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

NFIRS-1 Basic

A

FDID	State	Month	Day	Year	Station	Number	Exposure
62210	MN	06	16	2024	Station #18 (18)	SPFD240616028906	0

B **Location Type**

Census tract: 0312.00

- [x] Street Address
- [ ] Intersection
- [ ] In Front Of
- [ ] Rear Of
- [ ] Adjacent To
- [ ] Directions
- [ ] US National Grid

Number	Prefix	Street or Highway	Street Type	Suffix
981		ST ALBANS	ST-Street	N-North

Apt./Suite/Room	City	State	Zip Code
102	Saint Paul	MN	55103

Cross Street:

C **Incident Type**

113-Cooking fire, confined to container

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
- [x] None

Their FDID | Their State

Their Incident Number

E1 **Dates and Times**

Alarm	06	16	2024	19:54
Arrival	06	16	2024	19:58
Controlled				
Last Unit Cleared	06	16	2024	20:28

E2 **Shifts and Alarms**

Shift or Platoon	Alarms	District
B	1	D2

E3 **Special Studies**

ID#	Value
9244	4 - Unknown

F **Actions Taken**

51-Ventilate

Primary Action Taken

63-Restore fire alarm system

Additional Action Taken

52-Forcible entry

Additional Action Taken

G1 **Resources**

☑ Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	11	0
EMS	2	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: $ ☑

Contents: $ ☑

Pre-Incident Values: Optional None

Property: $ ☑

Contents: $ ☑

Completed Modules

- ☐ 2 - Fire
- ☐ 3 - Structure Fire
- ☐ 4 - Civilian Fire Cas.
- ☐ 5 - Fire Service Cas.
- ☐ 6 - EMS
- ☐ 7 - HazMat
- ☐ 8 - Wildland Fire
- ☐ 9 - Apparatus
- ☐ 10 - Personnel
- ☐ 11 - Arson

H1 **Casualties** ☑ None

	Deaths	Injuries
Fire Service	0	0
Civilian	0	0

H2 **Detector**

Required for Confined Fires

- ☑ 1 - Detector Alerted Occupants
- ☐ 2 - Detector Did Not Alert Them
- ☐ 3 - Unknown

H3

Hazardous Materials Release

- ☐ 1 - Natural Gas
- ☐ 2 - Propane Gas
- ☐ 3 - Gasoline
- ☐ 4 - Kerosene
- ☐ 5 - Diesel Fuel / Fuel Oil
- ☐ 6 - Household Solvents
- ☐ 7 - Motor Oil
- ☐ 8 - Paint
- ☐ 0 - Other
- ☑ None

I **Mixed Use Property**

- ☐ Not Mixed
- ☐ 10 - Assembly Use
- ☐ 20 - Education Use
- ☐ 33 - Medical Use
- ☐ 40 - Residential Use
- ☐ 51 - Row Of Stores
- ☐ 53 - Enclosed Mall
- ☐ 58 - Business and Residential
- ☐ 59 - Office Use
- ☐ 60 - Industrial Use
- ☐ 63 - Military Use
- ☐ 65 - Farm Use
- ☐ 00 - Other Mixed Use

J **Property Use** ☐ None

Structures

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

Outside

- 124 ☐ Playground or Park
- 655 ☐ Crops or Orchard
- 669 ☐ Forest (Timberland)
- 807 ☐ Outdoor Storage Area
- 919 ☐ Dump or Sanitary Landfill
- 931 ☐ Open Land or Field
- 936 ☐ Vacant Lot
- 938 ☐ Graded/Cared for Plot of Land
- 946 ☐ Lake, River, Stream
- 951 ☐ Railroad Right-of-Way
- 960 ☐ Other Street
- 961 ☐ Highway/Divided Highway
- 962 ☐ Residential Street/Driveway
- 981 ☐ Construction Site
- 984 ☐ Industrial Plant Yard

Property Use:

Description

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

K2

Owner

Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number

Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix

Number	Prefix	Street or Highway	Street Type	Suffix

Post Office Box	Apt./Suite/Room	City

State	Zip Code

L **Remarks:**

Fire crews were called for a possible apartment fire. Ladder 18's crew and Engine 18's crew determined there was smoke from unattended cooking, and no fire. Crews ventilated the apartment and reset the alarm. Board-up was contacted to secure the interior apartment door due to inoperable lock from forced entry.

No further actions were necessary; all crews returned to service. Car20-Fire Investigator on scene but no further cause determination investigation needed.

