



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

## NFIRS-1 Basic

A

|       |       |       |     |      |                     |                  |          |
|-------|-------|-------|-----|------|---------------------|------------------|----------|
| 62210 | MN    | 02    | 07  | 2025 | Station #14<br>(14) | SPFD250207007103 | 0        |
| FDID  | State | Month | Day | Year | Station             | Number           | Exposure |

B **Location Type**

Census tract:

0372.00

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

|        |        |                   |             |        |
|--------|--------|-------------------|-------------|--------|
| 52     |        | ELIZABETH         | ST-Street   | E-East |
| Number | Prefix | Street or Highway | Street Type | Suffix |

|                 |            |       |          |
|-----------------|------------|-------|----------|
|                 | Saint Paul | MN    | 55107    |
| 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 02 07 2025 12:26

Arrival 02 07 2025 12:26

Controlled

Last Unit Cleared 02 07 2025 15:34

E2 **Shifts and Alarms**

B 1 D1

Shift Alarms District  
or  
Platoon

E3 **Special Studies**

|      |                                   |
|------|-----------------------------------|
| 9244 | 3 - No, COVID 19 was not a factor |
|------|-----------------------------------|

ID# Value

|   |   |            |                               |           |             |    |   |     |   |   |       |   |   |   |           |    |           |                               |           |    |        |                          |           |    |            |                               |           |    |           |                          |
|---|---|------------|-------------------------------|-----------|-------------|----|---|-----|---|---|-------|---|---|---|-----------|----|-----------|-------------------------------|-----------|----|--------|--------------------------|-----------|----|------------|-------------------------------|-----------|----|-----------|--------------------------|
| <b>F Actions Taken</b><br><br><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">11-Extinguishment by fire service personnel</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Primary Action Taken</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">21-Search</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Additional Action Taken</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">12-Salvage &amp; overhaul</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Additional Action Taken</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">51-Ventilate</div> <div style="border: 1px solid black; padding: 2px;">Additional Action Taken</div> | <b>G1 Resources</b><br><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.<br><br><table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Apparatus</td> <td style="text-align: center;">Personnel</td> </tr> <tr> <td>Suppression</td> <td style="border: 1px solid black; text-align: center;">15</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>EMS</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Other</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table><br><input type="checkbox"/> Resource counts include aid received resources. |            | Apparatus                     | Personnel | Suppression | 15 | 0 | EMS | 3 | 0 | Other | 1 | 0 | <b>G2 Estimated Dollar Losses and Values</b><br><br><b>Losses:</b> Required for all fires if known. Optional for all non-fires. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Property:</td> <td style="width: 15%;">\$</td> <td style="width: 40%; border: 1px solid black; text-align: center;">45,000.00</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/> None</td> </tr> <tr> <td>Contents:</td> <td>\$</td> <td style="border: 1px solid black; text-align: center;">500.00</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table><br><b>Pre-Incident Values:</b> Optional <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Property:</td> <td style="width: 15%;">\$</td> <td style="width: 40%; border: 1px solid black; text-align: center;">235,600.00</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/> None</td> </tr> <tr> <td>Contents:</td> <td>\$</td> <td style="border: 1px solid black; text-align: center;">25,000.00</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | Property: | \$ | 45,000.00 | <input type="checkbox"/> None | Contents: | \$ | 500.00 | <input type="checkbox"/> | Property: | \$ | 235,600.00 | <input type="checkbox"/> None | Contents: | \$ | 25,000.00 | <input type="checkbox"/> |
|   | Apparatus   | Personnel  |                               |           |             |    |   |     |   |   |       |   |   |   |           |    |           |                               |           |    |        |                          |           |    |            |                               |           |    |           |                          |
| Suppression   | 15  | 0          |                               |           |             |    |   |     |   |   |       |   |   |   |           |    |           |                               |           |    |        |                          |           |    |            |                               |           |    |           |                          |
| EMS   | 3   | 0          |                               |           |             |    |   |     |   |   |       |   |   |   |           |    |           |                               |           |    |        |                          |           |    |            |                               |           |    |           |                          |
| Other   | 1   | 0          |                               |           |             |    |   |     |   |   |       |   |   |   |           |    |           |                               |           |    |        |                          |           |    |            |                               |           |    |           |                          |
| Property:   | \$  | 45,000.00  | <input type="checkbox"/> None |           |             |    |   |     |   |   |       |   |   |   |           |    |           |                               |           |    |        |                          |           |    |            |                               |           |    |           |                          |
| Contents:   | \$  | 500.00     | <input type="checkbox"/>      |           |             |    |   |     |   |   |       |   |   |   |           |    |           |                               |           |    |        |                          |           |    |            |                               |           |    |           |                          |
| Property:   | \$  | 235,600.00 | <input type="checkbox"/> None |           |             |    |   |     |   |   |       |   |   |   |           |    |           |                               |           |    |        |                          |           |    |            |                               |           |    |           |                          |
| Contents:   | \$  | 25,000.00  | <input type="checkbox"/>      |           |             |    |   |     |   |   |       |   |   |   |           |    |           |                               |           |    |        |                          |           |    |            |                               |           |    |           |                          |

