



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

NFIRS-1 Basic

A

62210	MN	03	19	2024	Station #8 (08)	SPFD240319013326	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract:
0325.00

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

759		CHARLES	AVE-Avenue	
Number	Prefix	Street or Highway	Street Type	Suffix

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

Cross Street

C Incident Type

111-Building fire

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	03	19	2024	14:09
Arrival	03	19	2024	14:11
Controlled				
Last Unit Cleared	03	19	2024	16:09

E2 Shifts and Alarms

B	1	D2
Shift or Platoon	Alarms	District

E3 Special Studies

ID#	Value

F Actions Taken <input type="text" value="11-Extinguishment by fire service personnel"/> Primary Action Taken <input type="text" value="12-Salvage & overhaul"/> Additional Action Taken <input type="text" value="84-Refer to proper authority"/> Additional Action Taken	G1 Resources <input checked="" type="checkbox"/> Apparatus or Personnel Module is used. <table border="1"> <tr> <td colspan="2">Apparatus Personnel</td> </tr> <tr> <td>Suppression</td> <td>0</td> </tr> <tr> <td>EMS</td> <td>2</td> </tr> <tr> <td>Other</td> <td>1</td> </tr> </table> <input type="checkbox"/> Resource counts include aid received resources.	Apparatus Personnel		Suppression	0	EMS	2	Other	1	G2 Estimated Dollar Losses and Values Losses: Required for all fires if known. Optional for all non-fires. None Property: \$ <input type="text" value="100,000.00"/> <input type="checkbox"/> Contents: \$ <input type="text" value="10,000.00"/> <input type="checkbox"/> Pre-Incident Values: Optional None Property: \$ <input type="text" value="112,900.00"/> <input type="checkbox"/> Contents: \$ <input type="text" value="10,000.00"/> <input type="checkbox"/>
Apparatus Personnel										
Suppression	0									
EMS	2									
Other	1									

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="1"> <tr> <td colspan="2">Deaths</td> <td colspan="2">Injuries</td> </tr> <tr> <td>Fire Service</td> <td><input type="text" value="0"/></td> <td>Civilian</td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Civilian</td> <td><input type="text" value="0"/></td> <td></td> <td><input type="text" value="0"/></td> </tr> </table> 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	Deaths		Injuries		Fire Service	<input type="text" value="0"/>	Civilian	<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"/>	Civilian	<input type="text" value="0"/>												
Civilian	<input type="text" value="0"/>		<input type="text" value="0"/>												

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
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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 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:

The fire department responded to the report of a fire in the upstairs unit of a duplex. All residents evacuated prior to fire department arrival.

Engine 18 deployed 1 3/4-inch hose line for fire attack to the upstairs unit. Ladder 18 completed a primary search of the upstairs unit, reporting an all clear. Engine 5 deployed a 1 3/4-inch back up hose line. Engine 22 secured a water supply for Engine 18. Squad 1 completed a primary search of the basement and 1st floor reporting an all clear.

Squad 1 secured electric utilities. Squad 1 also reported an all clear for 3rd floor/attic regarding searches and fire extension. Engine 22 mechanically ventilated the structure.

Ladder 22 was the IRIT and secured the gas utility. District Chief 3 was assigned as Safety Officer. Captain Albert of Medic 4 was the FIT. Car 8-Deputy Chief Jenkins assisted incident command. Car20-Interim Fire Investigator Brown was the investigator for this incident.

Engine 18 quickly extinguished the fire with minimal water and overhauled the fire area. DSI condemned both units for occupancy and worked with the building owner. Red Cross was contacted for the residents of both units. Xcel Energy locked out the gas and pulled the electrical meters. Restoration Professionals boarded up and secured the structure.

M Authorization

1835	Baumeister, Arthur	DC	C2	03/19/2024
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
1835	Baumeister, Arthur	DC	C2	03/19/2024
Member Making Report ID	Signature	Position or Rank	Assignment	Date

NFIRS-2 Fire

A

62210	MN	03	19	2024	Station #8 (08)	SPFD240319013326	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B

Property Details

B1 Not Residential
Estimated number of residential living units in the building of origin whether or not all units became involved

B2 Buildings Not Involved
Number of buildings involved

B3 None Less than 1 acre
Acres burned (outside fires)

C

**On-Site Materials
Or Products**

**On-Site Materials
Storage Use**

D

Ignition

D1
Area of Fire Origin

D2
Heat Source

D3
Item First Ignited

D4
Type of Material First Ignited

E1

Cause of Ignition

1 - Intentional
 2 - Unintentional
 3 - Failure of Equipment or Heat Source
 4 - Act of Nature
 5 - Cause Under Investigation
 U - Cause Undetermined After Investigation

E2

Factors Contributing to Ignition

Factor Contributing to Ignition

E3

Human Factors Contributing to Ignition

Check all applicable boxes

None
 1 - Asleep
 2 - Possibly impaired by alcohol or drugs
 3 - Unattended person
 4 - Possibly Mentally Disabled
 5 - Physically Disabled
 6 - Multiple Persons Involved

7 - Age Was A Factor
Estimated Age of Person Involved
 Male Female

F1

Equipment Involved In Ignition

Equipment Involved

Brand
Model
Serial #
Year

F2

Equipment Power Source

Equipment Power Source

F3

Equipment Portability

1 - Portable
 2 - Stationary
Portable equipment normally can be moved by one or two persons.

G

Fire Suppression Factors

Fire Suppression Factor

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

<p>I1</p> <p>Structure Type</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>I2</p> <p>Building Status</p> <p><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>	<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;">840</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;">2</p> <p>Story of Fire Origin <input type="checkbox"/> Below Grade</p>	<p>J3</p> <p>Number of Stories Damaged By Flame</p> <p><input type="checkbox"/> Number of Stories w/Minor Damage (1-24%) <input type="checkbox"/> Number of Stories w/Significant Damage (25-49%) <input type="checkbox"/> Number of Stories w/Heavy Damage (50-74%) <input type="checkbox"/> Number of Stories w/Extreme Damage (75-100%)</p> <p><small>*Count the roof as part of the highest story</small></p>	<p>K</p> <p>Type of Material Contributing Most to Flame Spread</p> <p>K1 <input type="checkbox"/></p> <p>Item Contributing Most to Flame Spread</p> <p>K2 <input type="checkbox"/></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 <input type="checkbox"/> 2 - Confined to Room of Origin <input checked="" 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>		

<p>L1</p> <p>Presence of Detectors</p> <p><input type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input checked="" type="checkbox"/> U - Undetermined</p>	<p>L3</p> <p>Detector Power Supply</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 & Power Supplies <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined</p>	<p>L5</p> <p>Detector Effectiveness</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>L2</p> <p>Detector Type</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>L4</p> <p>Detector Operation</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>L6</p> <p>Detector Failure Reason</p> <p><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>

<p>M1</p> <p>Presence of Automatic Extinguishing System</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>M3</p> <p>Operation of Automatic Extinguishing System</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</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 <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> <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 <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> <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>	