



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

### NFIRS-1 Basic

**A**

62210	MN	12	22	2021	Station #18 (18)	SPFD211222055883	0
FDID	State	Month	Day	Year	Station	Number	Exposure

**B Location Type**

Census tract: 0320.00

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

176Z		ENGLEWOOD	AVE-Avenue	
Number	Prefix	Street or Highway	Street Type	Suffix

	Saint Paul	MN	55104
Apt./Suite/Room	City	State	Zip Code

Cross Street

<p><b>C Incident Type</b></p> <p>111-Building fire</p>	<p><b>E1 Dates and Times</b></p> <p>Alarm 12 22 2021 09:44</p> <p>Arrival 12 22 2021 09:47</p> <p>Controlled</p> <p>Last Unit Cleared 12 22 2021 16:47</p>	<p><b>E2 Shifts and Alarms</b></p> <p>B 2 D1</p> <p>Shift or Alarms District Platoon</p>
	<p><b>D Aid Given Or Received</b></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</p> <p>Their Incident Number</p>	<p><b>E3 Special Studies</b></p> <p>9244 3 - No, COVID 19 was not a factor</p> <p>ID# Value</p>

<p><b>F Actions Taken</b></p> <p>22-Rescue, remove from harm</p> <p>Primary Action Taken</p> <p>11-Extinguishment by fire service personnel</p> <p>Additional Action Taken</p> <p>33-Provide advanced life support (ALS)</p> <p>Additional Action Taken</p> <p>82-Notify other agencies.</p> <p>Additional Action Taken</p> <p>12-Salvage &amp; overhaul</p> <p>Additional Action Taken</p>	<p><b>G1 Resources</b></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>13</td> <td>0</td> </tr> <tr> <td>EMS</td> <td>3</td> <td>0</td> </tr> <tr> <td>Other</td> <td>1</td> <td>0</td> </tr> </table> <p><input type="checkbox"/> Resource counts include aid received resources.</p>		Apparatus	Personnel	Suppression	13	0	EMS	3	0	Other	1	0	<p><b>G2 Estimated Dollar Losses and Values</b></p> <p><b>Losses:</b> Required for all fires if known. Optional for all non-fires. None</p> <p>Property: \$ 150,000.00 <input type="checkbox"/></p> <p>Contents: \$ 50,000.00 <input type="checkbox"/></p> <p><b>Pre-Incident Values:</b> Optional None</p> <p>Property: \$ 173,300.00 <input type="checkbox"/></p> <p>Contents: \$ <input type="checkbox"/> <input checked="" type="checkbox"/></p>
	Apparatus	Personnel												
Suppression	13	0												
EMS	3	0												
Other	1	0												

<b>Completed Modules</b> <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	<b>H1 Casualties</b> <input type="checkbox"/> None Deaths <input type="checkbox"/> Injuries Fire Service <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Civilian <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>H3 Hazardous Materials Release</b> <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	<b>I Mixed Use Property</b> <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
	<b>H2 Detector</b> 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		

<b>J Property Use</b> <input type="checkbox"/> None <b>Structures</b> <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 checked="" 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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<b>Outside</b> <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	<b>Property Use:</b> <input type="text"/> <b>Description</b> Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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<b>K2</b>				
<b>Owner</b>				
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"/>			

<b>L Remarks:</b>  <p>Fire on the second floor, Charlie side, of an apartment building. First on scene and in initial command was Engine 20. A report of a person inside the building was received per Dispatch. Engine 20 pulled a hose line for fire attack and performed a quick hit from the outside, forced the Charlie side door, and a 2nd floor door. Engine 14 pulled a back up hose line and Squad 2 performed a search on the fire floor.</p> <p>Ladder 23 put their aerial to the roof and Engine 23 gained a water supply. Ladder 18 performed RIT duties. District Chief 1 arrived and assumed command. District Chief 2 arrived for Safety officer. One person removed from the building. Car 50-EMS Coordinator and Car 5-Deputy Chief arrived for support of the scene.</p> <p>A high content load was reported, slowing fire suppression. A balance of the alarm (for additional fire companies) was called for man power needs. Engine 10 arrived for possible support of another water supply due to a bad hydrant on scene.</p> <p>The Fire Marshal, Car 20-Fire Investigator Blank, and DSI were requested and arrived on scene. The building owner also responded. Board up enroute per Dispatch.</p> <p>Engine 4 responded to the scene not Medic 4 per this report. They were put back in service on arrival. Squad 1 aided the scene with SCBA bottles.</p>
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<b>M Authorization</b>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1516	Rodriguez, Arthur	DC	C1	12/22/2021
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1516	Rodriguez, Arthur	DC	C1	12/22/2021
Member Making Report ID	Signature	Position or Rank	Assignment	Date

