

A	FDID 62210 *	State MN *	Incident Date 12/07/2005 *	Station 08	Incident Number 05-0512960 *	Exposure 000 *	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> No Activity	NFIRS -1 Basic	
B	Location* <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract 0312 - 00 Module in Section B "Alternative Location Specification". Use only for Wildland fires.										
	<input checked="" type="checkbox"/> Street address	1062	FRONT	AVE							
	<input type="checkbox"/> Intersection	Number/Milepost	Prefix	Street or Highway	Street Type	Suffix					
	<input type="checkbox"/> In front of		SAINT PAUL	MN	55103						
	<input type="checkbox"/> Rear of	Apt./Suite/Room	City	State	Zip Code						
	<input type="checkbox"/> Adjacent to	Cross street or directions, as applicable									
	<input type="checkbox"/> Directions										
C	Incident Type *			E1 Date & Times				E2 Shift & Alarms			
	111 Building fire			Midnight is 0000				Local Option			
	Incident Type			Check boxes if dates are the same as Alarm				Shift or Alarms District			
				ALARM always required				Platoon			
				Date: Alarm * 12/07/2005 17:21:00				A 01 D2			
				ARRIVAL required, unless canceled or did not arrive							
D	Aid Given or Received*			<input checked="" type="checkbox"/> Arrival * 12/07/2005 17:23:00				E3 Special Studies			
	1 <input type="checkbox"/> Mutual aid received			CONTROLLED Optional, Except for wildland fires				Local Option			
	2 <input type="checkbox"/> Automatic aid rcv.			LAST UNIT CLEARED, required except for wildland fires				Special Study ID#			
	3 <input type="checkbox"/> Mutual aid given			<input type="checkbox"/> Controlled				Special Study Value			
	4 <input type="checkbox"/> Automatic aid given			Last Unit							
	5 <input type="checkbox"/> Other aid given			<input checked="" type="checkbox"/> Cleared 12/07/2005 19:06:00							
	N <input checked="" type="checkbox"/> None										
F	Actions Taken *			G1 Resources *				G2 Estimated Dollar Losses & Values			
	11 Extinguishment by fire			<input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.				LOSSES: Required for all fires if known. Optional for non fires. None			
	Primary Action Taken (1)			Apparatus Personnel				Property \$ 075,000			
	51 Ventilate			Suppression 0006 0024				Contents \$ 000,000			
	Additional Action Taken (2)			EMS 0002 0008				PRE-INCIDENT VALUE: Optional			
	21 Search			Other 0005 0013				Property \$ 000,000			
	Additional Action Taken (3)			<input type="checkbox"/> Check box if resource counts include aid received resources.				Contents \$ 000,000			
Completed Modules	H1* Casualties <input type="checkbox"/> None			H3 Hazardous Materials Release				I Mixed Use Property			
<input checked="" type="checkbox"/> Fire-2	Deaths Injuries			N <input type="checkbox"/> None				NN <input type="checkbox"/> Not Mixed			
<input checked="" type="checkbox"/> Structure-3	Fire Service			1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions				10 <input type="checkbox"/> Assembly use			
<input checked="" type="checkbox"/> Civil Fire Cas.-4	Civilian			2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)				20 <input type="checkbox"/> Education use			
<input type="checkbox"/> Fire Serv. Cas.-5				3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container				33 <input type="checkbox"/> Medical use			
<input type="checkbox"/> EMS-6				4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage				40 <input type="checkbox"/> Residential use			
<input type="checkbox"/> HazMat-7	H2 Detector			5 <input type="checkbox"/> Diesel fuel/fuel Oil: vehicle fuel tank or portable				51 <input type="checkbox"/> Row of stores			
<input type="checkbox"/> Wildland Fire-8	Required for Confined Fires.			6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only				53 <input type="checkbox"/> Enclosed mall			
<input type="checkbox"/> Apparatus-9	1 <input type="checkbox"/> Detector alerted occupants			7 <input type="checkbox"/> Motor oil: from engine or portable container				58 <input type="checkbox"/> Bus. & Residential			
<input type="checkbox"/> Personnel-10	2 <input type="checkbox"/> Detector did not alert them			8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons				59 <input type="checkbox"/> Office use			
<input type="checkbox"/> Arson-11	U <input type="checkbox"/> Unknown			9 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form				60 <input type="checkbox"/> Industrial use			
J Property Use*	Structures			341 <input type="checkbox"/> Clinic, clinic type infirmary				539 <input type="checkbox"/> Household goods, sales, repairs			
				342 <input type="checkbox"/> Doctor/dentist office				579 <input type="checkbox"/> Motor vehicle/boat sales/repair			
	131 <input type="checkbox"/> Church, place of worship			361 <input type="checkbox"/> Prison or jail, not juvenile				571 <input type="checkbox"/> Gas or service station			
	161 <input type="checkbox"/> Restaurant or cafeteria			419 <input checked="" type="checkbox"/> 1-or 2-family dwelling				599 <input type="checkbox"/> Business office			
	162 <input type="checkbox"/> Bar/Tavern or nightclub			429 <input type="checkbox"/> Multi-family dwelling				615 <input type="checkbox"/> Electric generating plant			
	213 <input type="checkbox"/> Elementary school or kindergarten			439 <input type="checkbox"/> Rooming/boarding house				629 <input type="checkbox"/> Laboratory/science lab			
	215 <input type="checkbox"/> High school or junior high			449 <input type="checkbox"/> Commercial hotel or motel				700 <input type="checkbox"/> Manufacturing plant			
	241 <input type="checkbox"/> College, adult education			459 <input type="checkbox"/> Residential, board and care				819 <input type="checkbox"/> Livestock/poultry storage(barn)			
	311 <input type="checkbox"/> Care facility for the aged			464 <input type="checkbox"/> Dormitory/barracks				882 <input type="checkbox"/> Non-residential parking garage			
	331 <input type="checkbox"/> Hospital			519 <input type="checkbox"/> Food and beverage sales				891 <input type="checkbox"/> Warehouse			
	Outside			936 <input type="checkbox"/> Vacant lot				981 <input type="checkbox"/> Construction site			
	124 <input type="checkbox"/> Playground or park			938 <input type="checkbox"/> Graded/care for plot of land				984 <input type="checkbox"/> Industrial plant yard			
	655 <input type="checkbox"/> Crops or orchard			946 <input type="checkbox"/> Lake, river, stream							
	669 <input type="checkbox"/> Forest (timberland)			951 <input type="checkbox"/> Railroad right of way				Lookup and enter a Property Use code only if you have NOT checked a Property Use box:			
	807 <input type="checkbox"/> Outdoor storage area			960 <input type="checkbox"/> Other street				Property Use 419			
	919 <input type="checkbox"/> Dump or sanitary landfill			961 <input type="checkbox"/> Highway/divided highway				1 or 2 family dwelling			
	931 <input type="checkbox"/> Open land or field			962 <input type="checkbox"/> Residential street/driveway				NFIRS-1 Revision 03/11/99			

