St. Paul: Woman gets 6 years for arson fire that trapped two brothers

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St. Paul: Woman gets 6 years for arson fire that trapped two brothers

Deanna Lee Thielbar (Courtesy of Ramsey County sheriff)

A woman who set her St. Paul boyfriend's duplex apartment ablaze last summer -- prompting the rescue of two brothers from the adjoining unit -- was sentenced to a stiff prison term Monday.

In August, Deanna Lee Thielbar, 47, of Pine City, Minn., was charged with first-degree arson. She pleaded guilty in December.

Ramsey County District Judge Leonardo Castro sentenced Thielbar to six years in prison, an upward departure from the presumed sentence.

Castro found aggravating factors, including the vulnerability of the victims, the fact that Thielbar failed to render aid and the fact that her actions endangered multiple people, according to a spokesman for the Ramsey County attorney's office. The presumed sentencing range would have been three years and five months to four years and nine months.

The fire occurred early morning on July 21 and engulfed the duplex and garage at 422-424 Goodrich Ave. in St. Paul's West End. A fire inspector found two points of origin, indicating arson, according to a criminal complaint.

Thielbar reportedly lived in the duplex's first-floor apartment for a couple of months with her boyfriend, who owned the home. A neighbor told police that she heard the two arguing loudly the evening before the blaze. She saw Thielbar drive away in her silver SUV. Around midnight, she noticed that Thielbar had returned and was "banging around" in the back yard, charges said.

A few minutes later, the neighbor heard two loud explosions coming from the back of the house. The garage and the rear of the house were consumed in flames, she told police, and the SUV was gone.

Ricardo Martinez, 16, ran barefoot to the duplex when he and friends heard screaming. Luis Ramirez, 17, held a ladder that the boys found at a neighboring house as Martinez climbed up to the second-floor apartment.

Martinez pulled one of the two brothers -- 67-year-old Richard Stauch -- to safety, he told the Pioneer Press at the time.

Martinez also tried to rescue Louis Stauch, 65, but struggled against the thick smoke. Firefighters found Richard Stauch unconscious on the floor and rescued him.

The brothers' dog, a pit bull named Angel, died in the fire.

FDID *	State *	MM	DD	YYYY	Station	Incident Number *	Exposure *		NFIRS -1
62210	MN	07	21	2014	08	14-0021997	000	☐ Delete ☐ Change ☐ No Activity	Basic

B Location*

☐ 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: 0369 - 00

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
424		GOODRICH	AVE	

Apt./Suite/Room	City	State	Zip Code
	SAINT PAUL	MN	55102 -

Cross street or directions, as applicable

C Incident Type *

111 Building fire

Incident Type

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

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	07	21	2014	00:30:08
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	07	21	2014	00:33:46
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	07	21	2014	08:29:23

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
B	01	D2

E3 Special Studies

Local Option

Special Study ID$ | Special Study Value

F Actions Taken *

11 Extinguishment by fire
Primary Action Taken (1)

22 Rescue, remove from
Additional Action Taken (2)

12 Salvage & overhaul
Additional Action Taken (3)

G1 Resources *

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	0017	
EMS		
Other		

☐ 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	$, 214 , 400	☐
Contents	$, 085 , 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		002

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
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
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

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/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
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 429

Multifamily dwelling

NFIRS-1 Revision 03/11/99

A | FDID * 62210 | State * MN | Incident Date * MM 07 DD 21 YYYY 2014 | Station 08 | Incident Number * 14-0021997 | Exposure * 000 | ☐ Delete ☐ Change ☐ No Activity | NFIRS -2 Fire

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 005 ☐ Buildings not involved
Number of buildings involved

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

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 or more boxes for each code entered.

