



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

NFIRS-1 Basic

A

62210

MN

04

28

2024

Station #18
(18)

SPFD240428020109

0

FDID

State

Month

Day

Year

Station

Number

Exposure

B

Location Type

Census tract:
0323.00

☒ Street Address

☐ Intersection

☐ In Front Of

☐ Rear Of

☐ Adjacent To

☐ Directions

☐ US National Grid

600

HAMLIN

AVE-Avenue

N-North

Number

Prefix

Street or Highway

Street Type

Suffix

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

04

28

2024

21:46

Arrival

04

28

2024

21:50

Controlled

Last Unit
Cleared

04

28

2024

23:49

E2

Shifts and Alarms

C

1

D1

Shift
or
Platoon

Alarms

District

E3

Special Studies

ID#

Value

F Actions Taken <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">11-Extinguishment by fire service personnel</div> Primary Action Taken <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">51-Ventilate</div> Additional Action Taken	G1 Resources <input checked="" type="checkbox"/> Apparatus or Personnel Module is used. <div style="text-align: center;">Apparatus Personnel</div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Suppression</td> <td style="width:10%; border: 1px solid black; text-align: center;">2</td> <td style="width:10%; border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>EMS</td> <td style="border: 1px solid black; text-align: center;">2</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> <input type="checkbox"/> Resource counts include aid received resources.	Suppression	2	0	EMS	2	0	Other	1	0	G2 Estimated Dollar Losses and Values <div style="display: flex; justify-content: space-between;"> Losses: <div>Required for all fires if known. Optional for all non-fires.</div> <div>None</div> </div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Property:</td> <td style="width:30%; border: 1px solid black; text-align: right;">\$ 20,000.00</td> <td style="width:40%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Contents:</td> <td style="border: 1px solid black; text-align: right;">\$ 1,500.00</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Pre-Incident Values: Optional <div>None</div> </div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Property:</td> <td style="width:30%; border: 1px solid black; text-align: right;">\$ 216,800.00</td> <td style="width:40%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Contents:</td> <td style="border: 1px solid black; text-align: right;">\$ 5,000.00</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Property:	\$ 20,000.00	<input type="checkbox"/>	Contents:	\$ 1,500.00	<input type="checkbox"/>	Property:	\$ 216,800.00	<input type="checkbox"/>	Contents:	\$ 5,000.00	<input type="checkbox"/>
Suppression	2	0																					
EMS	2	0																					
Other	1	0																					
Property:	\$ 20,000.00	<input type="checkbox"/>																					
Contents:	\$ 1,500.00	<input type="checkbox"/>																					
Property:	\$ 216,800.00	<input type="checkbox"/>																					
Contents:	\$ 5,000.00	<input type="checkbox"/>																					

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 style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="width:20%; text-align: center;">Deaths</td> <td style="width:20%; 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>		Deaths	Injuries	Fire Service	0	0	Civilian	0	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 checked="" 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	0	0										
Civilian	0	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 <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 type="checkbox"/> 1- or 2-Family Dwelling 429 <input checked="" 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: <div style="border: 1px solid black; height: 20px; margin-bottom: 10px;"></div> 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:

Fire companies were dispatched for smoke in a commercial building. Upon arrival Engine 18 saw black smoke coming from the front door and took command and assigned companies. Engine 18 got their own water supply and pulled an attack hose line through the A/B door.

Engine 20 arrived and was assigned to pull a backup hose line. Engine 5 arrived and got a water supply for Engine 20. The call for additional fire companies was upgraded to a fire assignment. District Chief 1 arrived and took command.

Ladder 18 cleared a primary search of the first and second floors. Squad 2 was RIT. District Chief 2 was the Safety Officer. Engine 18 reported the fire area was found in the basement and was out for the most part when they entered the fire room. Ventilation and overhaul were completed. Car 20-Fire Investigator Tweed investigated. Red Cross was called for displaced occupants and DSI was on scene. The building owners were also on scene. All residents were reported out and the searches were all clear.

M Authorization

3611

Bilderback, Nicholas

DC

C1

04/28/2024

Officer In Charge ID

Signature

Position or Rank

Assignment

Date

3611

Bilderback, Nicholas

DC

C1

04/28/2024

Member Making Report ID

Signature

Position or Rank

Assignment

Date

NFIRS-2 Fire

A

62210	MN	04	28	2024	Station #18 (18)	SPFD240428020109	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

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

State

Year

VIN

License Plate Number

NFIRS-3 Structure Fire

I1 Structure Type <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	I2 Building Status <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	I3 Building Height <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">2</div> Number of Stories At/Above Grade <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div> Number of Stories Below Grade	I4 Main Floor Size <div style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; text-align: center; line-height: 20px;">2000</div> Total Square Feet OR <div style="display: inline-block; width: 50px; height: 20px; border: 1px solid black;"></div> BY <div style="display: inline-block; width: 50px; height: 20px; border: 1px solid black;"></div> Length (ft) X Width (ft)
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J1 Fire Origin <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: center; line-height: 20px;">0</div> <input checked="" type="checkbox"/> Below Grade Story of Fire Origin	J3 Number of Stories Damaged By Flame <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> Number of Stories w/Minor Damage (1-24%) <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> Number of Stories w/Significant Damage (25-49%) <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> Number of Stories w/Heavy Damage (50-74%) <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> Number of Stories w/Extreme Damage (75-100%) *Count the roof as part of the highest story	K Type of Material Contributing Most to Flame Spread K1 <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> Item Contributing Most to Flame Spread K2 <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> Type of Material Contributing Most To Flame Spread
J2 Fire Spread <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		

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

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