

A MM DD YYYY Delete NFIRS -1
 62210 MN 07 31 2013 08 13-0022007 000 Change Basic
 FDID * State * Incident Date * Station Incident Number * Exposure * No Activity

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract 0305 - 00

Street address Intersection In front of Rear of Adjacent to Directions

135 BIGLOW LANE
 SAINT PAUL MN 55117
 Cross street or directions, as applicable

C Incident Type *
 113 Cooking fire, confined to
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm Date. ALARM always required
 Month Day Year Hr Min Sec
 07 31 2013 18:14:56

E2 Shift & Alarms Local Option
 Shift or Alarms District Platoon
 B 01 D2

D Aid Given or Received*

1 Mutual aid received
 2 Automatic aid recv.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None

Their FDID Their State
 Their Incident Number

ARRIVAL required, unless canceled or did not arrive
 Arrival * 07 31 2013 18:19:53
 CONTROLLED Optional, except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared 07 31 2013 18:54:49

E3 Special Studies Local Option
 Special Study ID# Special Study Value

F Actions Taken *

51 Ventilate
 Primary Action Taken (1)

52 Forcible entry
 Additional Action Taken (2)

84 Refer to proper
 Additional Action Taken (3)

G1 Resources *

Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel
 Suppression 0006
 EMS
 Other
 Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires. None

Property \$ 000,000
 Contents \$ 000,000
 PRE-INCIDENT VALUE: Optional
 Property \$ 000,000
 Contents \$ 000,000

Completed Modules

Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1* Casualties None
 Deaths Injuries
 Fire Service
 Civilian
H2 Detector
 Required for Confined Fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release

N None
 1 Natural Gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21 lb. tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling < 55 gallons
 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN Not Mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Bus. & Residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use* Structures

131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school or kindergarten
 215 High school or junior high
 241 College, adult education
 311 Care facility for the aged
 331 Hospital

341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1-or 2-family dwelling
 429 Multi-family dwelling
 439 Rooming/boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales

539 Household goods, sales, repairs
 579 Motor vehicle/boat sales/repair
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 629 Laboratory/science lab
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

Outside

124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field

936 Vacant lot
 938 Graded/care for plot of land
 946 Lake, river, stream
 951 Railroad right of way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway

981 Construction site
 984 Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 Property Use 419
 1 or 2 family dwelling

K1 Person/Entity Involved

Local Option

Business name (if applicable) _____ - _____ - _____
Area Code Phone Number Check This Box if same address as incident location. Then skip the three duplicate address lines.

_____	_____	_____	_____	_____	_____
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				

 More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary**K2 Owner** Same as person involved? Then check this box and skip The rest of this section.

Local Option

Business name (if Applicable) _____ - _____ - _____
Area Code Phone Number Check this box if same address as incident location. Then skip the three duplicate address lines.

_____	_____	_____	_____	_____	_____
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

Local Option

ENGINE #17 ARRIVED TO SMOKE COMING FROM A SINGLE FAMILY ROW HOUSE. CREWS HAD TO FORCE DOOR. THEY DISCOVERED FOOD BURNING ON THE STOVE. NO FIRE EXTENSION TO STRUCTURE. LADDER #22 ASSISTED WITH VENTILATION. I HAD LADDER #22 STAY ON SITE UNTIL BOARD-UP OR HOME OWNER ARRIVED. BOARD-UP WAS CALLED TO SECURE FRONT DOOR THAT WAS FORCED BY CREWS.

L Authorization

8591	GUERIN, DINO P	150	C2	08	02	2013
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year

Check Box if same as Officer in charge. <input checked="" type="checkbox"/>	8591	GUERIN, DINO P	150	C2	08	02	2013
Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year	