## A

| FDID ☆ | State ☆ | Incident Date (MM DD YYYY) ☆ | Station | Incident Number ☆ | Exposure ☆ |
|---|---|---|---|---|---|
| 02070 | NJ | 12/04/2025 | 7 | 2500378 | 000 |

☐ Delete ☐ Change ☐ No Activity

**NFIRS-1 Basic**

## B Location Type ☆

☐ Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification". Use only for wildland fires.

Census Tract:

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions
☐ U.S. National Grid

| Number/Milepost | Prefix | Street or Highway | Street Type | Suffix |
|---|---|---|---|---|
| 484 | | CLOSTER DOCK | Road | |

| Apt./Suite/Room | City | State | ZIP Code |
|---|---|---|---|
| | CLOSTER BORO | NJ | 07624 |

Cross Street, Directions or National Grid, as applicable:

## C Incident Type ☆

100 Fire, other

Incident Type

## D Aid Given or Received ☆ ☐ None

1 ☐ Mutual aid received
2 ☒ Auto. aid received
3 ☐ Mutual aid given
4 ☐ Auto. aid given
5 ☐ Other aid given

| Their FDID | Their State |
|---|---|
| 02090 | NJ |

Their Incident Number: 0

## E1 Dates and Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

| | Month | Day | Year | Hour | Min |
|---|---|---|---|---|---|
| Alarm ☆ (ALARM always required) | 12 | 04 | 2025 | 11 | 51 |
| ☒ Arrival ☆ (ARRIVAL required, unless canceled or did not arrive) | 12 | 04 | 2025 | 11 | 59 |
| ☐ Controlled (CONTROLLED optional, except for wildland fires) | | | | | |
| ☒ Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires) | 12 | 04 | 2025 | 12 | 52 |

## E2 Shifts and Alarms

Local Option

| Shift or Platoon | Alarms | District |
|---|---|---|
| | 1 | 7 |

## E3 Special Studies

Local Option

| Special Study ID# | Special Study Value |
|---|---|
| | |

## F Actions Taken ☆

11 Extinguishment by fire service personnel
Primary Action Taken (1)

12 Salvage & overhaul
Additional Action Taken (2)

86 Investigate
Additional Action Taken (3)

## G1 Resources ☆

☐ Check this box and skip this block if an Apparatus or Personnel Module is used.

| | Apparatus | Personnel |
|---|---|---|
| Suppression | 1 | 5 |
| EMS | 0 | 0 |
| Other | 4 | 5 |

☐ Check box if resource counts include aid received resources.

## G2 Estimated Dollar Losses and Values

**LOSSES**: Required for all fires if known. Optional for non-fires.

| | | None |
|---|---|---|
| Property | $ | ☒ |
| Contents | $ | ☒ |

**PRE-INCIDENT VALUE**: Optional

| | | |
|---|---|---|
| Property | $ | ☒ |
| Contents | $ | ☒ |

## Completed Modules

☒ **Fire–2**
☐ **Structure Fire-3**
☐ **Civilian Fire Cas.-4**
☐ **Fire Service Cas.–5**
☐ **EMS-6**
☐ **HazMat-7**
☐ **Wildland Fire-8**
☒ **Apparatus-9**
☒ **Personnel-10**
☐ **Arson-11**

## H1 ☆Casualties ☒ None

| | Deaths | Injuries |
|---|---|---|
| Fire Service | 0 | 0 |
| Civilian | 0 | 0 |

## H2 Detector

Required for confined fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

## H3 Hazardous Materials Release ☒ None

1 ☐ Natural gas: slow leak, no evacuation or HazMat actions
2 ☐ Propane gas: <21-lb tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable storage
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling <55 gallons
0 ☐ Other: special HazMat actions required or spill >55 gal (Please complete the HazMat form.)

## I Mixed Use Property ☒ Not mixed

10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Business & residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

## J Property Use ☆ ☐ None

*Structures*

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school, kindergarten
215 ☐ High school, junior high
241 ☐ College, adult education
311 ☐ Nursing home
331 ☐ Hospital
341 ☐ Clinic, clinic-type infirmary
342 ☐ Doctor/Dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1-or 2-family dwelling
429 ☐ Multifamily dwelling
439 ☐ Rooming/Boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/Barracks
519 ☐ Food and beverage sales
539 ☐ Household goods, sales, repairs
571 ☒ Gas or service station
579 ☐ Motor vehicle/boat sales/repairs
599 ☐ Business office
615 ☐ Electric-generating plant
629 ☐ Laboratory/Science laboratory
700 ☐ Manufacturing plant
819 ☐ Livestock/Poultry storage (barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

*Outside*

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Grand/Cared for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right-of-way
960 ☐ Other street
961 ☐ Highway/Divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

Property Use Code:

Property Use Description:

## $K_1$ Person/Entity Involved

Local Option

Business Name (if applicable) | Area Code | Phone Number

☐ Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. | First Name | MI | Last Name | Suffix

Number | Prefix | Street or highway | Street Type | Suffix

Post Office Box | Apt./Suite/Room | City

State | ZIP Code

☐ **More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.**

## $K_2$ Owner

☐ Same as person involved? Then check this box and skip the rest of this block.

