

CITY OF MOBILE  
DIVISION OF FIRE

TRAINING AND TELEPHONE OPERATOR'S REPORT

220

DATE 4.30.82 TIME 0422

OPERATOR GILBERT D. WHITE

ALARM -- HOW RECEIVED -- Box 28 SHU ✓ 911, 2024, 05

1st ALARM E-1 0424

2nd ALARM T-2 0424 GENERAL ALARM 0449

ADDRESS 151-1474 STREET

OWNER \_\_\_\_\_

TYPE OF BUILDING \_\_\_\_\_

NO. OF STORIES \_\_\_\_\_

TYPE OF OCCUPANCY \_\_\_\_\_

FIRE LOCATION \_\_\_\_\_

CAUSE OF FIRE \_\_\_\_\_

APPROXIMATE DAMAGE \_\_\_\_\_

OCCUPANT'S NAME \_\_\_\_\_

REQUEST FOR MUTUAL AID: \_\_\_\_\_

TIME CALLED: 0426 RELEASED TIME: 0700

COMPANIES AND LOCATION: 1474 ST. U.C. E 5 UNIT SE12 'CBS. H.H.H.

T.C. T. H. DOOLEY E-17 CARS GARAGE, GARAGE 1474 ST.

ALLIANCE SPS Highway C. Del. N.J.

CASUALTIES: INJURED DEAD

FIREFIGHTERS \_\_\_\_\_

CIVILIANS \_\_\_\_\_

COMPANIES RESPONDED: Co. (s) C Engine Co. Nos. 234 Truck Co. Nos. 1

UNIT IN CHARGE D.C. H. (D. H. H.)

REMARKS: CALL FROM 1474 ST. U.C. E 5 UNIT SE12 'CBS. H.H.H.

CALL FROM 1474 ST. U.C. E 5 UNIT SE12 'CBS. H.H.H.

Gilbert D. White  
Radio/Telephone Operator's Signature

SERVICE REPORT OF CHIEF CHARGE

No. 520

DIVISION OF FIRE  
HOBOKEN, NEW JERSEY

Date April 30, 1982

Climatic Conditions:  
Normal  Other

Temperature \_\_\_\_\_

Site: I hereby report that I responded to an alarm of fire from:

Telegraph BOX 28 Auxiliary \_\_\_\_\_ Still X(911)(2004)(2005)

Time 0422 2nd alarm \_\_\_\_\_ 3rd alarm 0424 General \_\_\_\_\_ Return \_\_\_\_\_

ADDRESS <sup>Fire</sup> location 151 14th. St. OWNER A. Pinter  
TYPE CONSTRUCTION Brick ADDRESS 455 Pavonia Ave. Jersey City  
NO. OF STORIES 4 NO. OF FAMILIES 12 (Resident Hotel)  
OCCUPANT \_\_\_\_\_ FLOOR LOCATION 2nd. Floor Hall

ALARM CLASSIFICATION:

- Fire in Building
- Motor Vehicle
- Fire in S. Bldg (Street)
- Fire in lot
- Other outdoor fire
- \_\_\_\_\_
- \_\_\_\_\_

ALARM (NO FIRE)

- Rescue or Emergency
- Needless Call
- Accidental Alarm
- False Alarm Box No. \_\_\_\_\_
- False Alarm Still

IF IN BUILDING:

- Apartments
- Dwellings
- Hotels, motels
- Other residential
- Institutions (Hospital)
- Garage
- Schools, colleges
- Public assembly
- Stores, offices
- Manufacturing
- Storage
- Miscellaneous

LOCATION OF FIRE Second floor hall extending vertically and horizontally to involve second, third, and fourth floors through stairwell and hallways. Fire extended through roof north center of building.  
LOSS ON BUILDING Extensive fire to second, third and fourth floors, partial roof collapse. Extensive water to first floor and basement.

LOSS ON CONTENTS Extensive to all floors.

Extinguishers Used			Hose Lines Used			Salvage Covers	
Am't.	Type		No.	Size	Total Feet	No.	Floor
	Soda-Acid						
	Pressurized Water						
	Foam 6% 3%		5	1 1/2-inch	2200		
	Carbon Dioxide		4	2 1/2-inch	1650		
	Dry Chemical			3-inch	325		
	Foam HI-Er		No.	Ladders Used		No.	Type
	Dry Chemical G.P.			Aerial			Refills Chemox
			4	Hand Ladders	2/35 2/20	47	Refills Scott

Other equipment used K-12, Flood lamps

PUMPER OPER. TIME \_\_\_\_\_ Water Consumption \_\_\_\_\_ Gal.

Companies responding to above alarm: Engine Company No. 1 - 2 - 3 - 4  
Ladder Company No. 1 - 2  
Rescue Squad \_\_\_\_\_

Remarks:  
Under investigation. Capt. Falco, Bureau of Fire Prevention, Hoboken Police Dept. Detective Bureau, in-charge of investigation. Public Service on scene, electric and gas shut off. Medical Inspector Marzocca on scene. Mutual aid in effect. 10 duty firefighters recalled. Multiple deaths of residents and injuries. Red Cross on scene. Sub Code Official A. Arriazo on scene, condemned building, ordered demolition.

Deputy Chief E. Mc Donald relayed by Dep. Chief Shee  
Chief Houn, Director of Public Safety J. Giordano on scene.

