



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

## NFIRS-1 Basic

**A**

62210	MN	12	31	2021	Station #4 (04)	SPFD211231057289	0
FDID	State	Month	Day	Year	Station	Number	Exposure

**B Location Type**

Census tract: 0345.00

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

829		3RD	ST-Street	E-East
Number	Prefix	Street or Highway	Street Type	Suffix

	Saint Paul	MN	55106
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 12 31 2021 12:25</p> <p>Arrival 12 31 2021 12:29</p> <p>Controlled [ ] [ ] [ ] [ ]</p> <p>Last Unit Cleared 12 31 2021 14:41</p>	<p><b>E2 Shifts and Alarms</b></p> <p>C 1 D3</p> <p>Shift Alarms District or Platoon</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> <p>Their FDID [ ] [ ] Their State [ ] [ ]</p> <p>Their Incident Number [ ] [ ] [ ] [ ]</p>	<p><b>E3 Special Studies</b></p> <p>9244 4-Unknown</p> <p>ID# Value</p>

<p><b>F Actions Taken</b></p> <p>11-Extinguishment by fire service personnel</p> <p>Primary Action Taken</p>	<p><b>G1 Resources</b></p> <p><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.</p> <p>Apparatus Personnel</p> <p>Suppression 1 0</p> <p>EMS 3 0</p> <p>Other 1 0</p> <p><input type="checkbox"/> Resource counts include aid received resources.</p>	<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: \$ 20,000.00 <input type="checkbox"/></p> <p>Contents: \$ 2,000.00 <input type="checkbox"/></p> <p><b>Pre-Incident Values:</b> Optional None</p> <p>Property: \$ 138,600.00 <input type="checkbox"/></p> <p>Contents: \$ [ ] <input checked="" type="checkbox"/></p>
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<b>Completed Modules</b> <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	<b>H1 Casualties</b> <input checked="" type="checkbox"/> None 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"/>	<b>H3 Hazardous Materials Release</b> <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	<b>I Mixed Use Property</b> <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
	<b>H2 Detector</b> 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		

<b>J Property Use</b> <input type="checkbox"/> None <b>Structures</b> 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
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<b>Outside</b> 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	<b>Property Use:</b> <input type="text"/> <b>Description</b> Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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<b>K2</b>				
<b>Owner</b>				
<input type="text"/>		<input type="text"/>		<input type="text"/>
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number	
<input type="text"/>	<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"/>			

<b>L Remarks:</b>  Fire crews were dispatched to smoke coming from a 2.5 story residential structure. On arrival District Chief 3 upgraded the fire response to a fire assignment due to heavy smoke coming from the attic. The structure was vacant and condemned.  Squad 1's crew deployed an 1 3/4 attack hose line through side Charlie for primary fire attack. Engine 17's crew deployed a 2 1/2 with a bundle and backed up Squad 1. Ladder 7 performed a primary search on all floors (Negative) and then performed overhaul on the second floor. Engine 24 and Engine 9 established water supplies.  Engine 4 and Ladder 7 performed roof ventilation in several locations due to fire in the knee walls. Ladder 8 was IRIT and Squad 2 performed fire investigation duties. District Chief 2 was Safety Officer and provided side Charlie conditions while Car 50-EMS Coordinator assisted with rehab.  Fire was contained to the attic and second floor. The structure was vacant and board up was contacted to secure the building.
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<b>M Authorization</b>				
<input type="text" value="4588"/>	<input type="text" value="Farina, Anthony"/>	<input type="text" value="DC"/>	<input type="text" value="C3"/>	<input type="text" value="12/31/2021"/>
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
<input type="text" value="4588"/>	<input type="text" value="Farina, Anthony"/>	<input type="text" value="DC"/>	<input type="text" value="C3"/>	<input type="text" value="12/31/2021"/>
Member Making Report ID	Signature	Position or Rank	Assignment	Date

