



Saint Paul Fire Department
 645 Randolph Avenue
 Saint Paul, MN 55102
 (651) 224-7811

NFIRS-1 Basic

A

62210	MN	06	10	2021	Station #7 (07)	SPFD210610023926	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract: 0310.00

Street Address
 Intersection
 In Front Of
 Rear Of
 Adjacent To
 Directions
 US National Grid

584		MAGNOLIA	AVE-Avenue	E-East
Number	Prefix	Street or Highway	Street Type	Suffix

	Saint Paul	MN	55130
Apt./Suite/Room	City	State	Zip Code

Cross Street

<p>C Incident Type</p> <p>111-Building fire</p>	<p>E1 Dates and Times</p> <p>Alarm 06 10 2021 22:18</p> <p>Arrival 06 10 2021 22:21</p> <p>Controlled [] [] [] []</p> <p>Last Unit Cleared 06 11 2021 00:55</p>	<p>E2 Shifts and Alarms</p> <p>A 1 D3</p> <p>Shift or Alarms District Platoon</p>
	<p>D Aid Given Or Received</p> <p><input type="checkbox"/> 1 Mutual Aid Received <input type="checkbox"/> 2 Auto. Aid Received <input type="checkbox"/> 3 Mutual Aid Given <input type="checkbox"/> 4 Auto. Aid Given <input type="checkbox"/> 5 Other Aid Given <input checked="" type="checkbox"/> None</p> <p>Their FDID: [] [] Their State: [] [] Their Incident Number: [] []</p>	<p>E3 Special Studies</p> <p>9244 3 - No, COVID 19 was not a factor</p> <p>ID# Value</p>

<p>F Actions Taken</p> <p>11-Extinguishment by fire service personnel</p> <p>Primary Action Taken</p> <p>12-Salvage & overhaul</p> <p>Additional Action Taken</p> <p>21-Search</p> <p>Additional Action Taken</p> <p>51-Ventilate</p> <p>Additional Action Taken</p> <p>82-Notify other agencies.</p> <p>Additional Action Taken</p>	<p>G1 Resources</p> <p><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.</p> <table border="1"> <tr> <td></td> <td>Apparatus</td> <td>Personnel</td> </tr> <tr> <td>Suppression</td> <td>10</td> <td>0</td> </tr> <tr> <td>EMS</td> <td>2</td> <td>0</td> </tr> <tr> <td>Other</td> <td>0</td> <td>0</td> </tr> </table> <p><input type="checkbox"/> Resource counts include aid received resources.</p>		Apparatus	Personnel	Suppression	10	0	EMS	2	0	Other	0	0	<p>G2 Estimated Dollar Losses and Values</p> <p>Losses: Required for all fires if known. Optional for all non-fires. None</p> <p>Property: \$ 40,000.00 <input type="checkbox"/></p> <p>Contents: \$ 10,000.00 <input type="checkbox"/></p> <p>Pre-Incident Values: Optional None</p> <p>Property: \$ 77,200.00 <input type="checkbox"/></p> <p>Contents: \$ 10,000.00 <input type="checkbox"/></p>
	Apparatus	Personnel												
Suppression	10	0												
EMS	2	0												
Other	0	0												

