IMAGETREND
FIRE BRIDGE

ST PAUL
645 Randolph Avenue, SAINT PAUL, MN 55102
Phone: 651-224-7811 Fax:651-228-6255

NFIRS-1 Basic

A

FDID	State	Incident Date (MM)	(DD)	(YYYY)	Station	Incident Number	Exposure
62210	MN	01	07	2017	07	SPFD170107000763	0

B Location Type

X Street address
Intersection
In front of
Rear of
Adjacent to
Directions
US National Grid

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: 0371 - 00

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
164		STEVENS	St	W

Apt./Suite/Room	City	State	Zip Code
	SAINT PAUL	MN	55107 -

Cross Street, Directions or National Grid, as applicable:

C Incident Type

111 Building fire

D Aid Given or Received

1 Mutual aid received
2 Automatic aid received
3 Mutual aid given
4 Automatic aid given
5 Other aid given
N X None

Their FDID | Their State
Their Incident Number

E1 Dates and Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hour Min Sec
Alarm (ALARM always required)	01	07	2017	06:04:47
Arrival (ARRIVAL required, unless canceled or did not arrive)	01	07	2017	06:08:31
Controlled (CONTROLLED optional, except for wildland fires)				
Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	01	07	2017	09:39:01

E2 Shifts and Alarms

Local Option

Shift or Platoon	Alarms	District
B	1	D2

E3 Special Studies

Local Option

Special Study ID#	Special Study Value

F Actions Taken

11 Extinguishment by fire service personnel
Primary Action Taken (1)
12 Salvage & overhaul
Additional Action Taken (2)
51 Ventilate
Additional Action Taken (3)

G1 Resources

X Check this box and test this block if an Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	15	0
EMS	1	0
Other	3	0

Check box if resources counts include aid received resources.

G2 Estimated Dollar Losses and Values

None

LOSSES: Required for all fires if known. Optional for non-fires.
Property $ 200,000
Contents $ 75,000

PRE-INCIDENT VALUE: Optional
Property $
Contents $

Completed Modules

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

H1 Casualties

☒ None

	Death	Injury
Fire Service	0	0
Civilian	0	0

H2 Detector

Required for confined fires.
1 Detector alerted occupants
2 Detector did not alert occupants
U Unknown

H3 Hazardous Materials Release

0 Special HazMat actions required or spill >= 55 gal.
1 Natural gas: slow leak, no evac. or HazMat actions
2 Propane gas - Less than a 21 lb. tank
3 Gasoline - vehicle fuel tank or portable container
4 Kerosene - fuel-burning equipment/portable storage
5 Diesel fuel/fuel oil - vehicle fuel tank/portable
6 Household/office solvent or chemical spill
7 Motor oil - from engine or portable container
8 Paint - spills less than 55 gallons
N None

I Mixed Use Property

00 Mixed use, other
10 Assembly use
20 Educational use
33 Medical use
40 Residential use
51 Row of stores
53 Enclosed mall
58 Business and residential use
59 Office use
60 Industrial use
63 Military use
65 Farm use
NN Not mixed use

A | FDID: 62210 | State: MN | Incident Date (MM/DD/YYYY): 01/07/2017 | Station: 07 | Incident Number: SPFD170107000763 | Exposure: 0 | **NFIRS-2 Fire**

B Property Details

B1 1 — Not Residential
Estimate number of residential living units in building of origin whether or not all units became involved

B2 2 — 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
N None
U Undetermined

D Ignition

D1 47 — Vehicle storage area; garage, carport
Area of fire origin

D2 61 — Cigarette
Heat Source

D3 99 — Multiple items first ignited
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 <70

E1 Cause of Ignition

Check this box if this is an exposure report

0 Cause, other (System generated code only, not used for data entry)
1 Intentional
2 X 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

11 Abandoned or discarded materials or products
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 or unsupervised person
4 Possibly mentally disabled
5 Physically disabled
6 Multiple persons involved
7 Age was a factor
N X None

Estimated age of person involved ____
1 Male 2 Female

F1 Equipment Involved in Ignition

If equipment was not involved, skip to Section G

Equipment Involved ____ ____
Brand
Serial
Model
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

Enter up to three codes.

