



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

## NFIRS-1 Basic

A

62210	MN	02	21	2025	Headquarters (HQ)	SPFD250221009482	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B **Location Type**

Census tract:  
0316.00

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

992		ARCADE	ST-Street	
Number	Prefix	Street or Highway	Street Type	Suffix

	Saint Paul	MN	55106
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 21 2025 07:31

Arrival 02 21 2025 07:35

Controlled

Last Unit Cleared 02 21 2025 09:25

E2 **Shifts and Alarms**

C	1	D3
Shift or Platoon	Alarms	District

E3 **Special Studies**

9244	3 - No, COVID 19 was not a factor
ID#	Value

<b>F Actions Taken</b>  <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;">52-Forcible entry</div> Additional Action Taken	<b>G1 Resources</b> <input checked="" type="checkbox"/> Apparatus or Personnel Module is used.  <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center; border-bottom: 1px solid black;">Apparatus</td> <td style="text-align: center; border-bottom: 1px solid black;">Personnel</td> </tr> <tr> <td style="text-align: right;">Suppression</td> <td style="border: 1px solid black; text-align: center; width: 50px;">12</td> <td style="border: 1px solid black; text-align: center; width: 50px;">0</td> </tr> <tr> <td style="text-align: right;">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 style="text-align: right;">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.		Apparatus	Personnel	Suppression	12	0	EMS	2	0	Other	1	0	<b>G2 Estimated Dollar Losses and Values</b>  <b>Losses:</b> Required for all fires if known. Optional for all non-fires. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 15%;">Property:</td> <td style="width: 10%;">\$</td> <td style="border: 1px solid black; width: 40%; text-align: center;">27,500.00</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%;"></td> </tr> <tr> <td>Contents:</td> <td>\$</td> <td style="border: 1px solid black; text-align: center;">1,500.00</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table> <b>Pre-Incident Values:</b> Optional <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 15%;">Property:</td> <td style="width: 10%;">\$</td> <td style="border: 1px solid black; width: 40%; text-align: center;">237,500.00</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%;"></td> </tr> <tr> <td>Contents:</td> <td>\$</td> <td style="border: 1px solid black; text-align: center;">5,000.00</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	Property:	\$	27,500.00	<input type="checkbox"/>		Contents:	\$	1,500.00	<input type="checkbox"/>		Property:	\$	237,500.00	<input type="checkbox"/>		Contents:	\$	5,000.00	<input type="checkbox"/>	
	Apparatus	Personnel																																
Suppression	12	0																																
EMS	2	0																																
Other	1	0																																
Property:	\$	27,500.00	<input type="checkbox"/>																															
Contents:	\$	1,500.00	<input type="checkbox"/>																															
Property:	\$	237,500.00	<input type="checkbox"/>																															
Contents:	\$	5,000.00	<input type="checkbox"/>																															

<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 <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td></td> <td style="text-align: center; border-bottom: 1px solid black;">Deaths</td> <td style="text-align: center; border-bottom: 1px solid black;">Injuries</td> </tr> <tr> <td style="text-align: right;">Fire Service</td> <td style="border: 1px solid black; text-align: center; width: 50px;">0</td> <td style="border: 1px solid black; text-align: center; width: 50px;">0</td> </tr> <tr> <td style="text-align: right;">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> <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		Deaths	Injuries	Fire Service	0	0	Civilian	0	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
	Deaths	Injuries										
Fire Service	0	0										
Civilian	0	0										

<b>J Property Use</b> <input type="checkbox"/> None <b>Structures</b> 131 <input type="checkbox"/> Church, Place of Worship 161 <input checked="" 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 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> <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**

Business Owner	Checker Board Pizza	6512020498		
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number	
MR-Mr.	MEUG	H	MOUA	
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
11		WHEELock	PKY-Parkway	E-East
Number	Prefix	Street or Highway	Street Type	Suffix
			Saint Paul	
Post Office Box	Apt./Suite/Room	City		
MN	55117			
State	Zip Code			

**L Remarks:**

The Saint Paul Fire Department responded to a report of smoke billowing from the boarded-up windows of a two-story commercial building.

On arrival crews encountered smoke showing from the boarded-up windows of the second floor and moderate smoke in the general area. Crews forced entry into the building through two "man doors" and removed the plywood covering from the first and second-floor windows. Crews located a small fire that they quickly extinguished in the stairwell. Crews also reported finding what they believed may have been a second ignition point that appeared to have burnt itself out. Crews also noted the odor of gasoline. Crews ventilated and conducted searches as visibility improved, finding multiple holes in the floor on the second floor.

Once Car20-Back-up Fire Investigator Gregor completed his investigation, crews completed overhaul and a final washdown using Class-A foam. The owner was contacted by DSI, and the scene was turned over to the property owner and board-up personnel.

**M Authorization**

1601	Gabriele, Alan	DEPUTY	CAR5	02/21/2025
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
1601	Gabriele, Alan	DEPUTY	CAR5	02/21/2025
Member Making Report ID	Signature	Position or Rank	Assignment	Date

# NFIRS-2 Fire

A

62210	MN	02	21	2025	Headquarters (HQ)	SPFD250221009482	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  03-Interior stairway or ramp

Area of Fire Origin

D2  Undetermined

Heat Source

D3  63-Flammable liquid/gas - in/from final container

Item First Ignited

D4  20-Flammable or combustible liquid, other

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

Undetermined

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

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

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# NFIRS-3 Structure Fire

<b>I1</b> <b>Structure Type</b> <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	<b>I2</b> <b>Building Status</b> <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	<b>I3</b> <b>Building Height</b> <div style="border: 1px solid black; width: 20px; text-align: center; margin: 0 auto;">2</div> Number of Stories At/Above Grade <div style="border: 1px solid black; width: 20px; text-align: center; margin: 0 auto;">1</div> Number of Stories Below Grade	<b>I4</b> <b>Main Floor Size</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> Total Square Feet <b>OR</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; text-align: center;">60</div>         BY         <div style="border: 1px solid black; width: 40px; text-align: center;">30</div> </div> Length (ft) X Width (ft)
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<b>J1</b> <b>Fire Origin</b> <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">1</div> <input type="checkbox"/> Below Grade Story of Fire Origin	<b>J3</b> <b>Number of Stories Damaged By Flame</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Number of Stories w/Minor Damage (1-24%) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Number of Stories w/Significant Damage (25-49%) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Number of Stories w/Heavy Damage (50-74%) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Number of Stories w/Extreme Damage (75-100%)  *Count the roof as part of the highest story	<b>K</b> <b>Type of Material Contributing Most to Flame Spread</b>  <b>K1</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Item Contributing Most to Flame Spread  <b>K2</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Type of Material Contributing Most To Flame Spread
<b>J2</b> <b>Fire Spread</b> <input type="checkbox"/> Confined to Object of Origin <input checked="" type="checkbox"/> 2 - Confined to Room of Origin <input 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		

<b>L1</b> <b>Presence of Detectors</b> <input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> U - Undetermined	<b>L3</b> <b>Detector Power Supply</b> <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	<b>L5</b> <b>Detector Effectiveness</b> <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
<b>L2</b> <b>Detector Type</b> <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	<b>L4</b> <b>Detector Operation</b> <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	<b>L6</b> <b>Detector Failure Reason</b> <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>M1</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>M3</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         </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  <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><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         </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>	