Completed Modules <input type="checkbox"/> 2 - Fire <input type="checkbox"/> 3 - Structure Fire <input type="checkbox"/> 4 - Civilian Fire Cas. <input type="checkbox"/> 5 - Fire Service Cas. <input type="checkbox"/> 6 - EMS <input type="checkbox"/> 7 - HazMat <input type="checkbox"/> 8 - Wildland Fire <input type="checkbox"/> 9 - Apparatus <input type="checkbox"/> 10 - Personnel <input type="checkbox"/> 11 - Arson	H1 Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire Service <input type="text" value="0"/> <input type="text" value="0"/> Civilian <input type="text" value="0"/> <input type="text" value="0"/>	H3 Hazardous Materials Release <input type="checkbox"/> 1 - Natural Gas <input type="checkbox"/> 2 - Propane Gas <input type="checkbox"/> 3 - Gasoline <input type="checkbox"/> 4 - Kerosene <input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil <input type="checkbox"/> 6 - Household Solvents <input type="checkbox"/> 7 - Motor Oil <input type="checkbox"/> 8 - Paint <input checked="" type="checkbox"/> 0 - Other <input checked="" type="checkbox"/> None	I Mixed Use Property <input type="checkbox"/> Not Mixed <input type="checkbox"/> 10 - Assembly Use <input type="checkbox"/> 20 - Education Use <input type="checkbox"/> 33 - Medical Use <input type="checkbox"/> 40 - Residential Use <input type="checkbox"/> 51 - Row Of Stores <input type="checkbox"/> 53 - Enclosed Mall <input type="checkbox"/> 58 - Business and Residential <input type="checkbox"/> 59 - Office Use <input type="checkbox"/> 60 - Industrial Use <input type="checkbox"/> 63 - Military Use <input type="checkbox"/> 65 - Farm Use <input type="checkbox"/> 00 - Other Mixed Use
	H2 Detector Required For Confined Fires <input type="checkbox"/> 1 - Detector Alerted Occupants <input type="checkbox"/> 2 - Detector Did Not Alert Them <input type="checkbox"/> 3 - Unknown		

J Property Use <input type="checkbox"/> None Structures 131 <input type="checkbox"/> Church, Place of Worship 161 <input type="checkbox"/> Restaurant or Cafeteria 162 <input type="checkbox"/> Bar/Tavern or Nightclub 213 <input type="checkbox"/> Elementary School, Kindergarten 215 <input type="checkbox"/> High School, Junior High 241 <input type="checkbox"/> College, Adult Education 311 <input type="checkbox"/> Nursing Home 331 <input type="checkbox"/> Hospital	341 <input type="checkbox"/> Clinic, Clinic-Type Infirmary 342 <input type="checkbox"/> Doctor/Dentist Office 361 <input type="checkbox"/> Prison or Jail, Not Juvenile 419 <input checked="" type="checkbox"/> 1- or 2-Family Dwelling 429 <input type="checkbox"/> MultiFamily Dwelling 439 <input type="checkbox"/> Rooming/Boarding House 449 <input type="checkbox"/> Commerical Hotel or Motel 459 <input type="checkbox"/> Residential, Board and Care 464 <input type="checkbox"/> Dormitory/Barracks 519 <input type="checkbox"/> Food and Beverage Sales	539 <input type="checkbox"/> Household Goods, Sales, Repairs 571 <input type="checkbox"/> Gas or Service Station 579 <input type="checkbox"/> Motor Vehicle/Boat Sales/Repairs 599 <input type="checkbox"/> Business Office 615 <input type="checkbox"/> Electric-Generating Plant 629 <input type="checkbox"/> Laboratory/Science Laboratory 700 <input type="checkbox"/> Manufacturing Plant 819 <input type="checkbox"/> Livestock/Poultry Storage (Barn) 882 <input type="checkbox"/> Non-Residential Parking Garage 891 <input type="checkbox"/> Warehouse
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Outside 124 <input type="checkbox"/> Playground or Park 655 <input type="checkbox"/> Crops or Orchard 669 <input type="checkbox"/> Forest (Timberland) 807 <input type="checkbox"/> Outdoor Storage Area 919 <input type="checkbox"/> Dump or Sanitary Landfill 931 <input type="checkbox"/> Open Land or Field 936 <input type="checkbox"/> Vacant Lot	938 <input type="checkbox"/> Graded/Cared for Plot of Land 946 <input type="checkbox"/> Lake, River, Stream 951 <input type="checkbox"/> Railroad Right-of-Way 960 <input type="checkbox"/> Other Street 961 <input type="checkbox"/> Highway/Divided Highway 962 <input type="checkbox"/> Residential Street/Driveway 981 <input type="checkbox"/> Construction Site 984 <input type="checkbox"/> Industrial Plant Yard	Property Use: <input type="text"/> Description Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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K2				
Owner				
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room		City	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
State	Zip Code			
<input type="text"/>	<input type="text"/>			

