

<b>A</b>		MM DD YYYY	Delete <input type="checkbox"/>		NFIRS -1 Basic	
FDID *	State *	Incident Date *	Station	Incident Number *		Exposure *
62210	MN	07 12 2013	07	13-0019943		000
<b>B Location*</b>		<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section D "Alternative Location Specification". Use only for Wildland fires.				Census Tract 0372 - 00
<input checked="" type="checkbox"/> Street address		Number/Milepost	Prefix	Street or Highway	ST	Suffix
<input type="checkbox"/> Intersection		349		CURTICE		
<input type="checkbox"/> In front of						
<input type="checkbox"/> Rear of						
<input type="checkbox"/> Adjacent to		Apt./Suite/Room	City	State	Zip Code	
<input type="checkbox"/> Directions		SAINT PAUL MN 55107				
Cross street or directions, as applicable						
<b>C Incident Type *</b>		<b>E1 Date &amp; Times</b>		<b>E2 Shift &amp; Alarms</b>		
111 Building fire		Midnight is 0000		Local Option		
Incident Type		Check boxes if dates are the same as Alarm Date.		Shift or Alarms District Platoon		
<b>D Aid Given or Received*</b>		ALARM always required		C 01 D2		
1 <input type="checkbox"/> Mutual aid received		Alarm * 07 12 2013 19:37:38		ARRIVAL required, unless canceled or did not arrive		
2 <input type="checkbox"/> Automatic aid recov.		<input checked="" type="checkbox"/> Arrival * 07 12 2013 19:45:25		CONTROLLED Optional, Except for wildland fires		
3 <input type="checkbox"/> Mutual aid given		Their FDID Their State		LAST UNIT CLEARED, required except for wildland fires		
4 <input type="checkbox"/> Automatic aid given		Their Incident Number		<b>E3 Special Studies</b>		
5 <input type="checkbox"/> Other aid given		Last Unit		Local Option		
N <input checked="" type="checkbox"/> None		<input checked="" type="checkbox"/> Cleared 07 12 2013 22:00:05		Special Study IDs Special Study Value		
<b>F Actions Taken *</b>		<b>G1 Resources *</b>		<b>G2 Estimated Dollar Losses &amp; Values</b>		
11 Extinguishment by fire		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.		LOSSES: Required for all fires if known. Optional for non fires. None		
Primary Action Taken (1)		Apparatus Personnel		Property \$ 030,000		
12 Salvage & overhaul		Suppression 0014		Contents \$ 007,500		
Additional Action Taken (2)		RMS		PRE-INCIDENT VALUE: Optional		
33 Provide advanced life		Other		Property \$ 000,000		
Additional Action Taken (3)		<input type="checkbox"/> Check box if resource counts include aid received resources.		Contents \$ 000,000		
<b>Completed Modules</b>		<b>H1 * Casualties</b>		<b>H3 Hazardous Materials Release</b>		
<input checked="" type="checkbox"/> Fire-2		Deaths Injuries		N <input type="checkbox"/> None		
<input checked="" type="checkbox"/> Structure-3		Fire Service		1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions		
<input checked="" type="checkbox"/> Civil Fire Cas.-4		Civilian		2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)		
<input type="checkbox"/> Fire Serv. Cas.-5		001		3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container		
<input type="checkbox"/> EMS-6		<b>H2 Detector</b>		4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage		
<input type="checkbox"/> HazMat-7		Required for Confined Fires.		5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable		
<input type="checkbox"/> Wildland Fire-8		1 <input type="checkbox"/> Detector alerted occupants		6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only		
<input checked="" type="checkbox"/> Apparatus-9		2 <input type="checkbox"/> Detector did not alert them		7 <input type="checkbox"/> Motor oil: from engine or portable container		
<input type="checkbox"/> Personnel-10		U <input type="checkbox"/> Unknown		8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons		
<input type="checkbox"/> Arson-11				9 <input type="checkbox"/> Other: special HazMat actions required or spill > 55gal., Please complete the HazMat form		
<b>J Property Use*</b>		<b>I Mixed Use Property</b>				
Structures		NN <input type="checkbox"/> Not Mixed				
341 <input type="checkbox"/> Clinic, clinic type infirmary		10 <input type="checkbox"/> Assembly use				
342 <input type="checkbox"/> Doctor/dentist office		20 <input type="checkbox"/> Education use				
361 <input type="checkbox"/> Prison or jail, not juvenile		33 <input type="checkbox"/> Medical use				
419 <input checked="" type="checkbox"/> 1-or 2-family dwelling		40 <input type="checkbox"/> Residential use				
429 <input type="checkbox"/> Multi-family dwelling		51 <input type="checkbox"/> Row of stores				
439 <input type="checkbox"/> Rooming/boardng house		53 <input type="checkbox"/> Enclosed mall				
449 <input type="checkbox"/> Commercial hotel or motel		58 <input type="checkbox"/> Bus. & Residential				
459 <input type="checkbox"/> Residential, board and care		59 <input type="checkbox"/> Office use				
464 <input type="checkbox"/> Dormitory/barracks		60 <input type="checkbox"/> Industrial use				
519 <input type="checkbox"/> Food and beverage sales		63 <input type="checkbox"/> Military use				
341 <input type="checkbox"/> Household goods, sales, repairs		65 <input type="checkbox"/> Farm use				
539 <input type="checkbox"/> Motor vehicle/boat sales/repair		00 <input type="checkbox"/> Other mixed use				
579 <input type="checkbox"/> Gas or service station						
599 <input type="checkbox"/> Business office						
615 <input type="checkbox"/> Electric generating plant						
629 <input type="checkbox"/> Laboratory/science lab						
700 <input type="checkbox"/> Manufacturing plant						
819 <input type="checkbox"/> Livestock/poultry storage (barn)						
882 <input type="checkbox"/> Non-residential parking garage						
891 <input type="checkbox"/> Warehouse						
981 <input type="checkbox"/> Construction site						
984 <input type="checkbox"/> Industrial plant yard						
124 <input type="checkbox"/> Playground or park						
655 <input type="checkbox"/> Crops or orchard						
669 <input type="checkbox"/> Forest (timberland)						
807 <input type="checkbox"/> Outdoor storage area						
919 <input type="checkbox"/> Dump or sanitary landfill						
931 <input type="checkbox"/> Open land or field						
936 <input type="checkbox"/> Vacant lot						
938 <input type="checkbox"/> Graded/care for plot of land						
946 <input type="checkbox"/> Lake, river, stream						
951 <input type="checkbox"/> Railroad right of way						
960 <input type="checkbox"/> Other street						
961 <input type="checkbox"/> Highway/divided highway						
962 <input type="checkbox"/> Residential street/driveway						
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		

