



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

NFIRS-1 Basic

A

62210	MN	10	24	2021	Station #18 (18)	SPFD211024046483	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract: 0335.00

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

901		FULLER	AVE-Avenue	
Number	Prefix	Street or Highway	Street Type	Suffix

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

Cross Street

<p>C Incident Type</p> <p>111-Building fire</p>	<p>E1 Dates and Times</p> <p>Alarm 10 24 2021 04:40</p> <p>Arrival 10 24 2021 04:44</p> <p>Controlled</p> <p>Last Unit Cleared 10 24 2021 06:27</p>	<p>E2 Shifts and Alarms</p> <p>A 1 D1</p> <p>Shift or Platoon Alarms District</p>
	<p>D Aid Given Or Received</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> <p>Their FDID: Their State</p> <p>Their Incident Number</p>	<p>E3 Special Studies</p> <p>9244 3 - No, COVID 19 was not a factor</p> <p>ID# Value</p>

<p>F Actions Taken</p> <p>11-Extinguishment by fire service personnel</p> <p>Primary Action Taken</p>	<p>G1 Resources</p> <p><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.</p> <table border="1"> <tr> <td></td> <td>Apparatus</td> <td>Personnel</td> </tr> <tr> <td>Suppression</td> <td>9</td> <td>0</td> </tr> <tr> <td>EMS</td> <td>2</td> <td>0</td> </tr> <tr> <td>Other</td> <td>0</td> <td>0</td> </tr> </table> <p><input type="checkbox"/> Resource counts include aid received resources.</p>		Apparatus	Personnel	Suppression	9	0	EMS	2	0	Other	0	0	<p>G2 Estimated Dollar Losses and Values</p> <p>Losses: Required for all fires if known. Optional for all non-fires. None</p> <p>Property: \$ 45,000.00 <input type="checkbox"/></p> <p>Contents: \$ 10,000.00 <input type="checkbox"/></p> <p>Pre-Incident Values: Optional None</p> <p>Property: \$ 52,200.00 <input type="checkbox"/></p> <p>Contents: \$ <input type="checkbox"/> <input checked="" type="checkbox"/></p>
	Apparatus	Personnel												
Suppression	9	0												
EMS	2	0												
Other	0	0												

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 border="0"> <tr> <td></td> <td>Deaths</td> <td>Injuries</td> </tr> <tr> <td>Fire Service</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Civilian</td> <td><input type="text" value="0"/></td> <td><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
---	---	--

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: <input type="text"/> Description Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
---	---	--

--

K2				
Owner				
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number	
<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"/>	<input type="text"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room		City	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
State	Zip Code			
<input type="text"/>	<input type="text"/>			

L Remarks: Fire crews responded to a fire in the porch of a single family home. The fire was quickly extinguished by Engine 18. The construction of the home was balloon frame construction. Crews opened up a wall on the A side of the building inside the 1st and 2nd floor. Crews extinguished more fire. Fire investigation unit was called and began the investigation. The resident was going to stay with family as the home was not in a condition to stay in.

M Authorization				
<input type="text" value="8046"/>	<input type="text" value="Ertz, Conrad"/>	<input type="text" value="DC"/>	<input type="text" value="C1"/>	<input type="text" value="10/24/2021"/>
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
<input type="text" value="8046"/>	<input type="text" value="Ertz, Conrad"/>	<input type="text" value="DC"/>	<input type="text" value="C1"/>	<input type="text" value="10/24/2021"/>
Member Making Report ID	Signature	Position or Rank	Assignment	Date

NFIRS-2 Fire

62210	MN	10	24	2021	Station #18 (18)	SPFD211024046483	0
FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B</p> <p>Property Details</p> <p>B1 <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>B2 <input type="text" value="1"/> <input type="checkbox"/> Buildings Not Involved Number of buildings involved</p> <p>B3 <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre Acres burned (outside fires)</p>	<p>C</p> <p>On-Site Materials Or Products</p> <p>On-Site Materials Storage Use</p>
---	---

<p>D</p> <p>Ignition</p> <p>D1 <input type="text" value="72-Exterior balcony, unenclosed porch"/> Area of Fire Origin</p> <p>D2 <input type="text" value="61-Cigarette"/> Heat Source</p> <p>D3 <input type="text" value="51-Box, carton, bag, basket, barrel"/> Item First Ignited</p> <p>D4 <input type="text" value="50-Natural product, other"/> Type of Material First Ignited</p>	<p>E1</p> <p>Cause of Ignition</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>E2</p> <p>Factors Contributing to Ignition</p> <p><input type="text" value="11-Abandoned or discarded materials or products"/> Factor Contributing to Ignition</p>	<p>E3</p> <p>Human Factors Contributing to Ignition</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>
---	---	--