L Remarks: <p>The fire department responded to a reported dwelling fire. Upon arrival and investigation, Squad #1's captain reported a two story dwelling with smoke showing from the attic. Squad #1's captain assumed command and the crew stretched a hose line to the second floor to attack the fire.</p> <p>District Chief #3 arrived, assumed command, conducted a 360° (walk around), and directed fire companies. Engine #17's crew conducted a primary search on the first floor and advanced a hose line to the second floor to back-up Squad #1. Engine #4's crew established a water supply to Engine #17 and conducted basement primary search as well as advanced hose line to protect firefighter egress. Ladder #7's crew placed their aerial on side Alpha (A) and cut a 3 x 3 vent opening above the attic fire. Engine #24's crew conducted primary and secondary searches and recycled with other on scene crews.</p> <p>Deputy Chief-Car #5 was assigned to be Incident Safety Officer (ISO). District Chief #1 assisted Command as Field Incident Technician (FIT). Ladder #22 assigned Incident Rapid Intervention Team (IRIT) functions. Squad #2's captain and crew assigned to Fire Investigation duties. Medic #22's set-up Rehab. All crews assisted with salvage and overhaul.</p> <p>Xcel Energy gas and electric, police, and board-up on scene. Red Cross contacted for one adult and child in Unit #1 and one adult and child in Unit #2. After fire brochures left with homeowner and tenants.</p>

M Authorization				
<input type="text" value="4318"/>	<input type="text" value="Duren, Greg"/>	<input type="text" value="DC"/>	<input type="text" value="C3"/>	<input type="text" value="06/12/2021"/>
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
<input type="text" value="4318"/>	<input type="text" value="Duren, Greg"/>	<input type="text" value="DC"/>	<input type="text" value="C3"/>	<input type="text" value="06/12/2021"/>
Member Making Report ID	Signature	Position or Rank	Assignment	Date

NFIRS-2 Fire

A	62210	MN	06	10	2021	Station #7 (07)	SPFD210610023926	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B</p> <p>Property Details</p> <p>B1 <input type="text" value="2"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in the building of origin whether or not all units became involved</small></p> <p>B2 <input type="text" value="1"/> <input type="checkbox"/> Buildings Not Involved <small>Number of buildings involved</small></p> <p>B3 <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre <small>Acres burned (outside fires)</small></p>	<p>C</p> <p>On-Site Materials Or Products</p> <p>On-Site Materials Storage Use</p>
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<p>D</p> <p>Ignition</p> <p>D1 <input type="text" value="74-Attic: vacant, crawl space above top story"/> <small>Area of Fire Origin</small></p> <p>D2 <input type="text" value="13-Electrical arcing"/> <small>Heat Source</small></p> <p>D3 <input type="text" value="81-Electrical wire, cable insulation"/> <small>Item First Ignited</small></p> <p>D4 <input type="text" value="67-Paper, including cellulose, waxed paper"/> <small>Type of Material First Ignited</small></p>	<p>E1</p> <p>Cause of Ignition</p> <p><input type="checkbox"/> 1 - Intentional <input checked="" type="checkbox"/> 2 - Unintentional <input type="checkbox"/> 3 - Failure of Equipment or Heat Source <input type="checkbox"/> 4 - Act of Nature <input type="checkbox"/> 5 - Cause Under Investigation <input type="checkbox"/> U - Cause Undetermined After Investigation</p> <hr/> <p>E2</p> <p>Factors Contributing to Ignition</p> <p><input type="text" value="34-Unspecified short-circuit arc"/> <small>Factor Contributing to Ignition</small></p>	<p>E3</p> <p>Human Factors Contributing to Ignition</p> <p><small>Check all applicable boxes</small></p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> 1 - Asleep <input type="checkbox"/> 2 - Possibly impaired by alcohol or drugs <input type="checkbox"/> 3 - Unattended person <input type="checkbox"/> 4 - Possibly Mentally Disabled <input type="checkbox"/> 5 - Physically Disabled <input type="checkbox"/> 6 - Multiple Persons Involved</p> <hr/> <p><input type="checkbox"/> 7 - Age Was A Factor</p> <p><small>Estimated Age of Person Involved</small> <input type="text"/></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
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<p>F1</p> <p>Equipment Involved In Ignition</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="text"/> <small>Equipment Involved</small></p> <p>Brand <input type="text"/> Model <input type="text"/> Serial # <input type="text"/> Year <input type="text"/></p>	<p>F2</p> <p>Equipment Power Source</p> <p><input type="text"/> <small>Equipment Power Source</small></p> <hr/> <p>F3</p> <p>Equipment Portability</p> <p><input type="checkbox"/> 1 - Portable <input type="checkbox"/> 2 - Stationary <small>Portable equipment normally can be moved by one or two persons.</small></p>	<p>G</p> <p>Fire Suppression Factors</p> <p><input type="text" value="None"/> <small>Fire Suppression Factor</small></p>
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<p>H1</p> <p>Mobile Property Involved</p> <p><input type="checkbox"/> 1 - Not involved in ignition, but burned <input type="checkbox"/> 2 - Involved in ignition, but did not burn <input type="checkbox"/> 3 - Involved in ignition and burned <input checked="" type="checkbox"/> None</p>	<p>H2</p> <p>Mobile Property Type and Make</p> <p><input type="text"/> <small>Mobile Property Type</small></p> <p><input type="text"/> <small>Mobile Property Make</small></p> <hr/> <p><small>Mobile Property Model</small> <input type="text"/> <input type="text"/></p> <p><small>Year</small> <input type="text"/></p> <hr/> <p><small>State</small> <input type="text"/> <small>License Plate Number</small> <input type="text"/></p> <p><small>VIN</small> <input type="text"/></p>	<p>Local Use</p> <p><input type="checkbox"/> Pre-Fire Plan Available <input type="checkbox"/> Arson Report Attached <input type="checkbox"/> Police Report Attached <input type="checkbox"/> Coroner Report Attached <input type="checkbox"/> Other Reports Attached</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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NFIRS-3 Structure Fire