**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-18) 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

FIRE PERSONNEL RESPONDED TO A DWELLING FIRE ON THE SECOND FLOOR WITHIN A BEDROOM. FIRE CREWS EXTINGUISHED THE FIRE, PREFORMED VENTILATION PROCEDURES, AND SALVAGE AND OVERHAUL OPERATIONS.

ONE OF THE HOME OWNERS WAS INJURED AND TRANSPORTED BY MEDICS TO REGIONS HOSPITAL.

WHILE TALKING WITH COMMAND AND THE BOARD UP PERSON, THE FEMALE HOME OWNER STATED THAT THE FRONT DOOR LOCK DID NOT WORK PRIOR TO THE FIRE AND SHE DID NOT CARE IF IT WAS BOARDED UP. THE FRONT DOOR WAS LEFT IN THE SAME CONDITION AS WHEN FIRE CREWS ARRIVED.

BACK-UP FIRE INVESTIGATOR WENTLER ON SCENE.

**L Authorization**

9161  KATZ, ANTHONY J  150  C3  07  13  2013  
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer Member making report ID in charge.  9161  KATZ, ANTHONY J  150  C3  07  13  2013  
Officer Member making report ID Signature Position or rank Assignment Month Day Year

**A** FDID \* 62210 State \* MN Incident Date \* MM 07 DD 12 YYYY 2013 Station 07 Incident Number \* 13-0019943 Exposure \* 000  Delete  Change  No Activity NFIRS -2 Fire

**B Property Details**

**B1** 0001  Not Residential  
Estimated Number of residential living units in building of origin whether or not all units became involved

**B2** 001  Buildings not involved  
Number of buildings involved

**B3**  Acres burned (outside fires)  None  Less than one acre

**C On-Site Materials**  None or Products *Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved*

Enter up to three codes. Check one or more boxes for each code entered.

