

mailing address:
NYS OFPC
99 Washington Ave. Suite 500
Albany NY 12231

New York State
Report of Suspected Cigarette Caused Fire

fax: 518-474-3240
phone: 518-474-6746

NYS GML 204d ~ To be filed by the Fire Chief or designated Fire Investigator within 14 days of the completion of the investigation.
The submission of this report DOES NOT replace the requirement for the filing of the NFIRS incident report with NYS-OFPC.

Incident Date: ___/___/___ Incident Time: ___ am/pm FDID # _____ FD Incident # _____
(NFIRS incident #)

Incident Street Address: _____

Town /Village /City: _____ County: _____

Fire Department Jurisdiction: _____

Area of Fire Origin [ie. Bedroom, living room, etc.]			
Material First Ignited [ie. clothing, bedding, furniture, etc.]			
Heat of Ignition	Suspect cigarette package marked as Fire Standards Compliant? Yes [] No [] Unknown []	NYS Tax Stamp? Yes [] No [] Unknown []	
Status of Cigarette Package	Package available for inspection Yes [] No [] Photographs of Package available for review Yes [] No [] Digital [] 35mm []		
Cigarette Information	Specific brand:	Packaging: [hard pack, soft pack, etc.]	Style: [non-filtered, menthol, 100's, etc.]
Manner purchased: [internet, retail store, other]		Location purchased: [store address]	
NOTE: If multiple brands of cigarettes are suspected, use a separate form to report each brand.			

INCIDENT DATA:

Building Fire: [] Vehicle Fire: [] Outside Fire: [] Other: _____

Fire Damage Estimate: No damage [] Damage, with an estimated dollar loss of \$ _____

of Injuries: Adult [] Child [] Firefighter [] # of Deaths: Adult [] Child [] Firefighter []

Fire Chief: _____ contact phone: _____

Agency Conducting Fire Investigation: _____

Lead Fire Investigator: _____ contact phone: _____

Comments: _____

Name and Title of person filing report _____

NOTE: IF THIS FIRE IS BEING INVESTIGATED BY ANOTHER AGENCY - PROVIDE A COPY OF THIS REPORT TO THAT AGENCY

FOR NYS OFPC USE:

Date Reported to OFPC: ___/___/___ phone [] fax [] NYSPIN [] email [] OFPC Control #: _____

Date FPB Reviewed: ___/___/___ Fire Prevention Bureau Staff: _____

Date T/O/T Arson: ___/___/___ Staff assigned: _____ Arson Bureau FITA Case # _____