



**Construction Services & Inspections Division**  
*Planning & Economic Development Department*

Room 100  
411 West First Street  
Duluth, Minnesota 55802



218-730-5240



permittingservices  
@duluthmn.gov

**BUILDING APPEAL BOARD AGENDA**  
**Wednesday, June 14, 2023 – 3:00 p.m.**  
**City Council Chambers, 3<sup>rd</sup> Floor of City Hall**

1. Call Meeting to Order
2. Roll Call
3. New Business: An Appeal to Reverse a Condemnation for Demolition Order of the Building Official for 631 East 3<sup>rd</sup> Street
4. Other Business
5. Adjournment

# BUILDING APPEALS BOARD

## STAFF REPORT

BAB File #23-001

DATE: June 7, 2023

Plat Parcel 010-3830-10690

Legally described as Lot 0000 Block 072 Portland Division of Duluth

**APPELLANT:** Timothy Johnson  
1702 W. 3<sup>rd</sup> St.  
Duluth, MN 55806

**FILING DATE:** May 11, 2023

**APPEAL REQUEST:** An appeal to reverse a Condemnation Order of the Building Official.

**LOCATION OF PROPERTY:** 631 E. 3<sup>rd</sup> St., Duluth, MN 55806

**BACKGROUND DATA:**

- The building at 631 E 3<sup>rd</sup> St is a two-story brick structure with basement (4,476 gross sq. ft.) built in 1902. On April 22, 2023 a fire occurred causing extensive damage to the roof system and 2<sup>nd</sup> floor units. The lower level received fire, smoke and water damage. Basement area was flooded due to fire extinguishing methods.
- Photos of the structure fire are provided in Exhibit A.
- The building was not insured.
- The fire has left the south, east and west walls above the 2<sup>nd</sup> floor unbraced, creating and unsafe condition along the City right-of-way sidewalks (Third Street and Sixth Avenue E.).
- Plat Parcel 010-3830-10690 comprises (3) separate structures: Eight-unit apartment, garage and two-story duplex. The demolition order is for the eight-unit apartment complex only.
- St. Louis County assessor records indicate the assessed value (2022) of the building prior to the fire at \$284,700, provided as Exhibit B.
- The Building Official's good faith estimate, of cost to repair and rehabilitate the building to an occupiable condition exceeds \$340,000. The work required will include the repair of all damaged portions of the building/structure, as well as work required to make the entire building comply with applicable codes.
- The Building Official's cost of repairs are provided in Exhibit C.
- Property damage exceeded 60% of the 2022 market value of the building(s) located on the parcel.
- Pursuant to Duluth Legislative Code Section 10-3, a demolition order was issued on April 25<sup>th</sup>, 2023. Demolition order CDEMO2304-003 is provided in Exhibit D.
- Pursuant to Duluth Legislative Code Chapter 29A, a condemnation for habitation order was issued on April 24, 2023.
- Tax payer Timothy Johnson (owner listed as John Ramsey according to County assessor details), appealed the demolition order. See Appeal application form Exhibit E.



- Fire Incident history:
- 8/11/2020 -First fatal fire incident at apartment building, main floor apartment, incident report provided as Exhibit F.
- 4/4/2021 -Second fatal fire incident Apartment #2, minimal damage, incident report provided as Exhibit G.
- 4/22/2023 -Third fire incident -building received over 60% of damage to all portions, structural, electrical, plumbing and HVAC, incident report provided as Exhibit H.
- 4/24/2023 -Site inspection by Building Official with Fire Marshal and Life Safety officer to determine extent of damage. Utilities have been cut off to building, water service was still active due to it serving the adjacent apartment on the same parcel (313 N 7<sup>th</sup> St.).

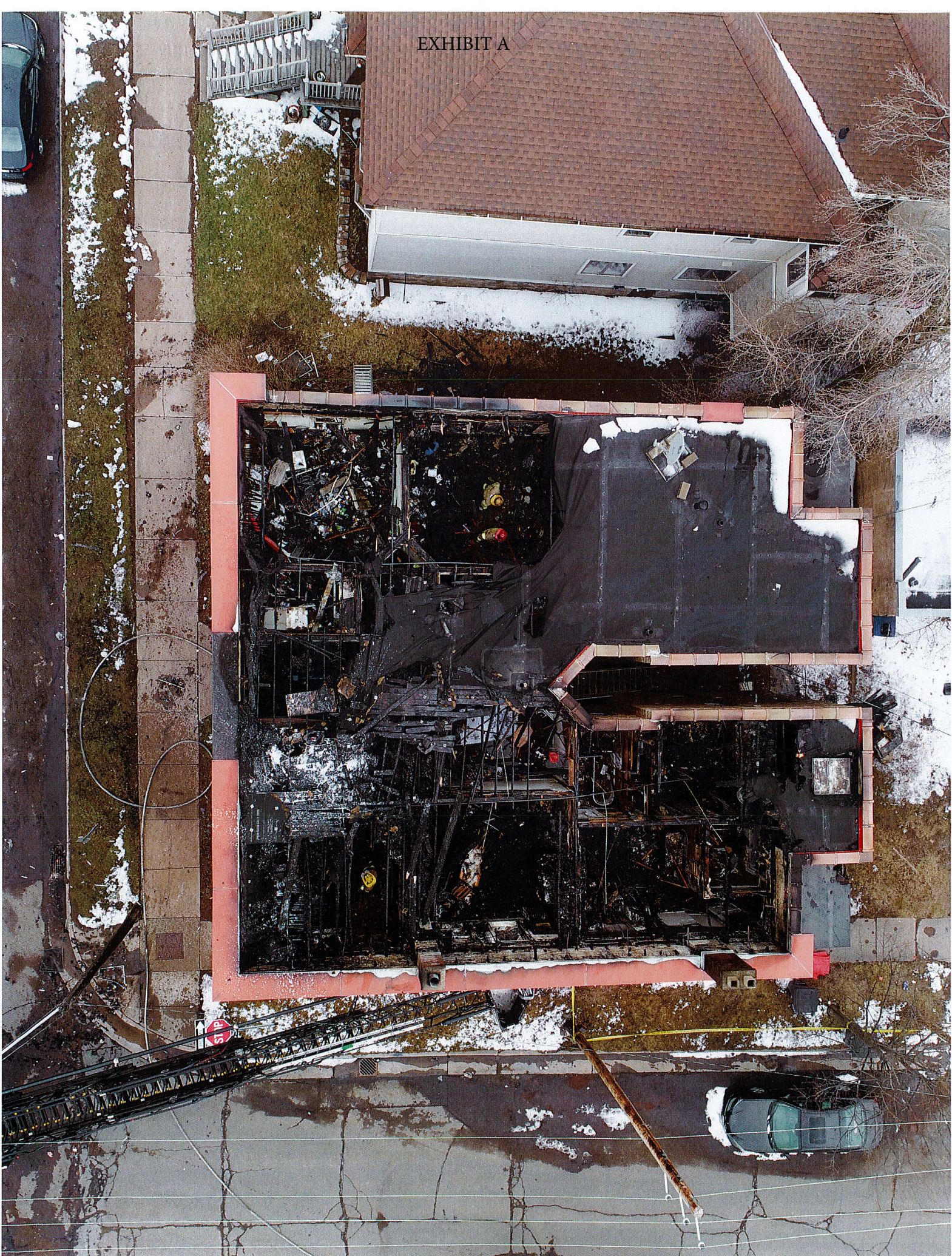
**CODE REFERENCES:**

The City has adopted the MN Building Code by Ordinance.  
City Ordinance Chapter 10 Article II Section 10-3.

**STAFF RECOMMENDATIONS:** It is the recommendation of the Building Official that the eight-unit apartment building known as 631 E 3<sup>rd</sup> St. be torn down due to significant damage caused by the April 22<sup>nd</sup> fire. The remaining 2-story duplex (313 N 7<sup>th</sup> Ave E.) can remain on parcel.



EXHIBIT A







































# PROPERTY DETAILS REPORT

St. Louis County, Minnesota



Date of Report: 6/7/2023 11:43:03 AM

General Details							
Parcel ID:	010-3830-10690						
Document Department:	-						
Document Number:	98352 G						
Document Date:	-						
Plat Name:	PORTLAND DIVISION OF DULUTH						
Legal Description Details							
Plat Name:	PORTLAND DIVISION OF DULUTH						
Section	Township	Range	Lot	Block			
-	-	-	-	072			
Description:	LOTS 15 AND 16						
Taxpayer Details							
Taxpayer Name	JOHNSON TIMOTHY J						
and Address:	1702 W 3RD ST DULUTH MN 55806						
Owner Details							
Owner Name	RAMSAY JOHN D						
and Address:							
Payable 2023 Tax Summary							
2023 - Net Tax				\$9,044.00			
2023 - Special Assessments				\$0.00			
<b>2023 - Total Tax &amp; Special Assessments</b>				<b>\$9,044.00</b>			
Current Tax Due (as of 6/6/2023)							
Due May 15		Due October 16		Total Due			
2023 - 1st Half Tax	\$4,522.00	2023 - 2nd Half Tax	\$4,522.00	2023 - 1st Half Tax Due	\$0.00		
2023 - 1st Half Tax Paid	\$4,522.00	2023 - 2nd Half Tax Paid	\$0.00	2023 - 2nd Half Tax Due	\$4,522.00		
<b>2023 - 1st Half Due</b>	<b>\$0.00</b>	<b>2023 - 2nd Half Due</b>	<b>\$4,522.00</b>	<b>2023 - Total Due</b>	<b>\$4,522.00</b>		
Parcel Details							
Property Address:	631 E 3RD ST, DULUTH MN						
School District:	709						
Tax Increment District:	-						
Property/Homesteader:	-						
Assessment Details (2023 Payable 2024)							
Class Code (Legend)	Homestead Status	Land EMV	Bldg EMV	Total EMV	Def Land EMV	Def Bldg EMV	Net Tax Capacity
205	0 - Non Homestead	\$273,800	\$371,600	\$645,400	\$0	\$0	-
<b>Total:</b>		<b>\$273,800</b>	<b>\$371,600</b>	<b>\$645,400</b>	<b>\$0</b>	<b>\$0</b>	<b>8068</b>



# PROPERTY DETAILS REPORT

St. Louis County, Minnesota



Date of Report: 6/7/2023 11:43:03 AM

## Land Details

Deeded Acres: 0.00  
Waterfront: -  
Water Front Feet: 0.00  
Water Code & Desc: -  
Gas Code & Desc: -  
Sewer Code & Desc: -  
Lot Width: 0.00  
Lot Depth: 0.00

The dimensions shown are not guaranteed to be survey quality. Additional lot information can be found at <https://apps.stlouiscountymn.gov/webPlatsIframe/frnPlatStatPopUp.aspx>. If there are any questions, please email [PropertyTax@stlouiscountymn.gov](mailto:PropertyTax@stlouiscountymn.gov).

