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

NFIRS-1 Basic

A

FDID	State	Month	Day	Year	Station	Number	Exposure
62210	MN	11	06	2025	Station #14 (14)	SPFD251106056594	0

B **Location Type**

Census tract: 0350.00

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

Number	Prefix	Street or Highway	Street Type	Suffix
1855		ASHLAND	AVE-Avenue	

Apt./Suite/Room	City	State	Zip Code
	Saint Paul	MN	55104

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
- [x] None

Their FDID | Their State

Their Incident Number

E1 **Dates and Times**

Alarm	11	06	2025	00:46
Arrival	11	06	2025	00:50
Controlled				
Last Unit Cleared	11	06	2025	02:17

E2 **Shifts and Alarms**

Shift or Platoon	Alarms	District
C	1	D1

E3 **Special Studies**

ID#	Value
9244	4 - Unknown

F **Actions Taken**

11-Extinguishment by fire service personnel

Primary Action Taken

12-Salvage & overhaul

Additional Action Taken

G1 **Resources**

☑ Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	6	0
EMS	0	0
Other	0	0

☐ Resource counts include aid received resources.

G2 **Estimated Dollar Losses and Values**

Losses: Required for all fires if known. Optional for all non-fires. None

Property: $ 15,000.00 ☐

Contents: $ 25,000.00 ☐

Pre-Incident Values: Optional None

Property: $ 65,000.00 ☐

Contents: $ 25,000.00 ☐

Completed Modules

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

H1 **Casualties** ☑ None

	Deaths	Injuries
Fire Service	0	0
Civilian	0	0

H2 **Detector**

Required for Confined Fires

☐ 1 - Detector Alerted Occupants
☐ 2 - Detector Did Not Alert Them
☐ 3 - Unknown

H3 **Hazardous Materials Release**

☐ 1 - Natural Gas
☐ 2 - Propane Gas
☐ 3 - Gasoline
☐ 4 - Kerosene
☐ 5 - Diesel Fuel / Fuel Oil
☐ 6 - Household Solvents
☐ 7 - Motor Oil
☐ 8 - Paint
☐ 0 - Other
☑ None

I **Mixed Use Property**

☐ Not Mixed
☐ 10 - Assembly Use
☐ 20 - Education Use
☐ 33 - Medical Use
☐ 40 - Residential Use
☐ 51 - Row Of Stores
☐ 53 - Enclosed Mall
☐ 58 - Business and Residential
☐ 59 - Office Use
☐ 60 - Industrial Use
☐ 63 - Military Use
☐ 65 - Farm Use
☐ 00 - Other Mixed Use

J **Property Use** ☐ None

Structures

131 ☐ Church, Place of Worship
161 ☐ Restaurant or Cafeteria
162 ☐ Bar/Tavern or Nightclub
213 ☐ Elementary School, Kindegarten
215 ☐ High School, Junior High
241 ☐ College, Adult Education
311 ☐ Nursing Home
331 ☐ Hospital
341 ☐ Clinic, Clinic-Type Infirmary
342 ☐ Doctor/Dentist Office
361 ☐ Prison or Jail, Not Juvenile
419 ☐ 1- or 2-Family Dwelling
429 ☐ MultiFamily Dwelling
439 ☐ Rooming/Boarding House
449 ☐ Commerical Hotel or Motel
459 ☐ Residential, Board and Care
464 ☐ Dormitory/Barracks
519 ☐ Food and Beverage Sales
539 ☐ Household Goods, Sales, Repairs
571 ☐ Gas or Service Station
579 ☐ Motor Vehicle/Boat Sales/Repairs
599 ☐ Business Office
615 ☐ Electric-Generating Plant
629 ☐ Laboratory/Science Laboratory
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/Cared 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

Property Use:

881-Parking garage, (detached residential garage)

Description

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

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:**

Companies responded to a reported residential detached garage fire. Engine #14 arrived, reported the side of a garage was involved, assumed command, and stretched an attack hose line. District Chief #1 arrived and assumed command. Squad #2 arrived and forced entry. Engine #20 arrived and provided a water supply to Engine #14. Engine #14 reported some fire extension into the garage. The fire was knocked down with interior garage extension kept to a minimum. Overhaul was performed. Car #20-fire Investigator Tweed performed a fire investigation. Restoration Services arrived and secured the building openings. Companies picked up, returned to service and command was terminated.

M **Authorization**

Officer In Charge ID	Signature	Position or Rank	Assignment	Date
4695	Breckenridge, Samuel	DC	C1	11/06/2025

Member Making Report ID	Signature	Position or Rank	Assignment	Date
4695	Breckenridge, Samuel	DC	C1	11/06/2025

NFIRS-2 Fire

A

FDID	State	Month	Day	Year	Station	Number	Exposure
62210	MN	11	06	2025	Station #14 (14)	SPFD251106056594	0

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 1 ☐ Buildings Not Involved

Number of buildings involved

B3 [ ] ☑ None ☐ Less than 1 acre

Acres burned (outside fires)

C

On-Site Materials Or Products

310-Wood, other

On-site material (1)