<p>F1</p> <p>Equipment Involved In Ignition</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>F2</p> <p>Equipment Power Source</p> <p><input type="text"/> Equipment Power Source</p> <p>F3</p> <p>Equipment Portability</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>G</p> <p>Fire Suppression Factors</p>
---	---	--

<p>H1</p> <p>Mobile Property Involved</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>H2</p> <p>Mobile Property Type and Make</p> <p><input type="text"/> Mobile Property Type</p> <p><input type="text"/> Mobile Property Make</p> <p><input type="text"/> Mobile Property Model</p> <p><input type="text"/> Year</p> <p><input type="text"/> State</p> <p><input type="text"/> License Plate Number</p> <p><input type="text"/> VIN</p>	<p>Local Use</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>
---	---	---

NFIRS-3 Structure Fire

<p>I1</p> <p>Structure Type</p> <p><input checked="" type="checkbox"/> 1 - Enclosed Building</p> <p><input type="checkbox"/> 2 - Portable/Mobile Structure</p> <p><input type="checkbox"/> 3 - Open Structure</p> <p><input type="checkbox"/> 4 - Air-Supported Structure</p> <p><input type="checkbox"/> 5 - Tent</p> <p><input type="checkbox"/> 6 - Open Platform</p> <p><input type="checkbox"/> 7 - Underground Structure</p> <p><input type="checkbox"/> 8 - Connective Structure</p> <p><input type="checkbox"/> 0 - Other</p>	<p>I2</p> <p>Building Status</p> <p><input type="checkbox"/> 1 - Under Construction</p> <p><input checked="" type="checkbox"/> 2 - In Normal Use</p> <p><input type="checkbox"/> 3 - Idle, Not Routinely Used</p> <p><input type="checkbox"/> 4 - Under Major Renovation</p> <p><input type="checkbox"/> 5 - Vacant and Secured</p> <p><input type="checkbox"/> 6 - Vacant and Unsecured</p> <p><input type="checkbox"/> 7 - Being Demolished</p> <p><input type="checkbox"/> 0 - Other</p> <p><input type="checkbox"/> U - Undetermined</p>	<p>I3</p> <p>Building Height</p> <p style="text-align: center;">[3]</p> <p>Number of Stories At/Above Grade</p> <p style="text-align: center;">[1]</p> <p>Number of Stories Below Grade</p>	<p>I4</p> <p>Main Floor Size</p> <p style="text-align: center;">[1000]</p> <p>Total Square Feet</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">[] BY []</p> <p>Length (ft) X Width (ft)</p>
---	--	---	--

<p>J1</p> <p>Fire Origin</p> <p style="text-align: center;">[1] <input type="checkbox"/> Below Grade</p> <p>Story of Fire Origin</p>	<p>J3</p> <p>Number of Stories Damaged By Flame</p> <p>[] Number of Stories w/Minor Damage (1-24%)</p> <p>[] Number of Stories w/Significant Damage (25-49%)</p> <p>[] Number of Stories w/Heavy Damage (50-74%)</p> <p>[] 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>K</p> <p>Type of Material Contributing Most to Flame Spread</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>J2</p> <p>Fire Spread</p> <p><input type="checkbox"/> Confined to Object of Origin</p> <p><input type="checkbox"/> 2 - Confined to Room of Origin</p> <p><input type="checkbox"/> 3 - Confined to Floor of Origin</p> <p><input checked="" type="checkbox"/> 4 - Confined to Building of Origin</p> <p><input type="checkbox"/> 5 - Beyond Building of Origin</p>		