M **Authorization**

Officer In Charge ID	Signature	Position or Rank	Assignment	Date
4804	Wolfsberger, John	DC	C2	06/16/2024

Member Making Report ID	Signature	Position or Rank	Assignment	Date
4804	Wolfsberger, John	DC	C2	06/16/2024

NFIRS-2 Fire

A

FDID	State	Month	Day	Year	Station	Number	Exposure
62210	MN	06	16	2024	Station #18 (18)	SPFD240616028906	0

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

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

☑

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

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
- [x] None

H2

Mobile Property Type and Make

Mobile Property Type

Mobile Property Make

Mobile Property Model

Year

State

License Plate Number

VIN

Local Use

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

NFIRS-3 Structure Fire

I1

Structure Type

- ☐ 1 - Enclosed Building
- ☐ 2 - Portable/Mobile Structure
- ☐ 3 - Open Structure
- ☐ 4 - Air-Supported Structure
- ☐ 5 - Tent
- ☐ 6 - Open Platform
- ☐ 7 - Underground Structure
- ☐ 8 - Connective Structure
- ☐ 0 - Other

I2

Building Status

- ☐ 1 - Under Construction
- ☐ 2 - In Normal Use
- ☐ 3 - Idle, Not Routinely Used
- ☐ 4 - Under Major Renovation
- ☐ 5 - Vacant and Secured
- ☐ 6 - Vacant and Unsecured
- ☐ 7 - Being Demolished
- ☐ 0 - Other
- ☐ U - Undetermined

I3

Building Height

☐☐ Number of Stories At/Above Grade

☐☐ Number of Stories Below Grade

I4

Main Floor Size

☐☐☐☐ Total Square Feet

OR

☐☐ BY ☐☐ Length (ft) X Width (ft)

J1

Fire Origin

☐☐☐☐ ☐ Below Grade Story of Fire Origin

J2

Fire Spread

- ☐ Confined to Object of Origin
- ☐ 2 - Confined to Room of Origin
- ☐ 3 - Confined to Floor of Origin
- ☐ 4 - Confined to Building of Origin
- ☐ 5 - Beyond Building of Origin

J3

Number of Stories Damaged By Flame

☐☐ Number of Stories w/Minor Damage (1-24%)

☐☐ Number of Stories w/Significant Damage (25-49%)

☐☐ Number of Stories w/Heavy Damage (50-74%)

☐☐ 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 ☐☐ Item Contributing Most to Flame Spread

K2 ☐☐ Type of Material Contributing Most To Flame Spread

L1

Presence of Detectors

- ☐ N - None Present
- ☐ 1 - Present
- ☐ U - Undetermined

L2

Detector Type

- ☐ 1 - Smoke
- ☐ 2 - Heat
- ☐ 3 - Combination of Smoke and Heat
- ☐ 4 - Sprinkler, Water Flow Detection
- ☐ 5 - More Than One Type Present
- ☐ 0 - Other
- ☐ U - Undetermined

L3

Detector Power Supply

- ☐ 1 - Battery Only
- ☐ 2 - Hardwire Only
- ☐ 3 - Plug-In
- ☐ 4 - Hardwire With Battery
- ☐ 5 - Plug-In With Battery
- ☐ 6 - Mechanical
- ☐ 7 - Multiple Detectors & Power Supplies
- ☐ 0 - Other
- ☐ U - Undetermined

L4

Detector Operation

- ☐ 1 - Fire Too Small To Activate
- ☐ 2 - Operated
- ☐ 3 - Failed To Operate
- ☐ U - Undetermined

L5

Detector Effectiveness

- ☐ 1 - Alerted Occupants, Occupants Responded
- ☐ 2 - Alerted Occupants, Occupants Failed to Respond
- ☐ 3 - There Were No Occupants
- ☐ 4 - Failed to Alert Occupants
- ☐ U - Undetermined

L6

Detector Failure Reason

- ☐ 1 - Power Failure, Shutoff, or Disconnect
- ☐ 2 - Improper Installation or Placement
- ☐ 3 - Defective
- ☐ 4 - Lack of Maintenance, Dirty
- ☐ 5 - Battery Missing or Disconnected
- ☐ 6 - Battery Discharged or Dead
- ☐ 0 - Other
- ☐ U - Undetermined

M1

Presence of Automatic Extinguishing System

- ☐ N - None Present
- ☐ 1 - Present
- ☐ 2 - Partial System Present
- ☐ U - Undetermined

M2

Type of Automatic Extinguishing System

- ☐ 1 - Wet-Pipe Sprinkler
- ☐ 2 - Dry-Pipe Sprinkler
- ☐ 3 - Other Sprinkler System
- ☐ 4 - Dry Chemical System
- ☐ 5 - Foam System
- ☐ 6 - Halogen-Type System
- ☐ 7 - Carbon Dioxide System
- ☐ 0 - Other
- ☐ U - Undetermined

Required if fire was within designed range of AES

M3

Operation of Automatic Extinguishing System

- ☐ 1 - Operated/Effective
- ☐ 2 - Operated/Not Effective
- ☐ 3 - Fire Too Small To Activate
- ☐ 4 - Failed To Operate
- ☐ 0 - Other
- ☐ U - Undetermined

Required if fire was within designed range

M4

Number of Sprinkler Heads Operating

[ ]

Required if system operated

M5

Reason for Automatic Extinguishing System Failure

- ☐ 1 - System Shut Off
- ☐ 2 - Not Enough Agent Discharged
- ☐ 3 - Agent Discharged But Did Not Reach Fire
- ☐ 4 - Wrong Type of System
- ☐ 5 - Fire Not In Area Protected
- ☐ 6 - System Components Damaged
- ☐ 7 - Lack of Maintenance
- ☐ 8 - Manual Intervention
- ☐ 0 - Other
- ☐ U - Undetermined

Required if system failed or not effective