



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

NFIRS-1 Basic

A

62210	MN	05	05	2024	Station #7 (07)	SPFD240505021297	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract: 0311.00

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

1122		MARYLAND	AVE-Avenue	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

461-Building or structure weakened or collapsed

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 05 | 05 | 2024 | 18:27

Arrival 05 | 05 | 2024 | 18:30

Controlled

Last Unit Cleared 05 | 05 | 2024 | 20:34

E2 Shifts and Alarms

A	1	D3
Shift or Platoon	Alarms	District

E3 Special Studies

ID#	Value

F Actions Taken <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">32-Provide basic life support (BLS)</div> Primary Action Taken <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">50-Fires, rescues & hazardous conditions, other</div> Additional Action Taken <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">84-Refer to proper authority</div> Additional Action Taken	G1 Resources <input checked="" type="checkbox"/> Apparatus or Personnel Module is used. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Apparatus</td> <td style="text-align: center;">Personnel</td> </tr> <tr> <td>Suppression <input type="text" value="9"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>EMS <input type="text" value="2"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Other <input type="text" value="1"/></td> <td><input type="text" value="0"/></td> </tr> </table> <input type="checkbox"/> Resource counts include aid received resources.	Apparatus	Personnel	Suppression <input type="text" value="9"/>	<input type="text" value="0"/>	EMS <input type="text" value="2"/>	<input type="text" value="0"/>	Other <input type="text" value="1"/>	<input type="text" value="0"/>	G2 Estimated Dollar Losses and Values Losses: Required for all fires if known. Optional for all non-fires. None <table style="width:100%; border-collapse: collapse;"> <tr> <td>Property:</td> <td>\$ <input type="text"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents:</td> <td>\$ <input type="text"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> </table> Pre-Incident Values: Optional None <table style="width:100%; border-collapse: collapse;"> <tr> <td>Property:</td> <td>\$ <input type="text"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents:</td> <td>\$ <input type="text"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> </table>	Property:	\$ <input type="text"/>	<input checked="" type="checkbox"/>	Contents:	\$ <input type="text"/>	<input checked="" type="checkbox"/>	Property:	\$ <input type="text"/>	<input checked="" type="checkbox"/>	Contents:	\$ <input type="text"/>	<input checked="" type="checkbox"/>
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Contents:	\$ <input type="text"/>	<input checked="" type="checkbox"/>																				
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Contents:	\$ <input type="text"/>	<input checked="" type="checkbox"/>																				

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 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>Fire Service</td> <td style="text-align: center;"><input type="text" value="0"/></td> <td style="text-align: center;"><input type="text" value="0"/></td> </tr> <tr> <td>Civilian</td> <td style="text-align: center;"><input type="text" value="0"/></td> <td style="text-align: center;"><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"/>										
	H2 Detector Required for Confined Fires <input type="checkbox"/> 1 - Detector Alerted Occupants <input type="checkbox"/> 2 - Detector Did Not Alert Them <input type="checkbox"/> 3 - Unknown											

J Property Use <input type="checkbox"/> None Structures 131 <input type="checkbox"/> Church, Place of Worship 161 <input type="checkbox"/> Restaurant or Cafeteria 162 <input type="checkbox"/> Bar/Tavern or Nightclub 213 <input type="checkbox"/> Elementary School, Kindergarten 215 <input type="checkbox"/> High School, Junior High 241 <input type="checkbox"/> College, Adult Education 311 <input type="checkbox"/> Nursing Home 331 <input type="checkbox"/> Hospital	341 <input type="checkbox"/> Clinic, Clinic-Type Infirmary 342 <input type="checkbox"/> Doctor/Dentist Office 361 <input type="checkbox"/> Prison or Jail, Not Juvenile 419 <input checked="" type="checkbox"/> 1- or 2-Family Dwelling 429 <input type="checkbox"/> MultiFamily Dwelling 439 <input type="checkbox"/> Rooming/Boarding House 449 <input type="checkbox"/> Commerical Hotel or Motel 459 <input type="checkbox"/> Residential, Board and Care 464 <input type="checkbox"/> Dormitory/Barracks 519 <input type="checkbox"/> Food and Beverage Sales	539 <input type="checkbox"/> Household Goods, Sales, Repairs 571 <input type="checkbox"/> Gas or Service Station 579 <input type="checkbox"/> Motor Vehicle/Boat Sales/Repairs 599 <input type="checkbox"/> Business Office 615 <input type="checkbox"/> Electric-Generating Plant 629 <input type="checkbox"/> Laboratory/Science Laboratory 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
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Outside 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/Cared 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 981 <input type="checkbox"/> Construction Site 984 <input type="checkbox"/> Industrial Plant Yard	Property Use: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 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:**

A vehicle drove into a building causing structural concern. No injuries. The home's natural gas was secured. Squad 3 and the Collapse Rescue Vehicle, along with Xcel, DSI Inspector 14, and Car 20-Fire Investigator Blank remained on scene to secure and devise plan for homeowner.

M **Authorization**

8052

Brigl, Justin

DC

C3

05/06/2024

Officer In Charge ID

Signature

Position or Rank

Assignment

Date

8052

Brigl, Justin

DC

C3

05/06/2024

Member Making Report ID

Signature

Position or Rank

Assignment

Date