NNN | None — On-site material (1)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

____ | ____ — On-site material (2)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

____ | ____ — On-site material (3)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

D Ignition

D1 97 | Multiple areas — Area of fire origin *

D2 65 | Lighter: cigarette, — 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

☐ None

UU | Undetermined — Factor Contributing To Ignition (1)

____ | ____ — 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 envolved ____

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

H2 Mobile Property Type & Make

____ | ____ — Mobile property type

____ | ____ — Mobile property make

____ — Mobile property model; Year ____

____ — License Plate Number; State ____; VIN Number ____

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

NFIRS-3 Structure Fire

I1 Structure Type *
If Fire was in enclosed building or a portable/mobile structure complete the rest of this form
1 [X] Enclosed Building
2 [ ] Portable/mobile structure
3 [ ] Open structure
4 [ ] Air supported structure
5 [ ] Tent
6 [ ] Open platform (e.g. piers)
7 [ ] Underground structure (work areas)
8 [ ] Connective structure (e.g. fences)
0 [ ] Other type of structure

I2 Building Status *
1 [ ] Under construction
2 [X] Occupied & operating
3 [ ] Idle, not routinely used
4 [ ] Under major renovation
5 [ ] Vacant and secured
6 [ ] Vacant and unsecured
7 [ ] Being demolished
O [ ] Other
U [ ] Undetermined

I3 Building * Height
Count the ROOF as part of the highest story
002 Total number of stories at or above grade
001 Total number of stories below grade

I4 Main Floor Size*
[ ] , 001 , 301 Total square feet
OR
[ ] , [ ] BY [ ] , [ ]
Lenght in feet / Width in feet

J1 Fire Origin *
[ ] Below Grade
001 Story of fire origin

J2 Fire Spread *
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 damage (25 to 49% flame damage)
[ ] Number of stories w/ heavy damage (50 to 74% flame damage)
002 Number of stories w/ extreme damage (75 to 100% flame damage)

K Material Contributing Most To Flame Spread
[ ] Check if no flame spread OR same as material first ignited OR unable to determine — Skip To Section L
K1 [ ] [ ] Item contributing most to flame spread
K2 [ ] [ ] Type of material contributing most of flame spread — Required only if item contributing code is 00 or<70

L1 Presence of Detectors *
(In area of the fire)
N [ ] None Present — Skip to section M
1 [X] Present
U [ ] Undetermined

L2 Detector Type
1 [ ] Smoke
2 [ ] Heat
3 [ ] Combination smoke - heat
4 [ ] Sprinkler, water flow detection
5 [ ] More than 1 type present
O [ ] Other _____
U [ ] Undetermined

L3 Detector Power Supply
1 [ ] Battery only
2 [ ] Hardwire only
3 [ ] Plug in
4 [ ] Hardwire with battery
5 [ ] Plug in with battery
6 [ ] Mechanical
7 [ ] Multple detectors & power supplies
0 [ ] Other _____
U [X] Undetermined

L4 Detector Operation
1 [ ] Fire too small to activate
2 [ ] Operated (Complete Section L5)
3 [ ] Failed to Operate (Complete Section L6)
U [X] Undetermined

L5 Detector Effectiveness
Required if detector operated
1 [ ] Alerted Occupants, occupants responded
2 [ ] Occupants failed to respond
3 [ ] There were no occupants
4 [ ] Failed to alert occupants
U [ ] Undetermined

L6 Detector Failure Reason
Required if detector failed to operate
1 [ ] Power failure, shutoff or disconnect
2 [ ] Improper installation or placement
3 [ ] Defective
4 [ ] Lack of maintenance, includes cleaning
5 [ ] Battery missing or disconnected
6 [ ] Battery discharged or dead
0 [ ] Other _____
U [ ] Undetermined

M1 Presence of Automatic Extinguishment System *
N [X] None Present
1 [ ] Present — Complete rest of Section M

M2 Type of Automatic Extinguishment System *
Required if fire was within designed range of AES
1 [ ] Wet pipe sprinkler
2 [ ] Dry pipe sprinkler
3 [ ] Other sprinkler system
4 [ ] Dry chemical system
5 [ ] Foam system
6 [ ] Halogen type system
7 [ ] Carbon dioxide (CO_2) system
0 [ ] Other special hazard system
U [ ] Undetermined