Fire suppression factor (1) ____ ____
Fire suppression factor (2) ____ ____
Fire suppression factor (3) ____ ____

H1 Mobile Property Involved

1 Not involved in ignition, but burned
2 Involved in ignition, but did not itself 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: MN 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

A | 62210 (FDID) | MN (State) | MM 01 / DD 07 / YYYY 2017 (Incident Date) | 07 (Station) | SPFD170107000763 (Incident Number) | 0 (Exposure)

NFIRS-3 Structure Fire

I1 Structure Type
If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.

0 Structure type, other
1 X Enclosed building
2 Fixed portable or mobile structure
3 Open structure
4 Air-supported structure
5 Tent
6 Open platform
7 Underground structure work area
70 Testing
8 Connective structure

I2 Building Status
0 Building status, other
1 Under construction
2 X In normal use
3 Idle, not routinely used
4 Under major renovation
5 Vacant and secured
6 Vacant and unsecured
7 Being demolished
U Undetermined

I3 Building Height
Count the roof as part of the highest story.

3 — Total number of stories at or above grade

1 — Total number of stories below grade

I4 Main Floor Size
, 2 , 000 — Total square feet

OR

, BY , — Length in feet / Width in feet

J1 Fire Origin
1 — Story of fire origin (Below Grade)

J2 Fire Spread
If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module).

1 Confined to object of origin
2 Confined to room of origin
3 Confined to floor of origin
4 Confined to building of origin
5 X 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 damag (25 to 49% flame damage)
Number of stories w/heavy damag (50 to 74% flame damage)
Number of stories w/extreme damag (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.

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)

1 X Present
N None present
U Undetermined

L2 Detector Type
0 Detector type, other
1 Smoke
2 Heat
3 X Combination smoke and heat in a single unit
4 Sprinkler, water flow detection
5 More than one type present
U Undetermined

L3 Detector Power Supply
0 Detector power supply, other
1 Battery only
2 Hardwire only
3 Plug-in
4 Hardwire with battery backup
5 Plug-in with battery backup
6 Mechanical
7 Multiple detectors and power supplies
U X Undetermined

L4 Detector Operation
1 Fire too small to activate detector
2 X Detector operated
3 Detector failed to operate
U Undetermined

L5 Detector Effectiveness
Required if detector operated

1 X Detector alerted occupants, occupants responded
2 Detector alerted occupants, occupants failed to respond
3 There were no occupants
4 Detector failed to alert occupants
U Undetermined

L6 Detector Failure Reason
Required if detector failed to operate

0 Detector failure reason, other
1 Power failure, hardwired det. shut off, disconnect
2 Improper installation or placement of detector
3 Defective detector
4 Lack of maintenance, includes not cleaning
5 Battery missing or disconnected
6 Battery discharged or dead
U Undetermined

M1 Presence of Automatic Extinguishing System
1 Present
2 Partial System Present
N X None Present
U Undetermined

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

0 Special hazard system, other
1 Wet-pipe sprinkler system
2 Dry-pipe sprinkler system
3 Other sprinkler system
4 Dry chemical system
5 Foam system
6 Halogen-type system
7 Carbon dioxide system
U Undetermined

M3 Operation of Automatic Extinguishing System
Required if fire was within designed range

0 Operation of AES, other
1 System operated and was effective
2 System operated and was not effective
3 Fire too small to activate system
4 System did not operate
U Undetermined

M3 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

0 Reason system not effective, other
1 System shut off
2 Not enough agent discharged to control the fire
3 Agent discharged, but did not reach the fire
4 Inappropriate system for the type of fire
5 Fire not in area protected by the system
6 System components damaged
7 Lack of maintenance, including corrosion or heads painted
8 Manual intervention defeated the system
U Undetermined

J Property Use

Structures

419	X 1 or 2 family dwelling	341	Clinic, clinic-type infirmary	629	Laboratory or science laboratory
311	24-hour care Nursing homes, 4 or more persons	342	Doctor, dentist or oral surgeon office	819	Livestock, poultry storage
241	Adult education center, college classroom	615	Electric-generating plant	700	Manufacturing, processing
162	Bar or nightclub	213	Elementary school, including kindergarten	579	Motor vehicle or boat sales, services, repair
464	Barracks, dormitory	519	Food and beverage sales, grocery store	429	Multifamily dwelling
439	Boarding/rooming house, residential hotels	215	High school/junior high school/middle school	882	Parking garage, general vehicle
599	Business office	331	Hospital - medical or psychiatric	459	Residential board and care
131	Church, mosque, synagogue, temple, chapel	449	Hotel/motel, commercial	161	Restaurant or cafeteria
		539	Household goods, sales, repairs	571	Service station, gas station
		361	Jail, prison (not juvenile)	891	Warehouse

