



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

## NFIRS-1 Basic

A

62210	MN	06	17	2025	Station #14 (14)	SPFD250617030232	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract:  
0321.00

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

720		SNELLING	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
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C

### Incident Type

324-Motor vehicle accident with no injuries.

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	06	17	2025	21:39
Arrival	06	17	2025	21:44
Controlled				
Last Unit Cleared	06	17	2025	22:17

### E2 Shifts and Alarms

A	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> <p>32-Provide basic life support (BLS)</p> <p>Primary Action Taken</p> <p>82-Notify other agencies.</p> <p>Additional Action Taken</p>	<b>G1 Resources</b> <p><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.</p> <table border="1" data-bbox="638 177 1024 354"> <thead> <tr> <th></th> <th>Apparatus</th> <th>Personnel</th> </tr> </thead> <tbody> <tr> <td>Suppression</td> <td>7</td> <td>0</td> </tr> <tr> <td>EMS</td> <td>0</td> <td>0</td> </tr> <tr> <td>Other</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p><input type="checkbox"/> Resource counts include aid received resources.</p>		Apparatus	Personnel	Suppression	7	0	EMS	0	0	Other	0	0	<b>G2 Estimated Dollar Losses and Values</b> <p><b>Losses:</b> Required for all fires if known. Optional for all non-fires. <input type="checkbox"/> None</p> <p>Property: \$ <input type="text"/> <input checked="" type="checkbox"/></p> <p>Contents: \$ <input type="text"/> <input checked="" type="checkbox"/></p> <p><b>Pre-Incident Values:</b> Optional <input type="checkbox"/> None</p> <p>Property: \$ <input type="text"/> <input checked="" type="checkbox"/></p> <p>Contents: \$ <input type="text"/> <input checked="" type="checkbox"/></p>
	Apparatus	Personnel												
Suppression	7	0												
EMS	0	0												
Other	0	0												

<b>Completed Modules</b> <p><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</p>	<b>H1 Casualties</b> <input checked="" type="checkbox"/> None <table border="1" data-bbox="393 572 752 734"> <thead> <tr> <th></th> <th>Deaths</th> <th>Injuries</th> </tr> </thead> <tbody> <tr> <td>Fire Service</td> <td>0</td> <td>0</td> </tr> <tr> <td>Civilian</td> <td>0</td> <td>0</td> </tr> </tbody> </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 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 checked="" type="checkbox"/> Residential Street/Driveway 981 <input type="checkbox"/> Construction Site 984 <input type="checkbox"/> Industrial Plant Yard	<b>Property Use:</b> <input type="text"/> <b>Description</b> 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:**

A car jumped the curb in a slow speed accident hitting the building damaging and piercing the wall. Squad 3 was called for structural issues. Finding none, the car was removed.

**M Authorization**

8046	Ertz, Conrad	DC	C1	06/26/2025
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
8046	Ertz, Conrad	DC	C1	06/26/2025

Member Making Report ID

Signature

Position or Rank

Assignment

Date