M3 Automatic Extinguishment System Operation
Required if fire was within designed range
1 [ ] Operated & effective (Go to M4)
2 [ ] Operated & not effective (M4)
3 [ ] Fire too small to activate
4 [ ] Failed to operate (Go to M5)
0 [ ] Other
U [ ] Undetermined

M4 Number of Sprinkler Heads Operating
Required if system operated
[ ] Number of sprinkler heads operating

M5 Automatic Extinguishment System Failure Reason
Required if system failed
1 [ ] System shut off
2 [ ] Not enough agent discharged
3 [ ] Agent discharged but did not reach fire
4 [ ] Wrong type of system
5 [ ] Fire not in area protected
6 [ ] System components damaged
7 [ ] Lack of maintenance
8 [ ] Manual Intervention
0 [ ] Other _____
U [ ] Undetermined

NFIRS-3 Revision 01/19/99

K1 Person/Entity Involved

Local Option

Business name (if applicable): | Area Code: | Phone Number:

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

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

Number: 424 | Prefix: | Street or Highway: GOODRICH | Street Type: AVE | Suffix:

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

State: MN | Zip Code: 55102 -

[ ] 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: 651 | Phone Number: 308 - 8760

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

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

Number: 424 | Prefix: | Street or Highway: GOODRICH | Street Type: AVE | Suffix:

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

State: MN | Zip Code: 55102 -

L Remarks

Local Option

FIRE PERSONNEL RESPONDED TO A HOUSE FIRE IN A TWO AND A HALF STORY DWELLING WITH TWO ELDERLY MALES TRAPPED. ENGINE #10 ARRIVED ON SCENE AND REPORTED HEAVY FIRE SHOWING ON THE CHARLIE SIDE WITH TWO PEOPLE ON THE ALPHA SIDE PORCH ROOF. ENGINE #10 LADDERED THE ALPHA SIDE AND RESCUED THE TWO PEOPLE. ENGINE #10 THEN MADE ENTRY INTO THE SECOND FLOOR WINDOW WHERE THEY FOUND AND RESCUED A SECOND VICTIM.

ENGINE #5 ARRIVED AND STRETCHED A HOSE LINE TO THE SECOND FLOOR WHERE THEY EXTINGUISHED THE FIRE ON THE SECOND FLOOR. SQUAD #3 ARRIVED AND STRETCHED A HOSE LINE TO THE FIRST FLOOR AND EXTINGUISHED THE FIRE ON THE FIRST FLOOR. ENGINE #10 THEN PULLED A HOSE LINE TO THE CHARLIE SIDE GARAGE FOR EXTINGUISHMENT. A PRIMARY AND SECONDARY SEARCH WAS CONDUCTED AND WE OBTAINED AN ALL CLEAR IN THE ENTIRE STRUCTURE.

MEDIC #18 AND MEDIC #4 TRANSPORTED ONE VICTIM EACH TO REGION'S HOSPITAL AND THE THIRD PERSON DID NOT NEED TO BE TRANSPORTED. XCEL ARRIVED AND SHUT THE GAS OFF AND CUT THE ELECTRICITY AT THE POLE.

TWO WATER SUPPLIES WERE ESTABLISHED, VENTILATION, AND OVERHAUL COMPLETED. FIRE INVESTIGATOR NOVAK ARRIVED ON SCENE AND CONDUCTED AN INVESTIGATION.

