



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

NFIRS-1 Basic

A							
62210	MN	11	22	2022	Station #7 (07)	SPFD221122053835	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type						Census tract: 0346.01	
☒ Street Address ☐ Intersection ☐ In Front Of ☐ Rear Of ☐ Adjacent To ☐ Directions ☐ US National Grid							
1219		5TH	ST-Street		E-East		
Number	Prefix	Street or Highway	Street Type		Suffix		
		Saint Paul	MN	55106			
Apt./Suite/Room		City	State	Zip Code			
Cross Street							

C Incident Type 111-Building fire				E1 Dates and Times Alarm: 11 22 2022 18:57 Arrival: 11 22 2022 19:00 Controlled: Last Unit Cleared: 11 22 2022 20:06				E2 Shifts and Alarms A 1 D3 Shift Alarms District or Platoon			
D Aid Given Or Received ☐ 1 Mutual Aid Received ☐ 2 Auto. Aid Received ☐ 3 Mutual Aid Given ☐ 4 Auto. Aid Given ☐ 5 Other Aid Given ☒ None								E3 Special Studies 9244 3 - No, COVID 19 was not a factor ID# Value			

F Actions Taken 11-Extinguishment by fire service personnel Primary Action Taken 12-Salvage & overhaul Additional Action Taken		G1 Resources ☒ Apparatus or Personnel Module is used. Apparatus Personnel Suppression: 0 0 EMS: 4 0 Other: 1 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. Property: \$ 5,000.00 Contents: \$ 3,000.00 Pre-Incident Values: Optional Property: \$ 72,700.00 Contents: \$	
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Completed Modules ☐ 2 - Fire ☐ 3 - Structure Fire ☐ 4 - Civilian Fire Cas. ☐ 5 - Fire Service Cas. ☐ 6 - EMS ☐ 7 - HazMat ☐ 8 - Wildland Fire ☐ 9 - Apparatus ☐ 10 - Personnel ☐ 11 - Arson	H1 Casualties ☒ None Deaths Injuries Fire Service 0 0 Civilian 0 0	H3 Hazardous Materials Release ☐ 1 - Natural Gas ☐ 2 - Propane Gas ☐ 3 - Gasoline ☐ 4 - Kerosene ☐ 5 - Diesel Fuel / Fuel Oil ☐ 6 - Household Solvents ☐ 7 - Motor Oil ☐ 8 - Paint ☐ 0 - Other ☒ None	I Mixed Use Property ☐ Not Mixed ☐ 10 - Assembly Use ☐ 20 - Education Use ☐ 33 - Medical Use ☐ 40 - Residential Use ☐ 51 - Row Of Stores ☐ 53 - Enclosed Mall ☐ 58 - Business and Residential ☐ 59 - Office Use ☐ 60 - Industrial Use ☐ 63 - Military Use ☐ 65 - Farm Use ☐ 00 - Other Mixed Use
	H2 Detector Required for Confined Fires ☐ 1 - Detector Alerted Occupants ☐ 2 - Detector Did Not Alert Them ☐ 3 - Unknown		

J Property Use ☐ None Structures 131 ☐ Church, Place of Worship 161 ☐ Restaurant or Cafeteria 162 ☐ Bar/Tavern or Nightclub 213 ☐ Elementary School, Kindergarten 215 ☐ High School, Junior High 241 ☐ College, Adult Education 311 ☐ Nursing Home 331 ☐ Hospital	341 ☐ Clinic, Clinic-Type Infirmary 342 ☐ Doctor/Dentist Office 361 ☐ Prison or Jail, Not Juvenile 419 ☒ 1- or 2-Family Dwelling 429 ☐ MultiFamily Dwelling 439 ☐ Rooming/Boarding House 449 ☐ Commerical Hotel or Motel 459 ☐ Residential, Board and Care 464 ☐ Dormitory/Barracks 519 ☐ Food and Beverage Sales	539 ☐ Household Goods, Sales, Repairs 571 ☐ Gas or Service Station 579 ☐ Motor Vehicle/Boat Sales/Repairs 599 ☐ Business Office 615 ☐ Electric-Generating Plant 629 ☐ Laboratory/Science Laboratory 700 ☐ Manufacturing Plant 819 ☐ Livestock/Poultry Storage (Barn) 882 ☐ Non-Residential Parking Garage 891 ☐ Warehouse
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Outside 124 ☐ Playground or Park 655 ☐ Crops or Orchard 669 ☐ Forest (Timberland) 807 ☐ Outdoor Storage Area 919 ☐ Dump or Sanitary Landfill 931 ☐ Open Land or Field 936 ☐ Vacant Lot	938 ☐ Graded/Cared for Plot of Land 946 ☐ Lake, River, Stream 951 ☐ Railroad Right-of-Way 960 ☐ Other Street 961 ☐ Highway/Divided Highway 962 ☐ Residential Street/Driveway 981 ☐ Construction Site 984 ☐ Industrial Plant Yard	Property Use: Description Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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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:

The fire department responded to this address for a dwelling fire. Upon arrival, Ladder #7's Captain reported an exterior chicken coop fire that had extended to the house.

Engine #4's crew stretched a 2-1/2-inch hose line to side Charlie for fire control. Engine #24 parked in the alley and their crew stretched a 1-3/4-inch hose line for exterior fire knockdown. Engine #17's crew established a water supply.

Ladder #7's crew forced entry through a back door, near the fire, and conducted a primary search of the first floor. Squad #1's crew conducted a primary search of the second floor and attic. Crews reported clear conditions in all areas of the house. Inspection holes, however, indicated the fire extension and overhaul was conducted with hot spot extinguishment.

Ladder #24 assigned to IRIT and secured gas and electric. District Chief #2 assigned ISO and conducted several 360-walk arounds. Car #50-EMS Coordinator assigned FIT and documented incident.

