



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

1762		ENGLEWOOD	AVE-Avenue	
Number	Prefix	Street or Highway	Street Type	Suffix

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

Cross Street

C

Incident Type

111-Building fire

E1

Dates and Times

Alarm 12 22 2021 09:44

Arrival 12 22 2021 09:47

Controlled

Last Unit Cleared 12 22 2021 16:47

E2

Shifts and Alarms

8 2 D1

Shift or Alarms District
Platoon

D

Aid Given Or Received

- ☐ 1 Mutual Aid Received
☐ 2 Auto. Aid Received
☐ 3 Mutual Aid Given
☐ 4 Auto. Aid Given
☐ 5 Other Aid Given
☒ None

Their FDID	Their State
Their Incident Number	

E3

Special Studies

9244	3 - No, COVID 19 was not a factor
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ID# Value

F

Actions Taken

22-Rescue, remove from harm

Primary Action Taken

11-Extinguishment by fire service personnel

Additional Action Taken

33-Provide advanced life support (ALS)

Additional Action Taken

82-Notify other agencies.

Additional Action Taken

12-Salvage & overhaul

Additional Action Taken

G1

Resources

☒ Apparatus or Personnel Module is used.

Apparatus Personnel

Suppression 13 0

EMS 3 0

Other 1 0

☐ Resource counts include aid received resources.

G2

Estimated Dollar Losses and Values

Losses: Required for all fires if known. Optional for all non-fires. None

Property: \$ 150,000.00 ☐

Contents: \$ 50,000.00 ☐

Pre-Incident Values: Optional None

Property: \$ 173,300.00 ☐

Contents: \$ ☒

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 type="checkbox"/> None <div style="display: flex; justify-content: space-around;"> <div> Deaths Fire Service <input checked="" type="checkbox"/> Civilian <input checked="" type="checkbox"/> </div> <div> Injuries Fire Service <input checked="" type="checkbox"/> Civilian <input checked="" type="checkbox"/> </div> </div>	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 type="checkbox"/> 1- or 2-Family Dwelling 429 <input checked="" 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 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	
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Number	Prefix	Street or Highway	Street Type	Suffix
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Post Office Box	Apt./Suite/Room		City	
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; height: 20px;"></div>	
State	Zip Code			
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>			

L Remarks: <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>

M Authorization				
1516	Rodriguez, Arthur	DC	C1	12/22/2021
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
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

B

Property Details

B1 ☐ Not Residential
Estimated number of residential living units in the building of origin whether or not all units became involved

B2 ☐ Buildings Not Involved
Number of buildings involved

B3 ☒ None ☐ Less than 1 acre
Acres burned (outside fires)

C

On-Site Materials Or Products

On-Site Materials Storage Use

D

Ignition

D1
Area of Fire Origin

D2
Heat Source

D3
Item First Ignited

D4
Type of Material First Ignited

E1

Cause of Ignition

☐ 1 - Intentional
☒ 2 - Unintentional
☐ 3 - Failure of Equipment or Heat Source
☐ 4 - Act of Nature
☐ 5 - Cause Under Investigation
☐ U - Cause Undetermined After Investigation

E2

Factors Contributing to Ignition

Factor Contributing to Ignition

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
☐ Male ☐ Female

F1

Equipment Involved In Ignition

☒ None

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.

G

Fire Suppression Factors

Fire Suppression Factor

H1

Mobile Property Involved

☐ 1 - Not involved in ignition, but burned
☐ 2 - Involved in ignition, but did not burn
☐ 3 - Involved in ignition and burned
☒ None

H2

Mobile Property Type and Make

Mobile Property Type

Mobile Property Make

Local Use

☐ Pre-Fire Plan Available
☐ Arson Report Attached
☐ Police Report Attached
☐ Coroner Report Attached
☐ Other Reports Attached

Mobile Property Model

Year

State

License Plate Number

VIN

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> <input type="text" value="2"/> </div> Number of Stories At/Above Grade <div> <input type="text" value="1"/> </div> Number of Stories Below Grade	I4 Main Floor Size <div> <input type="text"/> </div> Total Square Feet OR <div> <input type="text" value="30"/> </div> BY <div> <input type="text" value="30"/> </div> Length (ft) X Width (ft)
J1 Fire Origin <div> <input type="text" value="2"/> </div> <input type="checkbox"/> Below Grade Story of Fire Origin 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	J3 Number of Stories Damaged By Flame <div> <input type="text"/> </div> Number of Stories w/Minor Damage (1-24%) <div> <input type="text"/> </div> Number of Stories w/Significant Damage (25-49%) <div> <input type="text" value="1"/> </div> Number of Stories w/Heavy Damage (50-74%) <div> <input type="text"/> </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 K1 <div> <input type="text"/> </div> Item Contributing Most to Flame Spread K2 <div> <input type="text"/> </div> Type of Material Contributing Most To Flame Spread	
L1 Presence of Detectors <input type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input checked="" type="checkbox"/> U - Undetermined L2 Detector Type <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	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 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 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 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 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	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 M4 Number of Sprinkler Heads Operating <div> <input type="text"/> </div> Required if system operated	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	