



# Haledon Police Department

510 Belmont Avenue, Haledon, NJ 07508

Phone: 973-790-4444 Fax: 973-790-0966 Mun. Code: 1603



## CAD Report

| CAD #                                                                                                                                                                                   | Case #           | Date                                | Time of Call                      | Dispatched          | Arrived       | Cleared       | 911           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------|-----------------------------------|---------------------|---------------|---------------|---------------|
| 20-16876                                                                                                                                                                                | 21-01256         | 11/29/20                            | 09:16                             | 09:17               | 09:16         | 09:41         | X             |
| Reg.                                                                                                                                                                                    | St.              | Race Code                           | Citations                         | Warning             |               |               |               |
|                                                                                                                                                                                         |                  | 1B                                  |                                   |                     |               |               |               |
| Incident Type                                                                                                                                                                           |                  |                                     | Business / School / Location Name |                     |               |               |               |
| fire                                                                                                                                                                                    |                  |                                     |                                   |                     |               |               |               |
| Location:                                                                                                                                                                               |                  |                                     |                                   |                     |               |               |               |
| Street #                                                                                                                                                                                | Street Name      |                                     | Apt. #                            | At Intersection of: |               |               |               |
| 90                                                                                                                                                                                      | John Ryle Avenue |                                     |                                   |                     |               |               |               |
| Contact (Lastname, Firstname)                                                                                                                                                           |                  | Contact Address                     |                                   |                     | Contact Phone |               |               |
| Dambrosio, John                                                                                                                                                                         |                  | 1087 Belmont Avenue, North Haledon, |                                   |                     |               |               |               |
| Notes                                                                                                                                                                                   |                  |                                     |                                   |                     |               |               |               |
| Caller reported a out of control fire in the chimney. HFD notified @ 09:17. Home is being evacuated. Light smoke condition with no fire upon arrival. Dirty chimney caused heavy smoke. |                  |                                     |                                   |                     |               |               |               |
| Officer(s)                                                                                                                                                                              |                  | Car(s)                              | Dispatched                        | Arrived             | Cleared       | Response Time | Time on Scene |
| Ptl. April Latona 022                                                                                                                                                                   |                  | 105                                 | 09:17                             | 09:16               | 09:41         | 00:00         | 00:24         |
|                                                                                                                                                                                         |                  |                                     |                                   |                     |               |               |               |
|                                                                                                                                                                                         |                  |                                     |                                   |                     |               |               |               |
|                                                                                                                                                                                         |                  |                                     |                                   |                     |               |               |               |
|                                                                                                                                                                                         |                  |                                     |                                   |                     |               |               |               |
|                                                                                                                                                                                         |                  |                                     |                                   |                     |               |               |               |
|                                                                                                                                                                                         |                  |                                     |                                   |                     |               |               |               |
|                                                                                                                                                                                         |                  |                                     |                                   |                     |               |               |               |
| Average Response Time for this Call:                                                                                                                                                    |                  |                                     |                                   | Dispatched By:      |               |               |               |
| -00:00:13                                                                                                                                                                               |                  |                                     |                                   | mmoore              |               |               |               |



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Phone: 973-790-4444 Fax: 973-790-0966 Mun. Code: 1603  
**Investigation Report**