Local Option

Business Name (if applicable) | Area Code | PhoneNumber

☐ Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. | First Name | MI | Last Name | Suffix

Number | Prefix | Street or highway | Street Type | Suffix

Post Office Box | Apt./Suite/Room | City

State | ZIP Code

## L Remarks:

Local Option

fire in a heating unit. Fire burned to the bottom of the roof Crews from 762 stretched a 2 1/2 inside the building for extinguishment. Crews from 9 Ladder and 26 Ladder sent crews to the roof to open it up. utilities were secured 2nd alarm struck for manpower and northvale stood by the hydrant HP was dispatched for a fast team to the scene. OT, Emerson, and alpine stood by HQ for coverage. Crews overhauled and then cleared the scene. building dept notified and responded.

ITEMS WITH A ☆ MUST **ALWAYS** BE COMPLETED!

☐ **More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.**

## M Authorization

Check box if same as Officer in charge.

| | Officer in charge ID | Signature | Position or rank | Assignment | Month Day Year |
|---|---|---|---|---|---|
| | 300001826 | VARNI, NICK | CHIEF | 7 | 01/06/2026 |
| ☐ | 300001828 | DALY, MATT | Capt. | 7 | 01/06/2026 |

Member making report ID | Signature | Position or rank | Assignment | Month Day Year

**A**

| FDID ☆ | State ☆ | Incident Date ☆ (MM DD YYYY) | Station | Incident Number ☆ | Exposure ☆ |
|---|---|---|---|---|---|
| 02070 | NJ | 12/04/2025 | 7 | 2500378 | 000 |

☐ Delete ☐ Change

**NFIRS-2 Fire**

## B Property Details

**B1** 0 — Estimated number of residential living units in building of origin *whether or not all units became involved*. ☒ Not Residential

**B2** _____ — Number of buildings involved. ☐ Buildings not involved

**B3** _____ — Acres burned (outside fires). ☐ None ☐ Less than one acre

## C On-Site Materials or Products

☐ None

Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, *whether or not they became involved.*

Enter up to three codes. Check one box for each code entered.

| | On-site material | On-Site Materials Storage Use |
|---|---|---|
| (1) | 514 Motor oil | 1 ☐ Bulk storage or warehousing<br>2 ☐ Processing or manufacturing<br>3 ☐ Packaged goods for sale<br>4 ☒ Repair or service<br>U ☐ Undetermined |
| (2) | 810 Motor vehicles and parts, other | 1 ☐ Bulk storage or warehousing<br>2 ☐ Processing or manufacturing<br>3 ☐ Packaged goods for sale<br>4 ☒ Repair or service<br>U ☐ Undetermined |
| (3) | | 1 ☐ Bulk storage or warehousing<br>2 ☐ Processing or manufacturing<br>3 ☐ Packaged goods for sale<br>4 ☐ Repair or service<br>U ☐ Undetermined |

## D Ignition

**D1** 47 Vehicle storage area; garage, carport — Area of fire origin ☆

**D2** 00 Heat source: other — Heat source ☆

**D3** UU Undetermined — Item first ignited ☆ 1 ☐ Check box if fire spread was confined to object of origin.

**D4** UU Undetermined — Type of material first ignited. Required only if item first ignited code is 00 or <70.

## E1 Cause of Ignition ☆

☐ Check box if this is an exposure report. ⇨ Skip to Section G

1 ☐ Intentional
2 ☒ Unintentional
3 ☐ Failure of equipment or heat source
3A ☐ Lithium Ion Battery
4 ☐ Act of nature
5 ☐ Cause under investigation
U ☐ Cause undetermined after investigation

## E2 Factors Contributing to Ignition ☆

☐ None

UU Undetermined — Factor contributing to ignition (1)

_____ — Factor contributing to ignition (2)

## E3 Human Factors ☆ Contributing to Ignition

Check all applicable boxes ☒ None

1 ☐ Asleep
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Possibly mentally disabled
5 ☐ Physically disabled
6 ☐ Multiple persons involved
7 ☐ Age was a factor

Estimated age of person involved: _____

1 ☐ Male 2 ☐ Female

## F1 Equipment Involved in Ignition

☐ None ⇨ If equipment was not involved, skip to Section G.

