

A **NFIRS-1 Basic**

FDID State Incident Date Station Incident Number Exposure

B Location Type 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: -

Number/Milepost Prefix Street or Highway Street Type Suffix

City State Zip Code

Appl./Suite/Room City

Cross Street, Directions or National Grid, as applicable

C Incident Type 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 None

E1 Dates and Times Month Day Year Hour Min Sec

Alarm

Arrival

Controlled

Last Unit Cleared

Check boxes if dates are the same as Alarm Date.

ARRIVAL, required, unless cancelled or did not arrive

CONTROLLED optional, except for wildland fires

LAST UNIT CLEARED, required except for wildland fires

Month Day Year Hour Min Sec

Wildlight is 0000

E2 Shifts and Alarms

Local Option

Shift or Platoon Alarms District

E3 Special Studies

Local Option

Special Study ID# Special Study Value

F Actions Taken

Extinguishment by fire service personnel

Primary Action Taken (1) Search

Additional Action Taken (2) Salvage & overhaul

Additional Action Taken (3)

G1 Resources

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

	Apparatus	Personnel
Suppression	<input type="text" value="8"/>	<input type="text" value="0"/>
EMS	<input type="text" value="1"/>	<input type="text" value="0"/>
Other	<input type="text" value="1"/>	<input type="text" value="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.

Property \$

Contents \$

PRE-INCIDENT VALUE: Optional

Property-\$

Contents \$

Completed Modules

Fire-2

Structure Fire-3

Civilian Fire Cas.-4

Fire Service Cas.-5

EMS-6

HazMat-7

WildLand Fire-8

Apparatus-9

Personnel-10

Arson-11

H1 Casualties

	Death	Injury
Fire Service	<input type="text" value=""/>	<input type="text" value=""/>
Civilian	<input type="text" value=""/>	<input type="text" value=""/>

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

30 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

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 1 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.

<u> </u> On-site material (1)	<u> </u>	On-Site Materials Storage Use
<u> </u> On-site material (2)	<u> </u>	1 Bulk storage or warehousing
<u> </u> On-site material (3)	<u> </u>	2 Processing or manufacturing
		3 Packaged goods for sale
		4 Repair or service
		N None
		U Undetermined

D Ignition

D1 21 Bedroom - < 5 persons; included are jail or prison
Area of fire origin

D2 13 Electrical arcing
Heat Source

D3 32 Bedding; blanket, sheet, comforter
Item first ignited

D4 71 Fabric, fiber, cotton, blends, rayon, wool
Type of material first ignited

Check box if fire spread was confined to object of origin.
 Required only if item first ignited code is 00 or <70

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

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

12 Heat source too close to combustibles.

 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 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 None

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

Mobile property model

License Plate Number State VIN

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Year

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

1 Structure Type <small>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</small> 0 Structure type, other 1 <input checked="" type="checkbox"/> 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	2 Building Status 0 Building status, other 1 Under construction 2 <input checked="" type="checkbox"/> 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	3 Building Height <small>Count the roof as part of the highest story.</small> Total number of stories at or above grade: <input type="text" value="2"/> Total number of stories below grade: <input type="text" value="1"/>	4 Main Floor Size Total square feet: <input type="text" value="1"/> <input type="text" value="546"/> OR Length in feet: <input type="text"/> BY Width in feet: <input type="text"/>
--	---	---	---

J1 Fire Origin <input type="text" value="1"/> <input checked="" type="checkbox"/> Below Grade <small>Story of fire origin</small> J2 Fire Spread <small>If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module).</small> 1 Confined to object of origin 2 Confined to room of origin 3 Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 Beyond building of origin	J3 Number of Stories Damaged by Flame <small>Count the roof as part of the highest story.</small> Number of stories w/minor damage (1 to 24% flame damage): <input type="text" value="2"/> Number of stories w/significant damage (25 to 49% flame damage): <input type="text"/> Number of stories w/heavy damage (50 to 74% flame damage): <input type="text" value="1"/> Number of stories w/extreme damage (75 to 100% flame damage): <input type="text"/>	K Type of Material Contributing Most to Flame Spread <input checked="" type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. K1 <input type="text"/> <input type="text"/> <input type="text"/> <small>Item contributing most to flame spread</small> K2 <input type="text"/> <input type="text"/> <input type="text"/> <small>Type of material contributing most to flame spread</small> <small>Required only if item contributing code is 00 or <70</small>
---	---	---