Outside

981	Construction site	984	Industrial plant yard - area	960	Street, other
655	Crops or orchard	946	Lake, river, stream	936	Vacant lot
919	Dump, sanitary landfill	931	Open land or field		
669	Forest, timberland, woodland	807	Outside material storage area		
938	Graded and cared-for plots of land	124	Playground		
961	Highway or divided highway	951	Railroad right-of-way		
		962	Residential street, road or residential driveway		

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

Property Use: 419 (Code)

1 or 2 family dwelling (Property Use Description)

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: 651 | Phone Number: 307-3553

Mr., Ms., Mrs.: | First Name: MARKAUS | MI: | Last Name: SMITH | Suffix:

Number: 164 | Prefix: | Street or Highway: STEVENS | Street Type: ST | Suffix: W

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

State: MN | Zip Code: 55107-

K2 Owner

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

Local Option

Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable): SUPERIOR DEVELOPMENT | Area Code: | Phone Number: - -

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

Number: 474 | Prefix: | Street or Highway: MINNEHAHA | Street Type: AVE | Suffix: W

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

State: MN | Zip Code: 55103-

M Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
6740	Scott Case	DC	C3	01	09	2017

Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year
6740	Scott Case	DC	C3	01	09	2017

L Remarks

Local Option

ENGINE #15'S CREW AND ENGINE #6'S CREW ARRIVED ON SCENE AND FOUND A FULLY INVOLVED ATTACHED GARAGE FIRE INPINGING ON THE MAIN HOUSE. LADDER #10'S CREW PUT UP THEIR AERIEL LADDER. ENGINE #10'S CREW AND SQUAD #3'S CREW ATTACKED THE HOUSE FIRE ON THE FIRST FLOOR. ENGINE #15'S CREW AND ENGINE #6'S CREW ATTACKED THE GARAGE FIRE. ENGINE #15'S CREW BALANCED THE ALARM COMPANIES. THERE WAS EXTENSION TO THE CHARLIE SIDE OF THE STRUCTURE FROM THE BASEMENT TO THE THIRD FLOOR ATTIC WITH EXTENSIVE OVERHAUL AND EXTERIOR DAMAGE TO THE DELTA SIDE OF THE BRAVO EXPOSURE. FIRE INVESTIGATOR NOVAK ON SCENE FOR FULL INVESTIGATION.

IMAGETREND
FIRE BRIDGE

ST PAUL
645 Randolph Avenue, SAINT PAUL, MN 55102
Phone: 651-224-7811 Fax:651-228-6255

NFIRS-1 Basic

A

FDID	State	Incident Date (MM)	(DD)	(YYYY)	Station	Incident Number	Exposure
62210	MN	01	07	2017	07	SPFD170107000763	1

B Location Type

X Street address
Intersection
In front of
Rear of
Adjacent to
Directions
US National Grid

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: 0371 - 00

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
162		STEVENS	St	W

Apt./Suite/Room	City	State	Zip Code
	SAINT PAUL	MN	55107 -

Cross Street, Directions or National Grid, as applicable:

C Incident Type

111 Building fire

D Aid Given or Received

1 Mutual aid received
2 Automatic aid received
3 Mutual aid given
4 Automatic aid given
5 Other aid given
N X None

Their FDID | Their State | Their Incident Number

E1 Dates and Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hour Min Sec
Alarm (ALARM always required)	01	07	2017	06:04:47
Arrival (ARRIVAL required, unless canceled or did not arrive)	01	07	2017	06:08:31
Controlled (CONTROLLED optional, except for wildland fires)				
Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	01	07	2017	09:39:01

E2 Shifts and Alarms

Local Option

Shift or Platoon	Alarms	District
B	1	D2

E3 Special Studies

Local Option

Special Study ID#	Special Study Value

F Actions Taken

Primary Action Taken (1): 11 Extinguishment by fire service personnel
Additional Action Taken (2): 12 Salvage & overhaul
Additional Action Taken (3): 51 Ventilate

G1 Resources

X Check this box and test this block if an Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	15	0
EMS	1	0
Other	3	0

Check box if resources counts include aid received resources.