_____ — Equipment Involved

Brand _____

Model _____

Serial # _____

Year _____

## F2 Equipment Power Source

_____ — Equipment Power Source

## F3 Equipment Portability

1 ☐ Portable
2 ☐ Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

## G Fire Suppression Factors

☐ None

Enter up to three codes.

_____ — Fire suppression factor (1)

_____ — Fire suppression factor (2)

_____ — Fire suppression factor (3)

## H1 Mobile Property Involved

☐ None

1 ☐ Not involved in ignition, but burned
2 ☐ Involved in ignition, but did not burn
3 ☐ Involved in ignition and burned

## H2 Mobile Property Type and Make

_____ — Mobile property type

_____ — Mobile property make

_____ — Mobile property model

_____ — Year

_____ — License Plate Number

_____ — State

_____ — VIN

Structure fire? Please be sure to complete the Structure Fire form (NFIRS–3).

## Local Use

☐ Pre-Fire Plan Available

Some of the information presented in this report may be based upon reports from other agencies:

☐ Arson report attached
☐ Police report attached
☐ Coroner report attached
☐ Other reports attached

**A**

| FDID ☆ | State ☆ | Incident Date ☆ (MM DD YYYY) | Station | Incident Number ☆ | Exposure ☆ | ☐ Delete ☐ Change |
|---|---|---|---|---|---|---|
| 02070 | NJ | 12/04/2025 | 7 | 2500378 | 000 | |

**NFIRS-9 Apparatus or Resources**

**B Apparatus or Resources** — Use codes listed below

**Dates and Times** — Midnight is 0000. Check if same date as Alarm date on the Basic Module (Block E1).

**Sent** ☒

| | ID | Type ☆ | | Month | Day | Year | Hour/Min | Number Of ☆ People | Apparatus Use ☆ (Check ONE box for each apparatus to indicate its main use at the incident.) | Actions Taken (List up to 4 actions for each apparatus.) |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 7C751 | 92 | Dispatch ☒ | 12/04/2025 | | | 11:51 | 1 | ☐ Suppression ☐ EMS ☒ Other | |
| | | | Arrival ☒ | 12/04/2025 | | | 11:59 | | | |
| | | | Clear ☒ | 12/04/2025 | | | 12:52 | | | |
| 2 | 7E762 | 11 | Dispatch ☒ | 12/04/2025 | | | 11:51 | 5 | ☒ Suppression ☐ EMS ☐ Other | |
| | | | Arrival ☒ | 12/04/2025 | | | 11:59 | | | |
| | | | Clear ☒ | 12/04/2025 | | | 12:52 | | | |
| 3 | 7FDHQ | NN | Dispatch ☒ | 12/04/2025 | | | 11:51 | 1 | ☐ Suppression ☐ EMS ☒ Other | |
| | | | Arrival ☒ | 12/04/2025 | | | 11:59 | | | |
| | | | Clear ☒ | 12/04/2025 | | | 12:52 | | | |
| 4 | 7R765 | 71 | Dispatch ☒ | 12/04/2025 | | | 11:51 | 2 | ☐ Suppression ☐ EMS ☒ Other | |
| | | | Arrival ☒ | 12/04/2025 | | | 11:59 | | | |
| | | | Clear ☒ | 12/04/2025 | | | 12:52 | | | |
| 5 | 7SSU | 60 | Dispatch ☒ | 12/04/2025 | | | 11:51 | 1 | ☐ Suppression ☐ EMS ☒ Other | |
| | | | Arrival ☒ | 12/04/2025 | | | 11:59 | | | |
| | | | Clear ☒ | 12/04/2025 | | | 12:52 | | | |

## Apparatus or Resource Type

**Ground Fire Suppression**

11 Engine
12 Truck or aerial
13 Quint
14 Tanker and pumper combination
16 Brush truck
17 ARFF (aircraft rescue and firefighting)
10 Ground fire suppression, other

**Heavy Ground Equipment**

21 Dozer or plow
22 Tractor
24 Tanker or tender
20 Heavy ground equipment, other

**Aircraft**

41 Aircraft: fixed-wing tanker
42 Helitanker
43 Helicopter
40 Aircraft, other

**Marine Equipment**

51 Fire boat with pump
52 Boat, no pump
50 Marine equipment, other

**Support Equipment**

61 Breathing apparatus support
62 Light and air unit
60 Support apparatus, other

**Medical and Rescue**

71 Rescue unit
72 Urban search and rescue unit
73 High-angle rescue unit
75 BLS unit
76 ALS unit
70 Medical and rescue unit, other

**Other**

91 Mobile command post
92 Chief officer car
93 HazMat unit
94 Type I hand crew
95 Type II hand crew
99 Privately owned vehicle
00 Other apparatus/resources

More apparatus? Use additional sheets.