Request for Mutual Aid:

Time Called: 0426

Released Time: 0700

Companies and Location: U.C. E#5 - Capt. Seig - E#2 qtrs.

S.C. E#17 - Capt Carlo, L#1 Lt. Dooley - L#2 qtrs.

CASUALTIES:

INJURED  
F/F S. Dorso

DEAD

FIREFIGHTERS

F/F G. Costante

CIVILIANS

Five

Twelve

N  
E  
W  
S

N  
E  
W  
S

			Roof
			5th Floor
			4th Floor
			3rd Floor
			2nd Floor
	stairs		1st Floor
			Cellar or Basement

Building Front

Further Remarks:

Fire extended to 153 14th. St. , Brick, 8 Families, 1 store  
 about Crippock Realty. Fire location. - 3rd. fl. East Apt. Living  
 room and Bedroom, extensive fire. Fire extended through floor joists  
 to 4th floor apt, middle of building. Moderate fire, to 2nd and  
 third floor apts. Water and smoke throughout building.  
 occupants. - First floor store - Rios 2nd. Fl. East. - Rios 3rd. Fl.  
 Cozzina, Cruz, 4th Fl. East. - Cabrera 2nd. Fl. West. - Torres  
 3rd. Fl. West. - Resquivel



# DIVISION OF FIRE

HOBOKEN, N. J.

**Incident** COMPANY NO. 1 GROUP C DATE April 30, 1952  
 ADDRESS Location 151 - 14th Street Time Out 09:22 Time Returned 09:24  
 Alarm from: Box No. \_\_\_\_\_ Telephone \_\_\_\_\_ Other VAS  
 Type of Building \_\_\_\_\_ Other than Building \_\_\_\_\_  
 Owner Name & Address \_\_\_\_\_  
 Tenant Name & Address \_\_\_\_\_  
 Location of Fire \_\_\_\_\_  
 Reported for \_\_\_\_\_

**ALARM CLASSIFICATION**

<input checked="" type="checkbox"/> Fire in Building <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Fire in Rubbish (Street) <input type="checkbox"/> Fire in lot <input type="checkbox"/> Other outdoor fire	<b>ALARM (NO FIRE)</b> <input type="checkbox"/> Bomb Scare <input type="checkbox"/> Rescue or Emergency <input type="checkbox"/> Needless Call <input type="checkbox"/> Accidental Alarm <input type="checkbox"/> False Alarm Box No. <input type="checkbox"/> False Alarm Still
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Extinguishers Used			Hose Lines Used			Salvage Covers	
Anti.	Type		No.	Size	Total Feet	No.	
	Foam 6%	3%		Booster			Floor
	Carbon Dioxide			1 1/2-Inch			Floor
	Dry Chemical			2 1/2-Inch			Roof
	Foam Hi-Ex			3-Inch			
	Dry Chemical G.P.						
			No.	Ladders Used		No.	Type
			100	Aerial		4	Mask Used
			35-20'	Hand Ladders		12	Refills Scott

Other Equipment Used Don't look electrical cables. Fly ladder pipe Tower mags  
 1st Hose Line From 2 inches to 2 inches to 2 inches to 2 inches  
 2nd Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_  
 3rd Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_  
 Hydrant location \_\_\_\_\_ Pump time \_\_\_\_\_ total Water \_\_\_\_\_ gals.  
 Equipment damaged, destroyed or lost \_\_\_\_\_  
 On Duty Men responded Inspector T.D. Constant T.M. (Capt) Hana  
 CT Duty Men responded Capt. Monnell - Capt. Proctor

Human or civilian injured \_\_\_\_\_  
 Accepted to W.C. 377 Donnell Ordered to W.C. 377 Donnell to top floor and  
 Company Commanding Officer W.C. 377 Donnell  
W.C. 377 Donnell to top floor and  
W.C. 377 Donnell to top floor and  
W.C. 377 Donnell to top floor and

# DIVISION OF FIRE

HOBOKEN, N. J.

*Engine* COMPANY NO. *F* GROUP *C* DATE *April 30 1982*  
 ADDRESS Location *151 - 14th St.* Time Out *0422* Time Returned \_\_\_\_\_  
 Alarm from: Box No. *28* Telephone \_\_\_\_\_ Other \_\_\_\_\_  
 Type of Building \_\_\_\_\_ Other than Building \_\_\_\_\_  
 Owner Name & Address \_\_\_\_\_  
 Tenant Name & Address \_\_\_\_\_  
 Location of Fire \_\_\_\_\_  
 Extended to: \_\_\_\_\_

**ALARM CLASSIFICATION**

<input checked="" type="checkbox"/> Fire in Building <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Fire in Rubbish (Street) <input type="checkbox"/> Fire in lot <input type="checkbox"/> Other outdoor fire <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>ALARM (NO FIRE)</b> <input type="checkbox"/> Bomb Scare <input type="checkbox"/> Rescue or Emergency <input type="checkbox"/> Needless Call <input type="checkbox"/> Accidental Alarm <input type="checkbox"/> False Alarm Box No. _____ <input type="checkbox"/> False Alarm Still
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Extinguishers Used		Hose Lines Used		Salvage Covers	
Amt.	Type	No.	Size Total Feet	No.	
	Foam 6% 3%		Booster		Floor
	Carbon Dioxide	<i>2</i>	1 1/2-inch 500'		Floor
	Dry Chemical	<i>3</i>	2 1/2-inch 900'		Roof
	Foam HI-Ex		3-inch 200'		
	Dry Chemical G.P.	<i>1</i>			
		Ladders Used		No.	Type
			Aerial		Mesh Used
			Hand Ladders	<i>3</i>	Refills Scott

