



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

NFIRS-1 Basic

A

62210	MN	06	16	2024	Station #18 (18)	SPFD240616028906	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract: 0312.00

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

981		ST ALBANS	ST-Street	N-North
Number	Prefix	Street or Highway	Street Type	Suffix

102	Saint Paul	MN	55103
Apt./Suite/Room	City	State	Zip Code

Cross Street

C Incident Type

113-Cooking fire, confined to container

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 06 | 16 | 2024 | 19:54

Arrival 06 | 16 | 2024 | 19:58

Controlled

Last Unit Cleared 06 | 16 | 2024 | 20:28

E2 Shifts and Alarms

B | 1 | D2

Shift Alarms District or Platoon

E3 Special Studies

9244 | 4 - Unknown

ID# Value

F Actions Taken <input style="width:100%; height: 20px;" type="text" value="51-Ventilate"/> Primary Action Taken <input style="width:100%; height: 20px;" type="text" value="63-Restore fire alarm system"/> Additional Action Taken <input style="width:100%; height: 20px;" type="text" value="52-Forcible entry"/> 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 style="width: 40px; text-align: center;" type="text" value="1"/></td> <td><input style="width: 40px; text-align: center;" type="text" value="0"/></td> </tr> <tr> <td>EMS <input style="width: 40px; text-align: center;" type="text" value="2"/></td> <td><input style="width: 40px; text-align: center;" type="text" value="0"/></td> </tr> <tr> <td>Other <input style="width: 40px; text-align: center;" type="text" value="1"/></td> <td><input style="width: 40px; text-align: center;" type="text" value="0"/></td> </tr> </table> <input type="checkbox"/> Resource counts include aid received resources.	Apparatus	Personnel	Suppression <input style="width: 40px; text-align: center;" type="text" value="1"/>	<input style="width: 40px; text-align: center;" type="text" value="0"/>	EMS <input style="width: 40px; text-align: center;" type="text" value="2"/>	<input style="width: 40px; text-align: center;" type="text" value="0"/>	Other <input style="width: 40px; text-align: center;" type="text" value="1"/>	<input style="width: 40px; text-align: center;" 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 style="width:60%;">Property:</td> <td style="width:20%;">\$ <input style="width: 80px;" type="text"/></td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents:</td> <td>\$ <input style="width: 80px;" 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 style="width:60%;">Property:</td> <td style="width:20%;">\$ <input style="width: 80px;" type="text"/></td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents:</td> <td>\$ <input style="width: 80px;" type="text"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> </table>	Property:	\$ <input style="width: 80px;" type="text"/>	<input checked="" type="checkbox"/>	Contents:	\$ <input style="width: 80px;" type="text"/>	<input checked="" type="checkbox"/>	Property:	\$ <input style="width: 80px;" type="text"/>	<input checked="" type="checkbox"/>	Contents:	\$ <input style="width: 80px;" type="text"/>	<input checked="" type="checkbox"/>
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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 style="width: 40px; text-align: center;" type="text" value="0"/></td> <td style="text-align: center;"><input style="width: 40px; text-align: center;" type="text" value="0"/></td> </tr> <tr> <td>Civilian</td> <td style="text-align: center;"><input style="width: 40px; text-align: center;" type="text" value="0"/></td> <td style="text-align: center;"><input style="width: 40px; text-align: center;" type="text" value="0"/></td> </tr> </table>		Deaths	Injuries	Fire Service	<input style="width: 40px; text-align: center;" type="text" value="0"/>	<input style="width: 40px; text-align: center;" type="text" value="0"/>	Civilian	<input style="width: 40px; text-align: center;" type="text" value="0"/>	<input style="width: 40px; text-align: center;" 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 style="width: 40px; text-align: center;" type="text" value="0"/>	<input style="width: 40px; text-align: center;" type="text" value="0"/>										
Civilian	<input style="width: 40px; text-align: center;" type="text" value="0"/>	<input style="width: 40px; text-align: center;" type="text" value="0"/>										
	H2 Detector Required for Confined Fires <input checked="" 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 type="checkbox"/> 1- or 2-Family Dwelling 429 <input checked="" 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: <input style="width: 100%; height: 20px;" type="text"/> 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:

Fire crews were called for a possible apartment fire. Ladder 18's crew and Engine 18's crew determined there was smoke from unattended cooking, and no fire. Crews ventilated the apartment and reset the alarm. Board-up was contacted to secure the interior apartment door due to inoperable lock from forced entry.

