



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

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 or Platoon	Alarms	District

E3 Special Studies

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

F Actions Taken <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">32-Provide basic life support (BLS)</div> Primary Action Taken <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">82-Notify other agencies.</div> Additional Action Taken	G1 Resources <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;">7</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;">0</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;">0</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	7	0	EMS	0	0	Other	0	0	G2 Estimated Dollar Losses and Values Losses: Required for all fires if known. Optional for all non-fires. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Property: \$</td> <td style="border: 1px solid black; width: 20%;"></td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents: \$</td> <td style="border: 1px solid black;"></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> Pre-Incident Values: Optional <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Property: \$</td> <td style="border: 1px solid black; width: 20%;"></td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents: \$</td> <td style="border: 1px solid black;"></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	Property: \$		<input checked="" type="checkbox"/>	Contents: \$		<input checked="" type="checkbox"/>	Property: \$		<input checked="" type="checkbox"/>	Contents: \$		<input checked="" type="checkbox"/>
	Apparatus	Personnel																								
Suppression	7	0																								
EMS	0	0																								
Other	0	0																								
Property: \$		<input checked="" type="checkbox"/>																								
Contents: \$		<input checked="" type="checkbox"/>																								
Property: \$		<input checked="" type="checkbox"/>																								
Contents: \$		<input checked="" 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="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>		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 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, Kindegarten 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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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 checked="" 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; width: 100%;"></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:

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