# NFIRS-2 Fire

A	62210	MN	12	22	2021	Station #18 (18)	SPFD211222055883	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

<p><b>B Property Details</b></p> <p><b>B1</b> <input type="text" value="5"/> <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><b>B2</b> <input type="text" value="1"/> <input type="checkbox"/> Buildings Not Involved  <small>Number of buildings involved</small></p> <p><b>B3</b> <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre  <small>Acres burned (outside fires)</small></p>	<p><b>C On-Site Materials Or Products</b></p> <p><b>On-Site Materials Storage Use</b></p>
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<p><b>D Ignition</b></p> <p><b>D1</b> <input type="text" value="14-Common room, den, family room, living room, lounge"/>  <small>Area of Fire Origin</small></p> <p><b>D2</b> <input type="text" value="10-Heat from powered equipment, other"/>  <small>Heat Source</small></p> <p><b>D3</b> <input type="text" value="99-Multiple items first ignited"/>  <small>Item First Ignited</small></p> <p><b>D4</b> <input type="text"/>  <small>Type of Material First Ignited</small></p>	<p><b>E1 Cause of Ignition</b></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> <p><b>E2 Factors Contributing to Ignition</b></p> <p><input type="text" value="12-Heat source too close to combustibles"/>  <small>Factor Contributing to Ignition</small></p>	<p><b>E3 Human Factors Contributing to Ignition</b></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> <p><input type="checkbox"/> 7 - Age Was A Factor  <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><b>F1 Equipment Involved In Ignition</b></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><b>F2 Equipment Power Source</b></p> <p><input type="text"/>  <small>Equipment Power Source</small></p> <p><b>F3 Equipment Portability</b></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><b>G Fire Suppression Factors</b></p> <p><input type="text" value="None"/>  <small>Fire Suppression Factor</small></p>
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<p><b>H1 Mobile Property Involved</b></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><b>H2 Mobile Property Type and Make</b></p> <p><input type="text"/>  <small>Mobile Property Type</small></p> <p><input type="text"/>  <small>Mobile Property Make</small></p> <p><input type="text"/>  <small>Mobile Property Model</small></p> <p><input type="text"/>  <small>Year</small></p> <p><input type="text"/>  <small>State</small></p> <p><input type="text"/>  <small>License Plate Number</small></p> <p><input type="text"/>  <small>VIN</small></p>	<p><b>Local Use</b></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> <p>_____          _____          _____          _____</p>
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# NFIRS-3 Structure Fire

<b>I1</b> <b>Structure Type</b> <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	<b>I2</b> <b>Building Status</b> <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	<b>I3</b> <b>Building Height</b> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">2</div> Number of Stories At/Above Grade <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">1</div> Number of Stories Below Grade	<b>I4</b> <b>Main Floor Size</b> <div style="border: 1px solid black; width: 50px; height: 20px; margin: 2px;"></div> Total Square Feet <b>OR</b> <div style="display: flex; align-items: center; margin: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">30</div>                 BY                 <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-left: 5px; margin-right: 5px;">30</div> </div> Length (ft) X Width (ft)
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<b>J1</b> <b>Fire Origin</b> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">2</div> <input type="checkbox"/> Below Grade Story of Fire Origin	<b>J3</b> <b>Number of Stories Damaged By Flame</b> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;"></div> Number of Stories w/Minor Damage (1-24%) <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;"></div> Number of Stories w/Significant Damage (25-49%) <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">1</div> Number of Stories w/Heavy Damage (50-74%) <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;"></div> Number of Stories w/Extreme Damage (75-100%)  *Count the roof as part of the highest story	<b>K</b> <b>Type of Material Contributing Most to Flame Spread</b> K1 <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;"></div> Item Contributing Most to Flame Spread K2 <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;"></div> Type of Material Contributing Most To Flame Spread
<b>J2</b> <b>Fire Spread</b> <input type="checkbox"/> 1 - 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		

<b>L1</b> <b>Presence of Detectors</b> <input type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input checked="" type="checkbox"/> U - Undetermined	<b>L3</b> <b>Detector Power Supply</b> <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	<b>L5</b> <b>Detector Effectiveness</b> <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
<b>L2</b> <b>Detector Type</b> <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	<b>L4</b> <b>Detector Operation</b> <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	<b>L6</b> <b>Detector Failure Reason</b> <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

<b>M1</b> <b>Presence of Automatic Extinguishing System</b> <input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input type="checkbox"/> U - Undetermined	<b>M3</b> <b>Operation of Automatic Extinguishing System</b> <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	<b>M5</b> <b>Reason for Automatic Extinguishing System Failure</b> <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
<b>M2</b> <b>Type of Automatic Extinguishing System</b> <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	<b>M4</b> <b>Number of Sprinkler Heads Operating</b> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;"></div> Required if system operated	