DURING FIRE SUPPRESSION OPERATIONS, SQUAD #1 STRETCHED A HAND-LINE FOR FIRE EXTINGUISHMENT THROUGH THE CHARLIE SIDE. SQUAD #1 NEEDED TO STRETCH THEIR LINE THROUGH 421 BANFIL AND IN THE PROCESS, DAMAGED TWO FENCES. THE ACCESS HAD TO BE MADE THROUGH 421 BANFIL AS THE ALPHA SIDE OF THE PROPERTY AT 424 GOODRICH HAD TOO MANY HAZARDS TO MAKE ACCESS. THE DAMAGE TO THE FENCE WAS NECESSARY FOR FIRE EXTINGUISHMENT.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
4125	INKS, BARTON D		C2	07	22	2014

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
[X]	4125	INKS, BARTON D		C2	07	22	2014

A

FDID *	State *	MM	DD	YYYY	Station	Incident Number *	Exposure *	Delete / Change / No Activity	NFIRS -1 Basic
62210	MN	07	21	2014	08	14-0021997	001		

B Location*

☐ 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: 0369 - 00

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
420		GOODRICH	AVE	

Apt./Suite/Room	City	State	Zip Code
	SAINT PAUL	MN	55102 -

Cross street or directions, as applicable

C Incident Type *

111 Building fire

Incident Type

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

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required — Alarm *	07	21	2014	00:30:08
☒ ARRIVAL required, unless canceled or did not arrive — Arrival *	07	21	2014	00:33:46
☐ CONTROLLED Optional, Except for wildland fires — Controlled				
☒ LAST UNIT CLEARED, required except for wildland fires — Last Unit Cleared	07	21	2014	04:46:23

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
B	01	D2

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	0013	
EMS		
Other		

☐ 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	$, 013 , 060	☐
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
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60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use* Structures

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162 ☐ Bar/Tavern or nightclub
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215 ☐ High school or junior high
241 ☐ College, adult education
311 ☐ Care facility for the aged
331 ☐ Hospital
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
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

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/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
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 * | State * | Incident Date * (MM DD YYYY) | Station | Incident Number * | Exposure * | ☐ Delete ☐ Change ☐ No Activity | NFIRS -2 Fire

62210	MN	07	21	2014	08	14-0021997	001

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 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 or more boxes for each code entered.

NNN | None
On-site material (1)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-site material (2)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-site material (3)
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 82 | Radiated heat from
Heat source *

D3 12 | Exterior wall covering
Item first ignited * 1 ☐ Check Box if fire spread was confined to object of origin

D4 41 | Plastic
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

☐ None

71 | Exposure fire
Factor Contributing To Ignition (1)

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 envolved

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

H2 Mobile Property Type & Make

Mobile property type

Mobile property make

Moblie property model

Year

License Plate Number

State

VIN Number

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 [X] Enclosed Building
2 [ ] Portable/mobile structure
3 [ ] Open structure
4 [ ] Air supported structure
5 [ ] Tent
6 [ ] Open platform (e.g. piers)
7 [ ] Underground structure (work areas)
8 [ ] Connective structure (e.g. fences)
0 [ ] Other type of structure

I2 Building Status *

1 [ ] Under construction
2 [X] Occupied & operating
3 [ ] Idle, not routinely used
4 [ ] Under major renovation
5 [ ] Vacant and secured
6 [ ] Vacant and unsecured
7 [ ] Being demolished
O [ ] Other
U [ ] Undetermined

I3 Building * Height

Count the ROOF as part of the highest story

002
Total number of stories at or above grade

001
Total number of stories below grade

I4 Main Floor Size*

NFIRS-3 Structure Fire

[ ] , [ ] , 666
Total square feet

OR

[ ] , [ ] BY [ ] , [ ]
Lenght in feet — Width in feet

J1 Fire Origin *

002
Story of fire origin

[ ] Below Grade

J2 Fire Spread *

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 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

[ ] Check if no flame spread OR same as material first ignited OR unable to determine — Skip To Section L

K1 [ ] [ ]
Item contributing most to flame spread

K2 [ ] [ ]
Type of material contributing most of flame spread — Required only if item contributing code is 00 or<70