G2 Estimated Dollar Losses and Values

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

Property $ 5,000
Contents $ 0 X

PRE-INCIDENT VALUE: Optional

Property $
Contents $

Completed Modules

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

H1 Casualties ☒ None

	Death	Injury
Fire Service	0	0
Civilian	0	0

H2 Detector

Required for confined fires.
1 Detector alerted occupants
2 Detector did not alert occupants
U Unknown

H3 Hazardous Materials Release

0 Special HazMat actions required or spill >= 55 gal.
1 Natural gas: slow leak, no evac. or HazMat actions
2 Propane gas - Less than a 21 lb. tank
3 Gasoline - vehicle fuel tank or portable container
4 Kerosene - fuel-burning equipment/portable storage
5 Diesel fuel/fuel oil - vehicle fuel tank/portable
6 Household/office solvent or chemical spill
7 Motor oil - from engine or portable container
8 Paint - spills less than 55 gallons
N None

I Mixed Use Property

00 Mixed use, other
10 Assembly use
20 Educational use
33 Medical use
40 Residential use
51 Row of stores
53 Enclosed mall
58 Business and residential use
59 Office use
60 Industrial use
63 Military use
65 Farm use
NN Not mixed use

A | FDID: 62210 | State: MN | Incident Date (MM DD YYYY): 01 07 2017 | Station: 07 | Incident Number: SPFD170107000763 | Exposure: 1 | **NFIRS-2 Fire**

B Property Details

B1 1 — Not Residential
Estimate number of residential living units in building of origin whether or not all units became involved

B2 0 — ☒ 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
N None
U Undetermined

D Ignition

D1 76 — Wall surface: exterior
Area of fire origin

D2 84 — Conducted heat from another fire
Heat Source

D3 99 — Multiple items first ignited
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 <70

E1 Cause of Ignition

Check this box if this is an exposure report

0 ☒ Cause, other (System generated code only, not used for data entry)
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

1 Asleep
2 Possibly impaired by alcohol or drugs
3 Unattended or unsupervised person
4 Possibly mentally disabled
5 Physically disabled
6 Multiple persons involved
7 Age was a factor
N None

Estimated age of person involved ____
1 Male 2 Female

F1 Equipment Involved in Ignition

If equipment was not involved, skip to Section G

Equipment Involved ____ ____
Brand
Serial
Model
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

Enter up to three codes.

Fire suppression factor (1) ____ ____
Fire suppression factor (2) ____ ____
Fire suppression factor (3) ____ ____

H1 Mobile Property Involved

1 Not involved in ignition, but burned
2 Involved in ignition, but did not itself 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: MN 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

A | FDID: 62210 | State: MN | Incident Date (MM DD YYYY): 01 07 2017 | Station: 07 | Incident Number: SPFD170107000763 | Exposure: 1

NFIRS-3 Structure Fire

I1 Structure Type
If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.

- 0 Structure type, other
- 1 X Enclosed building
- 2 Fixed portable or mobile structure
- 3 Open structure
- 4 Air-supported structure
- 5 Tent
- 6 Open platform
- 7 Underground structure work area
- 70 Testing
- 8 Connective structure

I2 Building Status

- 0 Building status, other
- 1 Under construction
- 2 X In normal use
- 3 Idle, not routinely used
- 4 Under major renovation
- 5 Vacant and secured
- 6 Vacant and unsecured
- 7 Being demolished
- U Undetermined

I3 Building Height
Count the roof as part of the highest story.

1 — Total number of stories at or above grade

1 — Total number of stories below grade

I4 Main Floor Size

1,056 — Total square feet

OR

___, ___ BY ___, ___ — Length in feet / Width in feet

J1 Fire Origin

1 — Story of fire origin (Below Grade)

J2 Fire Spread
If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module).

