



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

NFIRS-1 Basic

A

62210	MN	10	20	2021	Station #18 (18)	SPFD211020045888	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract: 0312.00

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

1015		CHURCHILL	ST-Street	
Number	Prefix	Street or Highway	Street Type	Suffix

	Saint Paul	MN	55103
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 10 20 2021 12:15</p> <p>Arrival 10 20 2021 12:19</p> <p>Controlled [] [] [] []</p> <p>Last Unit Cleared 10 20 2021 13:31</p>	<p>E2 Shifts and Alarms</p> <p>C 1 D2</p> <p>Shift or Platoon Alarms District</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> <table border="1"> <tr> <td>Their FDID</td> <td>Their State</td> </tr> <tr> <td colspan="2">Their Incident Number</td> </tr> </table>	Their FDID	Their State	Their Incident Number			<p>E3 Special Studies</p> <p>9244 4 - Unknown</p> <p>ID# Value</p>
Their FDID	Their State					
Their Incident Number						

<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>51-Ventilate</p> <p>Additional Action Taken</p> <p>84-Refer to proper authority</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>Suppression</td> <td>Apparatus</td> <td>Personnel</td> </tr> <tr> <td></td> <td>7</td> <td>0</td> </tr> <tr> <td>EMS</td> <td>0</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>	Suppression	Apparatus	Personnel		7	0	EMS	0	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: \$ 10,000.00 <input type="checkbox"/></p> <p>Contents: \$ 3,000.00 <input type="checkbox"/></p> <p>Pre-Incident Values: Optional None</p> <p>Property: \$ 30,000.00 <input type="checkbox"/></p> <p>Contents: \$ <input type="checkbox"/> <input checked="" type="checkbox"/></p>
Suppression	Apparatus	Personnel												
	7	0												
EMS	0	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 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 Structures <input type="checkbox"/> None <input type="checkbox"/> 131 Church, Place of Worship <input type="checkbox"/> 161 Restaurant or Cafeteria <input type="checkbox"/> 162 Bar/Tavern or Nightclub <input type="checkbox"/> 213 Elementary School, Kindegarten <input type="checkbox"/> 215 High School, Junior High <input type="checkbox"/> 241 College, Adult Education <input type="checkbox"/> 311 Nursing Home <input type="checkbox"/> 331 Hospital	<input type="checkbox"/> 341 Clinic, Clinic-Type Infirmary <input type="checkbox"/> 342 Doctor/Dentist Office <input type="checkbox"/> 361 Prison or Jail, Not Juvenile <input type="checkbox"/> 419 1- or 2-Family Dwelling <input type="checkbox"/> 429 MultiFamily Dwelling <input type="checkbox"/> 439 Rooming/Boarding House <input type="checkbox"/> 449 Commerical Hotel or Motel <input type="checkbox"/> 459 Residential, Board and Care <input type="checkbox"/> 464 Dormitory/Barracks <input type="checkbox"/> 519 Food and Beverage Sales	<input type="checkbox"/> 539 Household Goods, Sales, Repairs <input type="checkbox"/> 571 Gas or Service Station <input type="checkbox"/> 579 Motor Vehicle/Boat Sales/Repairs <input type="checkbox"/> 599 Business Office <input type="checkbox"/> 615 Electric-Generating Plant <input type="checkbox"/> 629 Laboratory/Science Laboratory <input type="checkbox"/> 700 Manufacturing Plant <input type="checkbox"/> 819 Livestock/Poultry Storage (Barn) <input type="checkbox"/> 882 Non-Residential Parking Garage <input type="checkbox"/> 891 Warehouse
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Outside <input type="checkbox"/> 124 Playground or Park <input type="checkbox"/> 655 Crops or Orchard <input type="checkbox"/> 669 Forest (Timberland) <input type="checkbox"/> 807 Outdoor Storage Area <input type="checkbox"/> 919 Dump or Sanitary Landfill <input type="checkbox"/> 931 Open Land or Field <input type="checkbox"/> 936 Vacant Lot	<input type="checkbox"/> 938 Graded/Cared for Plot of Land <input type="checkbox"/> 946 Lake, River, Stream <input type="checkbox"/> 951 Railroad Right-of-Way <input type="checkbox"/> 960 Other Street <input type="checkbox"/> 961 Highway/Divided Highway <input type="checkbox"/> 962 Residential Street/Driveway <input type="checkbox"/> 981 Construction Site <input type="checkbox"/> 984 Industrial Plant Yard	Property Use: <input type="text" value="881-Parking garage, (detached residential garage)"/> 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				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number	
<input type="text"/>	<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 fire in a detached two car garage. District Chief 1, on arrival, observed smoke coming from the eaves of the garage. Engine 22, on arrival, deployed a 1 3/4 inch pre-connected hose line through the service door of the garage and reported a quick knock down of the fire. Ladder 18 ventilated the structure removing the overhead door and secured the utilities. Engine 14 supplied Engine 22 with water.</p> <p>This garage was packed full of household goods and furniture. Ladder 18, Engine 14, and Engine 22 overhauled and washed down the structure with foam to prevent rekindle.</p> <p>Fire Investigator Blank was the fire investigator on this incident. The resident was given an "After the Fire Brochure". District Chief 1 also submitted a Form #4 to D.S.I. Board-up company secured the structure.</p>