|  |  |          |        |          |              |   |   |          |   |   |   |   |
|--|--|----------|--------|----------|--------------|---|---|----------|---|---|---|---|
| <b>Completed Modules</b><br><input type="checkbox"/> 2 - Fire<br><input type="checkbox"/> 3 - Structure Fire<br><input type="checkbox"/> 4 - Civilian Fire Cas.<br><input type="checkbox"/> 5 - Fire Service Cas.<br><input type="checkbox"/> 6 - EMS<br><input type="checkbox"/> 7 - HazMat<br><input type="checkbox"/> 8 - Wildland Fire<br><input type="checkbox"/> 9 - Apparatus<br><input type="checkbox"/> 10 - Personnel<br><input type="checkbox"/> 11 - Arson | <b>H1 Casualties</b> <input checked="" type="checkbox"/> None<br><br><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="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Civilian</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table><br><b>H2 Detector</b><br>Required for Confined Fires<br><input type="checkbox"/> 1 - Detector Alerted Occupants<br><input type="checkbox"/> 2 - Detector Did Not Alert Them<br><input type="checkbox"/> 3 - Unknown |          | Deaths | Injuries | Fire Service | 0 | 0 | Civilian | 0 | 0 | <b>H3 Hazardous Materials Release</b><br><input type="checkbox"/> 1 - Natural Gas<br><input type="checkbox"/> 2 - Propane Gas<br><input type="checkbox"/> 3 - Gasoline<br><input type="checkbox"/> 4 - Kerosene<br><input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil<br><input type="checkbox"/> 6 - Household Solvents<br><input type="checkbox"/> 7 - Motor Oil<br><input type="checkbox"/> 8 - Paint<br><input type="checkbox"/> 0 - Other<br><input checked="" type="checkbox"/> None | <b>I Mixed Use Property</b><br><input type="checkbox"/> Not Mixed<br><input type="checkbox"/> 10 - Assembly Use<br><input type="checkbox"/> 20 - Education Use<br><input type="checkbox"/> 33 - Medical Use<br><input type="checkbox"/> 40 - Residential Use<br><input type="checkbox"/> 51 - Row Of Stores<br><input type="checkbox"/> 53 - Enclosed Mall<br><input type="checkbox"/> 58 - Business and Residential<br><input type="checkbox"/> 59 - Office Use<br><input type="checkbox"/> 60 - Industrial Use<br><input type="checkbox"/> 63 - Military Use<br><input type="checkbox"/> 65 - Farm Use<br><input type="checkbox"/> 00 - Other Mixed Use |
|  | Deaths   | Injuries |        |          |              |   |   |          |   |   |   |   |
| Fire Service   | 0  | 0        |        |          |              |   |   |          |   |   |   |   |
| Civilian   | 0  | 0        |        |          |              |   |   |          |   |   |   |   |

