

ORDINANCE NO. 1 OF 2016

**AN ORDINANCE OF SCHUYLKILL TOWNSHIP, SCHUYLKILL COUNTY,
PENNSYLVANIA, AUTHORIZING THE TOWNSHIP FIRE DEPARTMENT TO
OBTAIN REIMBURSEMENT FOR THE COSTS OF MATERIALS EXPENDED AND
SERVICES RENDERED IN FIGHTING FIRES AND RENDERING EMERGENCY
SERVICE AND EMERGENCY RESCUE SERVICES**

WHEREAS, Schuylkill Township finds that the Township Fire Department, a volunteer emergency service organization located within the Schuylkill Township, is experiencing ever-increasing financial burdens;

WHEREAS, Schuylkill Township finds that the increasing financial burdens and costs are having an adverse impact upon the Fire Department;

WHEREAS, in order to ensure the continued viability of the Fire Department and to protect and promote the public health, safety, and welfare, an ordinance must be adopted to authorize the Fire Department to collect money from those who receive firefighting, rescue, and emergency services;

NOW THEREFORE, BE IT ENACTED AND ORDAINED by Schuylkill Township, Schuylkill County, Pennsylvania and it is hereby enacted and ordained as follows:

SECTION 1: DEFINITIONS

As used herein, the following terms shall have the meanings indicated, unless a different meaning clearly appears for the context:

"Township" means Schuylkill Township, Schuylkill County, Pennsylvania.

"Fire Department" includes firefighting, rescue, and emergency services provided by the fire companies servicing the Township.

"Person" includes an individual, natural person, estate, trust, firm, corporation, partnership, governmental entity, association, or other legal entity.

SECTION 2: AUTHORIZATION TO RECOVER COSTS AND EXPENSES.

The Township authorizes the Fire Department to recover the costs of firefighting material used and expended, the costs of use of the fire trucks, fire engines, rescue equipment tankers and other equipment and supplies, the costs of personnel hours and hazardous situation abatement material involving any fire, safety, rescue, and/or recovery incidents or operation and hazardous abatement incident, including but not limited to, vehicular accidents and fires within the Borough or any other area in which the Fire Department is authorized by the Borough, or contracted with and/or requested to respond, to provide such services. The Fire Department is authorized to submit a claim to the property owner's insurance company for reimbursement of said costs.

SECTION 3: ENFORCEMENT.

In the event that any insurance carrier fails to pay any bill or invoice within 30 days of the mailing or delivery of such notice of charges, the Fire Department or any attorney or agency contracted with by the Fire Department who mailed or delivered the bill or invoice may enforce the provisions of the Ordinance by filing a civil action at law in court of competent jurisdiction for the collection of any amount due to the Fire Department, together with statutory interest, court costs, collection fees, and reasonable attorneys' fees. The remedies provided herein shall be in addition to any other relief, remedies, or penalties that may be appropriate or provided by law.

SECTION 4: SEVERABILITY.

If any section, clause, provision or portion of this Ordinance shall be held invalid or unconstitutional by any Court of competent jurisdiction, such decision shall not affect any other section, clause, provision or portion of this Ordinance so long as it remains legally enforceable without the invalid portion. The Borough reserves the right to amend this Ordinance or any portion thereof from time to time as it shall deem advisable in the best interest of the promotion of the purposes and intent of the Ordinance, and the effective administration thereof.

SECTION 5: REPEALER.

Any and all other ordinances, resolutions, or parts thereof inconsistent herewith are expressly repealed by the adoption of this ordinance.

SECTION 6: EFFECTIVE DATE.

This Ordinance shall take effect immediately upon its final adoption by the Board of Schuylkill Township.

ENACTED AND ORDAINED by the Board of Supervisors of Schuylkill Township on this 12th day of September, 2016.

Supplement to Incident Report

Fire Department: _____ ID# _____

Incident Number: _____ Incident Date: _____

Incident Type: MVA Dwelling Fire Structure Fire HazMat Other

Location of Incident: _____ City/Township: _____

Dispatch Time: _____ Available Time: _____

Units Responding: _____

Mutual Aid Given? (Y/N- if Yes, to who): _____

Mutual Aid Received? (Y/N-if Yes, from who): _____

Equipment Used: (Please note quantity. If item is not listed, print description in blank space.)

_____ Air Bag	_____ GlassMaster	_____ Rescue Strut
_____ Air Tool	_____ Hand Light	_____ Salvage Cover/Tarp
_____ Axe	_____ Head Blocks	_____ SCBA
_____ Backboard	_____ Hydraulic Tool	_____ SCBA Cylinder
_____ Cervical Collar	_____ IR Camera	_____ Scene Lighting
_____ Chain Saw	_____ Ladder	_____ Shovel
_____ Chemical Suit	_____ Misc. Hand Tool	_____ Stokes Basket
_____ Cord Reels	_____ Misc. Power Tool	_____ Trauma Kit
_____ Cribbing (# of vehicles)	_____ Oil Absorbent Sheet	_____ Wetting Agent
_____ Deodorizer	_____ Oil Boom	_____ Windshield Kit
_____ Extinguisher	_____ Oil Dry/Absorbent	_____ <u>OTHER:</u>
_____ Flares	_____ Oxygen	_____
_____ Fire Line Tape	_____ Portable Pond	_____
_____ Foam	_____ Portable Pump	_____
_____ Gas/CO Detector	_____ PPV Fan/Smoke Ejector	_____
_____ Generator	_____ Rake	_____

Vehicle Operator Info: *(Please complete-if more than 2 vehicles, use additional sheet)*

VEHICLE #1	Description/Extent of Damage				
	Year	Make	Model	License Plate	VIN
	Driver's Name (Last, First)		Driver's Address		Driver's Phone Number
	Owner's Name (Last, First)		Owner's Address		Owner's Phone Number
	Insurance Company				Policy Number

Vehicle #1 At Fault? Yes No

VEHICLE #2	Description/Extent of Damage				
	Year	Make	Model	License Plate	VIN
	Driver's Name (Last, First)		Driver's Address		Driver's Phone Number
	Owner's Name (Last, First)		Owner's Address		Owner's Phone Number
	Insurance Company				Policy Number

Vehicle #2 At Fault? Yes No

PD on Scene: _____ Police Officer: _____
 Was this Officer the source of at fault determination? Yes No

FIRE INCIDENT	Property Address		
	Owner's Name	Owner's Address <i>(if different than above)</i>	Owner's Phone Number
	Origin of Fire	Cause of Fire <i>(if known)</i>	
	Estimated Dollar Loss	Insurance Company	Policy Number

NARRATIVE *(in as much detail as possible)*

Report Submitted By: _____

SCHUYLKILL TOWNSHIP SUPERVISORS



Charles Fayash, Chairman




Charles Hosler, Vice-Chairman



Frank Fabrizio, Supervisor

ATTEST:



Natasha Tyson, Secretary/Treasurer