



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

NFIRS-1 Basic

A

62210	MN	01	11	2020	Station #8 (08)	SPFD200111001292	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract: 0346.02

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

281		BIRMINGHAM	ST-Street	
Number	Prefix	Street or Highway	Street Type	Suffix

4	Saint Paul	MN	55106
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: 01 | 11 | 2020 | 00:46
 Arrival: 01 | 11 | 2020 | 00:49
 Controlled: [] [] [] []
 Last Unit Cleared: 01 | 11 | 2020 | 02:24

E2 Shifts and Alarms

A | 1 | D2
 Shift or Alarms District
 Platoon

E3 Special Studies

ID# [] Value []

F Actions Taken

11- Extinguishment by fire service personnel
 Primary Action Taken

G1 Resources

Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	11	0
EMS	1	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. None

Property: \$ 3,000.00
 Contents: \$ 1,000.00

Pre-Incident Values: Optional None

Property: \$ 1,325,000.00
 Contents: \$ 5,000.00

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 border="1"> <tr> <td></td> <td>Deaths</td> <td>Injuries</td> </tr> <tr> <td>Fire Service</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Civilian</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> </table>		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
	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"/>										

J Property Use None

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

<input type="checkbox"/> 124 Playground or Park <input type="checkbox"/> 655 Crops or Orchard <input type="checkbox"/> 669 Forest (Timberland) <input type="checkbox"/> 807 Outdoor Storage Area <input type="checkbox"/> 919 Dump or Sanitary Landfill <input type="checkbox"/> 931 Open Land or Field <input type="checkbox"/> 936 Vacant Lot	<input type="checkbox"/> 938 Graded/Cared for Plot of Land <input type="checkbox"/> 946 Lake, River, Stream <input type="checkbox"/> 951 Railroad Right-of-Way <input type="checkbox"/> 960 Other Street <input type="checkbox"/> 961 Highway/Divided Highway <input type="checkbox"/> 962 Residential Street/Driveway <input type="checkbox"/> 981 Construction Site <input type="checkbox"/> 984 Industrial Plant Yard	Property Use: <input type="text"/> 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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K1

Person/Entity Involved

Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number
<input type="text"/>	<input type="text" value="JUAN"/>	<input type="text" value="A"/>	<input type="text" value="RAMIREZ-RUIZ"/>
Mr., Ms., Mrs.	First Name	MI	Last Name
<input type="text" value="278"/>	<input type="text"/>	<input type="text" value="BIRMINGHAM"/>	<input type="text" value="ST-Street"/>
Number	Prefix	Street or Highway	Street Type
<input type="text"/>	<input type="text" value="4"/>	<input type="text" value="Saint Paul"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room	City	
<input type="text" value="MN"/>	<input type="text" value="55106"/>		
State	Zip Code		

K2

Owner

Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number
<input type="text"/>	<input type="text" value="PLEASANTVILLE LLC"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name
<input type="text" value="2400"/>	<input type="text"/>	<input type="text" value="BLAISDELL"/>	<input type="text" value="AVE-Avenue"/>
Number	Prefix	Street or Highway	Street Type
<input type="text"/>	<input type="text" value="100"/>	<input type="text" value="Minneapolis"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room	City	
<input type="text" value="MN"/>	<input type="text" value="55404"/>		
State	Zip Code		

L Remarks:

FIRE CREWS RESPONDED TO A FIRE IN AN APARTMENT COMPLEX. THE FIRE WAS ISOLATED TO AN APARTMENT ON THE THIRD FLOOR, SIDE A, QUADRANT 1. THE FIRE WAS IN A SINGLE ROOM IN THE APARTMENT WITH SMOKE EXTENSION THROUGHOUT THE APARTMENT OF ORIGIN.

ENGINE #24'S CREW ARRIVED AND PULLED A HOSE LINE TO THE APARTMENT WITH ENGINE #4'S CREW BACKING THEM UP AND SECURING A WATER SUPPLY. SQUAD #1'S CREW ADVANCED TO THE THIRD FLOOR FOR A PRIMARY SEARCH IN THE APARTMENT, HAVING TO FORCE THE DOOR FOR ENGINE #24'S CREW TO GAIN ENTRY TO ATTACK THE FIRE. ENGINE #24'S CREW EXTINGUISHED THE FIRE. LADDER #24'S CREW SET EGRESS AND VENTILATION AND WENT TO THE THIRD FLOOR TO EVACUATE THE FLOOR AND PERFORM PRIMARIES. ALL FLOORS WERE CHECKED AND NO VICTIMS WERE FOUND.

THE RESIDENT WAS NOT AT HOME DURING THE FIRE, BUT THEY RETURNED MUCH LATER AND HAD A PLACE TO STAY WITH RELATIVES. FIRE INVESTIGATOR (CAR20) BLANK COMPLETED THE INVESTIGATION AND THE BOARD-UP COMPANY ARRIVED TO HANDLE ONE DOOR. ONE OF SQUAD #1'S FF WAS INJURED WHILE FORCING THE DOOR.