- 1 Confined to object of origin
- 2 Confined to room of origin
- 3 Confined to floor of origin
- 4 Confined to building of origin
- 5 X 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 damag (25 to 49% flame damage)
- ___ Number of stories w/heavy damag (50 to 74% flame damage)
- ___ Number of stories w/extreme damag (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.

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)

- 1 Present
- N None present
- U X Undetermined

L2 Detector Type

- 0 Detector type, other
- 1 Smoke
- 2 Heat
- 3 Combination smoke and heat in a single unit
- 4 Sprinkler, water flow detection
- 5 More than one type present
- U Undetermined

L3 Detector Power Supply

- 0 Detector power supply, other
- 1 Battery only
- 2 Hardwire only
- 3 Plug-in
- 4 Hardwire with battery backup
- 5 Plug-in with battery backup
- 6 Mechanical
- 7 Multiple detectors and power supplies
- U Undetermined

L4 Detector Operation

- 1 Fire too small to activate detector
- 2 Detector operated
- 3 Detector failed to operate
- U Undetermined

L5 Detector Effectiveness
Required if detector operated

- 1 Detector alerted occupants, occupants responded
- 2 Detector alerted occupants, occupants failed to respond
- 3 There were no occupants
- 4 Detector failed to alert occupants
- U Undetermined

L6 Detector Failure Reason
Required if detector failed to operate

- 0 Detector failure reason, other
- 1 Power failure, hardwired det. shut off, disconnect
- 2 Improper installation or placement of detector
- 3 Defective detector
- 4 Lack of maintenance, includes not cleaning
- 5 Battery missing or disconnected
- 6 Battery discharged or dead
- U Undetermined

M1 Presence of Automatic Extinguishing System

- 1 Present
- 2 Partial System Present
- N X None Present
- U Undetermined

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

- 0 Special hazard system, other
- 1 Wet-pipe sprinkler system
- 2 Dry-pipe sprinkler system
- 3 Other sprinkler system
- 4 Dry chemical system
- 5 Foam system
- 6 Halogen-type system
- 7 Carbon dioxide system
- U Undetermined

M3 Operation of Automatic Extinguishing System
Required if fire was within designed range

- 0 Operation of AES, other
- 1 System operated and was effective
- 2 System operated and was not effective
- 3 Fire too small to activate system
- 4 System did not operate
- U Undetermined

M3 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

- 0 Reason system not effective, other
- 1 System shut off
- 2 Not enough agent discharged to control the fire
- 3 Agent discharged, but did not reach the fire
- 4 Inappropriate system for the type of fire
- 5 Fire not in area protected by the system
- 6 System components damaged
- 7 Lack of maintenance, including corrosion or heads painted
- 8 Manual intervention defeated the system
- U Undetermined

J Property Use

Structures

419	X 1 or 2 family dwelling	341	Clinic, clinic-type infirmary	629	Laboratory or science laboratory
311	24-hour care Nursing homes, 4 or more persons	342	Doctor, dentist or oral surgeon office	819	Livestock, poultry storage
241	Adult education center, college classroom	615	Electric-generating plant	700	Manufacturing, processing
162	Bar or nightclub	213	Elementary school, including kindergarten	579	Motor vehicle or boat sales, services, repair
464	Barracks, dormitory	519	Food and beverage sales, grocery store	429	Multifamily dwelling
439	Boarding/rooming house, residential hotels	215	High school/junior high school/middle school	882	Parking garage, general vehicle
599	Business office	331	Hospital - medical or psychiatric	459	Residential board and care
131	Church, mosque, synagogue, temple, chapel	449	Hotel/motel, commercial	161	Restaurant or cafeteria
		539	Household goods, sales, repairs	571	Service station, gas station
		361	Jail, prison (not juvenile)	891	Warehouse

Outside

981	Construction site	984	Industrial plant yard - area	960	Street, other
655	Crops or orchard	946	Lake, river, stream	936	Vacant lot
919	Dump, sanitary landfill	931	Open land or field		
669	Forest, timberland, woodland	807	Outside material storage area		
938	Graded and cared-for plots of land	124	Playground		
961	Highway or divided highway	951	Railroad right-of-way		
		982	Residential street, road or residential driveway		

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

Property Use: 419 (Code) — 1 or 2 family dwelling (Property Use Description)

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: 651 | Phone Number: 221-0194

