



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

NFIRS-1 Basic

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62210	MN	03	20	2020	Station #18 (18)	SPFD200320010377	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract: 0313.00

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

313		TOPPING	ST-Street	
Number	Prefix	Street or Highway	Street Type	Suffix

	Saint Paul	MN	55117
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 03 20 2020 08:54</p> <p>Arrival 03 20 2020 08:55</p> <p>Controlled [] [] [] []</p> <p>Last Unit Cleared 03 20 2020 11:16</p>	<p>E2 Shifts and Alarms</p> <p>B 1 D1</p> <p>Shift or Alarms District Platoon</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>ID# [] [] Value [] []</p>

<p>F Actions Taken</p> <p>11-Extinguishment by fire service personnel</p> <p>Primary Action Taken</p> <p>21-Search</p> <p>Additional Action Taken</p> <p>51-Ventilate</p> <p>Additional 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>12</td> <td>0</td> </tr> <tr> <td>EMS</td> <td>1</td> <td>0</td> </tr> <tr> <td>Other</td> <td>2</td> <td>0</td> </tr> </table> <p><input type="checkbox"/> Resource counts include aid received resources.</p>		Apparatus	Personnel	Suppression	12	0	EMS	1	0	Other	2	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: \$ 2,000.00 <input type="checkbox"/></p> <p>Contents: \$ 1,000.00 <input type="checkbox"/></p> <p>Pre-Incident Values: Optional None</p> <p>Property: \$ 66,800.00 <input type="checkbox"/></p> <p>Contents: \$ 30,000.00 <input type="checkbox"/></p>
	Apparatus	Personnel												
Suppression	12	0												
EMS	1	0												
Other	2	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 type="checkbox"/> None <table border="1"> <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 None

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

<input type="checkbox"/> 124 Playground or Park <input type="checkbox"/> 655 Crops or Orchard <input type="checkbox"/> 669 Forest (Timberland) <input type="checkbox"/> 807 Outdoor Storage Area <input type="checkbox"/> 919 Dump or Sanitary Landfill <input type="checkbox"/> 931 Open Land or Field <input type="checkbox"/> 936 Vacant Lot	<input type="checkbox"/> 938 Graded/Cared for Plot of Land <input type="checkbox"/> 946 Lake, River, Stream <input type="checkbox"/> 951 Railroad Right-of-Way <input type="checkbox"/> 960 Other Street <input type="checkbox"/> 961 Highway/Divided Highway <input type="checkbox"/> 962 Residential Street/Driveway <input type="checkbox"/> 981 Construction Site <input type="checkbox"/> 984 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.
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K1

Person/Entity Involved

Local Option Person/Entity Type Business Name (if applicable) Phone Number

<input type="text"/>	<input type="text" value="ANNA"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name
<input type="text" value="313"/>	<input type="text"/>	<input type="text" value="Topping"/>	<input type="text" value="ST-Street"/>
Number	Prefix	Street or Highway	Street Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="St Paul"/>
Post Office Box	Apt./Suite/Room		City
<input type="text" value="MN"/>	<input type="text" value="55117"/>		<input type="text"/>
State	Zip Code		

K2

Owner

Local Option Person/Entity Type Business Name (if applicable) Phone Number

<input type="text" value="MR-Mr."/>	<input type="text" value="ROBERT"/>	<input type="text" value="E"/>	<input type="text" value="DOANE"/>
Mr., Ms., Mrs.	First Name	MI	Last Name
<input type="text" value="313"/>	<input type="text"/>	<input type="text" value="Topping"/>	<input type="text" value="ST-Street"/>
Number	Prefix	Street or Highway	Street Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="St Paul"/>
Post Office Box	Apt./Suite/Room		City
<input type="text" value="MN"/>	<input type="text" value="55117"/>		<input type="text"/>
State	Zip Code		

L Remarks:

SAINT PAUL FIRE COMPANIES RESPONDED TO A REPORT OF A DWELLING FIRE IN A DUPLEX. ENGINE #22 AND LADDER #22 ARRIVED TO FIND SMOKE FROM A DUPLEX. CREWS QUICKLY DISCOVERED THAT IT WAS A BASEMENT FIRE AND GAINED ACCESS AND KNOCKED THE FIRE DOWN. PRIMARY AND SECONDARY SEARCHES WERE CONDUCTED ON ALL FLOORS AND WERE ALL CLEAR, AND THERE WERE NO INJURIES TO FIREFIGHTERS OR TO CIVILIANS. ALL FLOORS WERE CHECKED FOR FIRE EXTENSION WITH NONE FOUND.

OVERHAUL IN THE BASEMENT WAS SIGNIFICANTLY MORE DIFFICULT DUE TO THE LARGE AMOUNTS OF PILED ITEMS THROUGHOUT THE STRUCTURE. LARGE AMOUNTS OF CHARRED DEBRIS WERE REMOVED BY CREWS AND THE REST WAS THOROUGHLY SOAKED DOWN WITH WATER AND FOAM.

XCEL PERSONNEL RESPONDED, LOCKING THE GAS METERS THAT FIRE PERSONNEL HAD SHUT OFF, AND PULLING BOTH ELECTRICAL METERS.

