

Vang, Mai (CI-StPaul)

From: Urhammer, Shannon (CI-StPaul)
Sent: Thursday, May 20, 2021 11:50 AM
To: Vang, Mai (CI-StPaul)
Subject: RE: 1358 Phalen Blvd - Fire Report Requested
Attachments: 1358 Phalen Blvd - 02-24-2021 - Incident.pdf

Good Morning,

The Fire Department responded for a medical call, but as the attached incident report states, forcible entry was performed by fire personnel.

Thanks!

Shannon Urhammer

Fire Investigations, Assistant IV

Saint Paul Fire Department

645 Randolph Avenue

Saint Paul, MN 55102

Phone: 651-228-6264 **Fax:** 651-228-6241

shannon.urhammer@ci.stpaul.mn.us

From: Vang, Mai (CI-StPaul)
Sent: Wednesday, May 19, 2021 12:53 PM
To: Urhammer, Shannon (CI-StPaul)
Subject: 1358 Phalen Blvd - Fire Report Requested

Hello Shannon,

Can you see if there is a fire report for the attached property. We have a hearing coming up on June 8th on this. Thanks!

Mai Vang

City Council Offices – Legislative Hearings

15 W Kellogg Blvd, 310 City Hall

Saint Paul, MN 55102

M: (651) 266-8585 | D: (651) 266-8563

Legislative Hearing Appeals – www.stpaul.gov/legislative-hearings



SAINT PAUL
MINNESOTA



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

NFIRS-1 Basic

A

62210	MN	02	24	2021	Station #8 (08)	SPFD210224007650	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract:
0317.02

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

1358		PHALEN	BLVD-Boulevard	
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>311-Medical assist, assist EMS crew</p>	<p>E1 Dates and Times</p> <p>Alarm 02 24 2021 09:10</p> <p>Arrival 02 24 2021 09:13</p> <p>Controlled</p> <p>Last Unit Cleared 02 24 2021 09:46</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	
Their FDID	Their State								
Their Incident Number									

<p>F Actions Taken</p> <p>30-Emergency medical services, other</p> <p>Primary Action Taken</p> <p>52-Forcible entry</p> <p>Additional Action Taken</p>	<p>G1 Resources</p> <p><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.</p> <table border="1"> <tr> <td></td> <td>Apparatus</td> <td>Personnel</td> </tr> <tr> <td>Suppression</td> <td>2</td> <td>0</td> </tr> <tr> <td>EMS</td> <td>1</td> <td>0</td> </tr> <tr> <td>Other</td> <td>0</td> <td>0</td> </tr> </table> <p><input type="checkbox"/> Resource counts include aid received resources.</p>		Apparatus	Personnel	Suppression	2	0	EMS	1	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: \$ _____ <input checked="" type="checkbox"/></p> <p>Contents: \$ _____ <input checked="" type="checkbox"/></p> <p>Pre-Incident Values: Optional None</p> <p>Property: \$ _____ <input checked="" type="checkbox"/></p> <p>Contents: \$ _____ <input checked="" type="checkbox"/></p>
	Apparatus	Personnel												
Suppression	2	0												
EMS	1	0												
Other	0	0												

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 Deaths Injuries Fire Service <input type="text" value="0"/> <input type="text" value="0"/> Civilian <input type="text" value="0"/> <input type="text" value="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
	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 checked="" 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: <input type="text"/> Description: <input type="text"/> 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				
<input type="text"/>	<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"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix
<input type="text"/>	<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: Ladder 8 assisted Medic 9 on a medical call. Ladder 8's crew forced one exterior door, board-up was called for. Incident #7650
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M Authorization				
<input type="text" value="8517"/>	<input type="text" value="Gregor, Robert"/>	<input type="text" value="CAPT"/>	<input type="text" value="L8"/>	<input type="text" value="02/24/2021"/>
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
<input type="text" value="8517"/>	<input type="text" value="Gregor, Robert"/>	<input type="text" value="CAPT"/>	<input type="text" value="L8"/>	<input type="text" value="02/24/2021"/>
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"/>