## Building 1 Details (631 E 3RD)

Building Type	Year Built	Main Floor Ft <sup>2</sup>	Gross Area Ft <sup>2</sup>	Basement Finish	Style Code & Desc.
APARTMENT	1902	2,238	4,476	-	STD - STANDARD
Segment	Story	Width	Length	Area	Foundation
BAS	2	13	6	78	BASEMENT
BAS	2	20	21	420	BASEMENT
BAS	2	46	27	1,242	BASEMENT
BMT	0	0	0	2,238	-
CN	2	8	6	48	POST ON GROUND
Efficiency	One Bedroom	Two Bedroom	Three Bedroom		

8 UNITS

## Building 2 Details (313 N 7TH)

Building Type	Year Built	Main Floor Ft <sup>2</sup>	Gross Area Ft <sup>2</sup>	Basement Finish	Style Code & Desc.
HOUSE	1881	830	1,660	-	DUP - DUPLEX
Segment	Story	Width	Length	Area	Foundation
BAS	2	5	10	50	BASEMENT
BAS	2	20	39	780	BASEMENT
Bath Count	Bedroom Count	Room Count	Fireplace Count	HVAC	
2.0 BATHS	4 BEDROOMS	8 ROOMS	-	CENTRAL, GAS	

## Building 3 Details (Gar)

Building Type	Year Built	Main Floor Ft <sup>2</sup>	Gross Area Ft <sup>2</sup>	Basement Finish	Style Code & Desc.
GARAGE	0	665	665	-	DETACHED
Segment	Story	Width	Length	Area	Foundation
BAS	0	19	35	665	POST ON GROUND

## Sales Reported to the St. Louis County Auditor

No Sales information reported.



# PROPERTY DETAILS REPORT

St. Louis County, Minnesota



Date of Report: 6/7/2023 11:43:03 AM

Assessment History							
Year	Class Code (Legend)	Land EMV	Bldg EMV	Total EMV	Def Land EMV	Def Bldg EMV	Net Tax Capacity
2022 Payable 2023	205	\$209,800	\$284,700	\$494,500	\$0	\$0	-
	Total	\$209,800	\$284,700	\$494,500	\$0	\$0	6,181.00
2021 Payable 2022	205	\$209,800	\$251,700	\$461,500	\$0	\$0	-
	Total	\$209,800	\$251,700	\$461,500	\$0	\$0	5,769.00
2020 Payable 2021	205	\$52,500	\$333,200	\$385,700	\$0	\$0	-
	Total	\$52,500	\$333,200	\$385,700	\$0	\$0	4,821.00
2019 Payable 2020	205	\$52,500	\$333,200	\$385,700	\$0	\$0	-
	Total	\$52,500	\$333,200	\$385,700	\$0	\$0	4,821.00
Tax Detail History							
Tax Year	Tax	Special Assessments	Total Tax & Special Assessments	Taxable Land MV	Taxable Building MV	Total Taxable MV	
2022	\$9,270.00	\$0.00	\$9,270.00	\$209,800	\$251,700	\$461,500	
2021	\$7,570.00	\$0.00	\$7,570.00	\$52,500	\$333,200	\$385,700	
2020	\$7,792.00	\$0.00	\$7,792.00	\$52,500	\$333,200	\$385,700	

**Disclaimer:** St. Louis County makes no representation or warranties, express or implied, with respect to the use or reuse of data provided herewith, regardless of its format or the means of its transmission. THE DATA IS PROVIDED 'AS IS' WITH NO GUARANTEE OR REPRESENTATION ABOUT THE ACCURACY, CURRENCY, SUITABILITY, PERFORMANCE, MERCHANTABILITY, RELIABILITY OR FITNESS OF THIS DATA FOR ANY PARTICULAR PURPOSE. St. Louis County shall not be liable for any direct, indirect, special, incidental compensatory or consequential damages or third party claims resulting from the use of these data, even if St. Louis County has been advised of the possibility of such potential loss or damage. These data may not be used in states that do not allow the exclusion or limitation of incidental or consequential damages.



Internal Info CSI xxx-vA082321-0821

## Condemn for Demo Initiation Form

Property Address 631 E 3rd St

PIN(s) 010-3830-10690

Date of Initiation 4/24/23

Condemnation Date Notes CDHH on 4/24/23

Brief Description of Damage (70 characters max) Extensive fire Damage + Smoke

Assessor's record market value of building (ASSESSOR IMP VALUE) 284,700

60% of Improvement value (60% IMP VALUE) 170,820

Estimated total repair cost ÷ assessor's record value (PERCENT DAMAGE VALUE)

Owner name John Ramsay

Notification (other than owner) Tim Johnson - 1702 W 3rd St.

## Other Notes

1. All notices should be sent by regular mail and by certified mail, return receipt requested, deliver to addressee only.
2. Publish in DNT twice, at least one week apart.
3. Post condemnation order on the building in one or more locations, with posted notice photographed so that it is clear that the notice is on the condemned building and so that the order can be read in the photo. Save photos to the CDEMO record, and enter detailed inspection note with the name of the person who posted it, where on the building it was placed, and the date of the posting.

Is the building in compliance with UDC regulations? Yes No Check with Zoning Coordinator

## Extent of Damage Evaluation

Property Address 631 E 3rd St.

Date 4/24/2023

Brief Description of Conditions Extensive fire/smoke damage throughout Bldg.  
 2nd floor Roof destroyed, electrical + plumbing damage throughout  
 Apartments (8)

Assessor's Imp Value: 284,700

60% Imp Value: 170,820

Estimated Repairs	
Foundation	NA
Exterior Walls	Shoring of Brick 20,000
Roof & Roof Structure	Total Replacement \$ 70,000
Doors, Windows, Frames	Total Replacement \$ 45,000
Porches	NA
Exterior Stairs	NA
Chimneys	NA
Interior Support Structure	Structural Analysis + Correct \$ 40,000
Flooring & Floor Structure	35,000
Interior Partitions & Ceilings	30,000
Heating System	\$ 15,000
Electrical System	Complete Replace \$ 25,000
Plumbing System	Fixtures + RI 27,000
Interior Stairs	Complete Replace \$ 20,000
Other Demo + Clean Up	\$ 15,000
<b>TOTAL EST REPAIR COST</b>	<b>\$ 342,000</b>

30 windows





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**DEMOLITION ORDER NO. CDEMO2304-003**

Date of Order 25 April, 2023

TO: JOHN D RAMSAY  
1702 W 3RD ST  
DULUTH MN 55806

PARCEL NO: 010-3830-10690

**YOU WILL PLEASE TAKE NOTICE**, that the building or structure located on the following described property and situated in the City of Duluth, in the County of St. Louis, and State of Minnesota, to wit:

LOT 0000  
BLOCK 072  
PORTLAND DIVISION OF DULUTH  
DULUTH

and known by address as **631 E 3RD ST** has been inspected under the authority of the Duluth Legislative Code (DLC) Section 10-3 and in the opinion of the building official based upon information documented in the official file and records, such building has been damaged or deteriorated to the extent that in the building official's good faith opinion, a reasonable estimate of the cost of repairing and restoring the building is more than 60 percent of the current fair market value of the building, as shown in the records of the city assessor. The Assessor's record indicates the value for this building at \$284,700. Based on standardized construction cost information, the estimated cost to return the building to code compliance exceeds \$170,820. This building has been damaged by causes to the extent of 60 percent (%) of the value of the building.

THEREFORE, I, Blake Nelson, Building Official for the City of Duluth, MN, in accordance with DLC Chapter 10, Article II, Section 10-3, do hereby order you to tear down the above described building, including any accessory buildings or structures on the property, and remove said buildings or structures and all material and debris of same from said premises within thirty (30) days from the date of such service.

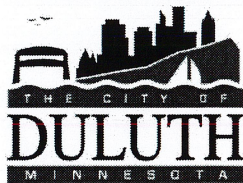
Pursuant to DLC Section 10-5, any person wishing to appeal a demolition order shall serve written notice of appeal to the building official within fifteen (15) days after receiving notice of such decision, which appeal shall be accompanied by the required fee. The notice of appeal shall contain a complete statement of the matter in controversy and relief requested.

Sincerely,

Blake Nelson  
City of Duluth Building Official

cc: Water & Gas Credit, Water & Gas Applications, Fire Marshal, Lead Housing Inspector, Police Department, Assessor, Treasurer, MN Power, Housing & Redevelopment Authority





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Doc 243-C-1219

## Building Appeal Board Application Form

City of Duluth MN

Submit this form and the items indicated below to Construction Services & Inspections at the address above.


This completed Application form and additional information must be accompanied by the filing fee of \$133 (check payable to City of Duluth). Appeals must be submitted within 15 days of notification of the decision being appealed.

For appeals requesting the stay of a demolition order, the following information is required to be submitted with the application for appeal:

1. Documentation that the owner has dedicated sufficient funds to pay for the repair of the building
2. A valid contract to have the repair completed within 18 months.

Incomplete applications will be determined incomplete and will not be placed on the agenda.

The deadline for application is 14 days prior to the scheduled Building Appeal Board meeting.

Appellant Name:	Timothy Johnson	Property location:	631 East 3rd St.
Appellant Mailing Address:	1708 West 3rd St.	(city)	Duluth 55806
Appellant Phone Number:	218- 	E-mail:	N/A

### Type of appeal

- |   |   |
|---|---|
| <input type="checkbox"/> Housing Code Order (DLC Chapter 29A) | <input checked="" type="checkbox"/> Request Stay of Demolition Order (DLC Section 10-3)     |
| <input type="checkbox"/> Fire Code Order (DLC Chapter 21)     | <input type="checkbox"/> Other Building Official Order (DLC Chapter 10, Articles II or III) |

NOTE: Appeals to building official decisions administering the MN State Building Code are to the State Appeals Board. See <http://www.dli.mn.gov/about-department/boards-and-councils/state-appeals-board>

Description of item you are appealing: (ie, specific code section, interpretation or order being appealed) **DEMO**  
 Appellant is appealing Demolition Order 4/25/2023 No. 23041-003

Statement of the matter in controversy:  
 (see attached)

Relief requested: (see attached)

You may use the back of this form or attach other documents to this application if needed.

#### Office Use

Date Received  
 File No.

[www.duluthmn.gov](http://www.duluthmn.gov)

The City of Duluth is an Equal Opportunity Employer.



## STATEMENT OF THE MATTER IN CONTROVERSY

1. Whether the fire damaged building at 631 East 3<sup>rd</sup> Street can be repaired/rehabilitated.
2. Whether the timelines set forth in the Duluth City Code, requiring an owner to appeal a demolition order within 15 days of the demolition order, and include with that appeal proof of dedicated funds to finance the repairs along with a valid contract to make the repairs within 18 months, is arbitrary, capricious and patently unreasonable.

## RELIEF REQUESTED

That the owner of the property, Timothy Johnson, be given additional time to potentially facilitate the repair and rehabilitation of the fire damaged building which may include, inter alia, finding a buyer for the fire damaged property who may be able to readily finance its repair.

The property includes a fully occupied and undamaged duplex which is readily marketable on today's Duluth real estate market.

A buyer of the parcel, given additional time, might be able to salvage the damaged building. That person should be afforded time to evaluate that potential even if eventually it is determined and concluded that the damaged building needs to be razed.

