A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *
62210	MN	10 / 05 / 2013	07	13-0029322	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 Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract 0317 - 00

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

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

Apt./Suite/Room	City	State	Zip Code
	SAINT PAUL	MN	55106 -

Cross street or directions, as applicable

C Incident Type *

111 Building fire

Incident Type

D Aid Given or Received *

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID | Their State

Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	10	05	2013	03:54:33
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

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
A	01	D3

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 evauation 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

I 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
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
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

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
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
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 *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	
62210	MN	10 / 05 / 2013	07	13-0029322	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 ☐ Acres burned (outside fires) ☒ None ☐ Less than one acre

C On-Site Materials or Products

☒ None

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.

On-site material	Code	Bulk storage or warehousing	Processing or manufacturing	Packaged goods for sale	Repair or service
(1)	NNN None	1 ☐	2 ☐	3 ☐	4 ☐
(2)		1 ☐	2 ☐	3 ☐	4 ☐
(3)		1 ☐	2 ☐	3 ☐	4 ☐

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 * 1 ☐ 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

☐ None

UU Undetermined — Factor Contributing To Ignition (1)

☐ Factor Contributing To Ignition (2)

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 mental disabled
5 ☐ Physically Disabled
6 ☐ Multiple persons involved
7 ☐ Age was a factor

Estimated age of person envolved ☐

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

Moblie property model — Year

License Plate Number — State — VIN Number

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

NFIRS-2 Revision 01/19/99

NFIRS-3 Structure Fire

I1 Structure Type *
If Fire was In enclosed building or a portable/mobile structure complete the rest of this form

1 [X] Enclosed Building
2 [ ] Portable/mobile structure
3 [ ] Open structure
4 [ ] Air supported structure
5 [ ] Tent
6 [ ] Open platform (e.g. piers)
7 [ ] Underground structure (work areas)
8 [ ] Connective structure (e.g. fences)
0 [ ] Other type of structure

I2 Building Status *
1 [ ] Under construction
2 [X] Occupied & operating
3 [ ] Idle, not routinely used
4 [ ] Under major renovation
5 [ ] Vacant and secured
6 [ ] Vacant and unsecured
7 [ ] Being demolished
O [ ] Other
U [ ] Undetermined

I3 Building Height
Count the ROOF as part of the highest story

002 Total number of stories at or above grade

001 Total number of stories below grade

I4 Main Floor Size*
, 003 , 900 Total square feet

OR

, 065 BY , 060
Lenght in feet Width in feet

J1 Fire Origin *
[ ] Below Grade

001 Story of fire origin

J2 Fire Spread *
1 [ ] Confined to object of origin
2 [ ] Confined to room of origin
3 [ ] Confined to floor of origin
4 [X] Confined to building of origin
5 [ ] Beyond building of origin

J3 Number of Stories Damaged By Flame
Count the ROOF as part of the highest story

[ ] Number of stories w/ minor damage (1 to 24% flame damage)

[ ] Number of stories w/ significant damage (25 to 49% flame damage)

[ ] Number of stories w/ heavy damage (50 to 74% flame damage)

[ ] Number of stories w/ extreme damage (75 to 100% flame damage)

K Material Contributing Most To Flame Spread
[ ] Check if no flame spread OR same as material first ignited OR unable to determine — Skip To Section L

K1 [ ] Item contributing most to flame spread

K2 [ ] Type of material contributing most of flame spread — Required only if item contributing code is 00 or<70

L1 Presence of Detectors *
(In area of the fire)

N [ ] None Present — Skip to section M

1 [X] Present

U [ ] Undetermined

L2 Detector Type
1 [ ] Smoke
2 [ ] Heat
3 [X] Combination smoke - heat
4 [ ] Sprinkler, water flow detection
5 [ ] More than 1 type present
O [ ] Other _____
U [ ] Undetermined

L3 Detector Power Supply
1 [ ] Battery only
2 [ ] Hardwire only
3 [ ] Plug in
4 [X] Hardwire with battery
5 [ ] Plug in with battery
6 [ ] Mechanical
7 [ ] Multple detectors & power supplies
0 [ ] Other _____
U [ ] Undetermined

L4 Detector Operation
1 [ ] Fire too small to activate
2 [X] Operated (Complete Section L5)
3 [ ] Failed to Operate (Complete Section L6)
U [ ] Undetermined

L5 Detector Effectiveness
Required if detector operated

1 [X] Alerted Occupants, occupants responded
2 [ ] Occupants failed to respond
3 [ ] There were no occupants
4 [ ] Failed to alert occupants
U [ ] Undetermined

L6 Detector Failure Reason
Required if detector failed to operate

1 [ ] Power failure, shutoff or disconnect
2 [ ] Improper installation or placement
3 [ ] Defective
4 [ ] Lack of maintenance, includes cleaning
5 [ ] Battery missing or disconnected
6 [ ] Battery discharged or dead
0 [ ] Other _____
U [ ] Undetermined

M1 Presence of Automatic Extinguishment System *
N [X] None Present

1 [ ] Present — Complete rest of Section M

M2 Type of Automatic Extinguishment System *
Required if fire was within designed range of AES

1 [ ] Wet pipe sprinkler
2 [ ] Dry pipe sprinkler
3 [ ] Other sprinkler system
4 [ ] Dry chemical system
5 [ ] Foam system
6 [ ] Halogen type system
7 [ ] Carbon dioxide (CO_2) system
0 [ ] Other special hazard system
U [ ] Undetermined

M3 Automatic Extinguishment System Operation
Required if fire was within designed range

1 [ ] Operated & effective (Go to M4)
2 [ ] Operated & not effective (M4)
3 [ ] Fire too small to activate
4 [ ] Failed to operate (Go to M5)
0 [ ] Other
U [ ] Undetermined

M4 Number of Sprinkler Heads Operating
Required if system operated

[ ] Number of sprinkler heads operating

M5 Automatic Extinguishment System Failure Reason
Required if system failed

1 [ ] System shut off
2 [ ] Not enough agent discharged
3 [ ] Agent discharged but did not reach fire
4 [ ] Wrong type of system
5 [ ] Fire not in area protected
6 [ ] System components damaged
7 [ ] Lack of maintenance
8 [ ] Manual Intervention
0 [ ] Other _____
U [ ] Undetermined

NFIRS-3 Revision 01/19/99

K1 Person/Entity Involved

Local Option

Business name (if applicable): | Area Code: 612 | Phone Number: 703-4471

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

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

Number: 977 | Prefix: | Street or Highway: REANEY | Street Type: AVE | Suffix:

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

State: MN | Zip Code: 55106-

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

K2 Owner

Local Option

[ ] Same as person involved? Then check this box and skip The rest of this section.

Business name (if Applicable): | Area Code: 312 | Phone Number: 466-8643

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

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

Number: 13316 | Prefix: | Street or Highway: COMMERCIAL | Street Type: AVE | Suffix:

Post Office Box: | Apt./Suite/Room: | City: CHICAGO

State: IL | Zip Code: 60622-

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

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

[X] Check Box if same as Officer in charge.

Member making report ID: 1892 | Signature: JADWINSKI, STANLEY J | Position or rank: 150 | Assignment: C3 | Month: 10 | Day: 06 | Year: 2013