|  |   |  |
|--|---|--|
| <b>J Property Use</b> <input type="checkbox"/> None<br><b>Structures</b><br>131 <input type="checkbox"/> Church, Place of Worship<br>161 <input type="checkbox"/> Restaurant or Cafeteria<br>162 <input type="checkbox"/> Bar/Tavern or Nightclub<br>213 <input type="checkbox"/> Elementary School, Kindegarten<br>215 <input type="checkbox"/> High School, Junior High<br>241 <input type="checkbox"/> College, Adult Education<br>311 <input type="checkbox"/> Nursing Home<br>331 <input type="checkbox"/> Hospital | 341 <input type="checkbox"/> Clinic, Clinic-Type Infirmary<br>342 <input type="checkbox"/> Doctor/Dentist Office<br>361 <input type="checkbox"/> Prison or Jail, Not Juvenile<br>419 <input checked="" type="checkbox"/> 1- or 2-Family Dwelling<br>429 <input type="checkbox"/> MultiFamily Dwelling<br>439 <input type="checkbox"/> Rooming/Boarding House<br>449 <input type="checkbox"/> Commerical Hotel or Motel<br>459 <input type="checkbox"/> Residential, Board and Care<br>464 <input type="checkbox"/> Dormitory/Barracks<br>519 <input type="checkbox"/> Food and Beverage Sales | 539 <input type="checkbox"/> Household Goods, Sales, Repairs<br>571 <input type="checkbox"/> Gas or Service Station<br>579 <input type="checkbox"/> Motor Vehicle/Boat Sales/Repairs<br>599 <input type="checkbox"/> Business Office<br>615 <input type="checkbox"/> Electric-Generating Plant<br>629 <input type="checkbox"/> Laboratory/Science Laboratory<br>700 <input type="checkbox"/> Manufacturing Plant<br>819 <input type="checkbox"/> Livestock/Poultry Storage (Barn)<br>882 <input type="checkbox"/> Non-Residential Parking Garage<br>891 <input type="checkbox"/> Warehouse |
|--|---|--|

|   |   |  |
|---|---|--|
| <b>Outside</b><br>124 <input type="checkbox"/> Playground or Park<br>655 <input type="checkbox"/> Crops or Orchard<br>669 <input type="checkbox"/> Forest (Timberland)<br>807 <input type="checkbox"/> Outdoor Storage Area<br>919 <input type="checkbox"/> Dump or Sanitary Landfill<br>931 <input type="checkbox"/> Open Land or Field<br>936 <input type="checkbox"/> Vacant Lot | 938 <input type="checkbox"/> Graded/Cared for Plot of Land<br>946 <input type="checkbox"/> Lake, River, Stream<br>951 <input type="checkbox"/> Railroad Right-of-Way<br>960 <input type="checkbox"/> Other Street<br>961 <input type="checkbox"/> Highway/Divided Highway<br>962 <input type="checkbox"/> Residential Street/Driveway<br>981 <input type="checkbox"/> Construction Site<br>984 <input type="checkbox"/> Industrial Plant Yard | <b>Property Use:</b><br><div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Description<br>Look up and enter a Property Use code and description only if you have NOT checked a Property Use box. |
|---|---|--|

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 department crews were called for fire in a residential dwelling.

District Chief 1 arrived and took command of a small two-story wood frame dwelling with smoke showing from the eaves on the bravo and delta sides. Engine 8 arrived on the Alpha Side, donned self-contained breathing apparatus (SCBA) and personal protective equipment (PPE) and pulled a 2.5-inch hose with bundle to the Charlie Side.

District Chief 2 arrived, was assigned as Safety Officer, conducted a 360-site assessment and reported possible basement fire. Safety also announced hoarder conditions and multiple holes and obstacles in yard.

Ladder 6 arrived, donned SCBA with PPE and conducted a primary search of the first floor. Squad 3 arrived, donned SCBA with PPE and assisted Ladder 6 with primary search of the first floor and then conducted primary search of the basement along with controlling utilities.

Engine 3 arrived on the Charlie Side, donned SCBA with PPE, and pulled a preconnected hose line to the basement through the Charlie Side for fire attack. Engine 8 backed up Engine 3. Engine 10 established a water supply for Engine 8. Engine 22 established a water supply for Engine 3.

Ladder 7 arrived, donned SCBA with PPE and was assigned Initial Rapid Intervention Team. Squad 2 arrived, donned SCBA with PPE and established Rapid Intervention Group and was assigned Ladder 7. Squad 1 arrived, donned SCBA with PPE and conducted a primary search of the second floor.

Medic 5, Car 50-EMS Sup...

