



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

### NFIRS-1 Basic

**A**

62210	MN	04	06	2022	Station #18 (18)	SPFD220406014461	0
FDID	State	Month	Day	Year	Station	Number	Exposure

**B Location Type**

Census tract: 0325.00

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

733		THOMAS	AVE-Avenue	N-North
Number	Prefix	Street or Highway	Street Type	Suffix

	Saint Paul	MN	55104
Apt./Suite/Room	City	State	Zip Code

Cross Street

<p><b>C Incident Type</b></p> <p>111-Building fire</p>	<p><b>E1 Dates and Times</b></p> <p>Alarm 04   06   2022   22:26</p> <p>Arrival 04   06   2022   22:30</p> <p>Controlled</p> <p>Last Unit Cleared 04   07   2022   00:49</p>	<p><b>E2 Shifts and Alarms</b></p> <p>C   1   D1</p> <p>Shift or Platoon Alarms District</p>				
<p><b>D Aid Given Or Received</b></p> <p> <input type="checkbox"/> 1 Mutual Aid Received  <input type="checkbox"/> 2 Auto. Aid Received  <input type="checkbox"/> 3 Mutual Aid Given  <input type="checkbox"/> 4 Auto. Aid Given  <input type="checkbox"/> 5 Other Aid Given  <input checked="" type="checkbox"/> None         </p> <table border="1"> <tr> <td>Their FDID</td> <td>Their State</td> </tr> <tr> <td colspan="2">Their Incident Number</td> </tr> </table>	Their FDID	Their State	Their Incident Number			<p><b>E3 Special Studies</b></p> <p>9244   4 - Unknown</p> <p>ID# Value</p>
Their FDID	Their State					
Their Incident Number						

<p><b>F Actions Taken</b></p> <p>11-Extinguishment by fire service personnel</p> <p>Primary Action Taken</p> <p>12-Salvage &amp; overhaul</p> <p>Additional Action Taken</p> <p>21-Search</p> <p>Additional Action Taken</p> <p>51-Ventilate</p> <p>Additional Action Taken</p> <p>52-Forcible entry</p> <p>Additional Action Taken</p> <p>78-Control traffic</p> <p>Additional Action Taken</p> <p>84-Refer to proper authority</p> <p>Additional Action Taken</p>	<p><b>G1 Resources</b></p> <p><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>Apparatus</td> <td>Personnel</td> </tr> <tr> <td>Suppression</td> <td>11</td> <td>0</td> </tr> <tr> <td>EMS</td> <td>2</td> <td>0</td> </tr> <tr> <td>Other</td> <td>1</td> <td>0</td> </tr> </table> <p><input type="checkbox"/> Resource counts include aid received resources.</p>		Apparatus	Personnel	Suppression	11	0	EMS	2	0	Other	1	0	<p><b>G2 Estimated Dollar Losses and Values</b></p> <p><b>Losses:</b> Required for all fires if known. Optional for all non-fires. None</p> <p>Property: \$ 25,000.00 <input type="checkbox"/></p> <p>Contents: \$ 175,000.00 <input type="checkbox"/></p> <p><b>Pre-Incident Values:</b> Optional None</p> <p>Property: \$ 175,000.00 <input type="checkbox"/></p> <p>Contents: \$ <input type="checkbox"/> <input checked="" type="checkbox"/></p>
	Apparatus	Personnel												
Suppression	11	0												
EMS	2	0												
Other	1	0												

