



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

### NFIRS-1 Basic

**A**

62210	MN	01	22	2020	Station #7 (07)	SPFD200122002863	0
FDID	State	Month	Day	Year	Station	Number	Exposure

**B Location Type**

Census tract: 0345.00

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

535		FOREST	ST-Street	
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 01 22 2020 21:34  
 Arrival 01 22 2020 21:37  
 Controlled  
 Last Unit Cleared 01 22 2020 22:29

**E2 Shifts and Alarms**

C 1 D2  
 Shift or Alarms District  
 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

Their FDID: \_\_\_\_\_ Their State: \_\_\_\_\_  
 Their Incident Number: \_\_\_\_\_

**E3 Special Studies**

ID# \_\_\_\_\_ Value \_\_\_\_\_

**F Actions Taken**

12-Salvage & overhaul  
 Primary Action Taken  
 84-Refer to proper authority  
 Additional Action Taken

**G1 Resources**

Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	2	0
EMS	0	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: \$ 2,000.00   
 Contents: \$ 500.00

**Pre-Incident Values:** Optional None

Property: \$ 63,600.00   
 Contents: \$ 1,000.00

**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

**H2 Detector**  
 Required for Confined Fires  
 1 - Detector Alerted Occupants  
 2 - Detector Did Not Alert Them  
 3 - Unknown

**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

**J Property Use**  None

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

**Outside Structures**

124 <input type="checkbox"/> Playground or Park	938 <input type="checkbox"/> Graded/Cared for Plot of Land	Property Use: <input type="text"/>
655 <input type="checkbox"/> Crops or Orchard	946 <input type="checkbox"/> Lake, River, Stream	
669 <input type="checkbox"/> Forest (Timberland)	951 <input type="checkbox"/> Railroad Right-of-Way	Description Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
807 <input type="checkbox"/> Outdoor Storage Area	960 <input type="checkbox"/> Other Street	
919 <input type="checkbox"/> Dump or Sanitary Landfill	961 <input type="checkbox"/> Highway/Divided Highway	
931 <input type="checkbox"/> Open Land or Field	962 <input type="checkbox"/> Residential Street/Driveway	
936 <input type="checkbox"/> Vacant Lot	981 <input type="checkbox"/> Construction Site	
	984 <input type="checkbox"/> Industrial Plant Yard	

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**K2**

**Owner**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number	

  

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix

  

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix

  

<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room	City

  

<input type="text"/>	<input type="text"/>
State	Zip Code

**L Remarks:**

WE WERE CALLED BACK TO 535 FOREST STREET BY SAINT PAUL POLICE TO MAKE SURE THE HEATING AND COOKING FIRES IN A VACANT HOUSE WERE EXTINGUISHED. MULTIPLE FIRES HAD BEEN SET THROUGHOUT THE HOUSE USED FOR HEATING AND COOKING. SMOKE DETECTORS HAD BEEN DISABLED OR REMOVED. ALL FIRES WERE COLD. BACK-UP FIRE INVESTIGATOR (CAR20) RIEWE WAS CALLED FOR FURTHER INVESTIGATION. SAINT PAUL POLICE REMAINED ON SCENE WITH BACK-UP INVESTIGATOR RIEWE.

**M Authorization**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Officer In Charge ID	Signature	Position or Rank	Assignment	Date

  

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member Making Report ID	Signature	Position or Rank	Assignment	Date

# NFIRS-2 Fire

A	62210	MN	01	22	2020	Station #7 (07)	SPFD200122002863	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

<p><b>B</b></p> <p><b>Property Details</b></p> <p><b>B1</b> <input type="text" value="1"/> <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><b>B2</b> <input type="text" value="1"/> <input type="checkbox"/> Buildings Not Involved          Number of buildings involved</p> <p><b>B3</b> <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre          Acres burned (outside fires)</p>	<p><b>C</b></p> <p><b>On-Site Materials Or Products</b></p> <p><b>On-Site Materials Storage Use</b></p>
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<p><b>D</b></p> <p><b>Ignition</b></p> <p><b>D1</b> <input type="text" value="97- Multiple areas"/>          Area of Fire Origin</p> <p><b>D2</b> <input type="text" value="60- Heat from other open flame or smoking materials, other"/>          Heat Source</p> <p><b>D3</b> <input type="text" value="99- Multiple items first ignited"/>          Item First Ignited</p> <p><b>D4</b> <input type="text" value="99- Multiple types of material"/>          Type of Material First Ignited</p>	<p><b>E1</b></p> <p><b>Cause of Ignition</b></p> <p><input type="checkbox"/> 1 - Intentional  <input 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 checked="" type="checkbox"/> U - Cause Undetermined After Investigation</p> <hr/> <p><b>E2</b></p> <p><b>Factors Contributing to Ignition</b></p> <p><input type="text" value="Undetermined"/>          Factor Contributing to Ignition</p>	<p><b>E3</b></p> <p><b>Human Factors Contributing to Ignition</b></p> <p>Check all applicable boxes</p> <p><input checked="" 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> <hr/> <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><b>F1</b></p> <p><b>Equipment Involved In Ignition</b></p> <p><input checked="" type="checkbox"/> None  <input type="text"/>          Equipment Involved</p> <p>Brand <input type="text"/>          Model <input type="text"/>          Serial # <input type="text"/>          Year <input type="text"/></p>	<p><b>F2</b></p> <p><b>Equipment Power Source</b></p> <p><input type="text"/>          Equipment Power Source</p> <hr/> <p><b>F3</b></p> <p><b>Equipment Portability</b></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><b>G</b></p> <p><b>Fire Suppression Factors</b></p>
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<p><b>H1</b></p> <p><b>Mobile Property Involved</b></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><b>H2</b></p> <p><b>Mobile Property Type and Make</b></p> <p><input type="text"/>          Mobile Property Type</p> <p><input type="text"/>          Mobile Property Make</p> <hr/> <p><input type="text"/>          Mobile Property Model</p> <p><input type="text"/>          Year</p> <hr/> <p><input type="text"/>          State</p> <p><input type="text"/>          License Plate Number</p> <p><input type="text"/>          VIN</p>	<p><b>Local Use</b></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> <hr/> <hr/> <hr/> <hr/> <hr/>
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# NFIRS-3 Structure Fire