On-Site Materials Storage Use

- ☐ 1 - Bulk Storage or warehousing
- ☐ 2 - Processing or manufacturing
- ☐ 3 - Packaged goods for sale
- ☐ 4 - Repair or service
- ☐ U - Undetermined

D

Ignition

D1 90-Outside area, other

Area of Fire Origin

D2 83-Flying brand, ember, spark

Heat Source

D3 10-Structural component or finish, other

Item First Ignited

D4 60-Wood or paper, processed, 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

61-High wind

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
- [x] None

H2

Mobile Property Type and Make

Mobile Property Type

Mobile Property Make

Mobile Property Model

Year

State

License Plate Number

VIN

Local Use

- [ ] Pre-Fire Plan Available
- [ ] Arson Report Attached
- [ ] Police Report Attached
- [ ] Coroner Report Attached
- [ ] Other Reports Attached

NFIRS-3 Structure Fire

I1

Structure Type

- [x] 1 - Enclosed Building
- [ ] 2 - Portable/Mobile Structure
- [ ] 3 - Open Structure
- [ ] 4 - Air-Supported Structure
- [ ] 5 - Tent
- [ ] 6 - Open Platform
- [ ] 7 - Underground Structure
- [ ] 8 - Connective Structure
- [ ] 0 - Other

I2

Building Status

- [ ] 1 - Under Construction
- [x] 2 - In Normal Use
- [ ] 3 - Idle, Not Routinely Used
- [ ] 4 - Under Major Renovation
- [ ] 5 - Vacant and Secured
- [ ] 6 - Vacant and Unsecured
- [ ] 7 - Being Demolished
- [ ] 0 - Other
- [ ] U - Undetermined

I3

Building Height

1 Number of Stories At/Above Grade

0 Number of Stories Below Grade

I4

Main Floor Size

375 Total Square Feet

OR

____ BY ____ Length (ft) X Width (ft)

J1

Fire Origin

1 Story of Fire Origin

- [ ] Below Grade

J2

Fire Spread

- [ ] Confined to Object of Origin
- [ ] 2 - Confined to Room of Origin
- [ ] 3 - Confined to Floor of Origin
- [x] 4 - Confined to Building of Origin
- [ ] 5 - Beyond Building of Origin

J3

Number of Stories Damaged By Flame

____ Number of Stories w/Minor Damage (1-24%)

____ Number of Stories w/Significant Damage (25-49%)

____ Number of Stories w/Heavy Damage (50-74%)

____ Number of Stories w/Extreme Damage (75-100%)

*Count the roof as part of the highest story

K

Type of Material Contributing Most to Flame Spread

K1 __ Item Contributing Most to Flame Spread

K2 __ Type of Material Contributing Most To Flame Spread

L1

Presence of Detectors

- [x] N - None Present
- [ ] 1 - Present
- [ ] U - Undetermined

L2

Detector Type

- [ ] 1 - Smoke
- [ ] 2 - Heat
- [ ] 3 - Combination of Smoke and Heat
- [ ] 4 - Sprinkler, Water Flow Detection
- [ ] 5 - More Than One Type Present
- [ ] 0 - Other
- [ ] U - Undetermined

L3

Detector Power Supply

- [ ] 1 - Battery Only
- [ ] 2 - Hardwire Only
- [ ] 3 - Plug-In
- [ ] 4 - Hardwire With Battery
- [ ] 5 - Plug-In With Battery
- [ ] 6 - Mechanical
- [ ] 7 - Multiple Detectors & Power Supplies
- [ ] 0 - Other
- [ ] U - Undetermined

L4

Detector Operation

- [ ] 1 - Fire Too Small To Activate
- [ ] 2 - Operated
- [ ] 3 - Failed To Operate
- [ ] U - Undetermined

L5

Detector Effectiveness

- [ ] 1 - Alerted Occupants, Occupants Responded
- [ ] 2 - Alerted Occupants, Occupants Failed to Respond
- [ ] 3 - There Were No Occupants
- [ ] 4 - Failed to Alert Occupants
- [ ] U - Undetermined

L6

Detector Failure Reason

- [ ] 1 - Power Failure, Shutoff, or Disconnect
- [ ] 2 - Improper Installation or Placement
- [ ] 3 - Defective
- [ ] 4 - Lack of Maintenance, Dirty
- [ ] 5 - Battery Missing or Disconnected
- [ ] 6 - Battery Discharged or Dead
- [ ] 0 - Other
- [ ] U - Undetermined

M1

Presence of Automatic Extinguishing System

- [x] N - None Present
- [ ] 1 - Present
- [ ] 2 - Partial System Present
- [ ] U - Undetermined

M2

Type of Automatic Extinguishing System

- [ ] 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 System
- [ ] 0 - Other
- [ ] U - Undetermined

Required if fire was within designed range of AES

M3

Operation of Automatic Extinguishing System

- [ ] 1 - Operated/Effective
- [ ] 2 - Operated/Not Effective
- [ ] 3 - Fire Too Small To Activate
- [ ] 4 - Failed To Operate
- [ ] 0 - Other
- [ ] U - Undetermined

Required if fire was within designed range

M4

Number of Sprinkler Heads Operating

____

Required if system operated

M5

Reason for Automatic Extinguishing System Failure

- [ ] 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

Required if system failed or not effective