# NFIRS-2 Fire

A	62210	MN	12	31	2021	Station #4 (04)	SPFD211231057289	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="74-Attic: vacant, crawl space above top story"/>          Area of Fire Origin</p> <p><b>D2</b> <input type="text" value="10-Heat from powered equipment, other"/>          Heat Source</p> <p><b>D3</b> <input type="text" value="10-Structural component or finish, other"/>          Item First Ignited</p> <p><b>D4</b> <input type="text" value="65-Fiberboard, particleboard, and hardboard"/>          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 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 checked="" 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"/></p> <p>Model <input type="text"/></p> <p>Serial # <input type="text"/></p> <p>Year <input type="text"/></p>	<p><b>F2</b></p> <p><b>Equipment Power Source</b></p> <p><input checked="" type="checkbox"/></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><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"/>          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><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

<p><b>I1</b></p> <p><b>Structure Type</b></p> <p><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>	<p><b>I2</b></p> <p><b>Building Status</b></p> <p><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 checked="" 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>	<p><b>I3</b></p> <p><b>Building Height</b></p> <p><input type="text" value="3"/>          Number of Stories At/Above Grade</p> <p><input type="text" value="1"/>          Number of Stories Below Grade</p>	<p><b>I4</b></p> <p><b>Main Floor Size</b></p> <p><input type="text" value="900"/>          Total Square Feet</p> <p><b>OR</b></p> <p><input type="text"/> BY <input type="text"/>          Length (ft) X Width (ft)</p>
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<p><b>J1</b></p> <p><b>Fire Origin</b></p> <p><input type="text" value="3"/> <input type="checkbox"/> Below Grade          Story of Fire Origin</p> <p><b>J2</b></p> <p><b>Fire Spread</b></p> <p><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 checked="" type="checkbox"/> 4 - Confined to Building of Origin  <input type="checkbox"/> 5 - Beyond Building of Origin</p>	<p><b>J3</b></p> <p><b>Number of Stories Damaged By Flame</b></p> <p><input type="text"/> Number of Stories w/Minor Damage (1-24%)  <input type="text"/> Number of Stories w/Significant Damage (25-49%)  <input type="text"/> Number of Stories w/Heavy Damage (50-74%)  <input type="text"/> Number of Stories w/Extreme Damage (75-100%)</p> <p>*Count the roof as part of the highest story</p>	<p><b>K</b></p> <p><b>Type of Material Contributing Most to Flame Spread</b></p> <p>K1 <input type="text"/>          Item Contributing Most to Flame Spread</p> <p>K2 <input type="text"/>          Type of Material Contributing Most To Flame Spread</p>
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<p><b>L1</b></p> <p><b>Presence of Detectors</b></p> <p><input checked="" type="checkbox"/> N - None Present  <input type="checkbox"/> 1 - Present  <input type="checkbox"/> U - Undetermined</p> <p><b>L2</b></p> <p><b>Detector Type</b></p> <p><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>	<p><b>L3</b></p> <p><b>Detector Power Supply</b></p> <p><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 &amp; Power Supplies  <input type="checkbox"/> 0 - Other  <input type="checkbox"/> U - Undetermined</p> <p><b>L4</b></p> <p><b>Detector Operation</b></p> <p><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>	<p><b>L5</b></p> <p><b>Detector Effectiveness</b></p> <p><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> <p><b>L6</b></p> <p><b>Detector Failure Reason</b></p> <p><input type="checkbox"/> 1 - Power Failure, Shutdown, 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>
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<p><b>M1</b></p> <p><b>Presence of Automatic Extinguishing System</b></p> <p><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> <p><b>M2</b></p> <p><b>Type of Automatic Extinguishing System</b></p> <p><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</p>	<p><b>M3</b></p> <p><b>Operation of Automatic Extinguishing System</b></p> <p><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</p> <p><b>M4</b></p> <p><b>Number of Sprinkler Heads Operating</b></p> <p><input type="text"/>          Required if system operated</p>	<p><b>M5</b></p> <p><b>Reason for Automatic Extinguishing System Failure</b></p> <p><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</p>
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