A	FDID * <u>62210</u>	State * <u>MN</u>	Incident Date * MM <u>12</u> DD <u>07</u> YYYY <u>2005</u>	Station <u>08</u>	Incident Number * <u>05-0512960</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -2 Fire
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B Property Details

B1 0002 Not Residential
 Estimated Number of residential living units in building of origin whether or not all units became involved

B2 002 Buildings not involved
 Number of buildings involved

B3 None
 Acres burned (outside fires) Less than one acre

C On-Site Materials None or Products
 Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved

Enter up to three codes. Check one or more boxes for each code entered.

NNN None
 On-site material (1)

 On-site material (2)

 On-site material (3)

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

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

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

D Ignition

D1 21 Bedroom - < 5 persons;
 Area of fire origin *

D2 11 Spark, ember or flame
 Heat source *

D3 99 Multiple items first
 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 box if this is an exposure report. Skip to section G

1 Intentional
 2 Unintentional
 3 Failure of equipment or heat source
 4 Act of nature
 5 Cause under investigation
 U Cause undetermined after investigation

E2 Factors Contributing To Ignition

30 Electrical None
 Factor Contributing To Ignition (1)

 None
 Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition
 Check all applicable boxes

1 Asleep None
 2 Possibly impaired by alcohol or drugs
 3 Unattended person
 4 Possibly mental disabled
 5 Physically Disabled
 6 Multiple persons involved

