



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

## NFIRS-1 Basic

A

|       |       |       |     |      |                     |                  |          |
|-------|-------|-------|-----|------|---------------------|------------------|----------|
| 62210 | MN    | 08    | 11  | 2024 | Station #18<br>(18) | SPFD240811039322 | 0        |
| FDID  | State | Month | Day | Year | Station             | Number           | Exposure |

B **Location Type**

Census tract:  
0325.00

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

|        |        |                   |             |        |
|--------|--------|-------------------|-------------|--------|
| 799    |        | UNIVERSITY        | AVE-Avenue  | W-West |
| 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 08 11 2024 23:12

Arrival 08 11 2024 23:13

Controlled

Last Unit Cleared 08 12 2024 10:27

E2 **Shifts and Alarms**

A 2 D2

Shift Alarms District  
or  
Platoon

E3 **Special Studies**

9244 4 - Unknown

ID# Value

|                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |   |   |     |   |   |       |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <b>F Actions Taken</b><br><br><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">11-Extinguishment by fire service personnel</div> Primary Action Taken<br><br><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">12-Salvage &amp; overhaul</div> Additional Action Taken<br><br><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">84-Refer to proper authority</div> Additional Action Taken | <b>G1 Resources</b><br><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.<br><br><div style="text-align: center;">Apparatus Personnel</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; padding: 2px;">Suppression</td> <td style="border: 1px solid black; width: 40px; text-align: center;">0</td> <td style="border: 1px solid black; width: 40px; text-align: center;">0</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">EMS</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">Other</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table> <input type="checkbox"/> Resource counts include aid received resources. | Suppression | 0 | 0 | EMS | 2 | 0 | Other | 1 | 0 | <b>G2 Estimated Dollar Losses and Values</b><br><br><b>Losses:</b> Required for all fires if known. Optional for all non-fires. <span style="float: right;">None</span><br><br>Property: \$ <div style="border: 1px solid black; width: 100px; text-align: center;">160,000.00</div> <span style="float: right;"><input type="checkbox"/></span><br><br>Contents: \$ <div style="border: 1px solid black; width: 100px; text-align: center;">120,000.00</div> <span style="float: right;"><input type="checkbox"/></span><br><br><b>Pre-Incident Values:</b> Optional <span style="float: right;">None</span><br><br>Property: \$ <div style="border: 1px solid black; width: 100px; text-align: center;">160,000.00</div> <span style="float: right;"><input type="checkbox"/></span><br><br>Contents: \$ <div style="border: 1px solid black; width: 100px; text-align: center;">120,000.00</div> <span style="float: right;"><input type="checkbox"/></span> |
| Suppression                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0           |   |   |     |   |   |       |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| EMS                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0           |   |   |     |   |   |       |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0           |   |   |     |   |   |       |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |        |          |              |   |   |          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|----------|--------------|---|---|----------|---|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Completed Modules</b><br><input type="checkbox"/> 2 - Fire<br><input type="checkbox"/> 3 - Structure Fire<br><input type="checkbox"/> 4 - Civilian Fire Cas.<br><input type="checkbox"/> 5 - Fire Service Cas.<br><input type="checkbox"/> 6 - EMS<br><input type="checkbox"/> 7 - HazMat<br><input type="checkbox"/> 8 - Wildland Fire<br><input type="checkbox"/> 9 - Apparatus<br><input type="checkbox"/> 10 - Personnel<br><input type="checkbox"/> 11 - Arson | <b>H1 Casualties</b> <input checked="" type="checkbox"/> None<br><br><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 style="border-right: 1px solid black; padding: 2px;">Fire Service</td> <td style="border: 1px solid black; width: 40px; text-align: center;">0</td> <td style="border: 1px solid black; width: 40px; text-align: center;">0</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">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 | <b>H3 Hazardous Materials Release</b><br><input type="checkbox"/> 1 - Natural Gas<br><input type="checkbox"/> 2 - Propane Gas<br><input type="checkbox"/> 3 - Gasoline<br><input type="checkbox"/> 4 - Kerosene<br><input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil<br><input type="checkbox"/> 6 - Household Solvents<br><input type="checkbox"/> 7 - Motor Oil<br><input type="checkbox"/> 8 - Paint<br><input type="checkbox"/> 0 - Other<br><input checked="" type="checkbox"/> None | <b>I Mixed Use Property</b><br><input type="checkbox"/> Not Mixed<br><input type="checkbox"/> 10 - Assembly Use<br><input type="checkbox"/> 20 - Education Use<br><input type="checkbox"/> 33 - Medical Use<br><input type="checkbox"/> 40 - Residential Use<br><input type="checkbox"/> 51 - Row Of Stores<br><input type="checkbox"/> 53 - Enclosed Mall<br><input type="checkbox"/> 58 - Business and Residential<br><input checked="" type="checkbox"/> 59 - Office Use<br><input type="checkbox"/> 60 - Industrial Use<br><input type="checkbox"/> 63 - Military Use<br><input type="checkbox"/> 65 - Farm Use<br><input type="checkbox"/> 00 - Other Mixed Use |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Deaths                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Injuries |        |          |              |   |   |          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Fire Service                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0        |        |          |              |   |   |          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Civilian                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0        |        |          |              |   |   |          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>H2 Detector</b><br>Required for Confined Fires<br><input type="checkbox"/> 1 - Detector Alerted Occupants<br><input type="checkbox"/> 2 - Detector Did Not Alert Them<br><input type="checkbox"/> 3 - Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |        |          |              |   |   |          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>J Property Use</b> <input type="checkbox"/> None<br><b>Structures</b><br>131 <input type="checkbox"/> Church, Place of Worship<br>161 <input checked="" type="checkbox"/> Restaurant or Cafeteria<br>162 <input type="checkbox"/> Bar/Tavern or Nightclub<br>213 <input type="checkbox"/> Elementary School, Kindergarten<br>215 <input type="checkbox"/> High School, Junior High<br>241 <input type="checkbox"/> College, Adult Education<br>311 <input type="checkbox"/> Nursing Home<br>331 <input type="checkbox"/> Hospital | 341 <input type="checkbox"/> Clinic, Clinic-Type Infirmary<br>342 <input type="checkbox"/> Doctor/Dentist Office<br>361 <input type="checkbox"/> Prison or Jail, Not Juvenile<br>419 <input type="checkbox"/> 1- or 2-Family Dwelling<br>429 <input type="checkbox"/> MultiFamily Dwelling<br>439 <input type="checkbox"/> Rooming/Boarding House<br>449 <input type="checkbox"/> Commerical Hotel or Motel<br>459 <input type="checkbox"/> Residential, Board and Care<br>464 <input type="checkbox"/> Dormitory/Barracks<br>519 <input type="checkbox"/> Food and Beverage Sales | 539 <input type="checkbox"/> Household Goods, Sales, Repairs<br>571 <input type="checkbox"/> Gas or Service Station<br>579 <input type="checkbox"/> Motor Vehicle/Boat Sales/Repairs<br>599 <input type="checkbox"/> Business Office<br>615 <input type="checkbox"/> Electric-Generating Plant<br>629 <input type="checkbox"/> Laboratory/Science Laboratory<br>700 <input type="checkbox"/> Manufacturing Plant<br>819 <input type="checkbox"/> Livestock/Poultry Storage (Barn)<br>882 <input type="checkbox"/> Non-Residential Parking Garage<br>891 <input type="checkbox"/> Warehouse |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outside</b><br>124 <input type="checkbox"/> Playground or Park<br>655 <input type="checkbox"/> Crops or Orchard<br>669 <input type="checkbox"/> Forest (Timberland)<br>807 <input type="checkbox"/> Outdoor Storage Area<br>919 <input type="checkbox"/> Dump or Sanitary Landfill<br>931 <input type="checkbox"/> Open Land or Field<br>936 <input type="checkbox"/> Vacant Lot | 938 <input type="checkbox"/> Graded/Cared for Plot of Land<br>946 <input type="checkbox"/> Lake, River, Stream<br>951 <input type="checkbox"/> Railroad Right-of-Way<br>960 <input type="checkbox"/> Other Street<br>961 <input type="checkbox"/> Highway/Divided Highway<br>962 <input type="checkbox"/> Residential Street/Driveway<br>981 <input type="checkbox"/> Construction Site<br>984 <input type="checkbox"/> Industrial Plant Yard | <b>Property Use:</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div><br>Description<br>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:**

Saint Paul fire crews were called for a report of a building fire. Crews arrived to find heavy smoke and fire on the first and second floors of a 2-story multi-occupancy structure. A restaurant occupied the first floor, and storage occupied the basement and second floor.