<p>L1</p> <p>Presence of Detectors</p> <p><input type="checkbox"/> N - None Present</p> <p><input type="checkbox"/> 1 - Present</p> <p><input checked="" type="checkbox"/> U - Undetermined</p>	<p>L3</p> <p>Detector Power Supply</p> <p><input type="checkbox"/> 1 - Battery Only</p> <p><input type="checkbox"/> 2 - Hardwire Only</p> <p><input type="checkbox"/> 3 - Plug-In</p> <p><input type="checkbox"/> 4 - Hardwire With Battery</p> <p><input type="checkbox"/> 5 - Plug-In With Battery</p> <p><input type="checkbox"/> 6 - Mechanical</p> <p><input type="checkbox"/> 7 - Multiple Detectors & Power Supplies</p> <p><input type="checkbox"/> 0 - Other</p> <p><input type="checkbox"/> U - Undetermined</p>	<p>L5</p> <p>Detector Effectiveness</p> <p><input type="checkbox"/> 1 - Alerted Occupants, Occupants Responded</p> <p><input type="checkbox"/> 2 - Alerted Occupants, Occupants Failed to Respond</p> <p><input type="checkbox"/> 3 - There Were No Occupants</p> <p><input type="checkbox"/> 4 - Failed to Alert Occupants</p> <p><input type="checkbox"/> U - Undetermined</p>
<p>L2</p> <p>Detector Type</p> <p><input type="checkbox"/> 1 - Smoke</p> <p><input type="checkbox"/> 2 - Heat</p> <p><input type="checkbox"/> 3 - Combination of Smoke and Heat</p> <p><input type="checkbox"/> 4 - Sprinkler, Water Flow Detection</p> <p><input type="checkbox"/> 5 - More Than One Type Present</p> <p><input type="checkbox"/> 0 - Other</p> <p><input type="checkbox"/> U - Undetermined</p>	<p>L4</p> <p>Detector Operation</p> <p><input type="checkbox"/> 1 - Fire Too Small To Activate</p> <p><input type="checkbox"/> 2 - Operated</p> <p><input type="checkbox"/> 3 - Failed To Operate</p> <p><input type="checkbox"/> U - Undetermined</p>	<p>L6</p> <p>Detector Failure Reason</p> <p><input type="checkbox"/> 1 - Power Failure, Shutoff, or Disconnect</p> <p><input type="checkbox"/> 2 - Improper Installation or Placement</p> <p><input type="checkbox"/> 3 - Defective</p> <p><input type="checkbox"/> 4 - Lack of Maintenance, Dirty</p> <p><input type="checkbox"/> 5 - Battery Missing or Disconnected</p> <p><input type="checkbox"/> 6 - Battery Discharged or Dead</p> <p><input type="checkbox"/> 0 - Other</p> <p><input type="checkbox"/> U - Undetermined</p>

<p>M1</p> <p>Presence of Automatic Extinguishing System</p> <p><input checked="" type="checkbox"/> N - None Present</p> <p><input type="checkbox"/> 1 - Present</p> <p><input type="checkbox"/> 2 - Partial System Present</p> <p><input type="checkbox"/> U - Undetermined</p>	<p>M3</p> <p>Operation of Automatic Extinguishing System</p> <p><input type="checkbox"/> 1 - Operated/Effective</p> <p><input type="checkbox"/> 2 - Operated/Not Effective</p> <p><input type="checkbox"/> 3 - Fire Too Small To Activate</p> <p><input type="checkbox"/> 4 - Failed To Operate</p> <p><input type="checkbox"/> 0 - Other</p> <p><input type="checkbox"/> U - Undetermined</p> <p>Required if fire was within designed range</p>	<p>M5</p> <p>Reason for Automatic Extinguishing System Failure</p> <p><input type="checkbox"/> 1 - System Shut Off</p> <p><input type="checkbox"/> 2 - Not Enough Agent Discharged</p> <p><input type="checkbox"/> 3 - Agent Discharged But Did Not Reach Fire</p> <p><input type="checkbox"/> 4 - Wrong Type of System</p> <p><input type="checkbox"/> 5 - Fire Not In Area Protected</p> <p><input type="checkbox"/> 6 - System Components Damaged</p> <p><input type="checkbox"/> 7 - Lack of Maintenance</p> <p><input type="checkbox"/> 8 - Manual Intervention</p> <p><input type="checkbox"/> 0 - Other</p> <p><input type="checkbox"/> U - Undetermined</p> <p>Required if system failed or not effective</p>
<p>M2</p> <p>Type of Automatic Extinguishing System</p> <p><input type="checkbox"/> 1 - Wet-Pipe Sprinkler</p> <p><input type="checkbox"/> 2 - Dry-Pipe Sprinkler</p> <p><input type="checkbox"/> 3 - Other Sprinkler System</p> <p><input type="checkbox"/> 4 - Dry Chemical System</p> <p><input type="checkbox"/> 5 - Foam System</p> <p><input type="checkbox"/> 6 - Halogen-Type System</p> <p><input type="checkbox"/> 7 - Carbon Dioxide System</p> <p><input type="checkbox"/> 0 - Other</p> <p><input type="checkbox"/> U - Undetermined</p> <p>Required if fire was within designed range of AES</p>	<p>M4</p> <p>Number of Sprinkler Heads Operating</p> <p style="text-align: center;">[]</p> <p>Required if system operated</p>	