Other Equipment Used *2 1/2" to 1 1/2" wye*  
 1st Hose Line From *pumper* size *2 1/2"* Ft. *300'* nozzle *center hallway*  
 2nd Hose Line From *pumper* size *1 1/2"* Ft. *250'* nozzle *cont. to hallway by E 2*  
 3rd Hose Line From *pumper* size *3"* Ft. *250'* nozzle *feed to T. 2 back door pipe*  
 Hydrant location *151 - 14th St.* Pump time \_\_\_\_\_ total Water \_\_\_\_\_ gals.

Equipment damaged, destroyed or lost \_\_\_\_\_  
 On Duty Men responded *O'Keefe, E. La Branca, H. Aithman, J. D.*  
 Off Duty Men responded *Mansel, Santoro, Christaller, N. Bello,*  
*Capt. Murdoch*

Firemen or civilians injured \_\_\_\_\_  
 Reported to *A.C. Mc Donald* Ordered to: *Stretch 2 1/2" line to hallway stretch 1 1/2" line to road at 151 - 14th St. assist in extinguishing fire. Called from street 4 feet at 0900.*

Company Commanding Officer *Capt. J. O'Brien D. C.*

# DIVISION OF FIRE

HOBOKEN, N. J.

6

Equipment                      COMPANY NO. 3 GROUP C DATE April 30 1982  
 ADDRESS Location 151-14th St. Time Out 0722 Time Returned 0852  
 Alarm from: Box No. 28 Telephone                      Other                       
 Type of Building                      Other than Building                       
 Owner Name & Address                       
 Tenant Name & Address                       
 Location of Fire                       
 Extended for                     

ALARM CLASSIFICATION

<input checked="" type="checkbox"/> Fire in Building <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Fire in Rubbish (Street) <input type="checkbox"/> Fire in lot <input type="checkbox"/> Other outdoor fire <input type="checkbox"/> <u>                    </u> <input type="checkbox"/> <u>                    </u>	ALARM (NO FIRE) <input type="checkbox"/> Bomb Scare <input type="checkbox"/> Rescue or Emergency <input type="checkbox"/> Needless Call <input type="checkbox"/> Accidental Alarm <input type="checkbox"/> False Alarm Box No. <u>                    </u> <input type="checkbox"/> False Alarm Still
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Extinguishers Used		Hose Lines Used			Salvage Covers	
Amr.	Type	No.	Size	Total Feet	No.	
	Foam 6% 3%		Booster			Floor
	Carbon Dioxide		1 1/2-inch			Floor
	Dry Chemical		2 1/2-inch			Roof
	Foam Hi-Ex		3-inch			
	Dry Chemical C.P.					
		No.	Ladders Used		No.	Type
			Aerial			Mask Used
			Hand Ladders		<u>2</u>	Refills Scott

Other Equipment Used                       
 1st Hose Line From                      size                      Ft.                      nozzle                      to                       
 2nd Hose Line From                      size                      Ft.                      nozzle                      to                       
 3rd Hose Line From                      size                      Ft.                      nozzle                      to                       
 Hydrant location 14th + PARK AVE Pump time                      total Water                      gals.  
 Equipment damaged, destroyed or lost                       
 On Duty Men responded Mr. Rando, Mr. Bussan, Mr. Castellano  
 Off Duty Men responded Mr. Bussan - 11, Mr. Lane - 10, Mr. Lane - 10, Mr. Lane - 10

Structure or civilians injured                       
 Reported to D. J. McDonald Ordered to Stretch hose and get  
ladder up to 1st floor to get up ladder up  
to 2nd floor 5-7. 1st floor 10. 2nd floor 10. 3rd floor 10.  
1st floor 10. 2nd floor 10. 3rd floor 10.

Company Commanding Officer P. Ferrote

# DIVISION OF FIRE

HOBOKEN, N. J.

ENGINE                      COMPANY NO.                      GROUP C DATE April 30 1982

ADDRESS Location 151-14TH ST. Time Out 0424 Time Returned 0840

Alarm from: Box No. 28 Telephone                      Other 2ND & 3RD ALARMS

Type of Building                      Other than Building                     

Owner Name & Address                     

Tenant Name & Address                     

Location of Fire ALL FLOORS (REAR)

Extended to:                     

### ALARM CLASSIFICATION

<input checked="" type="checkbox"/> Fire in Building	<input type="checkbox"/> ALARM (NO FIRE)
<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Bomb Scare
<input type="checkbox"/> Fire in Rubbish (Street)	<input type="checkbox"/> Rescue or Emergency
<input type="checkbox"/> Fire Ignitor	<input type="checkbox"/> Needless Call
<input type="checkbox"/> Other outdoor fire	<input type="checkbox"/> Accidental Alarm
<input type="checkbox"/> _____	<input type="checkbox"/> False Alarm Box No. _____
<input type="checkbox"/> _____	<input type="checkbox"/> False Alarm Still

Extinguishers Used		Hose Lines Used			Salvage Covers	
Amt.	Type	No.	Size	Total Feet	No.	
	Foam 4% 3%		Booster			Floor
	Carbon Dioxide	1	1 1/2-inch	500		Floor
	Dry Chemical		2 1/2-inch			Roof
	Foam HI-Ex		3-inch			
	Dry Chemical G.P.					
		No.	Ladders Used		No.	Type
			Aerial		3	Mask Used
			Hand Ladders		3	Refills Scott

Other Equipment Used                     

1st Hose Line From Pump # 2 size 2 1/2 Ft. 200 nozzle ADJ. to 3RD FL. REAR (F.E.)