Full primary narrative can be found in NFIRS 1S - Supplemental

**M Authorization**

4846

Holmes, Steven

DC

C1

02/07/2025

Officer In Charge ID

Signature

Position or Rank

Assignment

Date

4846

Holmes, Steven

DC

C1

02/07/2025

Member Making Report ID

Signature

Position or Rank

Assignment

Date

# NFIRS-2 Fire

A

|       |       |       |     |      |                     |                  |          |
|-------|-------|-------|-----|------|---------------------|------------------|----------|
| 62210 | MN    | 02    | 07  | 2025 | Station #14<br>(14) | SPFD250207007103 | 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

☒ None

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

|   |  |   |
|---|--|---|
| <div>H1</div> <div>Mobile Property Involved</div> <div><div><input type="checkbox"/> 1 - Not involved in ignition, but burned</div><div><input type="checkbox"/> 2 - Involved in ignition, but did not burn</div><div><input type="checkbox"/> 3 - Involved in ignition and burned</div><div><input checked="" type="checkbox"/> None</div></div> | <div>H2</div> <div>Mobile Property Type and Make</div> <div><div></div><div>Mobile Property Type</div><div></div><div>Mobile Property Make</div></div> | <div>Local Use</div> <div><div><input type="checkbox"/> Pre-Fire Plan Available</div><div><input type="checkbox"/> Arson Report Attached</div><div><input type="checkbox"/> Police Report Attached</div><div><input type="checkbox"/> Coroner Report Attached</div><div><input type="checkbox"/> Other Reports Attached</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| <div></div> <div>Mobile Property Model</div> <div><div></div><div></div></div>  | <div></div> <div>Year</div> <div><div></div><div></div></div>  |   |
| <div>State</div> <div></div>  | <div>License Plate Number</div> <div></div>  | <div>VIN</div> <div></div>  |

# NFIRS-3 Structure Fire

|  |   |  |   |
|--|---|--|---|
| <b>I1</b><br><b>Structure Type</b><br><input checked="" type="checkbox"/> 1 - Enclosed Building<br><input type="checkbox"/> 2 - Portable/Mobile Structure<br><input type="checkbox"/> 3 - Open Structure<br><input type="checkbox"/> 4 - Air-Supported Structure<br><input type="checkbox"/> 5 - Tent<br><input type="checkbox"/> 6 - Open Platform<br><input type="checkbox"/> 7 - Underground Structure<br><input type="checkbox"/> 8 - Connective Structure<br><input type="checkbox"/> 0 - Other | <b>I2</b><br><b>Building Status</b><br><input type="checkbox"/> 1 - Under Construction<br><input checked="" type="checkbox"/> 2 - In Normal Use<br><input type="checkbox"/> 3 - Idle, Not Routinely Used<br><input type="checkbox"/> 4 - Under Major Renovation<br><input type="checkbox"/> 5 - Vacant and Secured<br><input type="checkbox"/> 6 - Vacant and Unsecured<br><input type="checkbox"/> 7 - Being Demolished<br><input type="checkbox"/> 0 - Other<br><input type="checkbox"/> U - Undetermined | <b>I3</b><br><b>Building Height</b><br><div style="border: 1px solid black; width: 30px; text-align: center; margin: 0 auto;">2</div> Number of Stories At/Above Grade<br><div style="border: 1px solid black; width: 30px; text-align: center; margin: 0 auto;">1</div> Number of Stories Below Grade | <b>I4</b><br><b>Main Floor Size</b><br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> Total Square Feet<br><b>OR</b><br><div style="display: flex; justify-content: space-around; align-items: center; margin: 0 auto;"> <div style="border: 1px solid black; width: 40px; text-align: center;">40</div>         BY         <div style="border: 1px solid black; width: 40px; text-align: center;">25</div> </div> Length (ft) X Width (ft) |
|--|---|--|---|