7 Age was a factor
 Estimated age of person 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

 Equipment Power Source

F3 Equipment Portability

1 Portable
 2 Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors
 Enter up to three codes. None

 Fire suppression factor (1)

 Fire suppression factor (2)

 Fire suppression factor (3)

H1 Mobile Property Involved
 None

1 Not involved in ignition, but burned
 2 Involved in ignition, but did not burn
 3 Involved in ignition and burned

 Mobile property model

 License Plate Number State VIN Number

H2 Mobile Property Type & Make

 Mobile property type

 Mobile property make

Local Use

Pre-Fire Plan Available
 Some of the information presented in this report may be based upon reports from other Agencies

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

NFIRS-2 Revision 01/19/99

I1 Structure Type * If fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> <small>Total number of stories at or above grade</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <small>Total number of stories below grade</small>	I4 Main Floor Size* <div style="text-align: right;">NFIRS-3 Structure Fire</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;">875</div> <small>Total square feet</small> OR <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">035</div> BY <div style="border: 1px solid black; padding: 2px; display: inline-block;">025</div> </div> <small>Length in feet Width in feet</small>
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J1 Fire Origin * <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <small>Story of fire origin</small> <input type="checkbox"/> Below Grade	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"> </div> <small>Number of stories w/ minor damage (1 to 24% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"> </div> <small>Number of stories w/ significant damage (25 to 49% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"> </div> <small>Number of stories w/ heavy damage (50 to 74% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"> </div> <small>Number of stories w/ extreme damage (75 to 100% flame damage)</small>	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine <small>Skip To Section L</small> K1 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"> </div> <small>Item contributing most to flame spread</small> K2 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"> </div> <small>Type of material contributing most of flame spread</small> <small>Required only if item contributing code is 00 or <70</small>
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input checked="" type="checkbox"/> Beyond building of origin		

L1 Presence of Detectors * <small>(In area of the fire)</small> N <input type="checkbox"/> None Present <div style="border: 1px solid black; padding: 2px; display: inline-block;">Skip to section M</div> 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input checked="" type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input checked="" type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	
L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined		

M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present <div style="border: 1px solid black; padding: 2px; display: inline-block;">Complete rest of Section M</div> 1 <input type="checkbox"/> Present	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined <small>NFIRS-3 Revision 01/19/99</small>
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M4 Number of Sprinkler Heads Operating Required if system operated <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"> </div> <small>Number of sprinkler heads operating</small>	

K1 Person/Entity Involved Local Option Business name (if applicable) - - Area Code Phone Number

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

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

Suffix
 Number Prefix Street or Highway Street Type

Post Office Box Apt./Suite/Room City

-
 State Zip Code

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

K2 Owner Same as person involved? Then check this box and skip The rest of this section. Local Option Business name (if Applicable) - - Area Code Phone Number

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

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

Suffix
 Number Prefix Street or Highway Street Type

Post Office Box Apt./Suite/Room City

-
 State Zip Code

L Remarks Local Option

FIRE IN A 2 STORY WOOD FRAMED DUPLEX. FIRST ARRIVING CREWS HAD HEAVY FIRE SHOWING ON SIDES #2 AND #4 WITH REPORTS OF POSSIBLE VICTIMS. ENGINE #22 DID AN EXCELLENT JOB ON THE INITIAL REPORT AND ASSUMPTION OF COMMAND. THE CAPTAIN DIRECTED FIRST IN COMPANIES EFFECTIVELY AND DID A GREAT JOB OF PASSING COMMAND FACE TO FACE ON MY ARRIVAL.

TWO ATTACK LINES WERE LAID IN THE FRONT DOOR AND THE FIRST IN LADDER QUICKLY CONDUCTED A PRIMARY OF ALL FLOORS. THE POSSIBLE VICTIMS HAD MADE THEIR WAY OUT TO THE REAR OF THE BUILDING. BOTH VICTIMS WERE TRANSPORTED BY MEDIC #18 AND MEDIC #14, RUN 26379. QUICK KNOCK DOWN OF THE MAIN FIRE, WHICH GUTTED MOST OF THE MAIN FLOOR, WAS ACCOMPLISHED. THERE WAS SOME EXTENSION UP THE OUTSIDE WALLS ABOVE THE WINDOWS WHERE THE FIRE HAD VENTED. EXCELLENT RIG PLACEMENT AND OVERALL FINE JOB. INVESTIGATOR SCHNELLER ON SCENE.