Mr., Ms., Mrs. | First Name: JEANNE | MI: M | Last Name: BECKER | Suffix

Number: 162 | Prefix | Street or Highway: STEVENS | Street Type: ST | Suffix: W

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

State: MN | Zip Code: 55107 -

K2 Owner

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

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: 651 | Phone Number: 221-0194

Mr., Ms., Mrs. | First Name: JEANNE | MI: M | Last Name: BECKER | Suffix

Number: 162 | Prefix | Street or Highway: STEVENS | Street Type: ST | Suffix: W

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

State: MN | Zip Code: 55107 -

M Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
6740	Scott Case	DC	C3	01	09	2017
6740	Scott Case	DC	C3	01	09	2017

Member Making report ID | Signature | Position or rank | Assignment | Month | Day | Year

L Remarks

Local Option

SEE ORIGINAL NARRATIVE.

Saint Paul Fire Department
FIRE INCIDENT DISPOSITION

INCIDENT NUMBER:	17-00763	DATE OF INCIDENT: 01-07-2017	
TIME OF INCIDENT:	0604 hours	POLICE CASE #: N/A	
INVESTIGATOR(s):	J. Novak		
INCIDENT ADDRESS:	164 Stevens Street West, Saint Paul, MN 55107 162 Stevens Street West, Saint Paul, MN 55107		
OCCUPANT NAME:	Markaus Smith	PHONE:651-307-3553	
OWNER NAME:	Superior Dvlpmt Inc Jeanne M. Becker	PHONE:Unknown 651-221-0194	
ADDRESS OF OWNER:	474 Minnehaha Avenue West, Saint Paul MN 55103-1523 162 Stevens Street West, Saint Paul, MN 55107		
PROPERTY DAMAGED:	Garage/House/Vehicle House	AREA OF ORIGIN:Garage northeast corner	
DAMAGE ESTIMATE:	Building $200,000 $5,000	Vehicle $25,000	Other(Describe) $
VALUE:	Building $122,100 $81,100	Vehicle $25,000	Other(Describe) $
Damage Estimate CONTENTS ONLY:	$50,000 $0		
INJURY/DEATH (if yes, explain)	☒ No ☐ Yes		

SMOKE DETECTOR, SPRINKLER, and CARBON MONOXIDE INFORMATION:	Smoke Detector Present:	☒ Yes	☐ No ☐ Unknown
	Detector Functioning:	☒ Yes	☐ No ☐ Unknown
	Sprinkler System Present:	☐ Yes	☒ No ☐ Unknown
	Sprinkler Heads activated:	☐ Yes #	☐ No ☐ Unknown
	C.O Detector Present:	☒ Yes	☐ No ☐ Unknown

FIRE CAUSE CLASSIFICATION:	☒ Accidental	☐ Juvenile/Incendiary
	☐ Incendiary	☐ Child (under 10 years old)
	☐ Natural	☐ Undetermined
	☐ Under Investigation	

SYNOPSIS:

Fire crews responded to a report of a house fire. Upon their arrival, they found an attached two-car garagae fully involved extending into the house and the adjacent house. Upon extinguishment, the origin of the fire was deterimined to be in the northeast corner of the garage where the occupants stated there was a small metal pail for cigarettes. Eight people were inside the house at the time of the fire. There were no injuries reported. Investigation revealed that one of the guests had been smoking in the garage approximately 45 minutes to one hour prior to the fire. The pail was located next to recycling and mattresses. The fire was also first seen towards the northeast corner of the garage. The ignition source was a discarded cigarette. The first material ignited was other cigarettes then recyclables and mattresses. The action that brought them together was an occupant discarding a cigarette. The classification of fire cause is accidental.