|   |   |   |  |   |   |   |   |   |  |  |
|---|---|---|--|---|---|---|---|---|--|--|
| <b>J1</b><br><b>Fire Origin</b><br><div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">1</div> <input checked="" type="checkbox"/> Below Grade<br>Story of Fire Origin   | <b>J3</b><br><b>Number of Stories Damaged By Flame</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">2</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; margin-top: 5px;">*Count the roof as part of the highest story</p> | 2 | 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%) | <b>K</b><br><b>Type of Material Contributing Most to Flame Spread</b><br><div style="margin-top: 10px;"> <b>K1</b> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div><br/>         Item Contributing Most to Flame Spread       </div> <div style="margin-top: 10px;"> <b>K2</b> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div><br/>         Type of Material Contributing Most To Flame Spread       </div> |
| 2   | 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%)  |   |  |   |   |   |   |   |  |  |
| <b>J2</b><br><b>Fire Spread</b><br><input type="checkbox"/> Confined to Object of Origin<br><input type="checkbox"/> 2 - Confined to Room of Origin<br><input type="checkbox"/> 3 - Confined to Floor of Origin<br><input checked="" type="checkbox"/> 4 - Confined to Building of Origin<br><input type="checkbox"/> 5 - Beyond Building of Origin |   |   |  |   |   |   |   |   |  |  |

|  |   |   |
|--|---|---|
| <b>L1</b><br><b>Presence of Detectors</b><br><input checked="" type="checkbox"/> N - None Present<br><input type="checkbox"/> 1 - Present<br><input type="checkbox"/> U - Undetermined   | <b>L3</b><br><b>Detector Power Supply</b><br><input type="checkbox"/> 1 - Battery Only<br><input type="checkbox"/> 2 - Hardwire Only<br><input type="checkbox"/> 3 - Plug-In<br><input type="checkbox"/> 4 - Hardwire With Battery<br><input type="checkbox"/> 5 - Plug-In With Battery<br><input type="checkbox"/> 6 - Mechanical<br><input type="checkbox"/> 7 - Multiple Detectors & Power Supplies<br><input type="checkbox"/> 0 - Other<br><input type="checkbox"/> U - Undetermined | <b>L5</b><br><b>Detector Effectiveness</b><br><input type="checkbox"/> 1 - Alerted Occupants, Occupants Responded<br><input type="checkbox"/> 2 - Alerted Occupants, Occupants Failed to Respond<br><input type="checkbox"/> 3 - There Were No Occupants<br><input type="checkbox"/> 4 - Failed to Alert Occupants<br><input type="checkbox"/> U - Undetermined   |
| <b>L2</b><br><b>Detector Type</b><br><input type="checkbox"/> 1 - Smoke<br><input type="checkbox"/> 2 - Heat<br><input type="checkbox"/> 3 - Combination of Smoke and Heat<br><input type="checkbox"/> 4 - Sprinkler, Water Flow Detection<br><input type="checkbox"/> 5 - More Than One Type Present<br><input type="checkbox"/> 0 - Other<br><input type="checkbox"/> U - Undetermined | <b>L4</b><br><b>Detector Operation</b><br><input type="checkbox"/> 1 - Fire Too Small To Activate<br><input type="checkbox"/> 2 - Operated<br><input type="checkbox"/> 3 - Failed To Operate<br><input type="checkbox"/> U - Undetermined   | <b>L6</b><br><b>Detector Failure Reason</b><br><input type="checkbox"/> 1 - Power Failure, Shutoff, or Disconnect<br><input type="checkbox"/> 2 - Improper Installation or Placement<br><input type="checkbox"/> 3 - Defective<br><input type="checkbox"/> 4 - Lack of Maintenance, Dirty<br><input type="checkbox"/> 5 - Battery Missing or Disconnected<br><input type="checkbox"/> 6 - Battery Discharged or Dead<br><input type="checkbox"/> 0 - Other<br><input type="checkbox"/> U - Undetermined |

