

A FDID 62210 * State MN * Incident Date 10 05 2013 * Station 07 Incident Number 13-0029322 * Exposure 000 * Delete Change No Activity **NFIRS -1 Basic**

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract 0317 - 00 Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Street address 977 REANEY AVE Intersection Number/Milepost Prefix Street or Highway Street Type Suffix

In front of Rear of Adjacent to Directions SAINT PAUL MN 55106 - Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

C Incident Type * 111 Building fire
Incident Type

E1 Date & Times Midnight is 0000
Check boxes if dates are the same as Alarm ALARM always required
Date. Alarm * 10 05 2013 03:54:33

E2 Shift & Alarms Local Option
A 01 D3
Shift or Alarms District Platoon

D Aid Given or Received*

1 Mutual aid received Their FDID Their State
2 Automatic aid recv.
3 Mutual aid given
4 Automatic aid given
5 Other aid given
N None Their Incident Number

ARRIVAL required, unless canceled or did not arrive
 Arrival * 10 05 2013 03:57:48

CONTROLLED Optional, Except for wildland fires
 Controlled

LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared 10 05 2013 06:34:49

E3 Special Studies Local Option
 Special Study ID# Special Study Value

F Actions Taken *

11 Extinguishment by fire
Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources * Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel
Suppression 0009

EMS

Other

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values **LOSSES:** Required for all fires if known. Optional for non fires. **None**

Property \$, 025 , 000

Contents \$, 002 , 500

PRE-INCIDENT VALUE: Optional

Property \$, 000 , 000

Contents \$, 000 , 000

Completed Modules

Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1* Casualties None
Deaths Injuries
Fire Service
Civilian

H2 Detector Required for Confined Fires.
1 Detector alerted occupants
2 Detector did not alert them
U Unknown

H3 Hazardous Materials Release

N None

1 Natural Gas: slow leak, no evacuation or HazMat actions
2 Propane gas: <21 lb. tank (as in home BBQ grill)
3 Gasoline: vehicle fuel tank or portable container
4 Kerosene: fuel burning equipment or portable storage
5 Diesel fuel/fuel oil: vehicle fuel tank or portable
6 Household solvents: home/office spill, cleanup only
7 Motor oil: from engine or portable container
8 Paint: from paint cans totaling < 55 gallons
0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

T Mixed Use Property

NN Not Mixed
10 Assembly use
20 Education use
33 Medical use
40 Residential use
51 Row of stores
53 Enclosed mall
58 Bus. & Residential
59 Office use
60 Industrial use
63 Military use
65 Farm use
00 Other mixed use

J Property Use* Structures

131 Church, place of worship
161 Restaurant or cafeteria
162 Bar/Tavern or nightclub
213 Elementary school or kindergarten
215 High school or junior high
241 College, adult education
311 Care facility for the aged
331 Hospital

Outside

124 Playground or park
655 Crops or orchard
669 Forest (timberland)
807 Outdoor storage area
919 Dump or sanitary landfill
931 Open land or field

341 Clinic, clinic type infirmary
342 Doctor/dentist office
361 Prison or jail, not juvenile
419 1-or 2-family dwelling
429 Multi-family dwelling
439 Rooming/boarding house
449 Commercial hotel or motel
459 Residential, board and care
464 Dormitory/barracks
519 Food and beverage sales

936 Vacant lot
938 Graded/care for plot of land
946 Lake, river, stream
951 Railroad right of way
960 Other street
961 Highway/divided highway
962 Residential street/driveway

539 Household goods, sales, repairs
579 Motor vehicle/boat sales/repair
571 Gas or service station
599 Business office
615 Electric generating plant
629 Laboratory/science lab
700 Manufacturing plant
819 Livestock/poultry storage (barn)
882 Non-residential parking garage
891 Warehouse

981 Construction site
984 Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
Property Use 429
Multifamily dwelling
NFIRS-1 Revision 03/11/99

A FDID * 62210 State * MN Incident Date * MM 10 DD 05 YYYY 2013 Station 07 Incident Number * 13-0029322 Exposure * 000 Delete Change No Activity **NFIRS - 2 Fire**

B Property Details

B1 0004 Not Residential
Estimated Number of residential living units in building of origin whether or not all units became involved

B2 001 Buildings not involved
 Number of buildings involved

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

C On-Site Materials None or Products *Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved*

Enter up to three codes. Check one or more boxes for each code entered.