<p><b>I1</b></p> <p><b>Structure Type</b></p> <p><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</p>	<p><b>I2</b></p> <p><b>Building Status</b></p> <p><input type="checkbox"/> 1 - Under Construction  <input 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 checked="" type="checkbox"/> 6 - Vacant and Unsecured  <input type="checkbox"/> 7 - Being Demolished  <input type="checkbox"/> 0 - Other  <input type="checkbox"/> U - Undetermined</p>	<p><b>I3</b></p> <p><b>Building Height</b></p> <p style="text-align: center;">1</p> <p>Number of Stories At/Above Grade</p> <p style="text-align: center;">1</p> <p>Number of Stories Below Grade</p>	<p><b>I4</b></p> <p><b>Main Floor Size</b></p> <p style="text-align: center;">1022</p> <p>Total Square Feet</p> <p style="text-align: center;"><b>OR</b></p> <p style="text-align: center;">BY</p> <p>Length (ft) X Width (ft)</p>
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<p><b>J1</b></p> <p><b>Fire Origin</b></p> <p style="text-align: center;">1</p> <p>Story of Fire Origin</p> <p><input type="checkbox"/> Below Grade</p>	<p><b>J3</b></p> <p><b>Number of Stories Damaged By Flame</b></p> <p style="text-align: center;">Number of Stories w/Minor Damage (1-24%)</p> <p style="text-align: center;">Number of Stories w/Significant Damage (25-49%)</p> <p style="text-align: center;">Number of Stories w/Heavy Damage (50-74%)</p> <p style="text-align: center;">Number of Stories w/Extreme Damage (75-100%)</p> <p style="text-align: center;">*Count the roof as part of the highest story</p>	<p><b>K</b></p> <p><b>Type of Material Contributing Most to Flame Spread</b></p> <p>K1</p> <p>Item Contributing Most to Flame Spread</p> <p>K2</p> <p>Type of Material Contributing Most To Flame Spread</p>
<p><b>J2</b></p> <p><b>Fire Spread</b></p> <p><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</p>		

<p><b>L1</b></p> <p><b>Presence of Detectors</b></p> <p><input checked="" type="checkbox"/> N - None Present  <input type="checkbox"/> 1 - Present  <input type="checkbox"/> U - Undetermined</p>	<p><b>L3</b></p> <p><b>Detector Power Supply</b></p> <p><input type="checkbox"/> 1 - Battery Only  <input 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 &amp; Power Supplies  <input type="checkbox"/> 0 - Other  <input type="checkbox"/> U - Undetermined</p>	<p><b>L5</b></p> <p><b>Detector Effectiveness</b></p> <p><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</p>
<p><b>L2</b></p> <p><b>Detector Type</b></p> <p><input 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</p>	<p><b>L4</b></p> <p><b>Detector Operation</b></p> <p><input type="checkbox"/> 1 - Fire Too Small To Activate  <input type="checkbox"/> 2 - Operated  <input type="checkbox"/> 3 - Failed To Operate  <input type="checkbox"/> U - Undetermined</p>	<p><b>L6</b></p> <p><b>Detector Failure Reason</b></p> <p><input type="checkbox"/> 1 - Power Failure, Shut off, 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</p>

<p><b>M1</b></p> <p><b>Presence of Automatic Extinguishing System</b></p> <p><input checked="" type="checkbox"/> N - None Present  <input type="checkbox"/> 1 - Present  <input type="checkbox"/> 2 - Partial System Present  <input type="checkbox"/> U - Undetermined</p>	<p><b>M3</b></p> <p><b>Operation of Automatic Extinguishing System</b></p> <p><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</p> <p>Required if fire was within designed range</p>	<p><b>M5</b></p> <p><b>Reason for Automatic Extinguishing System Failure</b></p> <p><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</p> <p>Required if system failed or not effective</p>
<p><b>M2</b></p> <p><b>Type of Automatic Extinguishing System</b></p> <p><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</p> <p>Required if fire was within designed range of AES</p>	<p><b>M4</b></p> <p><b>Number of Sprinkler Heads Operating</b></p> <p style="text-align: center;">[ ]</p> <p>Required if system operated</p>	