L1 Presence of Detectors *

(In area of the fire)

N [ ] None Present — Skip to section M
1 [ ] Present
U [X] Undetermined

L2 Detector Type

1 [ ] Smoke
2 [ ] Heat
3 [ ] Combination smoke - heat
4 [ ] Sprinkler, water flow detection
5 [ ] More than 1 type present
O [ ] Other _____
U [ ] Undetermined

L3 Detector Power Supply

1 [ ] Battery only
2 [ ] Hardwire only
3 [ ] Plug in
4 [ ] Hardwire with battery
5 [ ] Plug in with battery
6 [ ] Mechanical
7 [ ] Multple detectors & power supplies
0 [ ] Other _____
U [ ] Undetermined

L4 Detector Operation

1 [ ] Fire too small to activate
2 [ ] Operated (Complete Section L5)
3 [ ] Failed to Operate (Complete Section L6)
U [ ] Undetermined

L5 Detector Effectiveness

Required if detector operated

1 [ ] Alerted Occupants, occupants responded
2 [ ] Occupants failed to respond
3 [ ] There were no occupants
4 [ ] Failed to alert occupants
U [ ] Undetermined

L6 Detector Failure Reason

Required if detector failed to operate

1 [ ] Power failure, shutoff or disconnect
2 [ ] Improper installation or placement
3 [ ] Defective
4 [ ] Lack of maintenance, includes cleaning
5 [ ] Battery missing or disconnected
6 [ ] Battery discharged or dead
0 [ ] Other _____
U [ ] Undetermined

M1 Presence of Automatic Extinguishment System *

N [X] None Present
1 [ ] Present — Complete rest of Section M

M2 Type of Automatic Extinguishment System *

Required if fire was within designed range of AES

1 [ ] Wet pipe sprinkler
2 [ ] Dry pipe sprinkler
3 [ ] Other sprinkler system
4 [ ] Dry chemical system
5 [ ] Foam system
6 [ ] Halogen type system
7 [ ] Carbon dioxide (CO_2) system
0 [ ] Other special hazard system
U [ ] Undetermined

M3 Automatic Extinguishment System Operation

Required if fire was within designed range

1 [ ] Operated & effective (Go to M4)
2 [ ] Operated & not effective (M4)
3 [ ] Fire too small to activate
4 [ ] Failed to operate. (Go to M5)
0 [ ] Other
U [ ] Undetermined

M4 Number of Sprinkler Heads Operating

Required if system operated

[ ]
Number of sprinkler heads operating

M5 Automatic Extinguishment System Failure Reason

Required if system failed

1 [ ] System shut off
2 [ ] Not enough agent discharged
3 [ ] Agent discharged but did not reach fire
4 [ ] Wrong type of system
5 [ ] Fire not in area protected
6 [ ] System components damaged
7 [ ] Lack of maintenance
8 [ ] Manual Intervention
0 [ ] Other _____
U [ ] Undetermined

NFIRS-3 Revision 01/19/99

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. | KAREN | First Name | L | MI | POLLARD | Last Name | Suffix

420 | Number | Prefix | GOODRICH | Street or Highway | AVE | Street Type | Suffix

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

MN | State | 55102 | Zip Code

L Remarks

Local Option

EXPOSURE FIRE CAUSED FROM STRUCTURE FIRE NEXT DOOR. SIDING AND SOFFIT OF STRUCTURE WAS ON FIRE. FIRE CREWS EXTINGUISHED AND CHECKED FOR ANY FURTHER EXTENSION. THE INTERIOR OF THE STRUCTURE WAS CHECKED AND NO FIRE EXTENSION WAS FOUND.