2nd Hose Line From Pump # 2 size 1 1/2 Ft. 200 nozzle ADJ. to 4TH FL. REAR (F.E.)

3rd Hose Line From Pump # 4 size 1 1/2 Ft. 300 nozzle ADJ. to 2ND FL. REAR (F.E.)

Hydrant location 13TH & BLVD. ST. (N.W. COR.) Pump time 3 Mins. total Water 3600 gals. APPX.

Equipment damaged, destroyed or lost NONE

On Duty Men responded SCHLORFTH - E, LADAGE - H

Off Duty Men responded PPIS, F. DALIANI - J. AZARCIA - E SAITH & CAPT WALLINGTON

Firemen or civilians injured NONE

Reported to DEP. CHIEF McDONALD Ordered to: LAY IN LINES VIA REAR FIRE ESCAPE TO ALL FLOORS ON FIRE, EXTINGUISHED SAME & OVER HAUL SAME ON 4TH FL. SOUTH APTS. (WEST & EAST)

FOUND DEAD BODIES ON 4TH FL APTS. (1) FEMALE ADULT (WEST APT.) & (1) JUVENILE (EAST APT.) (SEX UNKNOWN)

Company Commanding Officer PRUDENTE #Ab.  
CAPT. CALANORA -

HOB. P.D. DETECTIVE BETHRENS ON SCENE  
HOB. P.D. PHOTOGRAPHER BULL. ON SCENE  
HOB. FIELDS FORENSIC ANALYST ON SCENE



# DIVISION OF FIRE

HOBOKEN, N. J.

*TRUCK* COMPANY NO. *2* GROUP *C* DATE *4-30-82*

ADDRESS Location *151 14th ST* Time Out *0422* Time Returned *0846*

Alarm from: Box No. *28* Telephone \_\_\_\_\_ Other *0424 2nd ALARM V.A.S.*

Type of Building \_\_\_\_\_ Other than Building \_\_\_\_\_

Owner Name & Address \_\_\_\_\_

Tenant Name & Address \_\_\_\_\_

Location of Fire *TOTAL INVOLVEMENT*

Extended to: *153 14th ST 3rd FL EAST LIVING RM HEAVY FIRE DAMAGE, SMOKE & WATER DAMAGE TO 3rd & LOWER FLOORS*

### ALARM CLASSIFICATION

<input checked="" type="checkbox"/> Fire in Building	<input type="checkbox"/> Bomb Scare
<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Rescue or Emergency
<input type="checkbox"/> Fire in Rubbish (Street)	<input type="checkbox"/> Needless Call
<input type="checkbox"/> Fire in lot	<input type="checkbox"/> Accidental Alarm
<input type="checkbox"/> Other outdoor fire	<input type="checkbox"/> False Alarm Box No. _____
<input type="checkbox"/>	<input type="checkbox"/> False Alarm Still

Extinguishers Used		Hose Lines Used		Salvage Covers	
Amt.	Type	No.	Size Total Feet	No.	
	Foam 6% 3%		Booster		Floor
	Carbon Dioxide		1 1/2-inch		Floor
	Dry Chemical		2 1/2-inch		Roof
	Foam Hi-Ex		3-inch		
	Dry Chemical G.P.				Masks
		No.	Ladders Used	No.	Type
		1	Aerial 100'	4	Mask Used
			Hand Ladders	20	Refills Scott

Other Equipment Used *GENERAL TOOLS*

1st Hose Line From *TRUCK BED PIPE* size *3"* Ft. *25'* nozzle to *Floor 2*

2nd Hose Line From *TRUCK FLY PIPE* size *3"* Ft. *100'* nozzle to *Floor 4*

3rd Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle to \_\_\_\_\_

Hydrant location \_\_\_\_\_ Pump time \_\_\_\_\_ total Water \_\_\_\_\_ gals.