#512960

L Authorization

Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge.
 Member making report ID Signature Position or rank Assignment Month Day Year

A FDID 62210 * State MN * Incident Date 12 07 2005 * Station 08 Incident Number 05-0512960 * Exposure 001 * Delete Change No Activity **NFIRS -1 Basic**

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract 0312 - 00 Module in Section B "Alternative Location Specification". Use only for Wildland fires.

Street address 1070 FRONT AVE SAINT PAUL MN 55103
 Number/Milepost Prefix Street or Highway Street Type Suffix
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions
 Apt./Suite/Room City State Zip Code
 Cross street or directions, as applicable

C Incident Type *
111 Building fire
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm ALARM always required
 Date Alarm * 12 07 2005 17:21:00
 ARRIVAL required, unless canceled or did not arrive
 Arrival * 12 07 2005 17:23:00
 CONTROLLED Optional, Except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared 12 07 2005 19:06:00

E2 Shift & Alarms Local Option
A 01 D2
 Shift or Alarms District Platoon

D Aid Given or Received*
 1 Mutual aid received
 2 Automatic aid recv.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None
 Their FDID Their State
 Their Incident Number

E3 Special Studies Local Option
 Special Study ID# Special Study Value

F Actions Taken *
11 Extinguishment by fire
 Primary Action Taken (1)
 Additional Action Taken (2)
 Additional Action Taken (3)

G1 Resources *
 Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus Personnel
 Suppression 0006 0024
 EMS 0002 0008
 Other 0005 0013
 Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values
 LOSSES: Required for all fires if known. Optional for non fires. None
 Property \$ 005, 000
 Contents \$ 000, 000
 PRE-INCIDENT VALUE: Optional
 Property \$ 000, 000
 Contents \$ 000, 000

Completed Modules
 Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1* Casualties None
 Deaths Injuries
 Fire Service
 Civilian
H2 Detector Required for Confined Fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release
 N None
 1 Natural Gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21 lb. tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling < 55 gallons
 0 Other: Special HazMat actions required or spill > 55gal.. Please complete the HazMat form

I Mixed Use Property
 NN Not Mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Bus. & Residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use* Structures
 131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school or kindergarten
 215 High school or junior high
 241 College, adult education
 311 Care facility for the aged
 331 Hospital
 Outside
 124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field
 341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1-or 2-family dwelling
 429 Multi-family dwelling
 439 Rooming/boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales
 936 Vacant lot
 938 Graded/care for plot of land
 946 Lake, river, stream
 951 Railroad right of way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway

539 Household goods, sales, repairs
 579 Motor vehicle/boat sales/repair
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 629 Laboratory/science lab
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse
 981 Construction site
 984 Industrial plant yard
 Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 Property Use 419
1 or 2 family dwelling
 NFIRS-1 Revision 03/11/99

A FDID * 62210 State * MN Incident Date * MM 12 DD 07 YYYY 2005 Station 08 Incident Number * 05-0512960 Exposure * 001 Delete Change No Activity **NFIRS -2 Fire**

B Property Details

B1 0001 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
Acres burned (outside fires) Less than one acre

C On-Site Materials None or Products
Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved

Enter up to three codes. Check one or more boxes for each code entered.

On-site material (1) NNN None

On-site material (2)

On-site material (3)

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

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

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

D Ignition

D1 76 Wall surface: exterior
Area of fire origin *

D2 80 Heat spread from
Heat source *

D3 99 Multiple items first
Item first ignited * 1 Check Box if fire spread was confined to object of origin

D4
Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition
 Check box if this is an exposure report. Skip to section G

1 Intentional
2 Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing To Ignition

71 Exposure fire None
Factor Contributing To Ignition (1)

 None
Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition
Check all applicable boxes

1 Asleep None
2 Possibly impaired by alcohol or drugs
3 Unattended person
4 Possibly mental disabled
5 Physically Disabled
6 Multiple persons involved