<p><b>Completed Modules</b></p> <p><input type="checkbox"/> 2 - Fire</p> <p><input type="checkbox"/> 3 - Structure Fire</p> <p><input type="checkbox"/> 4 - Civilian Fire Cas.</p> <p><input type="checkbox"/> 5 - Fire Service Cas.</p> <p><input type="checkbox"/> 6 - EMS</p> <p><input type="checkbox"/> 7 - HazMat</p> <p><input type="checkbox"/> 8 - Wildland Fire</p> <p><input type="checkbox"/> 9 - Apparatus</p> <p><input type="checkbox"/> 10 - Personnel</p> <p><input type="checkbox"/> 11 - Arson</p>	<p><b>H1 Casualties</b> <input checked="" type="checkbox"/> None</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>Deaths</td> <td>Injuries</td> </tr> <tr> <td>Fire Service</td> <td>0</td> <td>0</td> </tr> <tr> <td>Civilian</td> <td>0</td> <td>0</td> </tr> </table> <p><b>H2 Detector</b></p> <p>Required for Confined Fires</p> <p><input type="checkbox"/> 1 - Detector Alerted Occupants</p> <p><input type="checkbox"/> 2 - Detector Did Not Alert Them</p> <p><input type="checkbox"/> 3 - Unknown</p>		Deaths	Injuries	Fire Service	0	0	Civilian	0	0	<p><b>H3 Hazardous Materials Release</b></p> <p><input type="checkbox"/> 1 - Natural Gas</p> <p><input type="checkbox"/> 2 - Propane Gas</p> <p><input type="checkbox"/> 3 - Gasoline</p> <p><input type="checkbox"/> 4 - Kerosene</p> <p><input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil</p> <p><input type="checkbox"/> 6 - Household Solvents</p> <p><input type="checkbox"/> 7 - Motor Oil</p> <p><input type="checkbox"/> 8 - Paint</p> <p><input type="checkbox"/> 0 - Other</p> <p><input checked="" type="checkbox"/> None</p>	<p><b>I Mixed Use Property</b></p> <p><input type="checkbox"/> Not Mixed</p> <p><input type="checkbox"/> 10 - Assembly Use</p> <p><input type="checkbox"/> 20 - Education Use</p> <p><input type="checkbox"/> 33 - Medical Use</p> <p><input type="checkbox"/> 40 - Residential Use</p> <p><input type="checkbox"/> 51 - Row Of Stores</p> <p><input type="checkbox"/> 53 - Enclosed Mall</p> <p><input type="checkbox"/> 58 - Business and Residential</p> <p><input type="checkbox"/> 59 - Office Use</p> <p><input type="checkbox"/> 60 - Industrial Use</p> <p><input type="checkbox"/> 63 - Military Use</p> <p><input type="checkbox"/> 65 - Farm Use</p> <p><input type="checkbox"/> 00 - Other Mixed Use</p>
	Deaths	Injuries										
Fire Service	0	0										
Civilian	0	0										

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

**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:**

Ladder 18 was dispatched to Thomas Avenue and Grotto Street North for an illegal burn, code yellow. Ladder 18 arrived to find smoke showing from a 2.5 story duplex and upgraded the incident to a fire assignment. Ladder 18 pulled a preconnected hose line for fire attack and provided a size up as District Chief 1 was arriving on scene.

District Chief 1 assumed Thomas Command and Ladder 18 reported a fire on the second floor with nothing noted on the 360-walk around. Engine 18 pulled a backup hose line to the second floor and established a water supply for themselves and Ladder 18. Engine 5 arrived and conducted a primary search of the first floor and basement and Engine 8 provided a water supply to Engine 5 if needed. Squad 2 conducted a primary search of the second floor and checked for fire extension in the attic.

A balance of the alarm was requested for additional fire companies and for Saint Paul police to provide traffic control. District Chief 2 was assigned Safety Officer duties and smoke conditions were improving. Engine 8 conducted a secondary search of the structure and the electricity was shut down at the main panel in the basement. Ladder 22 was assigned IRIT and secured the gas at the meter. Ground ladders were placed on the alpha side and Ladder 18 raised their ladder to the attic window. An all clear was recorded on the structure and Squad 1's captain performed fire investigation duties. Car 50-EMS Coordinator performed FIT duties and Medic 14 checked on the...