THE FIRE APPEARED TO HAVE BEGUN WHEN AN ELECTRIC SPACE HEATER WAS PLACED TOO CLOSE TO COMBUSTIBLES IN THE BASEMENT.

FIVE ADULTS WERE DISPLACED AND RECEIVED TEMPORARY SHELTER FROM THE RED CROSS. BOARD UP WAS CONTACTED FOR FOUR BASEMENT WINDOWS. DEPARTMENT OF SAFETY AND INSPECTION PERSONNEL RESPONDED AND PLANNED TO CONDEMN THE BUILDING. FIRE INVESTIGATOR LARSON RESPONDED AND FILED A REPORT.

AFTER OVERHAUL WAS COMPLETE, ALL COMPANIES PICKED UP EQUIPMENT, DECONNED THEMSELVES AND THEIR HOSE AND OTHER EQUIPMENT, AND WERE RETURNED TO SERVICE.

M Authorization

5300	Kroeger, Brian	DC	C1	03/21/2020
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Officer In Charge ID	Signature	Position or Rank	Assignment	Date
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5300	Kroeger, Brian	DC	C1	03/21/2020
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Member Making Report ID	Signature	Position or Rank	Assignment	Date
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NFIRS-2 Fire

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62210	MN	03	20	2020	Station #18 (18)	SPFD200320010377	0
FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B</p> <p>Property Details</p> <p>B1 <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>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>
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<p>D</p> <p>Ignition</p> <p>D1 <input type="text" value="20-Function areas, other"/> Area of Fire Origin</p> <p>D2 <input type="text" value="12-Radiated or conducted heat from operating equipment"/> Heat Source</p> <p>D3 <input type="text" value="30-Soft goods, wearing apparel, other"/> Item First Ignited</p> <p>D4 <input type="text" value="70-Fabric, textile, fur, 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="12-Heat source too close to combustibles"/> Factor Contributing to Ignition</p>	<p>E3</p> <p>Human Factors Contributing to Ignition</p> <p>Check all applicable boxes</p> <p><input 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"/> <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
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<p>F1</p> <p>Equipment Involved In Ignition</p> <p><input type="checkbox"/> None</p> <p><input type="text" value="141-Heater, excluding catalytic and oil-filled heaters"/> 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" value="10-Electrical, other"/> Equipment Power Source</p> <p>F3</p> <p>Equipment Portability</p> <p><input checked="" 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><input type="text" value="316-Storage, improper"/> Fire Suppression Factor</p>
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<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>
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NFIRS-3 Structure Fire

<p>I1</p> <p>Structure Type</p> <ul style="list-style-type: none"> <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>I2</p> <p>Building Status</p> <ul style="list-style-type: none"> <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 	<p>I3</p> <p>Building Height</p> <p style="text-align: center;">2</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;">1840</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>
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<p>J1</p> <p>Fire Origin</p> <p style="text-align: center;">0</p> <p>Story of Fire Origin</p> <p><input checked="" type="checkbox"/> Below Grade</p>	<p>J3</p> <p>Number of Stories Damaged By Flame</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td>Number of Stories w/Minor Damage (1-24%)</td> </tr> <tr> <td style="text-align: center;">0</td> <td>Number of Stories w/Significant Damage (25-49%)</td> </tr> <tr> <td style="text-align: center;">0</td> <td>Number of Stories w/Heavy Damage (50-74%)</td> </tr> <tr> <td style="text-align: center;">0</td> <td>Number of Stories w/Extreme Damage (75-100%)</td> </tr> </table> <p style="font-size: small;">*Count the roof as part of the highest story</p>	1	Number of Stories w/Minor Damage (1-24%)	0	Number of Stories w/Significant Damage (25-49%)	0	Number of Stories w/Heavy Damage (50-74%)	0	Number of Stories w/Extreme Damage (75-100%)	<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>
1	Number of Stories w/Minor Damage (1-24%)									
0	Number of Stories w/Significant Damage (25-49%)									
0	Number of Stories w/Heavy Damage (50-74%)									
0	Number of Stories w/Extreme Damage (75-100%)									
<p>J2</p> <p>Fire Spread</p> <ul style="list-style-type: none"> <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>L1</p> <p>Presence of Detectors</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> U - Undetermined 	<p>L3</p> <p>Detector Power Supply</p> <ul style="list-style-type: none"> <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 	<p>L5</p> <p>Detector Effectiveness</p> <ul style="list-style-type: none"> <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>L2</p> <p>Detector Type</p> <ul style="list-style-type: none"> <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>L4</p> <p>Detector Operation</p> <ul style="list-style-type: none"> <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>L6</p> <p>Detector Failure Reason</p> <ul style="list-style-type: none"> <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> <ul style="list-style-type: none"> <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>M3</p> <p>Operation of Automatic Extinguishing System</p> <ul style="list-style-type: none"> <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>Required if fire was within designed range</p>	<p>M5</p> <p>Reason for Automatic Extinguishing System Failure</p> <ul style="list-style-type: none"> <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>Required if system failed or not effective</p>
<p>M2</p> <p>Type of Automatic Extinguishing System</p> <ul style="list-style-type: none"> <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>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>	