<b>A</b>	FDID <input type="text" value="69218"/>	State <input type="text" value="MN"/>	Incident Date <input type="text" value="08"/> <input type="text" value="11"/>	YYYY <input type="text" value="2020"/>	Station <input type="text" value="HQ"/>	Incident Number <input type="text" value="2020-00008431"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 1 BASIC</b>
----------	---	---------------------------------------	---	--	---	--	---	--	----------------------------

<b>B Location Type</b>	<input type="checkbox"/> 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 <input type="text"/>
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> US National Grid	Number/Milepost <input type="text" value="631"/> Prefix <input type="text" value="E"/> Street or Highway <input type="text" value="3RD"/> City <input type="text" value="Duluth"/> State <input type="text" value="MN"/> ZIP Code <input type="text" value="55805"/>	Street Type <input type="text" value="ST"/> Suffix <input type="text"/> - <input type="text"/>
Cross Street, Directions or National Grid, as applicable		

<b>C IncidentType</b>	<b>E1 Dates and Times</b>	<b>E2 Shifts and Alarms</b>
Incident Type <input type="text" value="111"/> 1 Building fire	Midnight is 0000 Month <input type="text" value="08"/> Day <input type="text" value="11"/> Year <input type="text" value="2020"/> Hour/Min <input type="text" value="0231"/> Check boxes if dates are the same as Alarm Date. Alarm <input checked="" type="checkbox"/> Arrival <input checked="" type="checkbox"/> Controlled <input type="checkbox"/> Last Unit Cleared <input checked="" type="checkbox"/>	Local option Shift or Platoon <input type="text"/> Alarms <input type="text" value="1"/> District <input type="text"/>
<b>D Aid Given or Received</b>		<b>E3 Special Studies</b>
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given	Their FDID <input type="text"/> Their State <input type="text"/> Their Incident Number <input type="text"/>	Local option Special Study ID# <input type="text" value="9244"/> Special Study Value <input type="text" value="3"/>

<b>F Actions Taken</b>	<b>G1 Resources</b>	<b>G2 Estimated Dollar Losses and Values</b>
Primary Action Taken (1) <input type="text" value="31"/> *Provide first aid & check Additional Action Taken (2) <input type="text" value="11"/> *Extinguishment by fire Additional Action Taken (3) <input type="text" value="81"/> *Incident command	Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus <input checked="" type="checkbox"/> Personnel <input type="checkbox"/> Suppression <input type="text" value="6"/> <input type="text" value="19"/> EMS <input type="text" value="0"/> <input type="text" value="0"/> Other <input type="text" value="0"/> <input type="text" value="0"/> <input type="checkbox"/> Check box if resource counts include aid received resources.	LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <input type="text" value="75,000"/> Contents \$ <input type="text" value="25,000"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text" value="333,200"/> Contents \$ <input type="text" value="150,000"/>

<b>Completed Modules</b>	<b>H1 Casualties</b>	<b>H3 Hazardous Materials Release</b>	<b>Mixed Use Property</b>
<input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 <input checked="" type="checkbox"/> Civilian Fire Cas.-4 <input checked="" type="checkbox"/> Fire Service Cas.-5 <input checked="" type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11	Deaths <input type="text" value="0"/> Injuries <input type="text" value="0"/> Fire Service <input type="text" value="0"/> <input type="text" value="0"/> Civilian <input type="text" value="1"/> <input type="text" value="0"/> <b>H2 Detector</b> Required for confined fires. 1 <input checked="" type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: < 21 - lb tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: special HazMat action required or spill > 55 gal (Please complete the HazMat form.)	10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use

<b>J Property Use</b>			
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, 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 checked="" type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial 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-generation 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	
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 type="checkbox"/> Residential street/driveway	981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard	Look up and enter a Property Use code and description only if you have NOT checked a Property Use box. Property Use <input type="text"/> Code <input type="text"/> Property Use Description <input type="text"/>

<b>A</b>	69218	MN	MM 08	DD 11	YYYY 2020	HQ	2020-00008431	000	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 1 BASIC</b>
	FDID	State	Incident Date		Station	Incident Number	Exposure			

**K1 Person/Entity Involved**

<input checked="" type="checkbox"/> Check this box if same address as incident Location (Section B). then skip the three duplicate address lines.  	Local Option	Business Name (if applicable)				Area Code	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					

**K2 Owner**

<input type="checkbox"/> Check this box if same address as incident Location (Section B). then skip the three duplicate address lines.  	Local Option	Business Name (if applicable)				Area Code	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					

**M Authorization**

Check box if same as Officer in charge.



213	Signature	Dennis Edwards	Asst Fire Chi	Asst Fire Chi	Month	Day	Year
Officer in charge ID							
213	Signature	Dennis Edwards	Asst Fire Chi	Asst Fire Chi	Month	Day	Year
Member making report ID							



<b>A</b>	69218	MN	MM 08	DD 11	YYYY 2020	HQ	2020-00008431	000	<input type="checkbox"/> Delete	<b>NFIRS - 1 BASIC</b>
	FDID	State	Incident Date		Station	Incident Number	Exposure	<input type="checkbox"/> Change		

**Remarks**

Local Option

This morning at 2:33 a.m., the Duluth Fire Department received a call of a structure fire at 631 East 3rd Street. The first crew arrived on-scene at 2:37 a.m. and saw smoke showing on the first and second floors in the front side of the eight-unit apartment building. Tenants had been able to get an unconscious man out of the unit where the fire began and was attempting lifesaving efforts. When Rescue 1 arrived on-scene, they took over rescue efforts. Shortly after arrival, the man was taken by Mayo Ambulance to a local hospital where he was later pronounced dead. His name is being withheld at this time until the first of kin can be notified. One Engine and One Tower knocked the fire down in the apartment where the fire had started, and continued to fight the fire up the stairs and into the cockloft (a small space created when a roof is raised above the level of the flat beams to provide a pitch to drain rain and a vented space to reduce top-floor temperatures). Crews then laddered the building and found that fire had reached the attic, at which time they then cut a hole into the roof to eliminate the fire from becoming more destructive. The crews then looked and treated the building for hot spots. The fire overall was put out in twenty-minutes.

The Red Cross was on scene and gave displaced residents resources for the next few days. Damage to the building is estimated at \$75,000.

Narrative from Captain Bujold;

1E arrived at 631 E. 3rd St. and spotted on the Alpha (3rd St.) side. Smoke was coming from the second floor, Alpha/Delta apartment. Fire was visible in the circular window, first floor Alpha side. Bystanders were performing CPR on a male patient down on the sidewalk, Alpha entrance. 1E requested R1 to assume CPR on the patient while #369 stretched a pre connect and #268 grabbed the hydrant at 7th Ave. E. and 3rd St. #288 scanned the Alpha and Delta sides from the exterior with the TIC and found nothing remarkable other than the obvious fire from the Alpha side, first floor circular window. 1T had forced the door to the first floor, Alpha/Delta apartment and 1E made entry with the pre connect. There was a lot of debris to climb through as the contents of the apartment were enveloping. #369 noted fire rolling across the ceiling in the kitchen (which was the visible fire from the circular window, first floor, Alpha side) and commenced fire attack. After extinguishing this body of fire, 1E rotated between the first floor, Alpha/Delta apartment, the stairway to the second floor, and the second floor, Alpha/Delta apartment in coordination with 1T to extinguish fire that had extended into the stud cavities. 1E then exited the structure for a bottle change and a face to face with the IC.

<b>A</b>	69218	MN	08	11	2020	HQ	2020-00008431	000	<input type="checkbox"/> Delete <input type="checkbox"/> Change
	FDID	State	Incident Date		Station	Incident Number	Exposure		

**NFIRS - 1S  
SUPPLEMENTAL**
**K1 Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident Location (Section B). then skip the three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

 Number  
 631

 Prefix  
 E

 Street or Highway  
 3RD

 Street Type  
 ST

Suffix

Post Office Box

Apt./Suite/Room

 City  
 Duluth

 State  
 MN

 ZIP Code  
 55805

-



<b>A</b>	FDID 69218	State MN	Incident Date MM 08 DD 11 YYYY 2020	Station HQ	Incident Number 2020-00008431	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change
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**NFIRS - 2 FIRE****B Property Details**
**B1**  ☐ Not Residential

Estimated number of residential living units in building of origin whether or not all units became involved

**B2**  ☐ Buildings not involved

Number of buildings involved

**B3**  ☒ None  
☐ Less than one acre

Acres burned (outside fires)

**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 box for each code entered.

    
 On-site material (1)

    
 On-site material (2)

    
 On-site material (3)
**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

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

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

**D Ignition**
**D1**  

Area of fire origin

**D2**  

Heat source

**D3**  

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 &lt;70

**E1 Cause of Ignition**
☐ Check box if this is an exposure report.

- 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
   
 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 mentally 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 Source**
 

Equipment Power Source

**F3 Equipment Portability**

- 1 ☐ Portable  
 2 ☒ Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

**G Fire Suppression Factors**☒ None

Enter up to three codes.

    
 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 and Make**
   
 Mobile property type

   
 Mobile property make

    
 Mobile property model

   
 Year

    
 License Plate Number

   
 State

    
 VIN
**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

Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).

**I1 Structure Type** ★

If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.

- 1 ☒ 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 ☒ 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** ★

Count the roof as part of the highest story.

2

Total number of stories at or above grade

1

Total number of stories below grade

**I4 Main Floor Size** ★

**NFIRS-3  
STRUCTURE  
FIRE**

2,238

Total square feet

OR

           BY           

Length in feet

Width in feet

**J1 Fire Origin** ★

1 ☐ Below grade

Story of fire origin

**J2 Fire Spread** ★

If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module.)

- 2 ☐ Confined to room of origin  
 3 ☐ Confined to floor of origin  
 4 ☒ 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.

2 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 Type of Material Contributing Most to Flame Spread**

- ☐ Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.

→ Skip to Section L

**K1** 76 Cooking materials, incl

Item contributing most to flame spread

**K2** 41 Plastic

Type of material contributing most to flame spread

Required only if item contributing code is 00 or < 70.

**L1 Presence of Detectors** ★

(In area of the fire)

- N ☐ None Present  
 1 ☒ Present  
 U ☐ Undetermined

→ Skip to Section M

**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

**L5 Detector Effectiveness**

Required if detector operated.

- 1 ☐ Alerted occupants, occupants responded  
 2 ☒ Alerted occupants, occupants failed to respond  
 3 ☐ There were no occupants  
 4 ☐ Failed to alert occupants  
 U ☐ Undetermined

**L2 Detector Type**

- 1 ☒ Smoke  
 2 ☐ Heat  
 3 ☐ Combination smoke and heat  
 4 ☐ Sprinkler, water flow detection  
 5 ☐ More than one type present  
 0 ☐ Other  
 U ☐ Undetermined

**L4 Detector Operation**

- 1 ☐ Fire too small to activate  
 2 ☒ Operated  
 3 ☐ Failed to operate  
 U ☐ Undetermined

Complete Block L5

Complete Block L6

**L6 Detector Failure Reason**

Required if detector failed to operated.