Equipment damaged, destroyed or lost \_\_\_\_\_

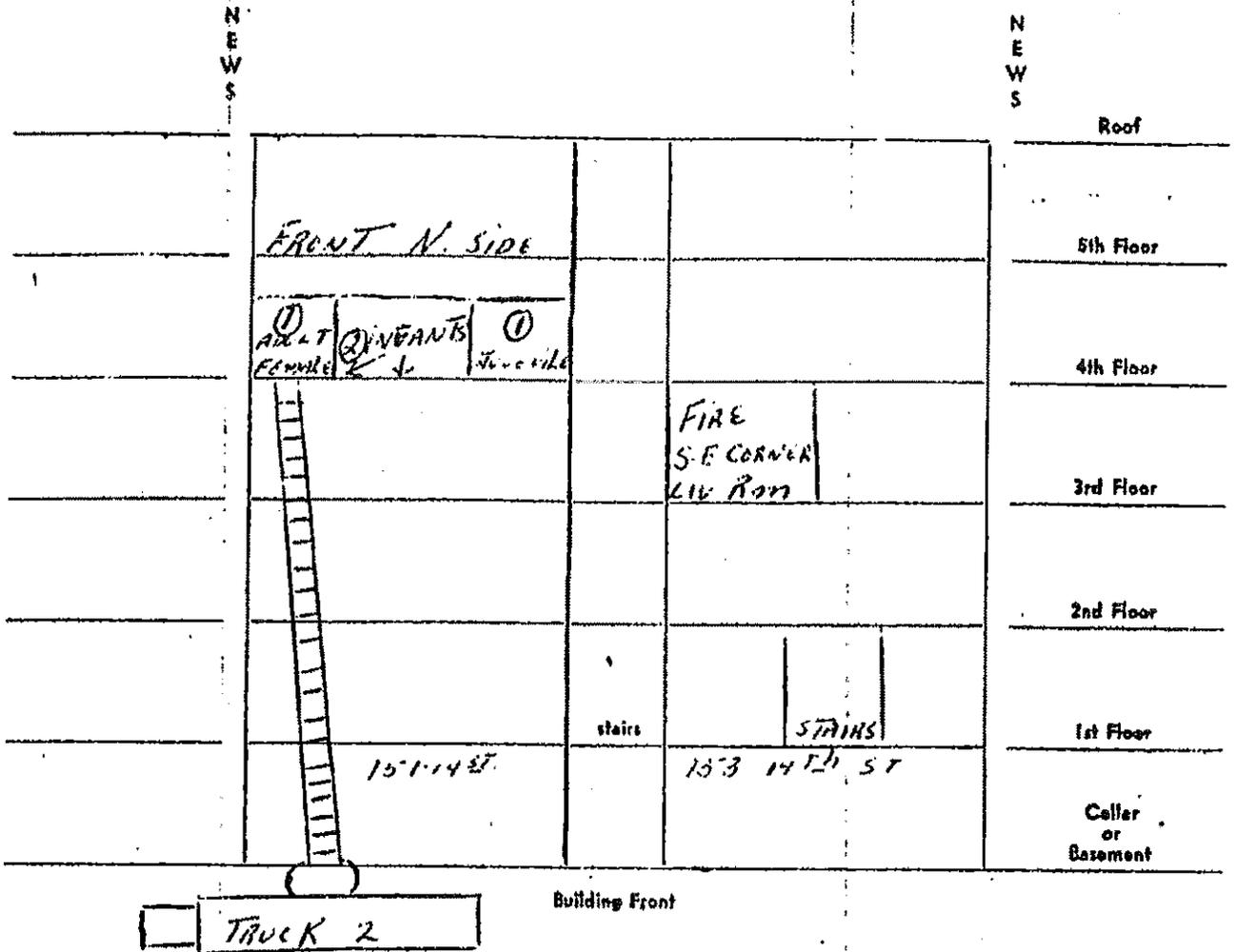
On Duty Men responded *BAKUN T.D. WORSSE T.H. ALIQUA*

Off Duty Men responded *CAPT WALLINGTON, DAKIANI, Ed Smith, AZACETA*

Firemen or civilians injured *Sgt Worsse small lacerations treated ~~at St Marys~~ at St Marys <sup>ADMI</sup> & DTAI*

Reported to *R.C. McDonald* Ordered to *Worsse Memorial w/ Bed Pipe*  
*To 2nd & 3rd floors. He moved first victim from top floor window. West apt. (3) infants (1) in front bed near window & (1) on floor between 2 & 3rd beds near window. Also found (1) juvenile approx 8 yrs old wedged behind West Bed hanging on window sill. Bodies were removed in bag in plastic bag*

Company Commanding Officer *Capt Meyer*



Ordered to cover ..... Company Stations @ ..... Released .....

4 BASKETS. Checked 2nd & 3rd Floors N.E. APTS FOR VICTIMS. No one Found. Stretched 1 1/2 line to 3rd fl. of 153-14th ST. To Extinguish Fire in Living Room. F/E Sal Deaso was taken to St Marys Hospital for some inhalation. Co. P/O Ret to quarters at 18:45hrs

# DIVISION OF FIRE

HOBOKEN, N. J.

Engine COMPANY NO. 4 GROUP D DATE 4/30 1981  
 ADDRESS Location 151 14th St Time Out \_\_\_\_\_ Time Returned 10:46  
 Name from Log No. \_\_\_\_\_ Telephone \_\_\_\_\_ Other \_\_\_\_\_  
 Type of Building \_\_\_\_\_ Other than Building \_\_\_\_\_  
 Owner Name & Address \_\_\_\_\_  
 Tenant Name & Address \_\_\_\_\_  
 Location of Fire \_\_\_\_\_  
 Extincted by \_\_\_\_\_