Fire crews performed forcible entry, made entry, and attempted to extinguish the fire. Squad 2 encountered high heat, fire, and heavy smoke in the stairwell leading to the second floor. Squad 2's hose line malfunctioned, and the crew backed out. Additional crews attempted to locate basement access.

Water supplies were established. Ladder 22 and Ladder 18 deployed their aerials for use and secured water supplies as well. Heavy smoke became visible from the entire Bravo side at the roofline, as well as just above ground level on the Delta side.

The decision was made to transition to a defensive strategy. All fire companies exited the structure and prepared for defensive operations. PAR was conducted and all crews were accounted for.

Ladder 22 employed their aerial master stream from the B side, into the second floor. A sizeable percentage of the fire was knocked down with the master stream use, and that was shut down.

After conferring with senior command staff, the decision was made to once again make entry with hand lines and conduct final extinguishment of the remaining fire. Ladder 6's crew and Ladder 18's crew made vent/inspection holes in the roof, and determined the roof was not involved in fire....

Full primary narrative can be found in NFIRS 1S - Supplemental

**M Authorization**

4804

Wolfsberger, John

DC

C2

08/12/2024

Officer In Charge ID

Signature

Position or Rank

Assignment

Date

4804

Wolfsberger, John

DC

C2

08/12/2024

Member Making Report ID

Signature

Position or Rank

Assignment

Date

# NFIRS-2 Fire

A

|       |       |       |     |      |                     |                  |          |
|-------|-------|-------|-----|------|---------------------|------------------|----------|
| 62210 | MN    | 08    | 11  | 2024 | Station #18<br>(18) | SPFD240811039322 | 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

D

## Ignition

D1  05-Entranceway, lobby

Area of Fire Origin

D2  13-Electrical arcing

Heat Source

D3  81-Electrical wire, cable insulation

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

30-Electrical failure, malfunction, other

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

None

Fire Suppression Factor

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

State

License Plate Number

Year

VIN

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# NFIRS-3 Structure Fire

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I1</b><br><b>Structure Type</b><br><input checked="" type="checkbox"/> 1 - Enclosed Building<br><input type="checkbox"/> 2 - Portable/Mobile Structure<br><input type="checkbox"/> 3 - Open Structure<br><input type="checkbox"/> 4 - Air-Supported Structure<br><input type="checkbox"/> 5 - Tent<br><input type="checkbox"/> 6 - Open Platform<br><input type="checkbox"/> 7 - Underground Structure<br><input type="checkbox"/> 8 - Connective Structure<br><input type="checkbox"/> 0 - Other | <b>I2</b><br><b>Building Status</b><br><input type="checkbox"/> 1 - Under Construction<br><input checked="" type="checkbox"/> 2 - In Normal Use<br><input type="checkbox"/> 3 - Idle, Not Routinely Used<br><input type="checkbox"/> 4 - Under Major Renovation<br><input type="checkbox"/> 5 - Vacant and Secured<br><input type="checkbox"/> 6 - Vacant and Unsecured<br><input type="checkbox"/> 7 - Being Demolished<br><input type="checkbox"/> 0 - Other<br><input type="checkbox"/> U - Undetermined | <b>I3</b><br><b>Building Height</b><br><div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">2</div><br>Number of Stories At/Above Grade<br><div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">1</div><br>Number of Stories Below Grade | <b>I4</b><br><b>Main Floor Size</b><br><div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">1900</div><br>Total Square Feet<br><b>OR</b><br><div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div>         BY          <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div> </div> Length (ft) X Width (ft) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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| <b>J1</b><br><b>Fire Origin</b><br><div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">1</div> <input type="checkbox"/> Below Grade<br>Story of Fire Origin                                                                                                                                                             | <b>J3</b><br><b>Number of Stories Damaged By Flame</b><br><div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div> Number of Stories w/Minor Damage (1-24%)<br><div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div> Number of Stories w/Significant Damage (25-49%)<br><div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div> Number of Stories w/Heavy Damage (50-74%)<br><div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div> Number of Stories w/Extreme Damage (75-100%)<br><br>*Count the roof as part of the highest story | <b>K</b><br><b>Type of Material Contributing Most to Flame Spread</b><br><br><b>K1</b> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div><br>Item Contributing Most to Flame Spread<br><br><b>K2</b> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div><br>Type of Material Contributing Most To Flame Spread |
| <b>J2</b><br><b>Fire Spread</b><br><input type="checkbox"/> Confined to Object of Origin<br><input type="checkbox"/> 2 - Confined to Room of Origin<br><input type="checkbox"/> 3 - Confined to Floor of Origin<br><input checked="" type="checkbox"/> 4 - Confined to Building of Origin<br><input type="checkbox"/> 5 - Beyond Building of Origin |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                       |

