



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

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

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 | 4-Unknown

ID# Value

F Actions Taken <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">11-Extinguishment by fire service personnel</div> Primary Action Taken <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">12-Salvage & overhaul</div> Additional Action Taken	G1 Resources <input checked="" type="checkbox"/> Apparatus or Personnel Module is used. <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Apparatus</td> <td style="text-align: center;">Personnel</td> </tr> <tr> <td>Suppression</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>EMS</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Other</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table> <input type="checkbox"/> Resource counts include aid received resources.		Apparatus	Personnel	Suppression	6	0	EMS	0	0	Other	0	0	G2 Estimated Dollar Losses and Values Losses: Required for all fires if known. Optional for all non-fires. None
	Apparatus	Personnel												
Suppression	6	0												
EMS	0	0												
Other	0	0												

Property: \$	15,000.00	None <input type="checkbox"/>
Contents: \$	25,000.00	None <input type="checkbox"/>
Pre-Incident Values: Optional		
Property: \$	65,000.00	None <input type="checkbox"/>
Contents: \$	25,000.00	None <input type="checkbox"/>

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 checked="" type="checkbox"/> None <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Deaths</td> <td style="text-align: center;">Injuries</td> </tr> <tr> <td>Fire Service</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Civilian</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table>		Deaths	Injuries	Fire Service	0	0	Civilian	0	0	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 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
	Deaths	Injuries										
Fire Service	0	0										
Civilian	0	0										
	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 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; padding: 2px; margin-bottom: 5px;">881-Parking garage, (detached residential garage)</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	
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 Residential 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

310-Wood, other

On-site material (1)

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

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

<p>I1</p> <p>Structure Type</p> <ul style="list-style-type: none"> <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 	<p>I2</p> <p>Building Status</p> <ul style="list-style-type: none"> <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 	<p>I3</p> <p>Building Height</p> <p><input type="text" value="1"/> Number of Stories At/Above Grade</p> <p><input type="text" value="0"/> Number of Stories Below Grade</p>	<p>I4</p> <p>Main Floor Size</p> <p><input type="text" value="375"/> Total Square Feet</p> <p>OR</p> <p><input type="text"/> BY <input type="text"/></p> <p>Length (ft) X Width (ft)</p>
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<p>J1</p> <p>Fire Origin</p> <p><input type="text" value="1"/> <input type="checkbox"/> Below Grade</p> <p>Story of Fire Origin</p>	<p>J3</p> <p>Number of Stories Damaged By Flame</p> <p><input type="text"/> Number of Stories w/Minor Damage (1-24%)</p> <p><input type="text"/> Number of Stories w/Significant Damage (25-49%)</p> <p><input type="text"/> Number of Stories w/Heavy Damage (50-74%)</p> <p><input type="text"/> Number of Stories w/Extreme Damage (75-100%)</p> <p>*Count the roof as part of the highest story</p>	<p>K</p> <p>Type of Material Contributing Most to Flame Spread</p> <p>K1 <input type="text"/></p> <p>Item Contributing Most to Flame Spread</p> <p>K2 <input type="text"/></p> <p>Type of Material Contributing Most To Flame Spread</p>
<p>J2</p> <p>Fire Spread</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Confined to Object of Origin <input type="checkbox"/> 2 - Confined to Room of Origin <input type="checkbox"/> 3 - Confined to Floor of Origin <input checked="" type="checkbox"/> 4 - Confined to Building of Origin <input type="checkbox"/> 5 - Beyond Building of Origin 		

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

<p>M1</p> <p>Presence of Automatic Extinguishing System</p> <p><input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input type="checkbox"/> U - Undetermined</p>	<p>M3</p> <p>Operation of Automatic Extinguishing System</p> <p><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</p> <p>Required if fire was within designed range</p>	<p>M5</p> <p>Reason for Automatic Extinguishing System Failure</p> <p><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</p> <p>Required if system failed or not effective</p>
<p>M2</p> <p>Type of Automatic Extinguishing System</p> <p><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</p> <p>Required if fire was within designed range of AES</p>	<p>M4</p> <p>Number of Sprinkler Heads Operating</p> <p><input type="text"/></p> <p>Required if system operated</p>	