



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

NFIRS-1 Basic

A

62210	MN	08	11	2024	Station #18 (18)	SPFD240811039322	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

799	UNIVERSITY	AVE-Avenue	W-West	
Number	Prefix	Street or Highway	Street Type	Suffix

Apt./Suite/Room	Saint Paul	MN	55104
	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	08	11	2024	23:12
Arrival	08	11	2024	23:13
Controlled				
Last Unit Cleared	08	12	2024	10:27

E2 Shifts and Alarms

A	2	D2
Shift	Alarms	District or Platoon

E3 Special Studies

9244	4 - Unknown
ID#	Value

F Actions Taken <p>11-Extinguishment by fire service personnel</p> <p>Primary Action Taken</p> <p>12-Salvage & overhaul</p> <p>Additional Action Taken</p> <p>84-Refer to proper authority</p> <p>Additional Action Taken</p>	G1 Resources <p><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.</p> <table border="1" style="margin-left: 20px;"> <tr> <td style="text-align: center;">Apparatus Personnel</td> </tr> <tr> <td style="text-align: center;">Suppression</td> <td style="text-align: center;">20</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">EMS</td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">Other</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </table> <p><input type="checkbox"/> Resource counts include aid received resources.</p>	Apparatus Personnel	Suppression	20	0	EMS	2	0	Other	1	0	G2 Estimated Dollar Losses and Values <p>Losses: Required for all fires if known. Optional for all non-fires. None</p> <table border="1" style="margin-left: 20px;"> <tr> <td style="text-align: center;">Property:</td> <td style="text-align: center;">\$ 160,000.00</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Contents:</td> <td style="text-align: center;">\$ 120,000.00</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>Pre-Incident Values: Optional None</p> <table border="1" style="margin-left: 20px;"> <tr> <td style="text-align: center;">Property:</td> <td style="text-align: center;">\$ 160,000.00</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Contents:</td> <td style="text-align: center;">\$ 120,000.00</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Property:	\$ 160,000.00	<input type="checkbox"/>	Contents:	\$ 120,000.00	<input type="checkbox"/>	Property:	\$ 160,000.00	<input type="checkbox"/>	Contents:	\$ 120,000.00	<input type="checkbox"/>
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Completed Modules <p><input type="checkbox"/> 2 - Fire</p> <p><input type="checkbox"/> 3 - Structure Fire</p> <p><input type="checkbox"/> 4 - Civilian Fire Cas.</p> <p><input type="checkbox"/> 5 - Fire Service Cas.</p> <p><input type="checkbox"/> 6 - EMS</p> <p><input type="checkbox"/> 7 - HazMat</p> <p><input type="checkbox"/> 8 - Wildland Fire</p> <p><input type="checkbox"/> 9 - Apparatus</p> <p><input type="checkbox"/> 10 - Personnel</p> <p><input type="checkbox"/> 11 - Arson</p>	H1 Casualties <input checked="" type="checkbox"/> None <table border="1" style="margin-left: 20px;"> <tr> <td style="text-align: center;">Deaths</td> <td style="text-align: center;">Injuries</td> </tr> <tr> <td style="text-align: center;">Fire Service</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">Civilian</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </table> H2 Detector <p>Required for Confined Fires</p> <p><input type="checkbox"/> 1 - Detector Alerted Occupants</p> <p><input type="checkbox"/> 2 - Detector Did Not Alert Them</p> <p><input type="checkbox"/> 3 - Unknown</p>	Deaths	Injuries	Fire Service	0	0	Civilian	0	0	H3 Hazardous Materials Release <p><input type="checkbox"/> 1 - Natural Gas</p> <p><input type="checkbox"/> 2 - Propane Gas</p> <p><input type="checkbox"/> 3 - Gasoline</p> <p><input type="checkbox"/> 4 - Kerosene</p> <p><input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil</p> <p><input type="checkbox"/> 6 - Household Solvents</p> <p><input type="checkbox"/> 7 - Motor Oil</p> <p><input type="checkbox"/> 8 - Paint</p> <p><input type="checkbox"/> 0 - Other</p> <p><input checked="" type="checkbox"/> None</p>	I Mixed Use Property <p><input type="checkbox"/> Not Mixed</p> <p><input type="checkbox"/> 10 - Assembly Use</p> <p><input type="checkbox"/> 20 - Education Use</p> <p><input type="checkbox"/> 33 - Medical Use</p> <p><input type="checkbox"/> 40 - Residential Use</p> <p><input type="checkbox"/> 51 - Row Of Stores</p> <p><input type="checkbox"/> 53 - Enclosed Mall</p> <p><input type="checkbox"/> 58 - Business and Residential</p> <p><input checked="" type="checkbox"/> 59 - Office Use</p> <p><input type="checkbox"/> 60 - Industrial Use</p> <p><input type="checkbox"/> 63 - Military Use</p> <p><input type="checkbox"/> 65 - Farm Use</p> <p><input type="checkbox"/> 00 - Other Mixed Use</p>
Deaths	Injuries										
Fire Service	0	0									
Civilian	0	0									

J Property Use <input type="checkbox"/> None Structures <p>131 <input type="checkbox"/> Church, Place of Worship</p> <p>161 <input checked="" type="checkbox"/> Restaurant or Cafeteria</p> <p>162 <input type="checkbox"/> Bar/Tavern or Nightclub</p> <p>213 <input type="checkbox"/> Elementary School, Kindergarten</p> <p>215 <input type="checkbox"/> High School, Junior High</p> <p>241 <input type="checkbox"/> College, Adult Education</p> <p>311 <input type="checkbox"/> Nursing Home</p> <p>331 <input type="checkbox"/> Hospital</p>	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 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 <p>124 <input type="checkbox"/> Playground or Park</p> <p>655 <input type="checkbox"/> Crops or Orchard</p> <p>669 <input type="checkbox"/> Forest (Timberland)</p> <p>807 <input type="checkbox"/> Outdoor Storage Area</p> <p>919 <input type="checkbox"/> Dump or Sanitary Landfill</p> <p>931 <input type="checkbox"/> Open Land or Field</p> <p>936 <input type="checkbox"/> Vacant Lot</p>	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: _____ 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:

Saint Paul fire crews were called for a report of a building fire. Crews arrived to find heavy smoke and fire on the first and second floors of a 2-story multi-occupancy structure. A restaurant occupied the first floor, and storage occupied the basement and second floor.