|   |   |  |
|---|---|--|
| <p>M1</p> <p><b>Presence of Automatic Extinguishing System</b></p> <p> <input checked="" type="checkbox"/> N - None Present<br/> <input type="checkbox"/> 1 - Present<br/> <input type="checkbox"/> 2 - Partial System Present<br/> <input type="checkbox"/> U - Undetermined         </p>  | <p>M3</p> <p><b>Operation of Automatic Extinguishing System</b></p> <p> <input type="checkbox"/> 1 - Operated/Effective<br/> <input type="checkbox"/> 2 - Operated/Not Effective<br/> <input type="checkbox"/> 3 - Fire Too Small To Activate<br/> <input type="checkbox"/> 4 - Failed To Operate<br/> <input type="checkbox"/> 0 - Other<br/> <input type="checkbox"/> U - Undetermined         </p> <p>Required if fire was within designed range</p> | <p>M5</p> <p><b>Reason for Automatic Extinguishing System Failure</b></p> <p> <input type="checkbox"/> 1 - System Shut Off<br/> <input type="checkbox"/> 2 - Not Enough Agent Discharged<br/> <input type="checkbox"/> 3 - Agent Discharged But Did Not Reach Fire<br/> <input type="checkbox"/> 4 - Wrong Type of System<br/> <input type="checkbox"/> 5 - Fire Not In Area Protected<br/> <input type="checkbox"/> 6 - System Components Damaged<br/> <input type="checkbox"/> 7 - Lack of Maintenance<br/> <input type="checkbox"/> 8 - Manual Intervention<br/> <input type="checkbox"/> 0 - Other<br/> <input type="checkbox"/> U - Undetermined         </p> <p>Required if system failed or not effective</p> |
| <p>M2</p> <p><b>Type of Automatic Extinguishing System</b></p> <p> <input type="checkbox"/> 1 - Wet-Pipe Sprinkler<br/> <input type="checkbox"/> 2 - Dry-Pipe Sprinkler<br/> <input type="checkbox"/> 3 - Other Sprinkler System<br/> <input type="checkbox"/> 4 - Dry Chemical System<br/> <input type="checkbox"/> 5 - Foam System<br/> <input type="checkbox"/> 6 - Halogen-Type System<br/> <input type="checkbox"/> 7 - Carbon Dioxide System<br/> <input type="checkbox"/> 0 - Other<br/> <input type="checkbox"/> U - Undetermined         </p> <p>Required if fire was within designed range of AES</p> | <p>M4</p> <p><b>Number of Sprinkler Heads Operating</b></p> <p><input type="text"/></p> <p>Required if system operated</p>  |  |

# NFIRS-1S Supplemental

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|       |       |       |     |      |                     |                  |          |
|-------|-------|-------|-----|------|---------------------|------------------|----------|
| 62210 | MN    | 02    | 07  | 2025 | Station #14<br>(14) | SPFD250207007103 | 0        |
| FDID  | State | Month | Day | Year | Station             | Number           | Exposure |

## Primary Narrative:

Fire department crews were called for fire in a residential dwelling.

District Chief 1 arrived and took command of a small two-story wood frame dwelling with smoke showing from the eaves on the bravo and delta sides. Engine 8 arrived on the Alpha Side, donned self-contained breathing apparatus (SCBA) and personal protective equipment (PPE) and pulled a 2.5-inch hose with bundle to the Charlie Side.

District Chief 2 arrived, was assigned as Safety Officer, conducted a 360-site assessment and reported possible basement fire. Safety also announced hoarder conditions and multiple holes and obstacles in yard.

Ladder 6 arrived, donned SCBA with PPE and conducted a primary search of the first floor. Squad 3 arrived, donned SCBA with PPE and assisted Ladder 6 with primary search of the first floor and then conducted primary search of the basement along with controlling utilities.

Engine 3 arrived on the Charlie Side, donned SCBA with PPE, and pulled a preconnected hose line to the basement through the Charlie Side for fire attack. Engine 8 backed up Engine 3. Engine 10 established a water supply for Engine 8. Engine 22 established a water supply for Engine 3.

Ladder 7 arrived, donned SCBA with PPE and was assigned Initial Rapid Intervention Team. Squad 2 arrived, donned SCBA with PPE and established Rapid Intervention Group and was assigned Ladder 7. Squad 1 arrived, donned SCBA with PPE and conducted a primary search of the second floor.

Medic 5, Car 50-EMS Supervisor and Ambulance 3 set up rehab and Medic 5 Captain was assigned as the Field Incident Technician. Car 5-Deputy Chief operated as a Senior Advisor.

Primary and Secondary searches were all clear. Engine 3 extinguished the fire in the basement and began overhaul in the basement. Squad 3 and Engine 22 completed overhaul in the basement. Squad 1, Ladder 6, and Engine 8 completed overhaul on the first floor.

Car20-Fire Investigator Leier on scene for origin and cause. DSI Inspector 10 located the occupant, assisted him with contacting Red Cross, and located shelter for him.

Xcel Gas and Xcel electric Secured Utilities. Public works salted the road. Rest Pro boarded up and secured building.