L1 Presence of Detectors <small>(In area of the fire)</small> 1 <input checked="" type="checkbox"/> Present N None present U Undetermined L2 Detector Type 0 Detector type, other 1 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Detector failed to operate U Undetermined	L5 Detector Effectiveness <small>Required if detector operated</small> 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 <small>Required if detector failed to operate</small> 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 <input checked="" type="checkbox"/> Battery missing or disconnected 6 Battery discharged or dead U Undetermined
--	---	--

M1 Presence of Automatic Extinguishing System 1 Present 2 Partial System Present N <input checked="" type="checkbox"/> None Present U Undetermined M2 Type of Automatic Extinguishing System <small>Required if fire was within designed range of AES</small> 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 <small>Required if fire was within designed range of AES, other</small> 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 <small>Required if system operated</small> <input type="text"/> <small>Number of sprinkler heads operating</small>	M5 Reason for Automatic Extinguishing System Failure <small>Required if system failed or not effective</small> 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	219	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
		301	Jail, prison (not juvenile)	891	Warehouse
		984	Industrial plant yard - area	960	Street, other
		946	Lake, river, stream	936	Vacant lot
		931	Open land or field		
		807	Outside material storage area		
		124	Playground		
		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 Code: **419**

Property Use Description: **1 or 2 family dwelling**

K1 Person/Entity Involved

Local Option

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

Business Name (if Applicable): _____

Area Code: **651** Phone Number: **747-7727**

Mr., Ms., Mrs. First Name: **MICHAEL** MI: _____ Last Name: **OVERBO** Suffix: _____

Number: **1249** Prefix: _____ Street or Highway: **7TH** Street Type: **ST** Suffix: **W**

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

State: **MN** Zip Code: **55102**

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 II). Then skip the three duplicate address lines.

Business Name (if Applicable): _____

Area Code: **651** Phone Number: **274-0986**

Mr., Ms., Mrs. First Name: **JOSEPH** MI: _____ Last Name: **SKELLEY** Suffix: _____

Number: **1249** Prefix: _____ Street or Highway: **7TH** Street Type: **ST** Suffix: **W**

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

State: **MN** Zip Code: **55102**

M Authorization

Officer in charge ID: **6369** Signature: **Thomas McDonough** Position or rank: **DC** Assignment: **C1** Month: **02** Day: **11** Year: **2017**

Member Making report ID: **6369** Signature: **Thomas McDonough** Position or rank: **DC** Assignment: **C1** Month: **02** Day: **11** Year: **2017**

L Remarks

Local Option

WE RESPONDED TO A REPORT OF A FIRE IN THE BASEMENT. UPON ARRIVAL, ENGINE #10'S CREW AND SQUAD #3'S CREW REPORTED FLAMES COMING FROM THE BASEMENT WINDOW ON THE C AND D SIDES. BOTH CREWS INITIATED A TRANSITIONAL ATTACK AND THEN MADE ENTRY. PRIMARY AND SECONDARY SEARCHES REPORTED ALL CLEAR ON EACH FLOOR. MOST OF THE FIRE WAS CONFINED TO THE BASEMENT BEDROOM WITH SOME EXTENSION TO A FIRST FLOOR BEDROOM. FIRE INVESTIGATOR NOVAK ON SCENE.

Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	17-05140	DATE OF INCIDENT:	02-11-2017	
TIME OF INCIDENT:	0023 hours	POLICE CASE #:	N/A	
INVESTIGATOR(s):	J. Novak			
INCIDENT ADDRESS:	1249 West 7 th Street, Saint Paul, MN 55102			
OCCUPANT NAME:	Mike Overbo	PHONE:	651-747-7727	
OWNER NAME:	Joseph Skelley	PHONE:	651-274-0996	
ADDRESS OF OWNER:	1249 West 7th Street, Saint Paul, MN 55102			
PROPERTY DAMAGED:	Single family dwelling	AREA OF ORIGIN:	Basement bedroom	
DAMAGE ESTIMATE:	Building \$50,000	Vehicle \$	Other(Describe) \$	
VALUE:	Building \$98,600	Vehicle \$	Other(Describe) \$	
Damage Estimate CONTENTS ONLY:	\$30,000			
INJURY/DEATH (if yes, explain)	No Yes			
SMOKE DETECTOR, SPRINKLER, and CARBON MONOXIDE INFORMATION:	Smoke Detector Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Detector Functioning: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Sprinkler System Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Sprinkler Heads activated: <input type="checkbox"/> Yes # <input type="checkbox"/> No <input type="checkbox"/> Unknown C.O Detector Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
FIRE CAUSE CLASSIFICATION:	<input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Juvenile/Incendiary <input type="checkbox"/> Incendiary <input type="checkbox"/> Child (under 10 years old) <input type="checkbox"/> Natural <input type="checkbox"/> Undetermined <input type="checkbox"/> Under Investigation			
SYNOPSIS:	Fire crews responded to a single family dwelling fire with flames showing from the northeast corner basement windows. Upon extinguishment, the fire was determined to be in the northeast corner bedroom in the northeast corner of a bed where the occupant had a heater and powerstrip with multiple items plugged in. The fire was discovered when it was only about two feet in diameter. The occupant was unable to extinguish the fire with his jacket and left the house. The ignition source appeared to be the possible high resistance connection of the heater and powerstrip or combustible materials too close to the heater. The first material ignited was plastic from the heater cord. The classification of cause is accidental.			
DISPOSITION:	<input type="checkbox"/> E-mail only <input type="checkbox"/> Hold Scene until approved <input type="checkbox"/> DO NOT DEMOLISH until approved <input checked="" type="checkbox"/> Scene Released <input type="checkbox"/> Analysis of Evidence Pending <input checked="" type="checkbox"/> Report to Follow			

FIRE INVESTIGATION REPORT

INCIDENT NO: 17-05140

DATE: 02/11/2017

TIME: 0023 HOURS

ADDRESS: 1249 WEST 7TH STREET

INSURANCE CO: UNKNOWN

DAMAGE ESTIMATE: \$110,000

SYNOPSIS: On Saturday, February 11, 2017, at approximately 0023 hours, the Saint Paul Fire Department responded to a report of a structure fire. The location of the incident was 1249 West 7th Street. Upon the fire department's arrival, they found a fire venting from a northeast corner basement windows. Investigation revealed the fire originated in a basement bedroom window in the area of an electrical power strip and numerous appliances. The ignition source is electrical. Based on fire patterns and eye witness accounts that put the fire in approximately a two foot diameter smoldering circle. The classification of fire cause is accidental.

PEOPLE: Property Owner, JOSEPH SKELLEY, 1249 West 7th Street, Saint Paul, 55102, 651-274-0996, DOB 02/22/1951.

Occupant, DANIEL SKELLEY, 1249 West 7th Street, Saint Paul, 55102, 651-216-6019, DOB 02/24/1985.

Occupant, MICHAEL OVERBO, 1249 West 7th Street, Saint Paul, 55102, 651-747-7727, DOB 07/02/1965.

BACKGROUND: I received notification of the fire via the Communications Center at approximately 0023 hours. I responded to the incident scene and arrived at approximately 0027 hours. At the time of my arrival, fire personnel were extinguishing the fire. At the time of the fire the temperature was approximately 40° Fahrenheit, with the winds out of the west/southwest at approximately 3 – 5 mph and the skies cloudy. Weather was not a factor in the ignition of this fire.