I1 Structure Type <input checked="" type="checkbox"/> 1 - Enclosed Building <input type="checkbox"/> 2 - Portable/Mobile Structure <input type="checkbox"/> 3 - Open Structure <input type="checkbox"/> 4 - Air-Supported Structure <input type="checkbox"/> 5 - Tent <input type="checkbox"/> 6 - Open Platform <input type="checkbox"/> 7 - Underground Structure <input type="checkbox"/> 8 - Connective Structure <input type="checkbox"/> 0 - Other	I2 Building Status <input type="checkbox"/> 1 - Under Construction <input checked="" type="checkbox"/> 2 - In Normal Use <input type="checkbox"/> 3 - Idle, Not Routinely Used <input type="checkbox"/> 4 - Under Major Renovation <input type="checkbox"/> 5 - Vacant and Secured <input type="checkbox"/> 6 - Vacant and Unsecured <input type="checkbox"/> 7 - Being Demolished <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	I3 Building Height <div style="border: 1px solid black; width: 20px; text-align: center; margin-bottom: 5px;">2</div> Number of Stories At/Above Grade <div style="border: 1px solid black; width: 20px; text-align: center; margin-bottom: 5px;">1</div> Number of Stories Below Grade	I4 Main Floor Size <div style="border: 1px solid black; width: 50px; height: 15px; margin-bottom: 5px;"></div> Total Square Feet OR <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; text-align: center;">50</div> BY <div style="border: 1px solid black; width: 20px; text-align: center;">24</div> </div> Length (ft) X Width (ft)
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J1 Fire Origin <div style="border: 1px solid black; width: 30px; text-align: center; margin-bottom: 5px;">2</div> <input type="checkbox"/> Below Grade Story of Fire Origin	J3 Number of Stories Damaged By Flame <div style="border: 1px solid black; width: 30px; height: 15px; margin-bottom: 5px;"></div> Number of Stories w/Minor Damage (1-24%) <div style="border: 1px solid black; width: 30px; height: 15px; margin-bottom: 5px;"></div> Number of Stories w/Significant Damage (25-49%) <div style="border: 1px solid black; width: 30px; text-align: center; margin-bottom: 5px;">1</div> Number of Stories w/Heavy Damage (50-74%) <div style="border: 1px solid black; width: 30px; height: 15px; margin-bottom: 5px;"></div> Number of Stories w/Extreme Damage (75-100%) *Count the roof as part of the highest story	K Type of Material Contributing Most to Flame Spread <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> K1 18-Thermal, acoustical insulation within wall, partition or floor/ceiling space </div> Item Contributing Most to Flame Spread <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> K2 67-Paper, including cellulose, waxed paper </div> Type of Material Contributing Most To Flame Spread
J2 Fire Spread <input type="checkbox"/> Confined to Object of Origin <input type="checkbox"/> 2 - Confined to Room of Origin <input checked="" type="checkbox"/> 3 - Confined to Floor of Origin <input type="checkbox"/> 4 - Confined to Building of Origin <input type="checkbox"/> 5 - Beyond Building of Origin		