7 Age was a factor
Estimated age of person 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

Equipment Power Source

F3 Equipment Portability

1 Portable
2 Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors
Enter up to three codes. None

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved
 None

1 Not involved in ignition, but burned
2 Involved in ignition, but did not burn
3 Involved in ignition and burned

Mobile property model

License Plate Number State VIN Number

H2 Mobile Property Type & Make

Mobile property type

Mobile property make

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 enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story [001] <small>Total number of stories at or above grade</small> [] <small>Total number of stories below grade</small>	I4 Main Floor Size* <div style="text-align: right; font-size: small;">NFIRS-3 Structure Fire</div> [] , [001] , [500] <small>Total square feet</small> <p style="text-align: center; font-size: large;">OR</p> [] , [] BY [] , [] <small>Length in feet Width in feet</small>
J1 Fire Origin * [001] <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story [] Number of stories w/ minor damage (1 to 24% flame damage) [] Number of stories w/ significant damage (25 to 49% flame damage) [] Number of stories w/ heavy damage (50 to 74% flame damage) [] Number of stories w/ extreme damage (75 to 100% flame damage)	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 [] [] <small>Item contributing most to flame spread</small> K2 [] [] <small>Type of material contributing most of flame spread Required only if item contributing code is 00 or <70</small>	
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input checked="" type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * <small>(In area of the fire)</small> N <input checked="" type="checkbox"/> None Present Skip to section M 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	
M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present Complete rest of Section M 1 <input type="checkbox"/> Present	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined <small>NFIRS-3 Revision 01/19/99</small>	
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AFS 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M4 Number of Sprinkler Heads Operating Required if system operated [] <small>Number of sprinkler heads operating</small>		

K1 Person/Entity Involved

Local Option _____ Business name (if applicable) _____ Area Code _____ Phone Number _____

Check This Box if same address as incident location. 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 _____

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

K2 Owner Same as person involved? Then check this box and skip The rest of this section.

Local Option _____ Business name (if Applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident location. 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 _____

L Remarks

Local Option

THIS PROPERTY WAS DAMAGED ON THE EAST SIDE DUE TO A FIRE ORIGINATING AT 1062 FRONT AVENUE. APPROXIMATELY 70 PERCENT OF THE SIDING ON THE EAST SIDE WAS MELTED. FIRE INVESTIGATOR SCHNELLER ON SCENE.

#512960

L Authorization

2367	LUDDEN, MARTIN F	150	D2A	12	08	2005
officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year

Check Box if same as Officer Member making report ID in charge.

2367	LUDDEN, MARTIN F	150	D2A	12	08	2005
Officer Member making report ID in charge.	Signature	Position or rank	Assignment	Month	Day	Year

FIRE INVESTIGATION REPORT

INCIDENT NO: 512960 DATE: 12/07/2005 TIME: 1721 HOURS

ADDRESS: 1062 FRONT AVE INSURANCE CO: UNKNOWN

DAMAGE ESTIMATE: \$75,000

SYNOPSIS: On Wednesday, December 7, 2005, at 1721 hours a report of a dwelling fire was received. The location of the incident was 1062 Front Avenue. The structure at that location is a two story duplex, upper and lower units, wood framed, dwelling. There were flames visible on the west side of the structure upon the fire department's arrival. The house adjacent to this property sustained damage on the exterior. Two residents were injured as a result of this incident. This fire is unintentional in origin and cause.

PEOPLE: Property Owner, RICK EINAN, (H)651-483-0910.

Occupant, RACHEL ROSE WAGER, 1062 Front Avenue, Lower Unit, (H)651-487-7925, DOB 06/22/1976.

Occupant/Juvenile,

Occupant, JANICE M CLARK, 1062 Front Avenue, Upper Unit, (H)651-489-3851, DOB 05/25/1956.

Exposed Property Owner, BRADLEY JOHN REISDORF, 1070 Front Avenue, (H)651-334-4962, DOB 05/28/1980.

BACKGROUND: I received notification of the fire via the Communication Center. I responded to the incident scene to begin my fire investigation. Upon my arrival to the fire scene fire companies were performing salvage and overhaul operations.