**ALARM CLASSIFICATION**

<input checked="" type="checkbox"/> Fire in Building <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Fire in Rubbish (Street) <input type="checkbox"/> Fire in lot <input type="checkbox"/> Other outdoor fire <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>ALARM (NO FIRE)</b> <input type="checkbox"/> Bomb Scare <input type="checkbox"/> Rescue or Emergency <input type="checkbox"/> Needless Call <input type="checkbox"/> Accidental Alarm <input type="checkbox"/> False Alarm Box No. _____ <input type="checkbox"/> False Alarm Still
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Extinguishers Used		Hose Lines Used			Salvage Covers	
No.	Type	No.	Size	Total Feet	No.	
	Foam 4% 3%		Booster			Floor
	Carbon Dioxide	2	1 1/2-inch	500		Floor
	Dry Chemical		2 1/2-inch	500		Roof
	Foam Hi-Ex		3-inch			
	Dry Chemical G.P.					
		No.	Ladders Used		No.	Type
			Aerial			Mask Used
			Hand Ladders		1	Refills Scott

Other Equipment Used \_\_\_\_\_  
 1st Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_  
 2nd Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_  
 3rd Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_  
 Hydrant location \_\_\_\_\_ Pump time \_\_\_\_\_ total Water \_\_\_\_\_ gals.  
 Equipment damaged, destroyed, or lost \_\_\_\_\_  
 On Duty Men responded Styglon, C, Vitale II, Magitti II, Santiago II.  
 Off Duty Men responded \_\_\_\_\_

Name of Injuries Injured \_\_\_\_\_  
 Reported by Styglon Ordered for Pump Lines and gear  
gear and tools Pol. it. gals to clean and boot

fire seems wild with 1st floor being completely destroyed  
from roof on 1st floor of fire. 1st floor completely destroyed

Company Commanding Officer J. M. Mace

# DIVISION OF FIRE

HOBOKEN, N. J.

*Hook* COMPANY NO. 1 GROUP D DATE April 30 1982  
 ADDRESS Location 151-14<sup>th</sup> St. Time Out 0800 Time Returned 1100 hrs  
 Alarm Box No. Telephone Other 900 2100  
 Type of building \_\_\_\_\_ Other than Building \_\_\_\_\_  
 Owner Name & Address \_\_\_\_\_  
 Tenant Name & Address \_\_\_\_\_  
 Location of fire \_\_\_\_\_  
 Extended to \_\_\_\_\_

ALARM  
CLASSIFICATION

<input checked="" type="checkbox"/> Fire in Building <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Fire in Rubbish (Street) <input type="checkbox"/> Fire in lot <input type="checkbox"/> Other outdoor fire <input type="checkbox"/> _____ <input type="checkbox"/> _____	ALARM (NO FIRE) <input type="checkbox"/> Bomb Scare <input type="checkbox"/> Rescue or Emergency <input type="checkbox"/> Headless Call <input type="checkbox"/> Accidental Alarm <input type="checkbox"/> False Alarm Box No. _____ <input type="checkbox"/> False Alarm Still
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Extinguishers Used		Hose Lines Used			Salvage Covers	
No.	Type	No.	Size	Total Feet	No.	
	FOAM 5% - 3%		Booster			Floor
	Carbon Dioxide		1 1/2-inch			Floor
	Dry Chemical		2 1/2-inch			Roof
	Foam Hi-Ex		3-inch			
	Dry Chemical G.P.					
		No.	Ladders Used		No.	Mats
			Aerial			Type
			Hand Ladders			Mats Used
						Refills

Other Equipment Used 3/4" utility line & general tools  
 1st Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_  
 2nd Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_  
 3rd Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_  
 Hydrant location \_\_\_\_\_ Pump time \_\_\_\_\_ total Water \_\_\_\_\_ gals.  
 Equipment damaged, destroyed or lost \_\_\_\_\_  
 On Duty Men responded Available Value Release  
 Off Duty Men responded \_\_\_\_\_

Remarks or significant injuries \_\_\_\_\_  
 Reported to Det. Sheehan Ordered to: search for fire victims.  
Put on victims in Stokes basket & lowered them to rear yard  
to escape. Det. Brought 1/2 ton to roof opened up sections  
to facilitate saw to extinguish remaining fire spots.  
 Company Commanding Officer Capt. Moncell

# DIVISION OF FIRE

HOBOKEN, N. J.

COMPANY NO. 2 GROUP 0 DATE 4/30 1982

ADDRESS Location: 151-14<sup>TH</sup> ST Time Out 0800 Time Returned 1130

Alarm from Box No. \_\_\_\_\_ Telephone \_\_\_\_\_ Other Relief Crew (coming)

Type of Building \_\_\_\_\_ Other than Building \_\_\_\_\_

Owner Name & Address \_\_\_\_\_

Tenant Name & Address \_\_\_\_\_

Location of fire \_\_\_\_\_

Kind of fire \_\_\_\_\_

**ALARM CLASSIFICATION**

<input checked="" type="checkbox"/> Fire in Building <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Fire in Rubbish (Street) <input type="checkbox"/> Fire in lot <input type="checkbox"/> Other outdoor fire <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>ALARM (NO FIRE)</b> <input type="checkbox"/> Bomb Scare <input type="checkbox"/> Rescue or Emergency <input type="checkbox"/> Needless Call <input type="checkbox"/> Accidental Alarm <input type="checkbox"/> False Alarm Box No. _____ <input type="checkbox"/> False Alarm Still
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Extinguishers Used		Hose Lines Used			Salvage Covers	
Amnt.	Type	No.	Size	Total Feet	No.	
	Foam 8% 3%		Booster			Floor
	Carbon Dioxide		1 1/2-inch			Floor
	Dry Chemical		2 1/2-inch			Roof
	Foam Hi-Ex		3-inch			
	Dry Chemical G.P.					
		No.	Ladders Used		No.	Type
			Aerial			Mask Used
			Hand Ladders			Refills Scott

Other Equipment Used \_\_\_\_\_

1st Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_

2nd Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_

3rd Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_

Hydrant location \_\_\_\_\_ Pump time \_\_\_\_\_ total Water \_\_\_\_\_ gals.