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| <b>L1</b><br><b>Presence of Detectors</b><br><br><input type="checkbox"/> N - None Present<br><input type="checkbox"/> 1 - Present<br><input checked="" type="checkbox"/> U - Undetermined                                                                                                                                                                                               | <b>L3</b><br><b>Detector Power Supply</b><br><input type="checkbox"/> 1 - Battery Only<br><input type="checkbox"/> 2 - Hardwire Only<br><input type="checkbox"/> 3 - Plug-In<br><input type="checkbox"/> 4 - Hardwire With Battery<br><input type="checkbox"/> 5 - Plug-In With Battery<br><input type="checkbox"/> 6 - Mechanical<br><input type="checkbox"/> 7 - Multiple Detectors & Power Supplies<br><input type="checkbox"/> 0 - Other<br><input type="checkbox"/> U - Undetermined | <b>L5</b><br><b>Detector Effectiveness</b><br><input type="checkbox"/> 1 - Alerted Occupants, Occupants Responded<br><input type="checkbox"/> 2 - Alerted Occupants, Occupants Failed to Respond<br><input type="checkbox"/> 3 - There Were No Occupants<br><input type="checkbox"/> 4 - Failed to Alert Occupants<br><input type="checkbox"/> U - Undetermined                                                                                                                                         |
| <b>L2</b><br><b>Detector Type</b><br><input type="checkbox"/> 1 - Smoke<br><input type="checkbox"/> 2 - Heat<br><input type="checkbox"/> 3 - Combination of Smoke and Heat<br><input type="checkbox"/> 4 - Sprinkler, Water Flow Detection<br><input type="checkbox"/> 5 - More Than One Type Present<br><input type="checkbox"/> 0 - Other<br><input type="checkbox"/> U - Undetermined | <b>L4</b><br><b>Detector Operation</b><br><input type="checkbox"/> 1 - Fire Too Small To Activate<br><input type="checkbox"/> 2 - Operated<br><input type="checkbox"/> 3 - Failed To Operate<br><input type="checkbox"/> U - Undetermined                                                                                                                                                                                                                                                 | <b>L6</b><br><b>Detector Failure Reason</b><br><input type="checkbox"/> 1 - Power Failure, Shutoff, or Disconnect<br><input type="checkbox"/> 2 - Improper Installation or Placement<br><input type="checkbox"/> 3 - Defective<br><input type="checkbox"/> 4 - Lack of Maintenance, Dirty<br><input type="checkbox"/> 5 - Battery Missing or Disconnected<br><input type="checkbox"/> 6 - Battery Discharged or Dead<br><input type="checkbox"/> 0 - Other<br><input type="checkbox"/> U - Undetermined |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>M1</div> <div>Presence of Automatic Extinguishing System</div> <div><div><input type="checkbox"/> N - None Present</div><div><input type="checkbox"/> 1 - Present</div><div><input type="checkbox"/> 2 - Partial System Present</div><div><input checked="" type="checkbox"/> U - Undetermined</div></div>                                                                                                                                                                                                                                                                                                                                                   | <div>M3</div> <div>Operation of Automatic Extinguishing System</div> <div><div><input type="checkbox"/> 1 - Operated/Effective</div><div><input type="checkbox"/> 2 - Operated/Not Effective</div><div><input type="checkbox"/> 3 - Fire Too Small To Activate</div><div><input type="checkbox"/> 4 - Failed To Operate</div><div><input type="checkbox"/> 0 - Other</div><div><input type="checkbox"/> U - Undetermined</div></div> <div>Required if fire was within designed range</div> | <div>M5</div> <div>Reason for Automatic Extinguishing System Failure</div> <div><div><input type="checkbox"/> 1 - System Shut Off</div><div><input type="checkbox"/> 2 - Not Enough Agent Discharged</div><div><input type="checkbox"/> 3 - Agent Discharged But Did Not Reach Fire</div><div><input type="checkbox"/> 4 - Wrong Type of System</div><div><input type="checkbox"/> 5 - Fire Not In Area Protected</div><div><input type="checkbox"/> 6 - System Components Damaged</div><div><input type="checkbox"/> 7 - Lack of Maintenance</div><div><input type="checkbox"/> 8 - Manual Intervention</div><div><input type="checkbox"/> 0 - Other</div><div><input type="checkbox"/> U - Undetermined</div></div> <div>Required if system failed or not effective</div> |
| <div>M2</div> <div>Type of Automatic Extinguishing System</div> <div><div><input type="checkbox"/> 1 - Wet-Pipe Sprinkler</div><div><input type="checkbox"/> 2 - Dry-Pipe Sprinkler</div><div><input type="checkbox"/> 3 - Other Sprinkler System</div><div><input type="checkbox"/> 4 - Dry Chemical System</div><div><input type="checkbox"/> 5 - Foam System</div><div><input type="checkbox"/> 6 - Halogen-Type System</div><div><input type="checkbox"/> 7 - Carbon Dioxide System</div><div><input type="checkbox"/> 0 - Other</div><div><input type="checkbox"/> U - Undetermined</div></div> <div>Required if fire was within designed range of AES</div> | <div>M4</div> <div>Number of Sprinkler Heads Operating</div> <div><div></div></div> <div>Required if system operated</div>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