PROPERTY DESCRIPTION: The structure is a two story, wood framed, duplex containing upper and lower units.

EXTERIOR EXAMINATION: Visual inspection of the dwelling exterior noted damage to both the east and west sides of the structure. The west side had severe scorching and charring starting at the first floor window, approximately midway from the front of the dwelling. The damage extended from this window to the roof level. The damaged affected the window, siding, eaves, and roof in varying degrees in a V pattern. To the rear of this window, on the west side, another window showed signs of the fire ventilating out and scorching the siding, rising up to the second floor window. This damage was less significant than the damage sustained by the first window described.

Damage to the east side of the structure emanated from a first floor window, at approximately the midway point from the front of the house. Charring and scorching at and above the window, rising to a second floor window was noted. The damage affected the windows, siding, eaves, and roof in varying degrees. The entire structure has many broken windows from the fire and fire company operations. Smoke staining was evident above the structure exit doors and windows.

The west side of the structure, adjacent to the window with the fire damage sat a home at 1070 Front Avenue. This home sustained heat damage to the exterior siding.

INTERIOR EXAMINATION: Visual inspection of the interior of the dwelling noted damage from smoke on both levels. The first floor suffered severe fire damage. The rear most bedroom on the west side of the first floor exhibited charring at floor level, near the window in the northwest corner. Damage within this corner appears to be the most severe at the floor, extending to the ceiling. This location also coincides with the window on the west exterior side where the fire had vented. There were signs of high heat throughout the room with discoloration and missing plaster on the walls, as well as missing pieces of door trim and baseboard.

Exiting this bedroom you enter the living room. The entire living room exhibited signs of an intense fire. The plaster was discolored or missing throughout the room. The door frames and window moldings showed significant signs of charring.

To the rear of the living room there was an opening leading to the kitchen. The most severe damage within the kitchen was near this door opening. The kitchen damage was at this end from the ceiling down to the three foot level. The kitchen upper cabinets have deep charring. The refrigerator paint was burned off above the three foot level. The ceiling texture and discoloration throughout this room indicates a high temperature burn.

The other bedroom and bathroom within this first floor unit suffered only smoke damage. The stairwell to the basement and the basement showed no signs of high temperature damage. The stairwell to the second floor was heavily smoke stained. The second floor noted smoke damage throughout. The only flame impingement noted on the second floor was at the two windows located above the first floor for the room of fire origin.

Firefighters had opened up the walls at and around these first and second floor windows to check for fire extension; one on the east side and one on the west side.

INTERVIEWS: Occupant, RACHEL ROSE WAGNER, said:

- She was home at the time of the fire with her two daughters.
- The table lamp in the bedroom popped and the room lost electricity.
- She and her daughter went to the basement to change the fuse.
- She has done this many times for this bedroom and for the living room.
- The owner is aware of this problem.
- After changing the fuse she came upstairs and the smoke detector was sounding.
- She saw a large amount of fire in the bedroom, where the table lamp had popped.
- She told her daughters to leave and she tried to extinguish the fire with a fire extinguisher but it didn't work.
- She grabbed a portable phone and went outside.
- She called 9-1-1.
- The bedroom belongs to her daughter and her daughter does not smoke.

Occupant/Juvenile, _____ **said:**

- She went into the basement with her mother to change a fuse.
- They were in the basement about three minutes.
- The light bulb in her lamp in her room popped.
- She saw a fire in her bedroom when they came back upstairs from the basement.
- Her mother told her and her sister to go outside.
- She does not smoke.
- They have problems with the fuses and electricity all the time.

- She heard the smoke detector sounding when they came upstairs.

PHOTOGRAPHS: Digital pictures were taken.

EVIDENCE: No evidence was retained from the property.

CONCLUSION: After a thorough examination of the fire scene and the interviews conducted, it is my opinion that this fire was unintentional. The origin of the fire was near the window of the first floor bedroom, just off the living room. The lowest point of burning was at or near the foot of the bed, where the table lamp was located. There was charring on the ceiling joists above this area to support this theory. The occupants of the home have been having problems with the electricity and blown fuses, which indicates a strong possibility for the cause of this fire. This concludes my investigation pending any further significant information.

R. Schneller, Fire Investigator, A Shift, 12/12/2005

RS/su