Equipment damaged, destroyed or lost \_\_\_\_\_

On Duty Men responded 1 Officer - DeStefano - 1 Meluso

Off Duty Men responded \_\_\_\_\_

Person or persons injured \_\_\_\_\_

Reported to \_\_\_\_\_ Ordered to \_\_\_\_\_

Remarks: Hot spot search for fire victims. Placed

back in service after loading all hose & equipment

at 11:30 AM.

Company Commanding Officer E. P. Fialle

# DIVISION OF FIRE

HOBOKEN, N. J.

Engy COMPANY NO. 3 GROUP 1 DATE Apr 30 19 82  
 ADDRESS Location 151-14th St Time Out 0850 Time Returned 1140  
 Alarm from: Box No. \_\_\_\_\_ Telephone \_\_\_\_\_ Other \_\_\_\_\_  
 Type of Building \_\_\_\_\_ Other than Building \_\_\_\_\_  
 Owner Name & Address \_\_\_\_\_  
 Tenant Name & Address \_\_\_\_\_  
 Location of Fire Company ordered to fire scene to 11 line group  
 Extended to: C. and help to extinguish remaining fire

**ALARM CLASSIFICATION**

<input checked="" type="checkbox"/> Fire in Building <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Fire in Rubbish (Street) <input type="checkbox"/> Fire in lot <input type="checkbox"/> Other outdoor fire <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>ALARM (NO FIRE)</b> <input type="checkbox"/> Bomb Scare <input type="checkbox"/> Rescue or Emergency <input type="checkbox"/> Needless Call <input type="checkbox"/> Accidental Alarm <input type="checkbox"/> False Alarm Box No. _____ <input type="checkbox"/> False Alarm SHII
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Extinguishers Used		Hose Lines Used			Salvage Covers	
Amt.	Type	No.	Size	Total Feet	No.	Floor
	Foam 4% 3%		Booster			Floor
	Carbon Dioxide	1	1 1/2-inch	50		Floor
	Dry Chemical		2 1/2-inch			Roof
	Foam HI-Ex		3-inch			
	Dry Chemical G.P.					
		No.	Ladders Used		No.	Types
			Aerial			Mask Used
			Hand Ladders			Refills Scott

Other Equipment Used hose clamp

1st Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_  
 2nd Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_  
 3rd Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_  
 Hydrant location \_\_\_\_\_ Pump time \_\_\_\_\_ total Water \_\_\_\_\_ gals.

Equipment damaged, destroyed or lost \_\_\_\_\_

On Duty Men responded Jr. Thomas (E) Schwegel (H) K. McKeefe (H)

Off Duty Men responded \_\_\_\_\_

Firemen or civilians injured \_\_\_\_\_

Reported to C. Shishan Ordered to help Engy to reload hose, check 153-14th St for any fire remaining due to extension from building 151 14th St. We started down but 2nd and 3rd floor event made up middle of building. Went on to fire building through several fields, help to get down small fire that was still burning. Went to building 153-14th St pulled up

Company Commanding Officer Capit. McKeefe

# DIVISION OF FIRE

HOBOKEN, N. J.

COMPANY NO. 2 GROUP D DATE April 30 1982

ADDRESS Location 151 14th Street Time Out 08:10 Time Returned 12:00

Main Alarm Box No. \_\_\_\_\_ Telephone \_\_\_\_\_ Other \_\_\_\_\_

Type of Building \_\_\_\_\_ Other than Building \_\_\_\_\_

Owner Name & Address \_\_\_\_\_

Tenant Name & Address \_\_\_\_\_

Locality of Fire \_\_\_\_\_

Exposed to \_\_\_\_\_

**ALARM CLASSIFICATION**

<input checked="" type="checkbox"/> Fire in Building <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Fire in Rubbish (Street) <input type="checkbox"/> Fire in lot <input type="checkbox"/> Other outdoor fire <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>ALARM (NO FIRE)</b> <input type="checkbox"/> Bomb Scare <input type="checkbox"/> Rescue or Emergency <input type="checkbox"/> Needless Call <input type="checkbox"/> Accidental Alarm <input type="checkbox"/> False Alarm Box No. _____ <input type="checkbox"/> False Alarm Still
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Extinguishers Used			Hose Lines Used			Salvage Covers	
AMT.	Type		No.	Size	Total Feet	No.	
	Foam 6% 3%			Booster			Floor
	Carbon Dioxide			1 1/2-inch			Floor
	Dry Chemic. I			2 1/2-inch			Roof
	Foam Hi-Ex			3-inch			
	Dry Chemical 3-D						
			No.	Ladders Used		No.	Masks
				Aerial			Type
				Hand Ladders			Mask Used
							Refills Scott

Other Equipment Used \_\_\_\_\_

1st Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_

2nd Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_

3rd Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_

Hydrant location \_\_\_\_\_ Pump time \_\_\_\_\_ total Water \_\_\_\_\_ gals.