DISPOSITION: ☐ E-mail only ☐ Hold Scene until approved

	☐ DO NOT DEMOLISH until approved ☐ Analysis of Evidence Pending	☒ Scene Released ☒ Report to Follow

DFSS Form #141 (12/19/2013)

FIRE INVESTIGATION REPORT

INCIDENT NO: 17-00763 DATE: 01/07/2017 TIME: 0604 HOURS

ADDRESS: 164 STEVENS ST W
162 STEVENS ST W

INSURANCE CO: UNKNOWN (owners)
NONE (occupants)

DAMAGE ESTIMATE: $225,000 (house/garage/vehicle-164)
$5,000 (exposure house-162)

SYNOPSIS: On Saturday, January 7, 2017, at approximately 0604 hours, the Saint Paul Fire Department responded to a report of a garage fire. The location of the incident was 164 Stevens Street West. Upon the fire department's arrival, they found a two-car attached garage fully involved with fire extending to attached house and the neighboring house. Investigation revealed the fire originated within the interior of the attached garage at 164 Stevens Street West in the northeast corner. A visitor to the property had been smoking approximately 30 minutes prior to the fire and had placed their cigarette in an almost full metal container adjacent to a recycling bin in the northeast corner of the attached garage. The classification of fire cause is accidental.

PEOPLE: Property Owner (164 Stevens St W), SUPERIOR DEVELOPMENT, INC., 474 Minnehaha Avenue West, Saint Paul, MN 55103, unknown phone number.

Occupant, MARKAUS BRADFORD SMITH, 164 Stevens Street West, 55107, 651-307-3553, DOB 10/17/1994.

Occupant, MATTHEW GREGORY CASSIN, 164 Stevens Street West, 55107, 651-398-9856, DOB 12/23/1994.

Occupant, MICHAEL JOSEPH MIX, 164 Stevens Street West, 55107, 612-709-8205, DOB 08/17/1995.

Occupant, ARMAND RANDALL HAYNE, 164 Stevens Street West, 55107, 651-331-0347, DOB 08/13/1995.

Visitor/Occupant, ANDREW GEORGE LABATTE, no permanent address or phone number, DOB 12/15/1990.

Exposure Property Owner/Occupant, JEANNE M. BECKER, 162 Stevens Street West, 55107, 651-221-0194.

BACKGROUND: I received notification of the fire via the Communications Center at approximately 0604 hours. I responded to the incident scene and arrived at approximately 0617 hours. At the time of my arrival fire personnel were extinguishing the fire within the garage and house. The temperature at the time of the incident was approximately 25°F and calm winds. Weather was not a factor in the ignition of this fire.

PROPERTY DESCRIPTION: The fire damaged property is a large two-story single family dwelling with an attached two-car garage. The exterior of the building contained vinyl siding. The structure ran north to south in length and the front of the structure faces north. The attached garage is located on the south side of the house and the garage also runs north to south length and faces west.

EXPOSURE PROPERTY DESCRIPTION: The fire damaged property at 162 Stevens Street West is a single family dwelling. The exterior of the dwelling contained steel siding.

EXTERIOR EXAMINATION: Visual inspection of the buildings at 164 Stevens Street West found that the house's north side was intact with very little damage; only smoke staining coming out the front door along with smoke stained windows. On the east side of the house the entire garage was extensively damaged by the fire. The fire burned along the east wall, travelling north damaging the home at 162 Stevens Street West. Examination of the west side of the house found heat and flame damage coming out of the living room and dining room windows. On the south side of the house there was damage to the siding from the garage fire extending into the interior of the house and up into the attic area.

Examination of the garage found there was extensive damage to the entire garage. The roof had partially collapsed inwards.

EXPOSURE EXAMINATION: Visual inspection of the exterior of the home at 162 Stevens Street West found scorching to their steel siding. There was no interior damage sustained to this house.

INTERIOR EXAMINATION: Visual inspection of the garage interior found a 2017 Mazda 6. This vehicle was extensively burned within the interior and on the exterior. This vehicle is a total loss.

Observations within the interior northeast corner of the garage I found the worst and most extensive fire damage. The steps leading into the home in this corner were mostly burned away as was the adjacent wall for the house. The fire extended into the home's kitchen and then into the living room, spreading throughout the main floor.

Inspection of the home's basement found no fire damage, only light smoke and water damage. The appliances in the basement were examined. I have eliminated the water heater, washer, dryer, boiler, and electrical panel to be possible ignition sources for the fire due to their location in relation to the origin of the fire as well as none of them sustained any fire damage.

On the second floor of the home I found extensive smoke damage throughout with some heat damage due to burning in the southeast corner.

