



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

NFIRS-1 Basic

A

62210	MN	11	06	2025	Station #14 (14)	SPFD251106056594	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B **Location Type**

Census tract:
0350.00

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

1855		ASHLAND	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

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	

E1 **Dates and Times**

Alarm 11 06 2025 00:46

Arrival 11 06 2025 00:50

Controlled

Last Unit Cleared 11 06 2025 02:17

E2 **Shifts and Alarms**

C 1 D1

Shift Alarms District
or Platoon

E3 **Special Studies**

9244 4 - Unknown

ID# Value

F Actions Taken

Primary Action Taken

Additional Action Taken

G1 Resources☒ Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	6	0
EMS	0	0
Other	0	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. NoneProperty: \$ ☐Contents: \$ ☐**Pre-Incident Values:** Optional NoneProperty: \$ ☐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, Kindergarten
- 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:

Companies responded to a reported residential detached garage fire. Engine #14 arrived, reported the side of a garage was involved, assumed command, and stretched an attack hose line. District Chief #1 arrived and assumed command. Squad #2 arrived and forced entry. Engine #20 arrived and provided a water supply to Engine #14. Engine #14 reported some fire extension into the garage. The fire was knocked down with interior garage extension kept to a minimum. Overhaul was performed. Car #20-fire Investigator Tweed performed a fire investigation. Restoration Services arrived and secured the building openings. Companies picked up, returned to service and command was terminated.

M Authorization

4695

Breckenridge, Samuel

DC

C1

11/06/2025

Officer In Charge ID

Signature

Position or Rank

Assignment

Date

4695

Breckenridge, Samuel

DC

C1

11/06/2025

Member Making Report ID

Signature

Position or Rank

Assignment

Date

NFIRS-2 Fire

A

62210	MN	11	06	2025	Station #14 (14)	SPFD251106056594	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

- ☐ 1 - Bulk Storage or warehousing
☐ 2 - Processing or manufacturing
☐ 3 - Packaged goods for sale
☐ 4 - Repair or service
☐ U - Undetermined

310-Wood, other

On-site material (1)

D

Ignition

D1 90-Outside area, other

Area of Fire Origin

D2 83-Flying brand, ember, spark

Heat Source

D3 10-Structural component or finish, other

Item First Ignited

D4 60-Wood or paper, processed, other

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

61-High wind

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

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 ☒ 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 1 Number of Stories At/Above Grade 0 Number of Stories Below Grade	I4 Main Floor Size 375 Total Square Feet OR BY Length (ft) X Width (ft)
J1 Fire Origin 1 ☐ 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	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	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
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	M4 Number of Sprinkler Heads Operating Required if system operated	