Equipment damaged, destroyed or lost \_\_\_\_\_

On Duty Men responded Chief 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Off Duty Men responded \_\_\_\_\_

Persons or civilians injured \_\_\_\_\_

Ordered to \_\_\_\_\_

*[Handwritten notes and signatures in the bottom section of the form]*

Company Commanding Officer [Signature]

# DIVISION OF FIRE

HOBOKEN, N. J.

COMPANY NO. 1 GROUP D DATE April 30 1952  
 ADDRESS Location 151-14 St Street Time Out 6:10 Time Returned 1:30  
 Alarm from: Box No. \_\_\_\_\_ Telephone \_\_\_\_\_ Other Dispatch  
 Type of Building \_\_\_\_\_ Other than Building \_\_\_\_\_  
 Owner Name & Address \_\_\_\_\_  
 Tenant Name & Address \_\_\_\_\_  
 Location of Fire General Cleaners Fire Alarm  
 Later used for: \_\_\_\_\_

**ALARM CLASSIFICATION**

<input checked="" type="checkbox"/> Fire in Building <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Fire in Rubbish (Street) <input type="checkbox"/> Fire in lot <input type="checkbox"/> Other outdoor fire <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>ALARM (NO FIRE)</b> <input type="checkbox"/> Bomb Scare <input type="checkbox"/> Rascals or Emergency <input type="checkbox"/> Needless Call <input type="checkbox"/> Accidental Alarm <input type="checkbox"/> False Alarm Box No. _____ <input type="checkbox"/> False Alarm Still
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Extinguishers Used		Hose Lines Used			Salvage Covers	
No.	Type	No.	Size	Total Feet	No.	
	Foam 6% 3%		Booster			Floor
	Carbon Dioxide		1/2-Inch			Floor
	Dry Chemical		2 1/2-Inch			Roof
	Foam Hi-Ex		3-Inch			
	Dry Chemical G.P.					
		No.	Ladders Used		No.	Type
			Aerial			Mask Used
			Hand Ladders			Refills Scott

Other Equipment Used Apparatus or service equipment utilized  
 1st Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_  
 2nd Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_  
 3rd Hose Line From \_\_\_\_\_ size \_\_\_\_\_ Ft. \_\_\_\_\_ nozzle \_\_\_\_\_ to \_\_\_\_\_  
 Hydrant location \_\_\_\_\_ Pump time \_\_\_\_\_ total Water \_\_\_\_\_ gals.  
 Equipment damaged, destroyed or lost \_\_\_\_\_  
 On Duty Men responded Company 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100  
 On Duty Men responded \_\_\_\_\_

Number of citizens injured \_\_\_\_\_  
 Remarks Location Ordered in \_\_\_\_\_  
Investigation for victims and lost property  
of 151-14 St Street  
General Cleaners Fire Alarm  
at 6:10 PM on April 30, 1952  
at 1:30 PM on April 30, 1952  
 Company Commanding Officer \_\_\_\_\_

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S

				Roof
				5th Floor
				4th Floor
				3rd Floor
				2nd Floor
		stairs		1st Floor
				Cellar or Basement

Building Front

Ordered to cover ..... Company Stations @ ..... Released .....

attached to hydrant. Released by engine 604 at 13:00 hrs  
and returned to str

# DIVISION OF FIRE

HOBOKEN, N. J.

*Copy*

COMPANY NO. 2 "GROU" 0 DATE 4/30 82

Location 151-147<sup>th</sup> ST Time Out 1500 Time Returned 1700

Alarm Order Box No. Telephone Other Relief Crew

Type of Building Other than Building

Owner Name & Address

Tenant Name & Address

Location of Fire

Extended lot

ALARM CLASSIFICATION

<input checked="" type="checkbox"/> Fire in Building <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Fire in Rubbish (Street) <input type="checkbox"/> Fire in lot <input type="checkbox"/> Other outdoor fire	ALARM (NO FIRE) <input type="checkbox"/> Bomb Scare <input type="checkbox"/> Rescue or Emergency <input type="checkbox"/> Handless Call <input type="checkbox"/> Accidental Alarm <input type="checkbox"/> False Alarm Box No. <input type="checkbox"/> False Alarm SCS
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Extinguishers Used		Hose Lines Used			Salvage Covers	
Amt	Type	No.	Size	Total Feet	No.	
	From 3% 3%		Booster			Floor
	Carbon Dioxide		1 1/2-inch			Floor
	Dry Chemical		2 1/2-inch			Roof
	Foam Hi-Ex		3-inch			
	Dry Chemical G.P.					
		No.	Ladders Used		No.	Type
			Aerial			Mail Used
			Hend Ladders			Refills Scott

Other Equipment Used

1st Hose Line From size Ft. nozzle to

2nd Hose Line From size Ft. nozzle to

3rd Hose Line From size Ft. nozzle to

Hydrant location Pump time total Water gals.

Equipment damaged destroyed or lost

On Duty Men responded Yelen - De Stefan - Mieloff

On Duty Men responded

Remarks

*Hot spot from adjacent west bldg. Preheat*  
*Ordered to Police Dept #4*  
*Relief Crew*

Company Commanding Officer E. Fuchs