- 1 ☐ Power failure, shutdown, or disconnect  
 2 ☐ Improper installation or placement  
 3 ☐ Defective  
 4 ☐ Lack of maintenance, includes not cleaning  
 5 ☐ Battery missing or disconnected  
 6 ☐ Battery discharged or dead  
 7 ☐ Other  
 U ☐ Undetermined

**M1 Presence of Automatic Extinguishing System** ★

- N ☒ None Present  
 1 ☐ Present  
 2 ☐ Partial System Present  
 U ☐ Undetermined

→ Complete rest of Section M

**M2 Type of Automatic Extinguishing System**

Required if fire was within designed range of AES

- 1 ☐ Wet-pipe  
 2 ☐ Dry-pipe sprinkler  
 3 ☐ Other sprinkler system  
 4 ☐ Dry chemical system  
 5 ☐ Foam system  
 6 ☐ Halogen-type system  
 7 ☐ Carbon dioxide (CO2) system  
 0 ☐ Other special hazard system  
 U ☐ Undetermined

**M3 Operation of Automatic Extinguishing System**

Required if fire was within designed range

- 1 ☐ Operated/effective (go to M4)  
 2 ☐ Operated/not effective (go to 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 Reason for Automatic Extinguishing System Failure**

Required if system failed or not effective

- 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



<b>A</b>	FDID <input type="text" value="69218"/>	State <input type="text" value="MN"/>	Incident Date <input type="text" value="08"/> <input type="text" value="11"/>	YYYY <input type="text" value="2020"/>	Station <input type="text" value="HQ"/>	Incident Number <input type="text" value="2020-00008431"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change
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**NFIRS-4 Civilian  
Fire Casualty**

<b>B Injured Person</b>	<b>C Casualty Number</b>
Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/> Suffix <input type="text"/>	Casualty Number <input type="text" value="001"/>

<b>D Age or Date of Birth</b>	<b>E1 Race</b>	<b>F Affiliation</b>	<b>H Severity</b>
Age <input type="text"/> <input type="checkbox"/> Months (for infants) OR Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American 3 <input type="checkbox"/> Am. Indian, Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian, Other Pacific Islander 0 <input type="checkbox"/> Other, multiracial U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other	1 <input type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input checked="" type="checkbox"/> Death U <input type="checkbox"/> Undetermined
	<b>E2 Ethnicity</b>	<b>G Date and Time of Injury</b>	
	1 <input type="checkbox"/> Hispanic or Latino 0 <input type="checkbox"/> Non Hispanic or Latino	Midnight is 0000. Date of Injury <input type="text"/> <input type="text"/> <input type="text"/> Time of Injury <input type="text"/> <input type="text"/> Month Day Year Hour Minute	

<b>I Cause of Injury</b>	<b>J Human Factors Contributing to Injury</b>	<b>K Factors Contributing to Injury</b>
1 <input type="checkbox"/> Exposed to fire products including flame heat, smoke, and gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped, or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by or contact with object 8 <input type="checkbox"/> Overexertion or strain 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	<input type="checkbox"/> None Enter up to three contributing factors Contributing factor (1) <input type="text"/> Contributing factor (2) <input type="text"/> Contributing factor (3) <input type="text"/>

<b>L Activity When Injured</b>	<b>M1 Location at Time of Incident</b>	<b>M3 Story at Start of Incident</b>
1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin and not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area of origin and involved 0 <input type="checkbox"/> Other Location U <input type="checkbox"/> Undetermined	Complete ONLY if injury occurred INSIDE Story at start of incident <input type="text"/> <input type="checkbox"/> Below grade
	<b>M2 General Location at Time of Injury</b>	<b>M4 Story Where Injury Occurred</b>
	1 <input type="checkbox"/> In area of fire origin <span style="border: 1px solid black; padding: 2px;">Skip to Section N</span> 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area <span style="border: 1px solid black; padding: 2px;">Skip to Block M5</span> U <input type="checkbox"/> Undetermined	Story where injury occurred, if different from M3 <input type="text"/> <input type="checkbox"/> Below grade
		<b>M5 Specific Location at Time of Injury</b>
		Complete ONLY if casualty NOT in area of origin Specific location at time of injury <input type="text"/>

<b>N Primary Apparent Symptom</b>	<b>O Primary Area of Body Injured</b>	<b>P Disposition</b>
01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns and smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up a code only if the symptom is NOT found above Primary apparent symptom <input type="text"/>	1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck and shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	<input type="checkbox"/> Transported to emergency care facility Remarks <input type="text"/> Local option

<b>A</b>	FDID <input type="text" value="69218"/>	State <input type="text" value="MN"/>	Incident Date <input type="text" value="08"/> <input type="text" value="11"/> <input type="text" value="2020"/>	Station <input type="text" value="HQ"/>	Incident Number <input type="text" value="2020-00008431"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 6 EMS</b>
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<b>B</b>	<b>Number of Patients</b>	<b>Patient Number</b>	★	<b>C</b>	<b>Date/Time</b>	Month	Day	Year	Hour/Min
	<input type="text" value="1"/>	<input type="text" value="001"/>		<input type="checkbox"/> Check if same date as Alarm date <input type="checkbox"/> Time Arrived at Patient <input type="checkbox"/> Time of Patient Transfer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Use a separate form for each patient					

<b>D</b>	<b>Provider Impression/Assessment</b>	★	Check one box only	<input type="checkbox"/> None/no patient or refused treatment
	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">           10 <input type="checkbox"/> Abdominal pain            11 <input type="checkbox"/> Airway obstruction            12 <input type="checkbox"/> Allergic reaction            13 <input type="checkbox"/> Altered LOC            14 <input type="checkbox"/> Behavioral/psych            15 <input type="checkbox"/> Burns            16 <input checked="" type="checkbox"/> Cardiac arrest            17 <input type="checkbox"/> Cardiac dysrhythmia         </div> <div style="width: 50%;">           18 <input type="checkbox"/> Chest pain            19 <input type="checkbox"/> Diabetic symptom            20 <input type="checkbox"/> Do not resuscitate            21 <input type="checkbox"/> Electrocutation            22 <input type="checkbox"/> General illness            23 <input type="checkbox"/> Hemorrhaging/bleeding            24 <input type="checkbox"/> Hyperthermia            25 <input type="checkbox"/> Hypothermia         </div> <div style="width: 50%;">           26 <input type="checkbox"/> Hypovolemia            27 <input type="checkbox"/> Inhalation injury            28 <input type="checkbox"/> Obvious death            29 <input type="checkbox"/> OD/poisoning            30 <input type="checkbox"/> Pregnancy/OB            31 <input type="checkbox"/> Respiratory arrest            32 <input type="checkbox"/> Respiratory distress            33 <input type="checkbox"/> Seizure         </div> <div style="width: 50%;">           34 <input type="checkbox"/> Sexual assault            35 <input type="checkbox"/> Sting/bite            36 <input type="checkbox"/> Stroke/CVA            37 <input type="checkbox"/> Syncope            38 <input type="checkbox"/> Trauma            00 <input type="checkbox"/> Other         </div> </div>			

<b>E1</b>	<b>Age or Date of Birth</b>	<b>F1</b>	<b>Race</b>	<b>G1</b>	<b>Human Factors Contributing to Injury</b>	None	<b>G2</b>	<b>Other Factors</b>	None
	<input type="text"/> Months (for infants) Age <input type="text"/> OR <input type="text"/> <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year		1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American 3 <input type="checkbox"/> Am. Indian, Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian, Other Pacific Islander 0 <input type="checkbox"/> Other, multiracial U <input type="checkbox"/> Undetermined		Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person		If an illness, not an injury, skip G2 and go to H3 1 <input type="checkbox"/> Accidental 2 <input type="checkbox"/> Self-inflicted 3 <input type="checkbox"/> Inflicted, not self		
<b>E2</b>	<b>Gender</b>	<b>F2</b>	<b>Ethnicity</b>						
	1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female		1 <input type="checkbox"/> Hispanic or Latino 0 <input type="checkbox"/> Non Hispanic or Latino						

<b>H1</b>	<b>H2</b>	<b>H3</b>
<b>Body Site of Injury</b>	<b>Injury Type</b>	<b>Cause of Illness/Injury</b>
List up to five body sites	List one injury type for each body site listed under H1	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text" value="34"/> Cause of Illness/Injury <input type="text" value="Smoke inhalation"/>

<b>I</b>	<b>J</b>
<b>Procedures Used</b>	<b>Safety Equipment</b>
Check all applicable boxes <input type="checkbox"/> No treatment 01 <input checked="" type="checkbox"/> Airway insertion 02 <input type="checkbox"/> Anti-shock trousers 03 <input type="checkbox"/> Assist ventilation 04 <input type="checkbox"/> Bleeding control 05 <input type="checkbox"/> Burn care 06 <input type="checkbox"/> Cardiac pacing 07 <input type="checkbox"/> Cardioversion (defib) manual 08 <input type="checkbox"/> Chest/abdominal thrust 09 <input checked="" type="checkbox"/> CPR 10 <input type="checkbox"/> Cricothyroidotomy 11 <input type="checkbox"/> Defibrillation by AED 12 <input type="checkbox"/> EKG monitoring 13 <input type="checkbox"/> Extrication 14 <input type="checkbox"/> Intubation (EGTA) 15 <input type="checkbox"/> Intubation (ET) 16 <input type="checkbox"/> IO/IV therapy 17 <input type="checkbox"/> Medications therapy 18 <input checked="" type="checkbox"/> Oxygen therapy 19 <input type="checkbox"/> OB care/delivery 20 <input type="checkbox"/> Prearrival instructions 21 <input type="checkbox"/> Restrain patient 22 <input type="checkbox"/> Spinal immobilization 23 <input type="checkbox"/> Splinted extremities 24 <input type="checkbox"/> Suction/aspirate 00 <input type="checkbox"/> Other	None <input type="checkbox"/> Used or deployed by patient. Check all applicable boxes. 1 <input type="checkbox"/> Safety/seat belts 2 <input type="checkbox"/> Child safety seat 3 <input type="checkbox"/> Airbag 4 <input type="checkbox"/> Helmet 5 <input type="checkbox"/> Protective clothing 6 <input type="checkbox"/> Flotation device 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
<b>K</b>	<b>Cardiac Arrest</b>
	Check all applicable boxes. 1 <input checked="" type="checkbox"/> Pre-arrival arrest? If pre-arrival arrest, was it: 1 <input type="checkbox"/> Witnessed? 2 <input type="checkbox"/> Bystander CPR? 2 <input type="checkbox"/> Post-arrival arrest? <b>Initial Arrest Rhythm</b> 1 <input type="checkbox"/> V-Fib/V-Tach 0 <input checked="" type="checkbox"/> Other U <input type="checkbox"/> Undetermined