| Incident Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |               |                      |                                 |                                   |               |                  |            |                                 |      |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------|----------------------|---------------------------------|-----------------------------------|---------------|------------------|------------|---------------------------------|------|------|
| Case Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Time Reported       | Date Reported | Time Occurred        | Date Occurred                   | Occurrence Between Date / Time of | Time Occurred | Date Occurred    | 911        | Complete                        |      |      |
| 21-01256                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 09:16               | 11/29/20      | 09:16                | 11/29/20                        |                                   |               |                  | X          | X                               |      |      |
| Incident Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |               |                      | Incident Location:              |                                   |               |                  |            |                                 |      |      |
| fire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |               |                      | Street #                        |                                   |               | Street Name      |            | Intersection / Cross Street of: |      |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |               |                      | 90                              |                                   |               | John Ryle Avenue |            |                                 |      |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |               |                      | Business / Common Location Name |                                   |               |                  |            |                                 |      |      |
| Contact Information: Victim Suspect Complainant Witness Driver Arrest Passenger Missing Business Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |               |                      |                                 |                                   |               |                  |            |                                 |      |      |
| Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Contact Name #      | MI            | Suffix               | Age                             | Sex                               | Race          | DOB              | SSN        |                                 |      |      |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Dambrosio, Giovanni | N             |                      | 72                              | M                                 | 1B            | 01/31/1948       |            |                                 |      |      |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |               |                      |                                 |                                   | Home Phone    |                  | Cell Phone |                                 |      |      |
| Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Contact Name #      | MI            | Suffix               | Age                             | Sex                               | Race          | DOB              | SSN        |                                 |      |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |               |                      |                                 |                                   |               |                  |            |                                 |      |      |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |               |                      |                                 |                                   | Home Phone    |                  | Cell Phone |                                 |      |      |
| Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Contact Name #      | MI            | Suffix               | Age                             | Sex                               | Race          | DOB              | SSN        |                                 |      |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |               |                      |                                 |                                   |               |                  |            |                                 |      |      |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |               |                      |                                 |                                   | Home Phone    |                  | Cell Phone |                                 |      |      |
| Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Contact Name #      | MI            | Suffix               | Age                             | Sex                               | Race          | DOB              | SSN        |                                 |      |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |               |                      |                                 |                                   |               |                  |            |                                 |      |      |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |               |                      |                                 |                                   | Home Phone    |                  | Cell Phone |                                 |      |      |
| Property Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |               |                      |                                 |                                   |               |                  |            |                                 |      |      |
| Value of Stolen Property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     | Currency      | Jewelry              | Furs                            | Clothing                          | Auto          | Misc.            | Total      |                                 |      |      |
| Value of Stolen Property Recovered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |               |                      |                                 |                                   |               |                  |            |                                 |      |      |
| Automobile Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |               |                      |                                 |                                   |               |                  |            |                                 |      |      |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Vehicle Code        | Year          | Make                 | Body Type                       | Color                             | Registration  | State            | VIN        |                                 |      |      |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |               |                      |                                 |                                   |               |                  |            |                                 |      |      |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |               |                      |                                 |                                   |               |                  |            |                                 |      |      |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |               |                      |                                 |                                   |               |                  |            |                                 |      |      |
| Narrative:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |               |                      |                                 |                                   |               |                  |            |                                 |      |      |
| <p>Narrative</p> <p>On November 29, 2020 I, Ptl. Latona along with Ptl. Zadeh responded to 90 John Ryle Avenue on a report of a fire. Upon arrival, there was dark smoke coming from the chimney and embers and soot scattered throughout the yard. I met with Mr. John D'Ambrosio who stated that he turned on his fire place when he heard a loud pop and saw the dust and smoke come out of the chimney. He explained that he just had his chimney cleaned as he does every year at the start of the winter. Haledon Fire arrived on scene. Haledon Fire inspected the chimney and found build up at the top which caused the fire. They stated that it was not properly cleaned and soot build up was still there. They took pictures of what they observed. Mr. D'Ambrosio was advised a report would be on file.</p> |                     |               |                      |                                 |                                   |               |                  |            |                                 |      |      |
| Officer of Record:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     | Date:         | Other Reports Filed: |                                 |                                   |               |                  |            | Reviewed By:                    |      |      |
| Ptl. April Latona 022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     | 11/29/20      | MVA                  | Arrest                          | DV                                | DWI           | DWIQ             | Tow        | SD                              | CI   | TRO  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |               | SHA                  | Prop.                           | Evdn                              | UOF           | Prst             | Supp       | Juv                             | Bias | Pris |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |               |                      |                                 |                                   |               |                  |            |                                 |      | MSUS |