No further actions were necessary; all crews returned to service. Car20-Fire Investigator on scene but no further cause determination investigation needed.

M Authorization

4804

Wolfsberger, John

DC

C2

06/16/2024

Officer In Charge ID

Signature

Position or Rank

Assignment

Date

4804

Wolfsberger, John

DC

C2

06/16/2024

Member Making Report ID

Signature

Position or Rank

Assignment

Date

NFIRS-2 Fire

A	62210	MN	06	16	2024	Station #18 (18)	SPFD240616028906	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B</p> <p>Property Details</p> <p>B1 <input type="text"/> <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"/> <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>
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<p>D</p> <p>Ignition</p> <p>D1 Area of Fire Origin</p> <p>D2 Heat Source</p> <p>D3 Item First Ignited</p> <p>D4 Type of Material First Ignited</p>	<p>E1</p> <p>Cause of Ignition</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 type="checkbox"/> U - Cause Undetermined After Investigation</p> <hr/> <p>E2</p> <p>Factors 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> <hr/> <p><input type="checkbox"/> 7 - Age Was A Factor</p> <p>Estimated Age of Person Involved <input style="width: 100px;" type="text"/></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
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<p>F1</p> <p>Equipment Involved In Ignition</p> <p><input checked="" type="checkbox"/></p> <p><input type="text"/></p> <p>Equipment Involved</p> <p>Brand <input style="width: 80px;" type="text"/></p> <p>Model <input style="width: 80px;" type="text"/></p> <p>Serial # <input style="width: 80px;" type="text"/></p> <p>Year <input style="width: 80px;" type="text"/></p>	<p>F2</p> <p>Equipment Power Source</p> <p><input checked="" type="checkbox"/></p> <p><input type="text"/></p> <p>Equipment Power Source</p> <hr/> <p>F3</p> <p>Equipment Portability</p> <p><input type="checkbox"/> 1 - Portable <input type="checkbox"/> 2 - Stationary</p> <p>Portable equipment normally can be moved by one or two persons.</p>	<p>G</p> <p>Fire Suppression Factors</p>
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H1

Mobile Property Involved

- 1 - Not involved in ignition, but burned
- 2 - Involved in ignition, but did not burn
- 3 - Involved in ignition and burned
- None

H2

Mobile Property Type and Make

Mobile Property Type

Mobile Property Make

Local Use

- Pre-Fire Plan Available
- Arson Report Attached
- Police Report Attached
- Coroner Report Attached
- Other Reports Attached

Mobile Property Model

Year

State

License Plate Number

VIN

NFIRS-3 Structure Fire

I1 Structure Type <input 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	I2 Building Status <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 type="checkbox"/> 6 - Vacant and Unsecured <input type="checkbox"/> 7 - Being Demolished <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	I3 Building Height <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> Number of Stories At/Above Grade <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> Number of Stories Below Grade	I4 Main Floor Size <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> Total Square Feet OR <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> BY <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div> Length (ft) X Width (ft)
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J1 Fire Origin <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 5px;"></div> <input type="checkbox"/> Below Grade Story of Fire Origin	J3 Number of Stories Damaged By Flame <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	K Type of Material Contributing Most to Flame Spread K1 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 5px;"></div> Item Contributing Most to Flame Spread K2 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 5px;"></div> Type of Material Contributing Most To Flame Spread
J2 Fire Spread <input type="checkbox"/> Confined to Object of Origin <input 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		

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

<p>M1</p> <p>Presence of Automatic Extinguishing System</p> <p><input 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><input type="text"/></p> <p>Required if system operated</p>	