



# COUNTY OF MONMOUTH OFFICE OF THE FIRE MARSHAL

1027 HIGHWAY 33 EAST  
FREEHOLD, NEW JERSEY 07728-9998

KEVIN STOUT  
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_