M Authorization

8046	Ertz, Conrad	DC	C2	01/12/2020
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
8046	Ertz, Conrad	DC	C2	01/12/2020
Member Making Report ID	Signature	Position or Rank	Assignment	Date

NFIRS-2 Fire

A	62210	MN	01	11	2020	Station #8 (08)	SPFD200111001292	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B</p> <p>Property Details</p> <p>B1 <input type="text" value="120"/> <input type="checkbox"/> Not Residential Estimated number of residential living units in the building of origin whether or not all units became involved</p> <p>B2 <input type="text" value="1"/> <input type="checkbox"/> Buildings Not Involved Number of buildings involved</p> <p>B3 <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre Acres burned (outside fires)</p>	<p>C</p> <p>On-Site Materials Or Products</p> <p>On-Site Materials Storage Use</p>
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<p>D</p> <p>Ignition</p> <p>D1 <input type="text" value="21-Bedroom - < 5 persons; included are jail or prison"/> Area of Fire Origin</p> <p>D2 <input type="text" value="66-Candle"/> Heat Source</p> <p>D3 <input type="text" value="20-Furniture, utensils, other"/> Item First Ignited</p> <p>D4 <input type="text" value="70-Fabric, textile, fur, other"/> Type of Material First Ignited</p>	<p>E1</p> <p>Cause of Ignition</p> <p><input type="checkbox"/> 1 - Intentional <input checked="" type="checkbox"/> 2 - Unintentional <input type="checkbox"/> 3 - Failure of Equipment or Heat Source <input type="checkbox"/> 4 - Act of Nature <input type="checkbox"/> 5 - Cause Under Investigation <input type="checkbox"/> U - Cause Undetermined After Investigation</p> <p>E2</p> <p>Factors Contributing to Ignition</p> <p><input type="text" value="53-Equipment unattended"/> Factor Contributing to Ignition</p>	<p>E3</p> <p>Human Factors Contributing to Ignition</p> <p>Check all applicable boxes</p> <p><input type="checkbox"/> None <input type="checkbox"/> 1 - Asleep <input type="checkbox"/> 2 - Possibly impaired by alcohol or drugs <input type="checkbox"/> 3 - Unattended person <input type="checkbox"/> 4 - Possibly Mentally Disabled <input type="checkbox"/> 5 - Physically Disabled <input type="checkbox"/> 6 - Multiple Persons Involved</p> <p><input type="checkbox"/> 7 - Age Was A Factor</p> <p>Estimated Age of Person Involved <input type="text"/></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
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<p>F1</p> <p>Equipment Involved In Ignition</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="text"/> Equipment Involved</p> <p>Brand <input type="text"/></p> <p>Model <input type="text"/></p> <p>Serial # <input type="text"/></p> <p>Year <input type="text"/></p>	<p>F2</p> <p>Equipment Power Source</p> <p><input type="text"/> Equipment Power Source</p> <p>F3</p> <p>Equipment Portability</p> <p><input type="checkbox"/> 1 - Portable <input type="checkbox"/> 2 - Stationary Portable equipment normally can be moved by one or two persons.</p>	<p>G</p> <p>Fire Suppression Factors</p>
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<p>H1</p> <p>Mobile Property Involved</p> <p><input type="checkbox"/> 1 - Not involved in ignition, but burned <input type="checkbox"/> 2 - Involved in ignition, but did not burn <input type="checkbox"/> 3 - Involved in ignition and burned <input checked="" type="checkbox"/> None</p>	<p>H2</p> <p>Mobile Property Type and Make</p> <p><input type="text"/> Mobile Property Type</p> <p><input type="text"/> Mobile Property Make</p> <p><input type="text"/> Mobile Property Model</p> <p><input type="text"/> Year</p> <p><input type="text"/> State</p> <p><input type="text"/> License Plate Number</p> <p><input type="text"/> VIN</p>	<p>Local Use</p> <p><input type="checkbox"/> Pre-Fire Plan Available <input type="checkbox"/> Arson Report Attached <input type="checkbox"/> Police Report Attached <input type="checkbox"/> Coroner Report Attached <input type="checkbox"/> Other Reports Attached</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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NFIRS-3 Structure Fire

I1 Structure Type <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	I2 Building Status <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	I3 Building Height <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; line-height: 20px;">3</div> Number of Stories At/Above Grade <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; line-height: 20px;">1</div> Number of Stories Below Grade	I4 Main Floor Size <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; text-align: center; line-height: 20px;">700</div> Total Square Feet OR <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> BY <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div> Length (ft) X Width (ft)
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J1 Fire Origin <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; line-height: 20px;">3</div> <input type="checkbox"/> Below Grade Story of Fire Origin	J3 Number of Stories Damaged By Flame <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Number of Stories w/Minor Damage (1-24%) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Number of Stories w/Significant Damage (25-49%) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Number of Stories w/Heavy Damage (50-74%) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 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 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Item Contributing Most to Flame Spread K2 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Type of Material Contributing Most To Flame Spread
J2 Fire Spread <input type="checkbox"/> Confined to Object of Origin <input checked="" type="checkbox"/> 2 - Confined to Room of Origin <input type="checkbox"/> 3 - Confined to Floor of Origin <input type="checkbox"/> 4 - Confined to Building of Origin <input type="checkbox"/> 5 - Beyond Building of Origin		

L1 Presence of Detectors <input type="checkbox"/> N - None Present <input checked="" type="checkbox"/> 1 - Present <input type="checkbox"/> U - Undetermined	L3 Detector Power Supply <input type="checkbox"/> 1 - Battery Only <input checked="" 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	L5 Detector Effectiveness <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
L2 Detector Type <input checked="" 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	L4 Detector Operation <input type="checkbox"/> 1 - Fire Too Small To Activate <input type="checkbox"/> 2 - Operated <input type="checkbox"/> 3 - Failed To Operate <input checked="" type="checkbox"/> U - Undetermined	L6 Detector Failure Reason <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

M1 Presence of Automatic Extinguishing System <input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input type="checkbox"/> U - Undetermined	M3 Operation of Automatic Extinguishing System <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 Required if fire was within designed range	M5 Reason for Automatic Extinguishing System Failure <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 Required if system failed or not effective
M2 Type of Automatic Extinguishing System <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 Required if fire was within designed range of AES	M4 Number of Sprinkler Heads Operating <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Required if system operated	