



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

NFIRS-1 Basic

A

62210	MN	01	22	2020	Station #7 (07)	SPFD200122002862	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract: 0345.00

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

535		FOREST	ST-Street	
Number	Prefix	Street or Highway	Street Type	Suffix

	Saint Paul	MN	55106
Apt./Suite/Room	City	State	Zip Code

Cross Street

<p>C Incident Type</p> <p>151-Outside rubbish, trash or waste fire</p>	<p>E1 Dates and Times</p> <p>Alarm 01 22 2020 21:15</p> <p>Arrival 01 22 2020 21:21</p> <p>Controlled</p> <p>Last Unit Cleared 01 22 2020 21:30</p>	<p>E2 Shifts and Alarms</p> <p>C 1 D2</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> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td>Their FDID</td> <td>Their State</td> </tr> <tr> <td></td> <td></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>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>G1 Resources</p> <p><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.</p> <table border="1"> <tr> <td>Apparatus</td> <td>Personnel</td> </tr> <tr> <td>Suppression 1 0</td> <td></td> </tr> <tr> <td>EMS 0 0</td> <td></td> </tr> <tr> <td>Other 0 0</td> <td></td> </tr> </table> <p><input type="checkbox"/> Resource counts include aid received resources.</p>	Apparatus	Personnel	Suppression 1 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: \$ 100.00 <input type="checkbox"/></p> <p>Contents: \$ 0 <input checked="" type="checkbox"/></p> <p>Pre-Incident Values: Optional None</p> <p>Property: \$ 100.00 <input type="checkbox"/></p> <p>Contents: \$ 0 <input checked="" type="checkbox"/></p>
Apparatus	Personnel									
Suppression 1 0										
EMS 0 0										
Other 0 0										

<p>Completed Modules</p> <p><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</p>	<p>H1 Casualties <input checked="" type="checkbox"/> None</p> <table border="1"> <tr> <td>Deaths</td> <td>Injuries</td> </tr> <tr> <td>Fire Service 0 0</td> <td></td> </tr> <tr> <td>Civilian 0 0</td> <td></td> </tr> </table> <p>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</p>	Deaths	Injuries	Fire Service 0 0		Civilian 0 0		<p>H3 Hazardous Materials Release</p> <p><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</p>	<p>I Mixed Use Property</p> <p><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</p>
Deaths	Injuries								
Fire Service 0 0									
Civilian 0 0									

J Property Use None

131 <input type="checkbox"/> Church, Place of Worship	341 <input type="checkbox"/> Clinic, Clinic-Type Infirmary	539 <input type="checkbox"/> Household Goods, Sales, Repairs
161 <input type="checkbox"/> Restaurant or Cafeteria	342 <input type="checkbox"/> Doctor/Dentist Office	571 <input type="checkbox"/> Gas or Service Station
162 <input type="checkbox"/> Bar/Tavern or Nightclub	361 <input type="checkbox"/> Prison or Jail, Not Juvenile	579 <input type="checkbox"/> Motor Vehicle/Boat Sales/Repairs
213 <input type="checkbox"/> Elementary School, Kindergarten	419 <input checked="" type="checkbox"/> 1- or 2-Family Dwelling	599 <input type="checkbox"/> Business Office
215 <input type="checkbox"/> High School, Junior High	429 <input type="checkbox"/> MultiFamily Dwelling	615 <input type="checkbox"/> Electric-Generating Plant
241 <input type="checkbox"/> College, Adult Education	439 <input type="checkbox"/> Rooming/Boarding House	629 <input type="checkbox"/> Laboratory/Science Laboratory
311 <input type="checkbox"/> Nursing Home	449 <input type="checkbox"/> Commerical Hotel or Motel	700 <input type="checkbox"/> Manufacturing Plant
331 <input type="checkbox"/> Hospital	459 <input type="checkbox"/> Residential, Board and Care	819 <input type="checkbox"/> Livestock/Poultry Storage (Barn)
	464 <input type="checkbox"/> Dormitory/Barracks	882 <input type="checkbox"/> Non-Residential Parking Garage
	519 <input type="checkbox"/> Food and Beverage Sales	891 <input type="checkbox"/> Warehouse

Outside

124 <input type="checkbox"/> Playground or Park	938 <input type="checkbox"/> Graded/Cared for Plot of Land	Property Use: <input type="text"/>
655 <input type="checkbox"/> Crops or Orchard	946 <input type="checkbox"/> Lake, River, Stream	Description <input type="text"/>
669 <input type="checkbox"/> Forest (Timberland)	951 <input type="checkbox"/> Railroad Right-of-Way	Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
807 <input type="checkbox"/> Outdoor Storage Area	960 <input type="checkbox"/> Other Street	
919 <input type="checkbox"/> Dump or Sanitary Landfill	961 <input type="checkbox"/> Highway/Divided Highway	
931 <input type="checkbox"/> Open Land or Field	962 <input type="checkbox"/> Residential Street/Driveway	
936 <input type="checkbox"/> Vacant Lot	981 <input type="checkbox"/> Construction Site	
	984 <input type="checkbox"/> Industrial Plant Yard	

K2

Owner

<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"/>
Mr., Ms., Mrs.	First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type
<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:

WE RESPONDED FOR A MATTRESS FIRE. SAINT PAUL POLICE HAD EXTINGUISHED THE FIRE WITH A FIRE EXTINGUISHER BEFORE OUR ARRIVAL. WE MOVED THE MATTRESS TO THE BACKYARD AND COVERED THE MATTRESS WITH SNOW AND EXTINGUISHED ANY HOT SPOTS IN THE MATTRESS.

M Authorization

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>
Member Making Report ID	Signature	Position or Rank	Assignment	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NFIRS-2 Fire

A

62210	MN	01	22	2020	Station #7 (07)	SPFD200122002862	0
FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B</p> <p>Property Details</p> <p>B1 <input type="text" value="1"/> <input type="checkbox"/> Not Residential Estimated number of residential living units in the building of origin whether or not all units became involved</p> <p>B2 <input type="text"/> <input checked="" type="checkbox"/> Buildings Not Involved Number of buildings involved</p> <p>B3 <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre Acres burned (outside fires)</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="21-Bedroom - < 5 persons; included are jail or prison"/> Area of Fire Origin</p> <p>D2 <input type="text" value="60-Heat from other open flame or smoking materials, other"/> Heat Source</p> <p>D3 <input type="text" value="31-Mattress, pillow"/> Item First Ignited</p> <p>D4 <input type="text" value="71-Fabric, fiber, cotton, blends, rayon, wool"/> Type of Material First Ignited</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="11-Abandoned or discarded materials or products"/> Factor Contributing to Ignition</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 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 <input type="text"/> Equipment Involved</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"/> Equipment Power Source</p> <hr/> <p>F3</p> <p>Equipment Portability</p> <p><input type="checkbox"/> 1 - Portable <input type="checkbox"/> 2 - Stationary Portable equipment normally can be moved by one or two persons.</p>	<p>G</p> <p>Fire Suppression Factors</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"/> Mobile Property Type</p> <p><input type="text"/> Mobile Property Make</p> <p><input type="text"/> Mobile Property Model</p> <p><input type="text"/> Year</p> <p><input type="text"/> State</p> <p><input type="text"/> License Plate Number</p> <p><input type="text"/> VIN</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> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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