



**STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY**  
John J. Barthelmes, Commissioner



**Division of Fire Safety**  
**OFFICE OF THE STATE FIRE MARSHAL**  
J. William Degnan, State Fire Marshal

Office: 110 Smokey Bear Blvd, Concord, NH  
Mailing Address: 33 Hazen Drive, Concord, NH 03305  
603-223-4289, FAX 603-223-4294

## New Hampshire State Report of Suspected Cigarette Caused Fire

*To be filed by the Fire Chief or a designee 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 the Office of the NH State Fire Marshal.*

**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>NH 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]
---	---

**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 NH State Fire Marshal USE:**

Date Reported to NHFMO: \_\_\_\_/\_\_\_\_/\_\_\_\_ phone [ ] fax [ ] mail [ ] email [ ]

Date NHFMO Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff assigned: \_\_\_\_\_

NHFMO Case # \_\_\_\_\_  
(02/03/10)