<b>L1</b>	<b>L2</b>	<b>M</b>	<b>N</b>
<b>Initial Level of Provider</b>	<b>Highest Level of Care Provided On Scene</b>	<b>Patient Status</b>	<b>EMS Disposition</b>
1 <input type="checkbox"/> First Responder 2 <input type="checkbox"/> EMT - B (Basic) 3 <input type="checkbox"/> EMT - I (Intermediate) 4 <input type="checkbox"/> EMT - P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No Training	None <input type="checkbox"/> 1 <input type="checkbox"/> First Responder 2 <input type="checkbox"/> EMT - B (Basic) 3 <input type="checkbox"/> EMT - I (Intermediate) 4 <input type="checkbox"/> EMT - P (Paramedic) 0 <input type="checkbox"/> Other provider	1 <input type="checkbox"/> Improved 2 <input type="checkbox"/> Remained same 3 <input checked="" type="checkbox"/> Worsened Check if: 1 <input checked="" type="checkbox"/> Pulse on transfer 2 <input type="checkbox"/> No pulse on transfer	None <input type="checkbox"/> Not transported 1 <input type="checkbox"/> FD transport to ECF 2 <input type="checkbox"/> Non-FD transport 3 <input checked="" type="checkbox"/> Non-FD trans/FD attend 4 <input type="checkbox"/> Non-emergency transfer 0 <input type="checkbox"/> Other



<b>A</b>	FDID	★	State	★	Incident Date	★	Station	★	Incident Number	★	Exposure	★	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 9 APPARATUS OR RESOURCES</b>
	69218	MN	08	11	2020	HQ	2020-00008431	000						

B Apparatus or Resources <small>Use codes listed below</small>	Dates and Times <small>Check if same date as Alarm date on the Basic Module (Block E1)</small>	Sent	Number of People	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at this incident</small>	Actions Taken <small>List up to 4 actions for each apparatus</small>
	<div style="text-align: right;">Midnight is 0000</div> <div style="text-align: center;"> <div>↓</div> <div>Month    Day    Year    Hour / Min</div> </div>				
1 ID 1E ★ Type 11	Dispatch <input checked="" type="checkbox"/> 08 11 2020 0232 Arrival <input checked="" type="checkbox"/> 08 11 2020 0237 Clear <input checked="" type="checkbox"/> 08 11 2020 0501	<input checked="" type="checkbox"/>	04	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
2 ID 1T ★ Type 12	Dispatch <input checked="" type="checkbox"/> 08 11 2020 0232 Arrival <input checked="" type="checkbox"/> 08 11 2020 0237 Clear <input checked="" type="checkbox"/> 08 11 2020 0531	<input checked="" type="checkbox"/>	03	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
3 ID 2E ★ Type 11	Dispatch <input checked="" type="checkbox"/> 08 11 2020 0232 Arrival <input checked="" type="checkbox"/> 08 11 2020 0240 Clear <input checked="" type="checkbox"/> 08 11 2020 0410	<input checked="" type="checkbox"/>	04	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
4 ID 4Q ★ Type 12	Dispatch <input checked="" type="checkbox"/> 08 11 2020 0232 Arrival <input checked="" type="checkbox"/> 08 11 2020 0240 Clear <input checked="" type="checkbox"/> 08 11 2020 0357	<input checked="" type="checkbox"/>	04	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
5 ID R1 ★ Type 71	Dispatch <input checked="" type="checkbox"/> 08 11 2020 0232 Arrival <input checked="" type="checkbox"/> 08 11 2020 0237 Clear <input checked="" type="checkbox"/> 08 11 2020 0509	<input checked="" type="checkbox"/>	03	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
6 ID S251 ★ Type 92	Dispatch <input checked="" type="checkbox"/> 08 11 2020 0232 Arrival <input checked="" type="checkbox"/> 08 11 2020 0237 Clear <input checked="" type="checkbox"/> 08 11 2020 0432	<input checked="" type="checkbox"/>	01	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	81 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
7 ID <div style="border: 1px solid black; width: 40px; height: 20px;"></div> ★ Type <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Dispatch <input type="checkbox"/> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> Arrival <input type="checkbox"/> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> Clear <input type="checkbox"/> <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<input checked="" type="checkbox"/>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
8 ID <div style="border: 1px solid black; width: 40px; height: 20px;"></div> ★ Type <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Dispatch <input type="checkbox"/> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> Arrival <input type="checkbox"/> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> Clear <input type="checkbox"/> <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<input checked="" type="checkbox"/>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
9 ID <div style="border: 1px solid black; width: 40px; height: 20px;"></div> ★ Type <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Dispatch <input type="checkbox"/> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> Arrival <input type="checkbox"/> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> Clear <input type="checkbox"/> <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<input checked="" type="checkbox"/>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

## Apparatus or Resource Type

### Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker and pumper combination
- 16 Brush truck
- 17 ARFF (aircraft rescue and firefighting)
- 10 Ground fire suppression, other

### Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy ground equipment, other

### Aircraft

- 41 Aircraft: fixed-wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

### Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 53 Marine equipment, other

### Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

### Medical and Rescue

- 71 Rescue unit
- 72 Urban search and rescue unit
- 73 High-angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

### Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type I hand crew
- 95 Type II hand crew
- 99 Privately owned vehicle
- 00 Other apparatus / resources

More  
Apparatus?  
Use additional

NN None  
UU Undetermined

<b>A</b>	FDID <input type="text" value="69218"/>	State <input type="text" value="MN"/>	Incident Date <input type="text" value="04/04/2021"/>	Station <input type="text" value="HQ"/>	Incident Number <input type="text" value="2021-00003398"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 1 BASIC</b>
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<b>B</b>	<b>Location Type</b> <input type="checkbox"/> 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 <input type="text"/>
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> US National Grid	Number/Milepost <input type="text" value="631"/> Prefix <input type="text" value="E"/> Street or Highway <input type="text" value="3RD"/> Apt./Suite/Room <input type="text"/> City <input type="text" value="Duluth"/> State <input type="text" value="MN"/> ZIP Code <input type="text" value="55805"/> - <input type="text"/>	Street Type <input type="text" value="ST"/> Suffix <input type="text"/> Cross Street, Directions or National Grid, as applicable

<b>C IncidentType</b> <input type="checkbox"/> <input type="text" value="111"/> 1 Building fire Incident Type	<b>E1 Dates and Times</b> <input type="checkbox"/> Check boxes if dates are the same as Alarm Date. Alarm <input checked="" type="checkbox"/> ALARM always required Arrival <input checked="" type="checkbox"/> ARRIVAL required, unless canceled or did not arrive Controlled <input type="checkbox"/> CONTROLLED optional, except for wildland fires Last Unit Cleared <input checked="" type="checkbox"/> LAST UNIT CLEARED, required except for wildland fires	<b>E2 Shifts and Alarms</b> <input type="checkbox"/> Local option Shift or Platoon <input type="text"/> Alarms <input type="text" value="1"/> District <input type="text"/> <b>E3 Special Studies</b> <input type="checkbox"/> Local option Special Study ID# <input type="text" value="9244"/> Special Study Value <input type="text" value="3"/>
<b>D Aid Given or Received</b> <input type="checkbox"/> <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given		

<b>F Actions Taken</b> <input type="checkbox"/> <input type="text" value="11"/> *Extinguishment by fire Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)	<b>G1 Resources</b> <input type="checkbox"/> <input checked="" type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus <input type="text" value="6"/> Personnel <input type="text" value="20"/> EMS <input type="text" value="0"/> Other <input type="text" value="0"/> <input type="checkbox"/> Check box if resource counts include aid received resources.	<b>G2 Estimated Dollar Losses and Values</b> <input type="checkbox"/> LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <input type="text" value="500"/> Contents \$ <input type="text" value="300"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text" value="2,500"/> Contents \$ <input type="text" value="1,000"/>
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<b>Completed Modules</b> <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 <input checked="" type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11	<b>H1 Casualties</b> <input type="checkbox"/> None Deaths Injuries Fire Service <input type="text" value="0"/> <input type="text" value="0"/> Civilian <input type="text" value="1"/> <input type="text" value="0"/> <b>H2 Detector</b> Required for confined fires. 1 <input checked="" type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown	<b>H3 Hazardous Materials Release</b> <input type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: < 21 - lb tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: special HazMat action required or spill > 55 gal (Please complete the HazMat form.)	<b>Mixed Use Property</b> <input checked="" type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use
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<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 <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	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 checked="" type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial 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 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 type="checkbox"/> Residential street/driveway	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-generation 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 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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<b>A</b>	69218	MN	MM 04	DD 04	YYYY 2021	HQ	2021-00003398	000	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 1 BASIC</b>
	FDID	State	Incident Date	Station	Incident Number	Exposure				

**K1 Person/Entity Involved**

<input type="checkbox"/> Check this box if same address as incident Location (Section B). then skip the three duplicate address lines.  	Local Option	Business Name (if applicable)				Area Code	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					

**K2 Owner**

<input type="checkbox"/> Check this box if same address as incident Location (Section B). then skip the three duplicate address lines.  	Local Option	Business Name (if applicable)				Area Code	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					

**M Authorization**

Check box if same as Officer in charge.



214	Signature	Clint Ref	Asst Fire Chi	Asst Fire Chi	Month	Day	Year
Officer in charge ID							
214	Signature	Clint Ref	Asst Fire Chi	Asst Fire Chi	Month	Day	Year
Member making report ID							

<b>A</b>	FDID	69218	State	MN	Incident Date	MM	DD	YYYY	04	04	2021	Station	HQ	Incident Number	2021-00003398	Exposure	000	<input type="checkbox"/> Delete	<b>NFIRS - 1 BASIC</b>
																	<input type="checkbox"/> Change		

**L Remarks**

Local Option

We were dispatched to a call of a structure fire. Upon arrival to the two story eight-plex apartment building, we found like smoke coming from the Charlie side. Residents were beginning to evacuate after my arrival. Crews forced the door and entered a ground floor unit with smoke and fire in that apartment. A handline was brought in to the apartment where crews quickly knocked down a small fire. The fire was contained to the room of origin.

A search of the apartment revealed a casualty in this apartment. The patient was burned beyond recognition with no reason to remove the location of the body. We continued the search of the rest of the unit and received an "All Clear". I called for a fire investigator to respond to the scene as a result of the casualty. DC Klieve was notified as well. DPD was summoned to ensure there was no foul play involved in this fatality.

I released some of the crews as the fire was completely extinguished. Duluth Police officers arrived on scene and I briefed them of our findings. I had them remain outside until we could clear the smoke from the apartment. Fire Marshal McComb arrived on scene and began her investigation. She advised that all remaining crews could return to service. I cleared and the returned to the scene to gather more information from her. We were only able to recover the name of the casualty. His name was [REDACTED]. No DOB was determined at that time.

The CSI unit associated with DPD was dispatched and were 45 minutes out. FM McComb advised she would return upon completion of their investigation. The investigation as to cause and origin will be determined at that time. Damage is estimated to be \$800 with most of the cost attributed to a forced door and furniture. All DFD units returned to service.

<b>A</b>	FDID <input type="text" value="69218"/>	State <input type="text" value="MN"/>	Incident Date <input type="text" value="04"/> <input type="text" value="04"/>	YYYY <input type="text" value="2021"/>	Station <input type="text" value="HQ"/>	Incident Number <input type="text" value="2021-00003398"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change
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**NFIRS - 2 FIRE****B Property Details****B1**  ☐ **Not Residential**

Estimated number of residential living units in building of origin whether or not all units became involved

**B2**  ☐ **Buildings not involved**

Number of buildings involved

**B3**  ☐ **None**  
☐ **Less than one acre**  
 Acres burned (outside fires)
**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 box for each code entered.