Fire crews performed forcible entry, made entry, and attempted to extinguish the fire. Squad 2 encountered high heat, fire, and heavy smoke in the stairwell leading to the second floor. Squad 2's hose line malfunctioned, and the crew backed out. Additional crews attempted to locate basement access.

Water supplies were established. Ladder 22 and Ladder 18 deployed their aerials for use and secured water supplies as well. Heavy smoke became visible from the entire Bravo side at the roofline, as well as just above ground level on the Delta side.

The decision was made to transition to a defensive strategy. All fire companies exited the structure and prepared for defensive operations. PAR was conducted and all crews were accounted for.

Ladder 22 employed their aerial master stream from the B side, into the second floor. A sizeable percentage of the fire was knocked down with the master stream use, and that was shut down.

After conferring with senior command staff, the decision was made to once again make entry with hand lines and conduct final extinguishment of the remaining fire. Ladder 6's crew and Ladder 18's crew made vent/inspection holes in the roof, and determined the roof was not involved in fire....

Full primary narrative can be found in NFIRS 15 - Supplemental

M Authorization

4804

Wolfsberger, John

DC

C2

08/12/2024

Officer In Charge ID

Signature

Position or Rank

Assignment

Date

4804

Wolfsberger, John

DC

C2

08/12/2024

Member Making Report ID

Signature

Position or Rank

Assignment

Date

NFIRS-2 Fire

A	62210	MN	08	11	2024	Station #18 (18)	SPFD240811039322	0
FDID	State	Month	Day	Year	Station	Number	Exposure	

B	Property Details	C
B1	<input type="text"/> <input checked="" type="checkbox"/> Not Residential	On-Site Materials Or Products
Estimated number of residential living units in the building of origin whether or not all units became involved		On-Site Materials Storage Use
B2	<input type="text"/> 1 <input type="checkbox"/> Buildings Not Involved	
Number of buildings involved		
B3	<input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre	
Acres burned (outside fires)		

D	Ignition	E1	E3
D1	<input type="text"/> 05-Entranceway, lobby	Cause of Ignition	Human Factors Contributing to Ignition
Area of Fire Origin		<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	Check all applicable boxes <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
D2	<input type="text"/> 13-Electrical arcing		<input type="checkbox"/> 7 - Age Was A Factor
Heat Source			Estimated Age of Person Involved
D3	<input type="text"/> 81-Electrical wire, cable insulation		<input type="checkbox"/> Male
Item First Ignited			<input type="checkbox"/> Female
D4	Type of Material First Ignited	Factors Contributing to Ignition	
		<input type="text"/> 30-Electrical failure, malfunction, other	
		Factor Contributing to Ignition	

F1	Equipment Involved In Ignition	F2	G
<input checked="" type="checkbox"/> None		Equipment Power Source	Fire Suppression Factors
<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/> None
Equipment Involved		Equipment Power Source	Fire Suppression Factor
Brand	<input type="text"/>		
Model	<input type="text"/>		
Serial #	<input type="text"/>		
Year	<input type="text"/>		
		F3	
		Equipment Portability	
		<input type="checkbox"/> 1 - Portable <input type="checkbox"/> 2 - Stationary	
		Portable equipment normally can be moved by one or two persons.	

<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>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>Mobile Property Model</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>State License Plate Number Year</p>		<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>VIN</p>

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><input type="checkbox"/> 2 Number of Stories At/Above Grade <input type="checkbox"/> 1 Number of Stories Below Grade</p>	<p>I4</p> <p>Main Floor Size</p> <p><input type="checkbox"/> 1900 Total Square Feet OR <input type="checkbox"/> BY <input type="checkbox"/> Length (ft) X Width (ft)</p>
<p>J1</p> <p>Fire Origin</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> Below Grade Story of Fire Origin</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>*Count the roof as part of the highest story</p>	<p>K</p> <p>Type of Material Contributing Most to Flame Spread</p> <p>K1 <input type="checkbox"/> Item Contributing Most to Flame Spread</p> <p>K2 <input type="checkbox"/> Type of Material Contributing Most To Flame Spread</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 type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input checked="" 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>	

NFIRS-1S Supplemental

A

62210	MN	08	11	2024	Station #18 (18)	SPFD240811039322	0
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Primary Narrative:

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The decision was made to transition to a defensive strategy. All fire companies exited the structure and prepared for defensive operations. PAR was conducted and all crews were accounted for.

Ladder 22 employed their aerial master stream from the B side, into the second floor. A sizeable percentage of the fire was knocked down with the master stream use, and that was shut down.

After conferring with senior command staff, the decision was made to once again make entry with hand lines and conduct final extinguishment of the remaining fire. Ladder 6's crew and Ladder 18's crew made vent/inspection holes in the roof, and determined the roof was not involved in fire.

Searches were completed, and negative on all floors. The fire was controlled, overhaul completed, and a final washdown was conducted. Car 20-Fire Investigator Blank completed their investigation. DSI, Board-up, Department of Health, and gas/electric were all notified to respond.

Crews were placed back in service and command was terminated.