M Authorization				
<input type="text" value="1835"/>	<input type="text" value="Baumeister, Arthur"/>	<input type="text" value="DC"/>	<input type="text" value="C1"/>	<input type="text" value="10/21/2021"/>
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
<input type="text" value="1835"/>	<input type="text" value="Baumeister, Arthur"/>	<input type="text" value="DC"/>	<input type="text" value="C1"/>	<input type="text" value="10/21/2021"/>
Member Making Report ID	Signature	Position or Rank	Assignment	Date

NFIRS-2 Fire

A

62210	MN	10	20	2021	Station #18 (18)	SPFD211020045888	0
FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B</p> <p>Property Details</p> <p>B1 <input type="text"/> <input checked="" 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> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>On-Site Materials Or Products</p> <p><input type="text" value="240-Furnishings, other"/> <small>On-site material (1)</small></p> </td> <td style="width: 50%; vertical-align: top;"> <p>On-Site Materials Storage Use</p> <p><input type="checkbox"/> 1 - Bulk Storage or warehousing <input type="checkbox"/> 2 - Processing or manufacturing <input type="checkbox"/> 3 - Packaged goods for sale <input type="checkbox"/> 4 - Repair or service <input type="checkbox"/> U - Undetermined</p> </td> </tr> </table>	<p>On-Site Materials Or Products</p> <p><input type="text" value="240-Furnishings, other"/> <small>On-site material (1)</small></p>	<p>On-Site Materials Storage Use</p> <p><input type="checkbox"/> 1 - Bulk Storage or warehousing <input type="checkbox"/> 2 - Processing or manufacturing <input type="checkbox"/> 3 - Packaged goods for sale <input type="checkbox"/> 4 - Repair or service <input type="checkbox"/> U - Undetermined</p>
<p>On-Site Materials Or Products</p> <p><input type="text" value="240-Furnishings, other"/> <small>On-site material (1)</small></p>	<p>On-Site Materials Storage Use</p> <p><input type="checkbox"/> 1 - Bulk Storage or warehousing <input type="checkbox"/> 2 - Processing or manufacturing <input type="checkbox"/> 3 - Packaged goods for sale <input type="checkbox"/> 4 - Repair or service <input type="checkbox"/> U - Undetermined</p>		