On-site material (1)

On-site material (2)

On-site material (3)

**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

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

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

**D Ignition****D1**  

Area of fire origin

**D2**  

Heat source

**D3**  

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 &lt;70

**E1 Cause of Ignition**☐ Check box if this is an exposure report.

- 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** 

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 mentally 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 Source** 

Equipment Power Source

**F3 Equipment Portability**

- 1 ☐ **Portable**  
 2 ☐ **Stationary**

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

**G Fire Suppression Factors**☐ **None**

Enter up to three codes.

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 and Make** 

Mobile property type

Mobile property make

Mobile property model

Year

License Plate Number

State

VIN

**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

Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).



**I1 Structure Type** ★

If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.

- 1 ☒ 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 ☒ 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** ★

Count the roof as part of the highest story.

2

Total number of stories at or above grade

1

Total number of stories below grade

**I4 Main Floor Size** ★

**NFIRS-3  
STRUCTURE  
FIRE**

2,238

Total square feet

OR

           BY           

Length in feet

Width in feet

**J1 Fire Origin** ★

1 ☐ Below grade

Story of fire origin

**J2 Fire Spread** ★

If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module.)

- 2 ☐ Confined to room of origin  
 3 ☐ Confined to floor of origin  
 4 ☐ 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 Type of Material Contributing Most to Flame Spread**

- ☐ Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.

→ Skip to Section L

**K1**                        
 Item contributing most to flame spread

**K2**                        
 Type of material contributing most to flame spread      Required only if item contributing code is 00 or < 70.

**L1 Presence of Detectors** ★

(In area of the fire)

- N ☐ None Present  
 1 ☒ Present  
 U ☐ Undetermined

→ Skip to Section M

**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

**L5 Detector Effectiveness**

Required if detector operated.

- 1 ☒ Alerted occupants, occupants responded  
 2 ☐ Alerted occupants, occupants failed to respond  
 3 ☐ There were no occupants  
 4 ☐ Failed to alert occupants  
 U ☐ Undetermined

**L2 Detector Type**

- 1 ☒ Smoke  
 2 ☐ Heat  
 3 ☐ Combination smoke and heat  
 4 ☐ Sprinkler, water flow detection  
 5 ☐ More than one type present  
 0 ☐ Other  
 U ☐ Undetermined

**L4 Detector Operation**

- 1 ☐ Fire too small to activate  
 2 ☒ Operated → Complete Block L5  
 3 ☐ Failed to operate → Complete Block L6  
 U ☐ Undetermined

**L6 Detector Failure Reason**

Required if detector failed to operated.

- 1 ☐ Power failure, shutdown, or disconnect  
 2 ☐ Improper installation or placement  
 3 ☐ Defective  
 4 ☐ Lack of maintenance, includes not cleaning  
 5 ☐ Battery missing or disconnected  
 6 ☐ Battery discharged or dead  
 7 ☐ Other  
 U ☐ Undetermined

**M1 Presence of Automatic Extinguishing System** ★

- N ☒ None Present  
 1 ☐ Present  
 2 ☐ Partial System Present  
 U ☐ Undetermined

→ Complete rest of Section M

**M2 Type of Automatic Extinguishing System**

Required if fire was within designed range of AES

- 1 ☐ Wet-pipe  
 2 ☐ Dry-pipe sprinkler  
 3 ☐ Other sprinkler system  
 4 ☐ Dry chemical system  
 5 ☐ Foam system  
 6 ☐ Halogen-type system  
 7 ☐ Carbon dioxide (CO2) system  
 0 ☐ Other special hazard system  
 U ☐ Undetermined

**M3 Operation of Automatic Extinguishing System**

Required if fire was within designed range

- 1 ☐ Operated/effective (go to M4)  
 2 ☐ Operated/not effective (go to 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 Reason for Automatic Extinguishing System Failure**

Required if system failed or not effective

- 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



<b>A</b>	FDID <input style="width:50px;" type="text" value="69218"/>	State <input style="width:30px;" type="text" value="MN"/>	Incident Date <input style="width:20px;" type="text" value="MM 04"/> <input style="width:20px;" type="text" value="DD 04"/> <input style="width:40px;" type="text" value="YYYY 2021"/>	Station <input style="width:30px;" type="text" value="HQ"/>	Incident Number <input style="width:80px;" type="text" value="2021-00003398"/>	Exposure <input style="width:30px;" type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change
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**NFIRS-4 Civilian  
Fire Casualty**

<b>B Injured Person</b>	★ <b>Gender</b>	1 <input checked="" type="checkbox"/> Male    2 <input type="checkbox"/> Female
First Name <input style="width:150px;" type="text"/> MI <input style="width:30px;" type="text"/> Last <input style="width:100px;" type="text"/>		<b>C Casualty Number</b> ★ <input style="width:40px;" type="text" value="001"/> Casualty Number

<b>D Age or Date of Birth</b> ★	<b>E1 Race</b>	<b>F Affiliation</b>	<b>H Severity</b> ★
<input style="width:40px;" type="text"/> <input type="checkbox"/> Months (for infants) Age OR Date of Birth <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Month    Day    Year	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American 3 <input type="checkbox"/> Am. Indian, Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian, Other Pacific Islander 0 <input type="checkbox"/> Other, multiracial U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other <b>G Date and Time of Injury</b> Midnight is 0000. Date of Injury    Time of Injury <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Month    Day    Year    Hour    Minute	1 <input type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input checked="" type="checkbox"/> Death U <input type="checkbox"/> Undetermined
	<b>E2 Ethnicity</b>		
	1 <input type="checkbox"/> Hispanic or Latino 0 <input type="checkbox"/> Non Hispanic or Latino		

<b>I Cause of Injury</b>	<b>J Human Factors Contributing to Injury</b> <input type="checkbox"/> None	<b>K Factors Contributing to Injury</b> <input type="checkbox"/> None
1 <input type="checkbox"/> Exposed to fire products including flame heat, smoke, and gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped, or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by or contact with object 8 <input type="checkbox"/> Overexertion or strain 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	Enter up to three contributing factors <input style="width:100px;" type="text"/> <input style="width:100px;" type="text"/> Contributing factor (1) <input style="width:100px;" type="text"/> <input style="width:100px;" type="text"/> Contributing factor (2) <input style="width:100px;" type="text"/> <input style="width:100px;" type="text"/> Contributing factor (3)

<b>L Activity When Injured</b>	<b>M1 Location at Time of Incident</b>	<b>M3 Story at Start of Incident</b>
1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin and not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area of origin and involved 0 <input type="checkbox"/> Other Location U <input type="checkbox"/> Undetermined	Complete ONLY if injury occurred INSIDE Story at start of incident <input style="width:40px;" type="text"/> <input type="checkbox"/> Below grade
	<b>M2 General Location at Time of Injury</b>	<b>M4 Story Where Injury Occurred</b>
	1 <input type="checkbox"/> In area of fire origin → <span style="border: 1px solid black; padding: 2px;">Skip to Section N</span> 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area → <span style="border: 1px solid black; padding: 2px;">Skip to Block M5</span> U <input type="checkbox"/> Undetermined	Story where injury occurred, if <input style="width:40px;" type="text"/> <input type="checkbox"/> Below grade different from M3
		<b>M5 Specific Location at Time of Injury</b>
		Complete ONLY if casualty NOT in area of origin <input style="width:100px;" type="text"/> <input style="width:100px;" type="text"/> Specific location at time of injury

<b>N Primary Apparent Symptom</b>	<b>O Primary Area of Body Injured</b>	<b>P Disposition</b>
01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns and smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up a code only if the symptom is NOT found above <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> Primary apparent symptom	1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck and shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	<input type="checkbox"/> Transported to emergency care facility <b>Remarks</b> Local option <input style="width:100px;" type="text"/>

<b>A</b>	FDID	★	State	★	Incident Date	★	Station	★	Incident Number	★	Exposure	★	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	<b>NFIRS - 9 APPARATUS OR RESOURCES</b>
	69218	MN	04	04	2021	HQ	2021-00003398	000							

<b>B Apparatus or Resources</b> <small>Use codes listed below</small>	<b>Dates and Times</b> <small>Check if same date as Alarm date on the Basic Module (Block E1)</small>	<b>Sent</b>	<b>Number of People</b>	<b>Apparatus Use</b> <small>Check ONE box for each apparatus to indicate its main use at this incident</small>	<b>Actions Taken</b> <small>List up to 4 actions for each apparatus</small>
	<div style="display: flex; justify-content: space-around;"> <span>↓</span> <span>Month</span> <span>Day</span> <span>Year</span> <span>Hour / Min</span> </div>				
1 ID 1E ★ Type 11	Dispatch <input checked="" type="checkbox"/> 04 04 2021 1258 Arrival <input checked="" type="checkbox"/> 04 04 2021 1301 Clear <input checked="" type="checkbox"/> 04 04 2021 1349	<input checked="" type="checkbox"/>	04	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>
2 ID 1T ★ Type 12	Dispatch <input checked="" type="checkbox"/> 04 04 2021 1258 Arrival <input checked="" type="checkbox"/> 04 04 2021 1301 Clear <input checked="" type="checkbox"/> 04 04 2021 1349	<input checked="" type="checkbox"/>	04	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>
3 ID 2E ★ Type 11	Dispatch <input checked="" type="checkbox"/> 04 04 2021 1258 Arrival <input checked="" type="checkbox"/> 04 04 2021 1305 Clear <input checked="" type="checkbox"/> 04 04 2021 1312	<input checked="" type="checkbox"/>	04	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>
4 ID 4Q ★ Type 12	Dispatch <input checked="" type="checkbox"/> 04 04 2021 1258 Arrival <input checked="" type="checkbox"/> 04 04 2021 1304 Clear <input checked="" type="checkbox"/> 04 04 2021 1312	<input checked="" type="checkbox"/>	04	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>
5 ID R1 ★ Type 71	Dispatch <input checked="" type="checkbox"/> 04 04 2021 1259 Arrival <input checked="" type="checkbox"/> 04 04 2021 1306 Clear <input checked="" type="checkbox"/> 04 04 2021 1329	<input checked="" type="checkbox"/>	03	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>
6 ID S251 ★ Type 92	Dispatch <input checked="" type="checkbox"/> 04 04 2021 1258 Arrival <input checked="" type="checkbox"/> 04 04 2021 1301 Clear <input checked="" type="checkbox"/> 04 04 2021 1348	<input checked="" type="checkbox"/>	01	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>
7 ID ★ Type 	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> 	<input checked="" type="checkbox"/>	 	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>
8 ID ★ Type 	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> 	<input checked="" type="checkbox"/>	 	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>
9 ID ★ Type 	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> 	<input checked="" type="checkbox"/>	 	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>

## Apparatus or Resource Type

### Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker and pumper combination
- 16 Brush truck
- 17 ARFF (aircraft rescue and firefighting)
- 10 Ground fire suppression, other

### Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy ground equipment, other

### Aircraft

- 41 Aircraft: fixed-wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

### Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 53 Marine equipment, other

### Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

### Medical and Rescue

- 71 Rescue unit
- 72 Urban search and rescue unit
- 73 High-angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

### Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type I hand crew
- 95 Type II hand crew
- 99 Privately owned vehicle
- 00 Other apparatus / resources

More  
Apparatus?  
Use additional

NN None  
UU Undetermined



<b>A</b>	<input type="text" value="69218"/> <input type="text" value="MN"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="HQ"/> <input type="text" value="2023-00004311"/> <input type="text" value="000"/>	<input type="checkbox"/> Delete	<b>NFIRS - 1 BASIC</b>
	FDID State Incident Date Station Incident Number Exposure	<input type="checkbox"/> Change	

<b>B Location Type</b>	<input type="checkbox"/> 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	<input type="text"/>
	<input checked="" type="checkbox"/> Street address	<input type="text" value="631"/> <input type="text" value="E"/> <input type="text" value="3RD"/>	<input type="text" value="ST"/> <input type="text"/>
	<input type="checkbox"/> Intersection	Number/Milepost Prefix Street or Highway	Street Type Suffix
	<input type="checkbox"/> In front of	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Rear of	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Adjacent to	<input type="text" value="Duluth"/> <input type="text" value="MN"/> <input type="text" value="55805"/>	State ZIP Code	<input type="text"/>
<input type="checkbox"/> Directions	<input type="text"/>		
<input type="checkbox"/> US National Grid	Cross Street, Directions or National Grid, as applicable		

<b>C IncidentType</b>	<input type="text" value="111"/> <input type="text" value="1 Building fire"/>	<b>E1 Dates and Times</b>	Midnight is 0000	<b>E2 Shifts and Alarms</b>
	Incident Type	Check boxes if dates are the same as Alarm Date.	Month Day Year Hour/Min	Local option
<b>D Aid Given or Received</b>	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Alarm	<input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0559"/>	<input type="text"/> <input type="text" value="1"/> <input type="text"/>
	<input type="checkbox"/> Mutual aid received	<input checked="" type="checkbox"/> Arrival	<input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0603"/>	Shift or Platoon Alarms District
	<input type="checkbox"/> Auto. aid received	<input type="checkbox"/> Controlled	<input type="text"/>	
	<input type="checkbox"/> Mutual aid given	<input type="checkbox"/> Last Unit Cleared	<input type="text"/>	
	<input type="checkbox"/> Auto. aid given		<input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="1520"/>	
<input type="checkbox"/> Other aid given				<b>E3 Special Studies</b>
	<input type="text" value="Their FDID"/> <input type="text" value="Their State"/>			Local option
	<input type="text" value="Their Incident Number"/>			<input type="text" value="9244"/> <input type="text" value="3"/>
				Special Study ID# Special Study Value

<b>F Actions Taken</b>	<input type="text" value="11"/> <input type="text" value="*Extinguishment by firef"/>	<b>G1 Resources</b>	<b>G2 Estimated Dollar Losses and Values</b>
	<input type="text" value="81"/> <input type="text" value="*Incident command"/>		
	<input type="text" value="22"/> <input type="text" value="Rescue, remove from harm"/>		
Primary Action Taken (1)		Check this box and skip this block if an Apparatus or Personnel Module is used.	LOSSES: Required for all fires if known. Optional for non-fires. None
Additional Action Taken (2)		Apparatus Personnel	Property \$ <input type="text" value="371,600"/> <input type="checkbox"/>
Additional Action Taken (3)		Suppression <input type="text" value="10"/> <input type="text" value="30"/>	Contents \$ <input type="text" value="200,000"/> <input type="checkbox"/>
		EMS <input type="text" value="0"/> <input type="text" value="0"/>	PRE-INCIDENT VALUE:Optional
		Other <input type="text" value="0"/> <input type="text" value="0"/>	Property \$ <input type="text" value="371,600"/> <input type="checkbox"/>
		<input type="checkbox"/> Check box if resource counts include aid received resources.	Contents \$ <input type="text" value="300,000"/> <input type="checkbox"/>

<b>Completed Modules</b>	<b>H1 Casualties</b>	<input type="checkbox"/> None	<b>H3 Hazardous Materials Release</b>	<input checked="" type="checkbox"/> None	<b>Mixed Use Property</b>	<input checked="" type="checkbox"/> Not mixed		
	<input checked="" type="checkbox"/> Fire-2	Deaths Injuries		<input type="checkbox"/> 1		Natural gas: slow leak, no evacuation or HazMat actions	<input type="checkbox"/> 10	Assembly use
	<input checked="" type="checkbox"/> Structure Fire-3	Fire Service <input type="text" value="0"/> <input type="text" value="2"/>		<input type="checkbox"/> 2		Propane gas: < 21 - lb tank (as in home BBQ grill)	<input type="checkbox"/> 20	Education use
	<input checked="" type="checkbox"/> Civilian Fire Cas.-4	Civilian <input type="text" value="2"/> <input type="text" value="0"/>		<input type="checkbox"/> 3		Gasoline: vehicle fuel tank or portable container	<input type="checkbox"/> 30	Medical use
<input type="checkbox"/> Fire Service Cas.-5			<input type="checkbox"/> 4	Kerosene: fuel burning equipment or portable storage	<input type="checkbox"/> 40	Residential use		
<input type="checkbox"/> EMS-6			<input type="checkbox"/> 5	Diesel fuel/fuel oil: vehicle fuel tank or portable storage	<input type="checkbox"/> 51	Row of stores		
<input type="checkbox"/> HazMat-7			<input type="checkbox"/> 6	Household solvents: home/office spill, cleanup only	<input type="checkbox"/> 53	Enclosed mall		
<input type="checkbox"/> Wildland Fire-8			<input type="checkbox"/> 7	Motor oil: from engine or portable container	<input type="checkbox"/> 58	Business & residential		
<input checked="" type="checkbox"/> Apparatus-9	<b>H2 Detector</b>	Required for confined fires.	<input type="checkbox"/> 8	Paint: from paint cans totaling < 55 gallons	<input type="checkbox"/> 59	Office use		
<input checked="" type="checkbox"/> Personnel-10	<input checked="" type="checkbox"/> Detector alerted occupants		<input type="checkbox"/> 0	Other: special HazMat action required or spill > 55 gal	<input type="checkbox"/> 60	Industrial use		
<input type="checkbox"/> Arson-11	<input type="checkbox"/> Detector did not alert them			(Please complete the HazMat form.)	<input type="checkbox"/> 63	Military use		
	<input type="checkbox"/> Unknown				<input type="checkbox"/> 65	Farm use		
					<input type="checkbox"/> 00	Other mixed use		

<b>J Property Use</b>	<input checked="" type="checkbox"/> None	<input type="text" value="341"/> <input type="checkbox"/> Clinic, clinic-type infirmary	<input type="text" value="539"/> <input type="checkbox"/> Household goods, sales, repairs
	<b>Structures</b>	<input type="text" value="342"/> <input type="checkbox"/> Doctor/dentist office	<input type="text" value="571"/> <input type="checkbox"/> Gas or service station
	<input type="text" value="131"/> <input type="checkbox"/> Church, place of worship	<input type="text" value="361"/> <input type="checkbox"/> Prison or jail, not juvenile	<input type="text" value="579"/> <input type="checkbox"/> Motor vehicle/boat sales/repairs
	<input type="text" value="161"/> <input type="checkbox"/> Restaurant or cafeteria	<input type="text" value="419"/> <input type="checkbox"/> 1-or 2-family dwelling	<input type="text" value="599"/> <input type="checkbox"/> Business office
<input type="text" value="162"/> <input type="checkbox"/> Bar/tavern or nightclub	<input checked="" type="checkbox"/> Multifamily dwelling	<input type="text" value="615"/> <input type="checkbox"/> Electric-generation plant	
<input type="text" value="213"/> <input type="checkbox"/> Elementary school, kindergarten	<input type="text" value="439"/> <input type="checkbox"/> Rooming/boarding house	<input type="text" value="629"/> <input type="checkbox"/> Laboratory/science laboratory	
<input type="text" value="215"/> <input type="checkbox"/> High school, junior high	<input type="text" value="449"/> <input type="checkbox"/> Commercial hotel or motel	<input type="text" value="700"/> <input type="checkbox"/> Manufacturing plant	
<input type="text" value="241"/> <input type="checkbox"/> College, adult education	<input type="text" value="459"/> <input type="checkbox"/> Residential, board and care	<input type="text" value="819"/> <input type="checkbox"/> Livestock/poultry storage (barn)	
<input type="text" value="311"/> <input type="checkbox"/> Nursing home	<input type="text" value="464"/> <input type="checkbox"/> Dormitory/barracks	<input type="text" value="882"/> <input type="checkbox"/> Non-residential parking garage	
<input type="text" value="331"/> <input type="checkbox"/> Hospital	<input type="text" value="519"/> <input type="checkbox"/> Food and beverage sales	<input type="text" value="891"/> <input type="checkbox"/> Warehouse	
<b>Outside</b>	<input type="text" value="936"/> <input type="checkbox"/> Vacant lot	<input type="text" value="981"/> <input type="checkbox"/> Construction site	
<input type="text" value="124"/> <input type="checkbox"/> Playground or park	<input type="text" value="938"/> <input type="checkbox"/> Graded/cared for plot of land	<input type="text" value="984"/> <input type="checkbox"/> Industrial plant yard	
<input type="text" value="655"/> <input type="checkbox"/> Crops or orchard	<input type="text" value="946"/> <input type="checkbox"/> Lake, river, stream		
<input type="text" value="669"/> <input type="checkbox"/> Forest (timberland)	<input type="text" value="951"/> <input type="checkbox"/> Railroad right-of-way		
<input type="text" value="807"/> <input type="checkbox"/> Outdoor storage area	<input type="text" value="960"/> <input type="checkbox"/> Other street		
<input type="text" value="919"/> <input type="checkbox"/> Dump or sanitary landfill	<input type="text" value="961"/> <input type="checkbox"/> Highway/divided highway		
<input type="text" value="931"/> <input type="checkbox"/> Open land or field	<input type="text" value="962"/> <input type="checkbox"/> Residential street/driveway		
		Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.	Property Use Code
			Property Use Description

<b>A</b>	FDID	★	State	★	Incident Date	★	Station	★	Incident Number	★	Exposure	★	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 1 BASIC</b>
	69218		MN		MM 04	DD 22	YYYY 2023	HQ		2023-00004311		000		

**K1 Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident Location (Section B). then skip the three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

631

Prefix

E

3RD

Street or Highway

Street Type

ST

Suffix

Post Office Box

Apt./Suite/Room

Duluth

City

State

MN

ZIP Code

55805

-

**K2 Owner**

Local Option

☐ Same as person involved? Then check this box and skip the rest of this block.

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident Location (Section B). then skip the three duplicate address lines.

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

-

**M Authorization**

Check box if same as Officer in charge.