PROPERTY DESCRIPTION: The fire damaged structure is a two story, wood framed, single family dwelling. The exterior contained wood lap siding and the interior walls contained wood lath and plaster. The basement was finished with gypsum board and plaster board on top. The structure ran north to south in length, with the front of the structure facing south.

EXTERIOR EXAMINATION: Visual inspection of the structure exterior found the only visible fire was located on the northeast corner where there was flame damaging coming out the basement east window and north window with some smoke staining extending out the rear entry way door.

INTERIOR EXAMINATION: Visual inspection of the home's interior found the main floor of the house had suffered light smoke damage throughout. The second floor of the home also suffered light smoke damage throughout. I observed no smoke detectors throughout the home, except for one on the first floor and this particular detector did not contain a battery.

Examination of the basement found that the majority of the basement had suffered light smoke damage throughout. The main fire damage was located in the northeast corner bedroom. Within the bedroom there was a queen-sized mattress. This mattress was extensively burned by the fire. A V pattern was visible extending up the wall from the mattress. The worst fire damage appeared to be towards the northeast corner where an electric heater was plugged in with numerous items, including a cell phone, an I-phone charger, and walkie-talkies were also plugged in. Upon closer examination of this area, I observed that on the south side of the bed, southeast corner, there were the remains of a candle. The candle was situated on top of some speakers and there was wax running down the speakers.

INTERVIEWS: Occupant, MICHAEL OVERBO, stated:

- I came home at approximately 11:00 p.m.
- I went right to bed when I got home because I had been working all day at my girlfriend's house.
- When I woke up in the middle of the night I saw a fire burning on the corner of the bed.
- The fire was about two feet wide.
- I do not smoke; I quit smoking January 1.
- The propane tank that was in my bedroom was from the grill that had been stolen out of the backyard.
- The torch that was in the basement was used on a car that was frozen this past winter.
- The fire was near the power strip and electric heater in my bedroom.
- I tried to put the fire out with my jacket but the fire kept getting bigger.
- I left my room.
- My brother called 9-1-1.

- There were no smoke detectors sounding because they were taken down because his sister constantly burns food.
- I live at the house with my step-dad JOE and my half-brother DAN.
- I don't know of any electrical problems at the house.
- There have not been any problems with the lights dimming.
- I did have one problem with one outlet next to my dresser that broken a few days ago.
- I do not remember turning on the heater, but I'm not sure if it was on or not.
- I do burn candles, but I'm not sure if I had a candle burning or not.

Occupant, DANIEL SKELLEY, stated:

- I arrived home at about 10:00 p.m.
- I thought my brother was home in his room sleeping when I got home.
- I was playing on my computer when I heard my brother swearing.
- I got up and noticed there was smoke coming from my brother's room.
- I went into my brother's room and saw smoke in the corner and some flames.
- I called 9-1-1 and woke up my dad.
- I cannot think of any electrical problems in the house.
- I last saw my brother smoke about six months ago and my brother usually smoked outside.

Property Owner, JOSEPH SKELLEY, stated:

- I own the house and have owned the house since about 1991.
- I believe the house was built in the 1900's.
- I have insurance on the house, but I can't remember with who.

Fire Investigation Report
1249 West 7th Street
Page Four

- I cannot think of any electrical problems at the house.

PHOTOGRPAHS: Digital photographs were taken.

EVIDENCE: No evidence was collected. All possible evidence was left on scene for possible examination by an insurance company representative.

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 movement and intensity observed that the fire originated in the basement northeast bedroom on the northeast corner of the bed. In this location there was an electric heater and power strip found. The ignition source is electrical. The first material ignited was bedding material and miscellaneous items. The action that brought these items together was the electric heater too close to combustibles. The classification of fire cause is accidental. This concludes my investigation and report.

J. Novak, Fire Investigator, B Shift, 02/11/2017

JJN/su