**NN None**
**UU Undetermined**

**A**

| FDID ☆ | State ☆ | Incident Date ☆ (MM DD YYYY) | Station | Incident Number ☆ | Exposure ☆ | ☐ Delete ☐ Change | NFIRS-10 Personnel |
|---|---|---|---|---|---|---|---|
| 02070 | NJ | 12/04/2025 | 7 | 2500378 | 000 | | |

**B Apparatus or Resources**

| Apparatus or Resources | Dates and Times (Midnight is 0000; Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min) | Sent ☒ | Number Of ☆ People | Apparatus Use ☆ (Check ONE box for each apparatus to indicate its main use at the incident.) | Actions Taken (List up to 4 actions for each apparatus.) |
|---|---|---|---|---|---|
| 1 ID 7C751<br>☆ Type 92 | Dispatch ☒ 12/04/2025 11:51<br>Arrival ☒ 12/04/2025 11:59<br>Clear ☒ 12/04/2025 12:52 | ☒ | 1 | ☐ Suppression<br>☐ EMS<br>☒ Other | |

| Personnel ID ☆ | Name | Rank or Grade | Attend ☒ | Action Taken | Action Taken | Action Taken | Action Taken |
|---|---|---|---|---|---|---|---|
| 300001826 | VARNI, NICK | CHIEF | ☒ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |

| Apparatus or Resources | Dates and Times | Sent ☒ | Number Of ☆ People | Apparatus Use ☆ | Actions Taken |
|---|---|---|---|---|---|
| 2 ID 7E762<br>☆ Type 11 | Dispatch ☒ 12/04/2025 11:51<br>Arrival ☒ 12/04/2025 11:59<br>Clear ☒ 12/04/2025 12:52 | ☒ | 5 | ☒ Suppression<br>☐ EMS<br>☐ Other | |

| Personnel ID ☆ | Name | Rank or Grade | Attend ☒ | Action Taken | Action Taken | Action Taken | Action Taken |
|---|---|---|---|---|---|---|---|
| 100000002 | GASPARI, VINCENT | PFF | ☒ | | | | |
| 300001829 | SPINA, JOE | DC | ☒ | | | | |
| 300001836 | GISMOND, DOUG | FF | ☒ | | | | |
| 300001837 | LEDERMANN, RYAN | Lt | ☒ | | | | |
| 300001838 | LUPARDI, MARK E | ECH | ☒ | | | | |
| | | | ☐ | | | | |

| Apparatus or Resources | Dates and Times | Sent ☒ | Number Of ☆ People | Apparatus Use ☆ | Actions Taken |
|---|---|---|---|---|---|
| 3 ID 7FDHQ<br>☆ Type NN | Dispatch ☒ 12/04/2025 11:51<br>Arrival ☒ 12/04/2025 11:59<br>Clear ☒ 12/04/2025 12:52 | ☒ | 1 | ☐ Suppression<br>☐ EMS<br>☒ Other | |

| Personnel ID ☆ | Name | Rank or Grade | Attend ☒ | Action Taken | Action Taken | Action Taken | Action Taken |
|---|---|---|---|---|---|---|---|
| 300001846 | WHITNEY, KEVIN | ECH | ☒ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |

| Apparatus or Resources | Dates and Times | Sent ☒ | Number Of ☆ People | Apparatus Use ☆ | Actions Taken |
|---|---|---|---|---|---|
| 4 ID 7R765<br>☆ Type 71 | Dispatch ☒ 12/04/2025 11:51<br>Arrival ☒ 12/04/2025 11:59<br>Clear ☒ 12/04/2025 12:52 | ☒ | 2 | ☐ Suppression<br>☐ EMS<br>☒ Other | |

| Personnel ID ☆ | Name | Rank or Grade | Attend ☒ | Action Taken | Action Taken | Action Taken | Action Taken |
|---|---|---|---|---|---|---|---|
| 300001840 | MEYERS, MARK | EXCAPTAIN | ☒ | | | | |
| 300001841 | MCLAUGHLIN JR., KEVIN | PFF | ☒ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |

| 5 ID | 7SSU | Dispatch ☒ | 12/04/2025 | 11:51 | Sent ☒ | 1 | ☐ Suppression | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Arrival ☒ | 12/04/2025 | 11:59 | | | ☐ EMS | | |
| ☆ Type | 60 | Clear ☒ | 12/04/2025 | 12:52 | | | ☒ Other | | |

| Personnel ID☆ | Name | Rank or Grade | Attend ☒ | Action Taken | Action Taken | Action Taken | Action Taken |
|---|---|---|---|---|---|---|---|
| 300001833 | DANKIEWICZ, MARK | ECH | ☒ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |
| | | | ☐ | | | | |