NNN None  
On-site material (1)

                   
On-site material (2)

                   
On-site material (3)

1  Bulk storage or warehousing  
2  Processing or manufacturing  
3  Packaged goods for sale  
4  Repair or service

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**D Ignition**

**D1** 21 Bedroom - < 5 persons;  
Area of fire origin \*

**D2** 10 Heat from powered  
Heat source \*

**D3** 36 Curtain, blind,  
Item first ignited \*  Check Box if fire spread was confined to object of origin

**D4** 71 Fabric, fiber, cotton,  
Type of material first ignited  Required only if item first ignited code is 00 or <70

**E1 Cause of Ignition**

Check box if this is an exposure report. Skip to section G

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**

20 Mechanical  None  
Factor Contributing To Ignition (1)

                   None  
Factor Contributing To Ignition (2)

**E3 Human Factors Contributing To Ignition**

Check all applicable boxes

1  Asleep  None  
2  Possibly impaired by alcohol or drugs  
3  Unattended person  
4  Possibly mental disabled  
5  Physically Disabled  
6  Multiple persons involved

7  Age was a factor  
Estimated age of person involved         

1  Male 2  Female

**F1 Equipment Involved In Ignition**

None If Equipment was not involved, Skip to Section G

111 Air conditioner  
Equipment Involved

Brand         

Model         

Serial #         

Year         

**F2 Equipment Power**

11 Electrical  
Equipment Power Source

**F3 Equipment Portability**

1  Portable  
2  Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

**G Fire Suppression Factors**

Enter up to three codes.  None

NNN None  
Fire suppression factor (1)

                   
Fire suppression factor (2)

                   
Fire suppression factor (3)

**H1 Mobile Property Involved**

None

1  Not involved in ignition, but burned  
2  Involved in ignition, but did not burn  
3  Involved in ignition and burned

**H2 Mobile Property Type & Make**

                   
Mobile property type

                   
Mobile property make

**Local Use**

Pre-Fire Plan Available  
Some of the information presented in this report may be based upon reports from other Agencies

Arson report attached  
 Police report attached  
 Coroner report attached  
 Other reports attached

                            
Mobile property model Year

                            
License Plate Number State VIN Number

NFIRS-2 Revision 01/19/99

<b>I1 Structure Type *</b> 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	<b>I2 Building Status *</b> 1 <input type="checkbox"/> Under construction 2 <input checked="" 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 type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>I3 Building * Height</b> Count the ROOF as part of the highest story <u>002</u> <small>Total number of stories at or above grade</small>  <u>001</u> <small>Total number of stories below grade</small>	<b>I4 Main Floor Size*</b> <div style="border: 1px solid black; padding: 2px; width: fit-content; float: right;">NFIRS-3 Structure Fire</div> <u>    </u> , <u>001</u> , <u>600</u> <small>Total square feet</small>  OR  <u>    </u> , <u>040</u> BY <u>    </u> , <u>040</u> <small>Length in foot                      Width in foot</small>
<b>J1 Fire Origin *</b> <u>002</u> <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	<b>J3 Number of Stories Damaged By Flame</b> Count the ROOF as part of the highest story <u>    </u> Number of stories w/ minor damage (1 to 24% flame damage) <u>    </u> Number of stories w/ significant damage (25 to 49% flame damage) <u>    </u> Number of stories w/ heavy damage (50 to 74% flame damage) <u>    </u> Number of stories w/ extreme damage (75 to 100% flame damage)	<b>K Material Contributing Most To Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR name an material first ignited OR unable to determine <span style="float: right;">Skip To Section L</span>  <b>K1</b> <u>    </u> <u>    </u> <small>Item contributing most to flame spread</small>  <b>K2</b> <u>    </u> <u>    </u> <small>Type of material contributing most of flame spread      Required only if item contributing code is 00 or 70</small>	
<b>J2 Fire Spread *</b> 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	<b>L1 Presence of Detectors *</b> <small>(In area of the fire)</small> N <input type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px;">Skip to section M</span> 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	<b>L3 Detector Power Supply</b> 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 checked="" type="checkbox"/> Undetermined	<b>L5 Detector Effectiveness</b> 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
<b>L2 Detector Type</b> 1 <input checked="" 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	<b>L4 Detector Operation</b> 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 checked="" type="checkbox"/> Undetermined	<b>L6 Detector Failure Reason</b> 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	
<b>M1 Presence of Automatic Extinguishment System *</b> N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present <span style="border: 1px solid black; padding: 2px;">Complete rest of Section M</span>	<b>M2 Type of Automatic Extinguishment System *</b> 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 <sub>2</sub> ) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	<b>M3 Automatic Extinguishment System Operation</b> 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  <b>M4 Number of Sprinkler Heads Operating</b> Required if system operated <u>    </u> <small>Number of sprinkler heads operating</small>	<b>M5 Automatic Extinguishment System Failure Reason</b> 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 NFIRS-3 Revision 01/19/99