Officer in charge ID

213

Signature

Dennis Edwards

Position or rank

Asst Fire Chi

Assignment

Asst Fire Chi

Month

Day

Year

Member making report ID

213

Signature

Dennis Edwards

Position or rank

Asst Fire Chi

Assignment

Asst Fire Chi

Month

Day

Year



<b>A</b>	FDID	State	Incident Date	Station	Incident Number	Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 1 BASIC</b>
	69218	MN	MM 04 DD 22 YYYY 2023	HQ	2023-00004311	000		

**L Remarks**

Local Option

At 5:59 am on Saturday, April 22, Duluth Fire Department was dispatched to a structure fire at 631 E Third Street. Initial arriving companies were on scene in just over two minutes to find heavy smoke and a fire burning in a two-story, eight-unit apartment building. Firefighters rescued multiple occupants from the building both from the interior and from ladders outside the building. Other occupants were able to exit the building on their own. During the rescue efforts one second story occupant was removed from the building out a window and was given life-saving measures. The victim was transported to the hospital but was later pronounced deceased. During a second rescue effort in the same apartment multiple firefighters were forced to exit out a window to escape the room as it flashed over. The occupant they were attempting to rescue at the time unfortunately was later found deceased. Two firefighters sustained burns during the rescue effort and their protective clothing was significantly damaged. The victims' names are being withheld at this time. The building also had several house cats in the apartment units; DFD firefighters were able to rescue some of the cats but some perished in the fire. The building sustained significant damage and much of the building's roof collapsed into the building during the fire.

<b>A</b>	FDID	State	Incident Date	Station	Incident Number	Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 1S SUPPLEMENTAL</b>
	69218	MN	MM 04 DD 22 YYYY 2023	HQ	2023-00004311	000		

**K1 Person/Entity Involved**

Local Option

☐ Check this box if same address as incident Location (Section B). then skip the three duplicate address lines.



Business Name (if applicable)				Area Code	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				

<b>A</b>	FDID <input type="text" value="69218"/>	State <input type="text" value="MN"/>	Incident Date <input type="text" value="04"/> <input type="text" value="22"/>	YYYY <input type="text" value="2023"/>	Station <input type="text" value="HQ"/>	Incident Number <input type="text" value="2023-00004311"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change
----------	---	---------------------------------------	---	--	---	--	---	--

**NFIRS - 2 FIRE****B Property Details**
**B1**  ☐ **Not Residential**

Estimated number of residential living units in building of origin whether or not all units became involved

**B2**  ☐ **Buildings not involved**

Number of buildings involved

**B3**  ☒ **None**  
☐ **Less than one acre**  
 Acres burned (outside fires)
**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 box for each code entered.

    
 On-site material (1)

    
 On-site material (2)

    
 On-site material (3)
**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

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

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

**D Ignition**
**D1**  

Area of fire origin

**D2**  

Heat source

**D3**  

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 &lt;70

**E1 Cause of Ignition**
☐ Check box if this is an exposure report.

- 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**
   
 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 mentally 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 Source**
   
 Equipment Power Source
**F3 Equipment Portability**

- 1 ☐ Portable  
 2 ☐ Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

**G Fire Suppression Factors**☐ **None**

Enter up to three codes.

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 and Make**
   
 Mobile property type

   
 Mobile property make

   
 Mobile property model

   
 Year

Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).

**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



**I1 Structure Type** ★

If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.

- 1 ☒ 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 ☒ 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** ★

Count the roof as part of the highest story.

Total number of stories at or above grade

Total number of stories below grade

**I4 Main Floor Size** ★

**NFIRS-3  
STRUCTURE  
FIRE**

Total square feet

OR

Length in feet

BY  Width in feet

**J1 Fire Origin** ★

☐ Below grade  
 Story of fire origin

**J2 Fire Spread** ★

If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module.)

- 2 ☐ Confined to room of origin  
 3 ☐ Confined to floor of origin  
 4 ☒ 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 Type of Material Contributing Most to Flame Spread**

- ☐ Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.

→ Skip to Section L

**K1**  Interior wall covering

Item contributing most to flame spread

**K2**  Undetermined

Type of material contributing most to flame spread

Required only if item contributing code is 00 or < 70.

**L1 Presence of Detectors** ★

(In area of the fire)

- N ☐ None Present  
 1 ☒ Present  
 U ☐ Undetermined

→ Skip to Section M

**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

**L5 Detector Effectiveness**

Required if detector operated.

- 1 ☒ Alerted occupants, occupants responded  
 2 ☐ Alerted occupants, occupants failed to respond  
 3 ☐ There were no occupants  
 4 ☐ Failed to alert occupants  
 U ☐ Undetermined

**L2 Detector Type**

- 1 ☒ Smoke  
 2 ☐ Heat  
 3 ☐ Combination smoke and heat  
 4 ☐ Sprinkler, water flow detection  
 5 ☐ More than one type present  
 0 ☐ Other  
 U ☐ Undetermined

**L4 Detector Operation**

- 1 ☐ Fire too small to activate  
 2 ☒ Operated  
 3 ☐ Failed to operate  
 U ☐ Undetermined

→ Complete Block L5

→ Complete Block L6

**L6 Detector Failure Reason**

Required if detector failed to operated.

- 1 ☐ Power failure, shutdown, or disconnect  
 2 ☐ Improper installation or placement  
 3 ☐ Defective  
 4 ☐ Lack of maintenance, includes not cleaning  
 5 ☐ Battery missing or disconnected  
 6 ☐ Battery discharged or dead  
 7 ☐ Other  
 U ☐ Undetermined

**M1 Presence of Automatic Extinguishing System** ★

- N ☒ None Present  
 1 ☐ Present  
 2 ☐ Partial System Present  
 U ☐ Undetermined

→ Complete rest of Section M

**M2 Type of Automatic Extinguishing System**

Required if fire was within designed range of AES

- 1 ☐ Wet-pipe  
 2 ☐ Dry-pipe sprinkler  
 3 ☐ Other sprinkler system  
 4 ☐ Dry chemical system  
 5 ☐ Foam system  
 6 ☐ Halogen-type system  
 7 ☐ Carbon dioxide (CO2) system  
 0 ☐ Other special hazard system  
 U ☐ Undetermined

**M3 Operation of Automatic Extinguishing System**

Required if fire was within designed range

- 1 ☐ Operated/effective (go to M4)  
 2 ☐ Operated/not effective (go to 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 Reason for Automatic Extinguishing System Failure**

Required if system failed or not effective

- 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

<b>A</b>	FDID <input type="text" value="69218"/>	State <input type="text" value="MN"/>	Incident Date <input type="text" value="04"/> <input type="text" value="22"/>	YYYY <input type="text" value="2023"/>	Station <input type="text" value="HQ"/>	Incident Number <input type="text" value="2023-00004311"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 9</b> <b>APPARATUS</b> <b>OR RESOURCES</b>
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B Apparatus or Resources <small>Use codes listed below</small>	Dates and Times <small>Check if same date as Alarm date on the Basic Module (Block E1)</small> <div style="display: flex; justify-content: space-between;"> <span>↓</span> <span>Month</span> <span>Day</span> <span>Year</span> <span>Hour / Min</span> </div>	Sent	Number of People	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at this incident</small>	Actions Taken <small>List up to 4 actions for each apparatus</small>
1 ID <input type="text" value="1E"/> ★ Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0559"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0603"/> Clear <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="1520"/>	<input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="11"/> <input type="text"/> <input type="text"/> <input type="text"/>
2 ID <input type="text" value="1T"/> ★ Type <input type="text" value="12"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0559"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0603"/> Clear <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="1359"/>	<input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="22"/> <input type="text"/> <input type="text"/> <input type="text"/>
3 ID <input type="text" value="2E"/> ★ Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0559"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0603"/> Clear <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="1008"/>	<input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="76"/> <input type="text"/> <input type="text"/> <input type="text"/>
4 ID <input type="text" value="4Q"/> ★ Type <input type="text" value="12"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0559"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0605"/> Clear <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0808"/>	<input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="20"/> <input type="text"/> <input type="text"/> <input type="text"/>
5 ID <input type="text" value="7E"/> ★ Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="1119"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="1127"/> Clear <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="1213"/>	<input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="73"/> <input type="text"/> <input type="text"/> <input type="text"/>
6 ID <input type="text" value="8Q"/> ★ Type <input type="text" value="12"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0610"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0619"/> Clear <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="1027"/>	<input checked="" type="checkbox"/>	<input type="text" value="04"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="10"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 ID <input type="text" value="CAT31"/> ★ Type <input type="text" value="93"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="1119"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="1127"/> Clear <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="1215"/>	<input checked="" type="checkbox"/>	<input type="text" value="01"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="81"/> <input type="text"/> <input type="text"/> <input type="text"/>
8 ID <input type="text" value="E111"/> ★ Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0710"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0712"/> Clear <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="1507"/>	<input checked="" type="checkbox"/>	<input type="text" value="01"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="73"/> <input type="text"/> <input type="text"/> <input type="text"/>
9 ID <input type="text" value="R1"/> ★ Type <input type="text" value="71"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0559"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0603"/> Clear <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="1223"/>	<input checked="" type="checkbox"/>	<input type="text" value="03"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="20"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Apparatus or Resource Type

### Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker and pumper combination
- 16 Brush truck
- 17 ARFF (aircraft rescue and firefighting)
- 10 Ground fire suppression, other

### Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy ground equipment, other

### Aircraft

- 41 Aircraft: fixed-wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

### Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 53 Marine equipment, other

### Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

### Medical and Rescue

- 71 Rescue unit
- 72 Urban search and rescue unit
- 73 High-angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

### Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type I hand crew
- 95 Type II hand crew
- 99 Privately owned vehicle
- 00 Other apparatus / resources

More Apparatus?  
Use additional

 NN None  
 UU Undetermined



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	<div style="text-align: center;">Midnight is 0000</div> <div style="text-align: center;">↓ Month Day Year Hour / Min</div>				
<div style="border: 1px solid black; padding: 2px;">10</div> ID <input type="text" value="S251"/> <div style="margin-top: 5px;">★ Type <input type="text" value="92"/></div>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0559"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="0603"/> Clear <input checked="" type="checkbox"/> <input type="text" value="04"/> <input type="text" value="22"/> <input type="text" value="2023"/> <input type="text" value="1404"/>	<input checked="" type="checkbox"/>	<input type="text" value="01"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; padding: 2px;">81</div> <input type="text"/> <input type="text"/> <input type="text"/>
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★ Type <input type="text"/>	Arrival <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> EMS	<input type="text"/> <input type="text"/>
★ ID <input type="text"/>	Clear <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
★ ID <input type="text"/>	Dispatch <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression	<input type="text"/> <input type="text"/>
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★ ID <input type="text"/>	Clear <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
★ ID <input type="text"/>	Dispatch <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression	<input type="text"/> <input type="text"/>
★ Type <input type="text"/>	Arrival <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> EMS	<input type="text"/> <input type="text"/>
★ ID <input type="text"/>	Clear <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
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★ ID <input type="text"/>	Clear <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
★ ID <input type="text"/>	Dispatch <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression	<input type="text"/> <input type="text"/>
★ Type <input type="text"/>	Arrival <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> EMS	<input type="text"/> <input type="text"/>
★ ID <input type="text"/>	Clear <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Other	<input type="text"/> <input type="text"/>

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