

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: \_\_\_\_\_

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

**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 # \_\_\_\_\_