Full primary narrative can be found in NFIRS 1S - Supplemental

**M Authorization**

Officer In Charge ID	Signature	Position or Rank	Assignment	Date
6364	Vorlcek, Andrew	DC	C1	04/07/2022
Member Making Report ID	Signature	Position or Rank	Assignment	Date
6364	Vorlcek, Andrew	DC	C1	04/07/2022

# NFIRS-2 Fire

A	62210	MN	04	06	2022	Station #18 (18)	SPFD220406014461	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="2"/> <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="24-Cooking area, kitchen"/>          Area of Fire Origin</p> <p><b>D2</b> <input type="text" value="13-Electrical arcing"/>          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"/>          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 checked="" 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 type="checkbox"/> U - Cause Undetermined After Investigation</p> <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> <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</p> <p><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> <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><input type="text"/>          Mobile Property Model</p> <p><input type="text"/>          State <input type="text"/> License Plate Number <input type="text"/></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> <p><input type="text"/>          Year <input type="text"/></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> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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# NFIRS-3 Structure Fire

<b>I1</b> <b>Structure Type</b> <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	<b>I2</b> <b>Building Status</b> <input type="checkbox"/> 1 - Under Construction <input checked="" 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 type="checkbox"/> 6 - Vacant and Unsecured <input type="checkbox"/> 7 - Being Demolished <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	<b>I3</b> <b>Building Height</b> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> 2 Number of Stories At/Above Grade <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> 1 Number of Stories Below Grade	<b>I4</b> <b>Main Floor Size</b> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-right: 5px;"></div> 2184 Total Square Feet <b>OR</b> <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> BY <div style="border: 1px solid black; width: 40px; height: 20px;"></div>                  Length (ft) X Width (ft)             </div>
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<b>J1</b> <b>Fire Origin</b> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 5px;"></div> 2 <input type="checkbox"/> Below Grade Story of Fire Origin	<b>J3</b> <b>Number of Stories Damaged By Flame</b> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 5px;"></div> Number of Stories w/Minor Damage (1-24%) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 5px;"></div> Number of Stories w/Significant Damage (25-49%) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 5px;"></div> Number of Stories w/Heavy Damage (50-74%) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 5px;"></div> Number of Stories w/Extreme Damage (75-100%)  *Count the roof as part of the highest story	<b>K</b> <b>Type of Material Contributing Most to Flame Spread</b> K1 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> Item Contributing Most to Flame Spread K2 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> Type of Material Contributing Most To Flame Spread
<b>J2</b> <b>Fire Spread</b> <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		

<b>L1</b> <b>Presence of Detectors</b> <input type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input checked="" type="checkbox"/> U - Undetermined	<b>L3</b> <b>Detector Power Supply</b> <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 & Power Supplies <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	<b>L5</b> <b>Detector Effectiveness</b> <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
<b>L2</b> <b>Detector Type</b> <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	<b>L4</b> <b>Detector Operation</b> <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	<b>L6</b> <b>Detector Failure Reason</b> <input type="checkbox"/> 1 - Power Failure, Shutoff, 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

<b>M1</b> <b>Presence of Automatic Extinguishing System</b> <input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input type="checkbox"/> U - Undetermined	<b>M3</b> <b>Operation of Automatic Extinguishing System</b> <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 Required if fire was within designed range	<b>M5</b> <b>Reason for Automatic Extinguishing System Failure</b> <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 Required if system failed or not effective
<b>M2</b> <b>Type of Automatic Extinguishing System</b> <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 Required if fire was within designed range of AES	<b>M4</b> <b>Number of Sprinkler Heads Operating</b> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 5px;"></div> Required if system operated	

# NFIRS-1S Supplemental

A

62210	MN	04	06	2022	Station #18 (18)	SPFD220406014461	0
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## Primary Narrative:

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District Chief 1 assumed Thomas Command and Ladder 18 reported a fire on the second floor with nothing noted on the 360-walk around. Engine 18 pulled a backup hose line to the second floor and established a water supply for themselves and Ladder 18. Engine 5 arrived and conducted a primary search of the first floor and basement and Engine 8 provided a water supply to Engine 5 if needed. Squad 2 conducted a primary search of the second floor and checked for fire extension in the attic.

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Red Cross was requested for one adult male and board up responded to secure the property. The fire floor tenants were not on scene and were unable to be reached. Xcel Gas and Electric secured the utilities and a Form 4 was completed and submitted to DSI for the rental property.

The property owner was reached via phone and made aware of the fire. A representative was on scene to work with board up and a salvage and overhaul duties were completed by fire crews. Command was terminated and all companies were placed back in service.