



COUNTY OF MONMOUTH OFFICE OF THE FIRE MARSHAL

1027 HIGHWAY 33 EAST
FREEHOLD, NEW JERSEY 07728-9998

FRED MIGLIACCIO
FIRE MARSHAL

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APPLICATION FOR FIREFIGHTER VALOR AWARDS

SUBMIT APPLICATION TO THE FIRE MARSHAL AT THE ABOVE ADDRESS, FAX OR EMAIL. ALL INFORMATION MUST BE TYPED OR PRINTED

1. Date of incident: _____
2. Name: _____
Address: _____
Phone: _____
3. Fire Department: _____ Rank: _____
4. Years of service to department: _____
5. Reason for action: Fire: (____) Drowning: (____) Explosion: (____) MVA: (____) Other: _____
6. Location of the incident: _____
7. Weather: Fair: (____) Snow: (____) Fog: (____) Rain: (____) Other: _____

(IF STRUCTURE INVOLVED COMPLETE 8 THRU 11)

8. Type of construction: _____
9. Height of structure: _____ Occupancy: _____
10. Location and extent of fire on arrival: _____
11. Describe smoke condition: _____
12. Name of person(s) Rescued: _____
13. Age of person(s): _____ Male: (____) Female: (____)
14. Describe where victim was found: _____
15. Describe injuries of victim: _____
16. Describe injuries to rescuer: _____
17. Was SCBA used: _____
18. Was protective hose stream used? Yes: (____) No: (____)

19. Was additional help present? Yes: (____) No: (____) If yes, describe: _____

20. Was rescue made with assistance? Yes: (____) No: (____) If yes, describe: _____

21. Give detailed description of the incident: _____

ATTACH ANY AVAILABLE SUBSTANTIATING INFORMATION: pictures, news clippings, statements, Commendations, etc.

The undersigned hereby states the information contained herein is substantially correct to the best of their knowledge.

(Signature of Submitter)

(Signature of Fire Officer and Rank)

Date Submitted: _____