



MONMOUTH COUNTY SHERIFF'S OFFICE

1027 State Route 33

Freehold, NJ 07728

Phone: 732-683-8856 Fax: 732-683-8864

www.mcsonj.org

Shaun Golden
Sheriff

Executive Undersheriff
Theodore F. Freeman, Jr.
1 Waterworks Road
Freehold, NJ 07728
732-431-7860 ex 1110

Special Operations
Robert J. Dawson, Jr.
Undersheriff
2500 Kozloski Road
Freehold, NJ 07728
732-431-6400 ex 1610

Law Enforcement Division
Darryl G. Breckenridge, Sr.
Undersheriff
2500 Kozloski Road
Freehold, NJ 07728
732-431-6400 ex 1785

Communications Division
Philip E. Meehan
Undersheriff
2500 Kozloski Road
Freehold, NJ 07728
732-431-6400 ex 1719

Corrections Division
Victor Iannello
Warden
1 Waterworks Road
Freehold, NJ 07728
732-431-7860 ex 1217

Office of Emergency Management
Scott R. Nielsen
Coordinator
2500 Kozloski Road
Freehold, NJ 07728
732-431-7400 ex 1801

Monmouth County Police Academy
Terence P. Mahon
Director
2000 Kozloski Road
Freehold, NJ 07728
732-577-8710 ex 1723

Monmouth County Fire Marshal's Office
Craig J. Flannigan Sr.
Director of Fire Services
Fire Marshal
1027 State Route 33
Freehold, NJ 07728
732-683-8856

APPLICATION FOR FIREFIGHTER VALOR AWARDS

SUBMIT APPLICATION TO THE FIRE MARSHAL AT THE ABOVE ADDRESS 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)