NNN None
 On-site material (1)

 On-site material (2)

 On-site material (3)

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

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D Ignition

D1 93 Courtyard, patio,
 Area of fire origin *

D2 60 Heat from other open
 Heat source *

D3 96 Rubbish, trash, waste
 Item first ignited * Check Box if fire spread was confined to object of origin

D4
 Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition

Check box if this is an exposure report. Skip to section G

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

UU Undetermined None
 Factor Contributing To Ignition (1)

 Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 Asleep None
 2 Possibly impaired by alcohol or drugs
 3 Unattended person
 4 Possibly mental disabled
 5 Physically Disabled
 6 Multiple persons involved

7 Age was a factor
 Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved In Ignition

None If Equipment was not involved, Skip to Section G

 Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power

 Equipment Power Source

F3 Equipment Portability

1 Portable
 2 Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes. None

 Fire suppression factor (1)

 Fire suppression factor (2)

 Fire suppression factor (3)

H1 Mobile Property Involved

None

1 Not involved in ignition, but burned
 2 Involved in ignition, but did not burn
 3 Involved in ignition and burned

H2 Mobile Property Type & Make

 Mobile property type

 Mobile property make

Local Use

Pre-Fire Plan Available
 Some of the information presented in this report may be based upon reports from other Agencies

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

 Mobile property model Year

 License Plate Number State VIN Number

I1 Structure Type * If Fire was In enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> <small>Total number of stories at or above grade</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <small>Total number of stories below grade</small>	I4 Main Floor Size* <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;">900</div> <small>Total square feet</small> OR <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;">065</div> BY <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;">060</div> <small>Lenght in feet Width in feet</small>	NFIRS-3 Structure Fire	
J1 Fire Origin * <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> Number of stories w/ minor damage (1 to 24% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> Number of stories w/ significant damage (25 to 49% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> Number of stories w/ heavy damage (50 to 74% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> Number of stories w/ extreme damage (75 to 100% flame damage)	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <small>Item contributing most to flame spread</small> K2 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <small>Type of material contributing most of flame spread Required only if item contributing code is 00 or <70</small>			
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * (In area of the fire) N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input checked="" type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input checked="" type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined		
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input checked="" type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined			
M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M	M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined <small>NFIRS-3 Revision 01/19/99</small>		
M4 Number of Sprinkler Heads Operating Required if system operated <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <small>Number of sprinkler heads operating</small>					

K1 Person/Entity Involved Local Option Business name (if applicable) 612 - 703 - 4471 Area Code Phone Number

Check This Box if same address as incident location. Then skip the three duplicate address lines.

TENISHA N JACKSON Mr., Ms., Mrs. First Name MI Last Name Suffix

977 REANEY AVE Number Prefix Street or Highway Street Type Suffix

SAINT PAUL Post Office Box Apt./Suite/Room City

MN 55106 State Zip Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner Same as person involved? Then check this box and skip The rest of this section. Business name (if Applicable) 312 - 466 - 8643 Area Code Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

HAIDOS STAVROS Mr., Ms., Mrs. First Name MI Last Name Suffix

13316 COMMERCIAL AVE Number Prefix Street or Highway Street Type Suffix

CHICAGO Post Office Box Apt./Suite/Room City

IL 60622 State Zip Code

L Remarks Local Option

FIRE CREWS ARRIVED AND FOUND A FIRE ON A REAR PORCH OF OCCUPIED 4-PLEX WITH THE FIRE POSSIBLY EXTENDING TO THE ROOF LINE. I ASSUMED COMMAND AND ORDERED ENGINE #7 TO USE A HAND-LINE TO ATTACK THE FIRE IN THE REAR OF THE HOUSE. ENGINE #4 COMPLETED A WATER SUPPLY TO ENGINE #7 AND STOOD-BY FOR SAFETY CREW.

ENGINE #9 USED A HAND-LINE TO BACK-UP FIRE ATTACK. SQUAD #1 COMPLETED A SEARCH OF THE 4 UNITS BUT DID NOT FIND ANY VICTIMS OR INJURIES. LADDER #7 COMPLETED SALVAGE, VENTILATION, AND OVERHAUL AND FOUND ONLY MINOR EXTENSION IN THE ATTIC.

MEDIC #24 SET UP TRIAGE AREA BUT HAD NO VICTIMS. FIRE INVESTIGATOR BLANK INTERVIEWED TENANTS AND NOTIFIED OWNERS GROUP. A CARETAKER WILL RESPOND IN THE MORNING. XCEL GAS AND ELECTRIC AND SAINT PAUL POLICE ON SCENE ALSO. RED CROSS REQUESTED FOR TENANTS IN APARTMENT #1 AND BOARD-UP TO SECURE THE BUILDING.

I HELD A FIRE REVIEW BEHIND LADDER #7 AND COMPANIES PICKED UP ALL THEIR EQUIPMENT.

L Authorization

1892 JADWINSKI, STANLEY J 150 C3 10 06 2013 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if 1892 JADWINSKI, STANLEY J 150 C3 10 06 2013 same as Officer in charge. Member making report ID Signature Position or rank Assignment Month Day Year