<p>D</p> <p>Ignition</p> <p>D1 <input type="text" value="47-Vehicle storage area; garage, carport"/> <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="99-Multiple items first ignited"/> <small>Item First Ignited</small></p> <p>D4 <input type="text"/> <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="30-Electrical failure, malfunction, other"/> <small>Factor Contributing to Ignition</small></p>	<p>E3</p> <p>Human Factors Contributing to Ignition</p> <p>Check all applicable boxes</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>Estimated Age of Person Involved <input type="text"/> <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><input type="text"/> <small>Mobile Property Model</small></p> <p><input type="text"/> <small>Year</small></p> <hr/> <p><input type="text"/> <small>State</small> <input type="text"/> <small>License Plate Number</small> <input type="text"/> <small>VIN</small></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

<p>I1</p> <p>Structure Type</p> <ul style="list-style-type: none"> <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 	<p>I2</p> <p>Building Status</p> <ul style="list-style-type: none"> <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 	<p>I3</p> <p>Building Height</p> <p>Number of Stories At/Above Grade: <input type="text" value="1"/></p> <p>Number of Stories Below Grade: <input type="text" value="0"/></p>	<p>I4</p> <p>Main Floor Size</p> <p>Total Square Feet: <input type="text" value="440"/></p> <p>OR</p> <p>Length (ft) X Width (ft): <input type="text"/> BY <input type="text"/></p>
<p>J1</p> <p>Fire Origin</p> <p>Story of Fire Origin: <input type="text" value="1"/> <input type="checkbox"/> Below Grade</p> <p>J2</p> <p>Fire Spread</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Confined to Object of Origin <input type="checkbox"/> 2 - Confined to Room of Origin <input type="checkbox"/> 3 - Confined to Floor of Origin <input checked="" type="checkbox"/> 4 - Confined to Building of Origin <input type="checkbox"/> 5 - Beyond Building of Origin 	<p>J3</p> <p>Number of Stories Damaged By Flame</p> <p>Number of Stories w/Minor Damage (1-24%): <input type="text"/></p> <p>Number of Stories w/Significant Damage (25-49%): <input type="text"/></p> <p>Number of Stories w/Heavy Damage (50-74%): <input type="text"/></p> <p>Number of Stories w/Extreme Damage (75-100%): <input type="text"/></p> <p>*Count the roof as part of the highest story</p>	<p>K</p> <p>Type of Material Contributing Most to Flame Spread</p> <p>K1: <input type="text"/></p> <p>Item Contributing Most to Flame Spread</p> <p>K2: <input type="text"/></p> <p>Type of Material Contributing Most To Flame Spread</p>	
<p>L1</p> <p>Presence of Detectors</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> U - Undetermined <p>L2</p> <p>Detector Type</p> <ul style="list-style-type: none"> <input 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 	<p>L3</p> <p>Detector Power Supply</p> <ul style="list-style-type: none"> <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 type="checkbox"/> U - Undetermined <p>L4</p> <p>Detector Operation</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Fire Too Small To Activate <input type="checkbox"/> 2 - Operated <input type="checkbox"/> 3 - Failed To Operate <input type="checkbox"/> U - Undetermined 	<p>L5</p> <p>Detector Effectiveness</p> <ul style="list-style-type: none"> <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 <p>L6</p> <p>Detector Failure Reason</p> <ul style="list-style-type: none"> <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 	
<p>M1</p> <p>Presence of Automatic Extinguishing System</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input type="checkbox"/> U - Undetermined <p>M2</p> <p>Type of Automatic Extinguishing System</p> <ul style="list-style-type: none"> <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 <p>Required if fire was within designed range of AES</p>	<p>M3</p> <p>Operation of Automatic Extinguishing System</p> <ul style="list-style-type: none"> <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 <p>Required if fire was within designed range</p> <p>M4</p> <p>Number of Sprinkler Heads Operating</p> <p><input type="text"/></p> <p>Required if system operated</p>	<p>M5</p> <p>Reason for Automatic Extinguishing System Failure</p> <ul style="list-style-type: none"> <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 <p>Required if system failed or not effective</p>	