Fire extinguished and overhaul completed. Car #20-Investigator Blank conducted investigation and contacted out-of-town homeowner. Family member on scene refused board-up services. Xcel gas and electric personnel on scene. Form #4 completed on property and sent to DSI.

M Authorization

4318	Duren, Greg	DC	C3	11/24/2022
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
4318	Duren, Greg	DC	C3	11/24/2022
Member Making Report ID	Signature	Position or Rank	Assignment	Date

NFIRS-2 Fire

A							
62210	MN	11	22	2022	Station #7 (07)	SPFD221122053835	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Property Details B1 1 ☐ Not Residential Estimated number of residential living units in the building of origin whether or not all units became involved B2 2 ☐ 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
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D Ignition D1 76-Wall surface: exterior Area of Fire Origin D2 13-Electrical arcing Heat Source D3 70-Organic materials, other Item First Ignited D4 54-Hay, straw 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
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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
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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
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 Mobile Property Model	 Year	 VIN
 State	 License Plate Number	 VIN

NFIRS-3 Structure Fire

I1 Structure Type ☒ 1 - Enclosed Building ☐ 2 - Portable/Mobile Structure ☐ 3 - Open Structure ☐ 4 - Air-Supported Structure ☐ 5 - Tent ☐ 6 - Open Platform ☐ 7 - Underground Structure ☐ 8 - Connective Structure ☐ 0 - Other	I2 Building Status ☐ 1 - Under Construction ☒ 2 - In Normal Use ☐ 3 - Idle, Not Routinely Used ☐ 4 - Under Major Renovation ☐ 5 - Vacant and Secured ☐ 6 - Vacant and Unsecured ☐ 7 - Being Demolished ☐ 0 - Other ☐ U - Undetermined	I3 Building Height 2 Number of Stories At/Above Grade 1 Number of Stories Below Grade	I4 Main Floor Size 862 Total Square Feet OR BY Length (ft) X Width (ft)
J1 Fire Origin 1 ☐ Below Grade Story of Fire Origin	J3 Number of Stories Damaged By Flame 1 Number of Stories w/Minor Damage (1-24%) Number of Stories w/Significant Damage (25-49%) Number of Stories w/Heavy Damage (50-74%) Number of Stories w/Extreme Damage (75-100%) *Count the roof as part of the highest story		K Type of Material Contributing Most to Flame Spread K1 Item Contributing Most to Flame Spread K2 Type of Material Contributing Most To Flame Spread
J2 Fire Spread ☐ Confined to Object of Origin ☐ 2 - Confined to Room of Origin ☐ 3 - Confined to Floor of Origin ☐ 4 - Confined to Building of Origin ☒ 5 - Beyond Building of Origin			
L1 Presence of Detectors ☐ N - None Present ☐ 1 - Present ☒ U - Undetermined	L3 Detector Power Supply ☐ 1 - Battery Only ☐ 2 - Hardwire Only ☐ 3 - Plug-In ☐ 4 - Hardwire With Battery ☐ 5 - Plug-In With Battery ☐ 6 - Mechanical ☐ 7 - Multiple Detectors & Power Supplies ☐ 0 - Other ☐ U - Undetermined	L5 Detector Effectiveness ☐ 1 - Alerted Occupants, Occupants Responded ☐ 2 - Alerted Occupants, Occupants Failed to Respond ☐ 3 - There Were No Occupants ☐ 4 - Failed to Alert Occupants ☐ U - Undetermined	
L2 Detector Type ☐ 1 - Smoke ☐ 2 - Heat ☐ 3 - Combination of Smoke and Heat ☐ 4 - Sprinkler, Water Flow Detection ☐ 5 - More Than One Type Present ☐ 0 - Other ☐ U - Undetermined	L4 Detector Operation ☐ 1 - Fire Too Small To Activate ☐ 2 - Operated ☐ 3 - Failed To Operate ☐ U - Undetermined	L6 Detector Failure Reason ☐ 1 - Power Failure, Shutoff, or Disconnect ☐ 2 - Improper Installation or Placement ☐ 3 - Defective ☐ 4 - Lack of Maintenance, Dirty ☐ 5 - Battery Missing or Disconnected ☐ 6 - Battery Discharged or Dead ☐ 0 - Other ☐ U - Undetermined	
M1 Presence of Automatic Extinguishing System ☒ N - None Present ☐ 1 - Present ☐ 2 - Partial System Present ☐ U - Undetermined	M3 Operation of Automatic Extinguishing System ☐ 1 - Operated/Effective ☐ 2 - Operated/Not Effective ☐ 3 - Fire Too Small To Activate ☐ 4 - Failed To Operate ☐ 0 - Other ☐ U - Undetermined Required if fire was within designed range	M5 Reason for Automatic Extinguishing System Failure ☐ 1 - System Shut Off ☐ 2 - Not Enough Agent Discharged ☐ 3 - Agent Discharged But Did Not Reach Fire ☐ 4 - Wrong Type of System ☐ 5 - Fire Not In Area Protected ☐ 6 - System Components Damaged ☐ 7 - Lack of Maintenance ☐ 8 - Manual Intervention ☐ 0 - Other ☐ U - Undetermined Required if system failed or not effective	
M2 Type of Automatic Extinguishing System ☐ 1 - Wet-Pipe Sprinkler ☐ 2 - Dry-Pipe Sprinkler ☐ 3 - Other Sprinkler System ☐ 4 - Dry Chemical System ☐ 5 - Foam System ☐ 6 - Halogen-Type System ☐ 7 - Carbon Dioxide System ☐ 0 - Other ☐ U - Undetermined Required if fire was within designed range of AES	M4 Number of Sprinkler Heads Operating Required if system operated		