, Suspected or Actual Causal Factor: <input type="checkbox"/> Electrical <input type="checkbox"/> Generator <input type="checkbox"/> Gas/Fuel Related <input type="checkbox"/> Other			
If Other Causal Factor, Explain:			
Investigator:	Title:	Agency:	

Incident Date:		Municipality:	
Incident Address:			
Type of Structure:		Occupied at Time of Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cause Determination: <input type="checkbox"/> Accidental <input type="checkbox"/> Incendiary <input type="checkbox"/> Natural <input type="checkbox"/> Undetermined			
If Undetermined, Arson Suspected? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Accidental, Suspected or Actual Causal Factor: <input type="checkbox"/> Electrical <input type="checkbox"/> Generator <input type="checkbox"/> Gas/Fuel Related <input type="checkbox"/> Other			
If Other Causal Factor, Explain:			
Investigator:	Title:	Agency:	

Incident Date:		Municipality:	
Incident Address:			
Type of Structure:		Occupied at Time of Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cause Determination: <input type="checkbox"/> Accidental <input type="checkbox"/> Incendiary <input type="checkbox"/> Natural <input type="checkbox"/> Undetermined			
If Undetermined, Arson Suspected? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Accidental, Suspected or Actual Causal Factor: <input type="checkbox"/> Electrical <input type="checkbox"/> Generator <input type="checkbox"/> Gas/Fuel Related <input type="checkbox"/> Other			
If Other Causal Factor, Explain:			
Investigator:	Title:	Agency:	

Please email this form to

or fax to (609)341-3472