INTERVIEWS: Occupant, MARKAUS BRADFORD SMITH, was interviewed and he stated:

- I arrived home at about 4:00 p.m.
- I parked in the street.
- I was talking and drinking with ANDREW last night.
- I smoked a cigarette and put my cigarette on the front step.
- ANDREW had smoked a cigarette while we were in the garage.
- I have lived here about a year or so.
- I do not have any renter's insurance.
- We have had some electrical problems in the house but none in the garage.
- The only thing plugged in and running in the garage would have been the garage door opener.
- The cigarette butts are put in a small blue metal pail that is right outside the house, in the garage, next to the steps and the recycling bin.
- I live here with three other people.
- We have our girlfriends over a lot.
- At the time of the fire I think there were eight people in the house.

Visitor/Occupant, ANDREW GEORGE LABATTE, was interviewed and stated:

- I am homeless and have been staying here on the couch for about the last month.

- I have been up and drinking and smoking all night.
- I smoked my last cigarette in the garage.
- I put my cigarette in the pail.
- I was inside the house talking to MARKAUS when I smelled smoke.
- I then saw a fire through the bay window outside at the garage.
- I never heard a smoke detector sounding.
- The lights in the house were out.
- I believe that my cigarette may have caused the fire and I feel bad.
- The fire was right where the cigarette pail is located.

Occupant, MATTHEW GREGORY CASSIN, was interviewed and stated:

- I have lived here just over a year.
- I have no renter's insurance.
- I got home last night about 5:00 p.m.
- I went to bed at around 1:30 a.m.
- I woke up when I heard people yelling.
- When I woke up I heard a smoke detector sounding.
- I cannot think of any electrical problems that would cause a fire.
- No one has done any painting or staining in the house.
- My vehicle is a 2017 Mazda 6, it is brand new, and I have not had any problems with the car.
- The garage door was closed.

- I cannot think of anything that would have caused the fire except for smoking.
- The cigarette pail is right next to the recycling bin and a mattress that is in the garage.
- When I came out of the house I saw a fire burning right where we smoke in the garage.
- I took a video and photos of the fire as it was burning.

Occupant, MICHAEL JOSEPH MIX, was interviewed and stated:

- I have lived here over a year.
- I have no renter's insurance.
- I got home last night about 6:00 p.m.
- I made some food and then went upstairs with my girlfriend.
- I woke up at about 5:45 a.m. to get ready for work.
- I was getting ready when I heard yelling and then someone yelled, "Fire".
- I looked outside and saw a fire burning in the corner of the garage.
- I was last in the garage when I came home from work last night.
- I don't know of any electrical problems in the garage.
- The house has had some electrical problems with faulty wires, but nothing in the garage.
- The only thing plugged in and running in the garage would have been the garage door opener.
- I quit smoking January 1 (2017).
- The smoke detectors were sounding.
- No one has done any painting, staining, welding, or soldering.
- I cannot think of anyone that is mad at us.

Occupant, ARMAND RANDALL HAYNE, was interviewed and he stated:

- I have lived here over a year and I do not have any renter's insurance.
- I got home at about 3:30 p.m. and then left to go get some food.
- I smoked a cigarette out front.
- When we smoke we use a blue metal container in the garage to put our butts in.
- The last time I was in the garage was at about 9:00 p.m.
- No one has done any painting, staining, welding, or soldering and I do not know of any electrical problems in the garage.
- I learned about the fire when I heard people yelling and the alarms sounding.
- I saw the fire through the windows.
- I cannot think of anyone mad at us.
- I believe there were eight people in the house last night.

After the interviews were completed I concentrated my investigation in the northeast corner of the garage. I was unable to find any remnants of the blue metal container of cigarette butts, but I did notice the most severe burning was in this area.

PHOTOGRAPHS: Digital photographs were taken.

EVIDENCE: No evidence was collected.

CONCLUSION: After examination of the fire scene and the interviews conducted it is my opinion based on my education, background, and experience as well as fire patterns of both movement and intensity that this fire originated within the interior northeast corner of the garage. All competent ignition sources have been eliminated except for a discarded cigarette butt into a full metal container of cigarette butts. The first material ignited was discarded cigarette butts and then nearby materials within the recycling container. The action that brought these items together was a discarded cigarette. The classification of fire cause is accidental. This concludes my investigation and report. This concludes my investigation and report.

J. Novak, Fire Investigator, B Shift, 01/10/2017
JJN/su James Novak