L1 Presence of Detectors <input type="checkbox"/> N - None Present <input checked="" type="checkbox"/> 1 - Present <input type="checkbox"/> U - Undetermined	L3 Detector Power Supply <input type="checkbox"/> 1 - Battery Only <input type="checkbox"/> 2 - Hardwire Only <input type="checkbox"/> 3 - Plug-In <input type="checkbox"/> 4 - Hardwire With Battery <input type="checkbox"/> 5 - Plug-In With Battery <input type="checkbox"/> 6 - Mechanical <input type="checkbox"/> 7 - Multiple Detectors & Power Supplies <input type="checkbox"/> 0 - Other <input checked="" type="checkbox"/> U - Undetermined	L5 Detector Effectiveness <input type="checkbox"/> 1 - Alerted Occupants, Occupants Responded <input type="checkbox"/> 2 - Alerted Occupants, Occupants Failed to Respond <input type="checkbox"/> 3 - There Were No Occupants <input type="checkbox"/> 4 - Failed to Alert Occupants <input type="checkbox"/> U - Undetermined
L2 Detector Type <input checked="" type="checkbox"/> 1 - Smoke <input type="checkbox"/> 2 - Heat <input type="checkbox"/> 3 - Combination of Smoke and Heat <input type="checkbox"/> 4 - Sprinkler, Water Flow Detection <input type="checkbox"/> 5 - More Than One Type Present <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	L4 Detector Operation <input type="checkbox"/> 1 - Fire Too Small To Activate <input type="checkbox"/> 2 - Operated <input type="checkbox"/> 3 - Failed To Operate <input checked="" type="checkbox"/> U - Undetermined	L6 Detector Failure Reason <input type="checkbox"/> 1 - Power Failure, Shutoff, or Disconnect <input type="checkbox"/> 2 - Improper Installation or Placement <input type="checkbox"/> 3 - Defective <input type="checkbox"/> 4 - Lack of Maintenance, Dirty <input type="checkbox"/> 5 - Battery Missing or Disconnected <input type="checkbox"/> 6 - Battery Discharged or Dead <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined

M1 Presence of Automatic Extinguishing System <input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input type="checkbox"/> U - Undetermined	M3 Operation of Automatic Extinguishing System <input type="checkbox"/> 1 - Operated/Effective <input type="checkbox"/> 2 - Operated/Not Effective <input type="checkbox"/> 3 - Fire Too Small To Activate <input type="checkbox"/> 4 - Failed To Operate <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined Required if fire was within designed range	M5 Reason for Automatic Extinguishing System Failure <input type="checkbox"/> 1 - System Shut Off <input type="checkbox"/> 2 - Not Enough Agent Discharged <input type="checkbox"/> 3 - Agent Discharged But Did Not Reach Fire <input type="checkbox"/> 4 - Wrong Type of System <input type="checkbox"/> 5 - Fire Not In Area Protected <input type="checkbox"/> 6 - System Components Damaged <input type="checkbox"/> 7 - Lack of Maintenance <input type="checkbox"/> 8 - Manual Intervention <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined Required if system failed or not effective
M2 Type of Automatic Extinguishing System <input type="checkbox"/> 1 - Wet-Pipe Sprinkler <input type="checkbox"/> 2 - Dry-Pipe Sprinkler <input type="checkbox"/> 3 - Other Sprinkler System <input type="checkbox"/> 4 - Dry Chemical System <input type="checkbox"/> 5 - Foam System <input type="checkbox"/> 6 - Halogen-Type System <input type="checkbox"/> 7 - Carbon Dioxide System <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined Required if fire was within designed range of AES	M4 Number of Sprinkler Heads Operating <div style="border: 1px solid black; width: 30px; height: 15px; margin-bottom: 5px;"></div> Required if system operated	