

A MM DD YYYY Delete Change No Activity **NFIRS -1 Basic**

62210 * FDID MN State 10 10 Incident Date 07 Station 12-0028510 Incident Number * 000 Exposure *

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract 0315 - 00

Street address 885 CLARK ST
 Intersection Number/Milepost Prefix Street or Highway Street Type Suffix
 In front of
 Rear of
 Adjacent to Apt./Suite/Room City State Zip Code
 Directions SAINT PAUL MN 55101
 Cross street or directions, as applicable

C Incident Type *
 111 Building fire
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm Date. ALARM always required
 Alarm * 10 10 2012 05:32:31
 Month Day Year Hr Min Sec

E2 Shift & Alarms Local Option
 A 01 D3
 Shift or Alarms District Platoon

D Aid Given or Received*

1 Mutual aid received
 2 Automatic aid recv.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None

Their FDID Their State
 Their Incident Number

ARRIVAL required, unless canceled or did not arrive
 Arrival * 10 10 2012 05:36:57
 CONTROLLED Optional, Except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared 10 10 2012 13:52:19

E3 Special Studies Local Option
 Special Study ID# Special Study Value

F Actions Taken *

11 Extinguishment by fire
 Primary Action Taken (1)

12 Salvage & overhaul
 Additional Action Taken (2)

82 Notify other agencies.
 Additional Action Taken (3)

G1 Resources *

Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel
 Suppression 0016
 EMS
 Other
 Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires. None

Property \$ 150,000
 Contents \$ 010,000
 PRE-INCIDENT VALUE: Optional
 Property \$ 000,000
 Contents \$ 000,000

Completed Modules

Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1* Casualties None
 Deaths Injuries
 Fire Service
 Civilian
H2 Detector Required for Confined Fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release

N None
 1 Natural Gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21 lb. tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling < 55 gallons
 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN Not Mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Bus. & Residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use* Structures

131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school or kindergarten
 215 High school or junior high
 241 College, adult education
 311 Care facility for the aged
 331 Hospital

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

341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1-or 2-family dwelling
 429 Multi-family dwelling
 439 Rooming/boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales
 936 Vacant lot
 938 Graded/care for plot of land
 946 Lake, river, stream
 951 Railroad right of way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway

539 Household goods, sales, repairs
 579 Motor vehicle/boat sales/repair
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 629 Laboratory/science lab
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse
 981 Construction site
 984 Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 Property Use 419
 1 or 2 family dwelling
 NFIRS-1 Revision 03/11/99

I1 Structure Type * If Fire was In enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input checked="" type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story 001 <small>Total number of stories at or above grade</small> 001 <small>Total number of stories below grade</small>	I4 Main Floor Size* <div style="border: 1px solid black; padding: 2px; width: fit-content; float: right;">NFIRS-3 Structure Fire</div> [] , [003] , [360] <small>Total square feet</small> <p style="text-align: center; font-weight: bold;">OR</p> [] , [080] BY [] , [042] <small>Length in feet Width in feet</small>
--	--	--	---

J1 Fire Origin * <input type="checkbox"/> Below Grade Story of fire origin	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story [] Number of stories w/ minor damage (1 to 24% flame damage) [] Number of stories w/ significant damage (25 to 49% flame damage) [] Number of stories w/ heavy damage (50 to 74% flame damage) [] Number of stories w/ extreme damage (75 to 100% flame damage)	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 [] [] <small>Item contributing most to flame spread</small> K2 [] [] <small>Type of material contributing most of flame spread Required only if item contributing code is 00 or <70</small>
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		

L1 Presence of Detectors * (In area of the fire) N <input checked="" type="checkbox"/> None Present Skip to section M 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined

M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined <small>NFIRS-3 Revision 01/19/99</small>
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M4 Number of Sprinkler Heads Operating Required if system operated [] <small>Number of sprinkler heads operating</small>	

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

 Check This Box if same address as incident location. Then skip the three duplicate address lines.

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			

 More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary
K2 Owner
 Same as person involved? Then check this box and skip The rest of this section.

Local Option

Business name (if Applicable)

Area Code

Phone Number

 Check this box if same address as incident location. Then skip the three duplicate address lines.

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

Local Option

NEIGHBOR CALLED 9-1-1 AND REPORTED SMOKE AND FLAMES COMING FROM A HOUSE DOWN THE STREET. UPON ARRIVAL, ENGINE #4 USED THEIR HAND-LINE TO ATTACK A FIRE BURNING ON THE FIRST FLOOR AND COMPLETE A WATER SUPPLY IN FRONT OF THE HOME WHICH WAS ON THE CORNER OF CLARK AND YORK. ENGINE #7 USED A HAND-LINE TO BACK-UP ENGINE #4 AND REPOSITIONED HAND-LINE TO THE SECOND FLOOR. ENGINE #8 USED THEIR HAND-LINE TO BACK-UP ENGINE #7 ON THE SECOND FLOOR AND REPOSITIONED HAND-LINE TO ATTIC.

LADDER #7 PLACED THEIR ARIEL TO THE ROOF TO VENTILATE AND PLACED GROUND LADDERS AROUND BUILDING. SQUAD #1 COMPLETED SEARCH OF ALL FLOORS OF THE STRUCTURE BUT DID NOT FIND ANY VICTIMS. THEY ALSO SHUT DOWN THE UTILITIES IN THE BASEMENT. I REQUESTED A SQUAD #3 TO RESPOND AND STAND-BY IN FRONT OF THE BUILDING. SAFETY PAR CHECKS WERE COMPLETED EVERY 15 MINUTES.

ENGINE #4 REPORTED LARGE HOLES ON THE FIRST AND SECOND FLOORS. STAND BY SAFETY OFFICERS WERE PLACED INSIDE OF THE STRUCTURE. BECAUSE BASEMENT STEPS WERE BURNED THROUGH, ENGINE #15 USED A LADDER AND HAND-LINE TO PUT FIRE OUT IN BASEMENT. LADDER #8 USED GROUND LADDERS TO VENTILATE ROOF IN REAR OF BUILDING. STAND-BY MEDICS WERE MEDIC #8 AND MEDIC #22. I SET UP ON DECK RELIEF COMPANIES BY PAIRING UP ENGINE #7 WITH ENGINE #8, ENGINE #4 WITH ENGINE #15, AND LADDER #7 WITH LADDER #8.

BACK-UP FIRE INVESTIGATOR JACOBSON WAS ON SCENE. XCEL WAS ON SCENE TO DISCONNECT POWER. MAPLEWOOD FIRE RESPONDED WITH THEIR REHABILITATION TRUCK FOR WATER AN AIR TANKS. I REQUESTED BOARD UP FOR TWO DOORS AND FOUR WINDOWS. BUMPER CRITIQUE HELD BEHIND ENGINE #7 AND I ALSO SENT FIRE CHIEF BUTLER A CRITIQUE BY E-MAIL.

L Authorization

9253

Officer in charge ID

JADWINSKI, STANLEY J

Signature

150

Position or rank

C3

Assignment

10

Month

11

Day

2012

Year

 Check Box if same as Officer in charge.

9253

Member making report ID

JADWINSKI, STANLEY J

Signature

150

Position or rank

C3

Assignment

10

Month

11

Day

2012

Year