# NFIRS-1S Supplemental

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|-------|-------|-------|-----|------|---------------------|------------------|----------|
| 62210 | MN    | 08    | 11  | 2024 | Station #18<br>(18) | SPFD240811039322 | 0        |
| FDID  | State | Month | Day | Year | Station             | Number           | Exposure |

**Primary Narrative:**

Saint Paul fire crews were called for a report of a building fire. Crews arrived to find heavy smoke and fire on the first and second floors of a 2-story multi-occupancy structure. A restaurant occupied the first floor, and storage occupied the basement and second floor.

Fire crews performed forcible entry, made entry, and attempted to extinguish the fire. Squad 2 encountered high heat, fire, and heavy smoke in the stairwell leading to the second floor. Squad 2's hose line malfunctioned, and the crew backed out. Additional crews attempted to locate basement access.

Water supplies were established. Ladder 22 and Ladder 18 deployed their aerials for use and secured water supplies as well. Heavy smoke became visible from the entire Bravo side at the roofline, as well as just above ground level on the Delta side.

The decision was made to transition to a defensive strategy. All fire companies exited the structure and prepared for defensive operations. PAR was conducted and all crews were accounted for.

Ladder 22 employed their aerial master stream from the B side, into the second floor. A sizeable percentage of the fire was knocked down with the master stream use, and that was shut down.

After conferring with senior command staff, the decision was made to once again make entry with hand lines and conduct final extinguishment of the remaining fire. Ladder 6's crew and Ladder 18's crew made vent/inspection holes in the roof, and determined the roof was not involved in fire.

Searches were completed, and negative on all floors. The fire was controlled, overhaul completed, and a final washdown was conducted. Car 20-Fire Investigator Blank completed their investigation. DSI, Board-up, Department of Health, and gas/electric were all notified to respond. Crews were placed back in service and command was terminated.