ESTIMATED DOLLAR LOSS CHANGED FROM $30,000 TO $13,060.32 ACCORDING TO THE OWNER THEIR INSURANCE COMPANY USAA. 10/22/2014 SU

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
4125	INKS, BARTON D	150	C2	07	31	2014

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	4125	INKS, BARTON D	150	C2	07	31	2014

A

FDID *	State *	MM	DD	YYYY	Station	Incident Number *	Exposure *	Delete / Change / No Activity	NFIRS -1 Basic
62210	MN	07	21	2014	08	14-0021997	002		

B Location*

☐ Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section 2 "Alternative Location Specification". Use only for Wildland fires.

Census Tract: 0369 - 00

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
428		GOODRICH	AVE	

Apt./Suite/Room	City	State	Zip Code
	SAINT PAUL	MN	55102 -

Cross street or directions, as applicable:

C Incident Type *

111 Building fire
Incident Type

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

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
Alarm * (ALARM always required)	07	21	2014	00:30:08
☒ Arrival * (ARRIVAL required, unless canceled or did not arrive)	07	21	2014	00:33:46
☐ Controlled (CONTROLLED Optional, Except for wildland fires)				
☒ Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	07	21	2014	04:46:23

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
B	01	D2

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	0013	
EMS		
Other		

☐ 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	$	001	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 (ex 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	341 ☐ Clinic,clinic type infirmary	539 ☐ Household goods,sales,repairs
161 ☐ Restaurant or cafeteria	342 ☐ Doctor/dentist office	579 ☐ Motor vehicle/boat sales/repair
162 ☐ Bar/Tavern or nightclub	361 ☐ Prison or jail, not juvenile	571 ☐ Gas or service station
213 ☐ Elementary school or kindergarten	419 ☐ 1-or 2-family dwelling	599 ☐ Business office
215 ☐ High school or junior high	429 ☐ Multi-family dwelling	615 ☐ Electric generating plant
241 ☐ College, adult education	439 ☐ Rooming/boarding house	629 ☐ Laboratory/science lab
311 ☐ Care facility for the aged	449 ☐ Commercial hotel or motel	700 ☐ Manufacturing plant
331 ☐ Hospital	459 ☐ Residential, board and care	819 ☐ Livestock/poultry storage(barn)
	464 ☐ Dormitory/barracks	882 ☐ Non-residential parking garage
	519 ☐ Food and beverage sales	891 ☐ Warehouse

Outside

124 ☐ Playground or park	936 ☐ Vacant lot	981 ☐ Construction site
655 ☐ Crops or orchard	938 ☐ Graded/care for plot of land	984 ☐ Industrial plant yard
669 ☐ Forest (timberland)	946 ☐ Lake, river, stream	
807 ☐ Outdoor storage area	951 ☐ Railroad right of way	Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
919 ☐ Dump or sanitary landfill	960 ☐ Other street	Property Use 881
931 ☐ Open land or field	961 ☐ Highway/divided highway	Parking garage, (detached
	962 ☐ Residential street/driveway	

NFIRS-1 Revision 03/11/99

A

FDID *	State *	MM	DD	YYYY	Station	Incident Number *	Exposure *		NFIRS -2 Fire
62210	MN	07	21	2014	08	14-0021997	002	☐ Delete ☐ Change ☐ No Activity	

B Property Details

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

B2 [ ] ☒ Buildings not involved
Number of buildings involved

B3 [ ] ☒ None
Acres burned (outside fires) ☐ Less than one acre

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 or more boxes for each code entered.

NNN | None
On-site material (1)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

[ ] [ ]
On-site material (2)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

[ ] [ ]
On-site material (3)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

D Ignition

D1 47 | Vehicle storage area;
Area of fire origin *

D2 82 | Radiated heat from
Heat source *

D3 12 | Exterior wall covering
Item first ignited * 1 ☐ Check Box if fire spread was confined to object of origin

D4 64 | Plywood
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

☐ None

71 | Exposure fire
Factor Contributing To Ignition (1)

[ ] [ ]
Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes ☐ None

1 ☐ Asleep
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Possibly mental disabled
5 ☐ Physically Disabled
6 ☐ Multiple persons involved
7 ☐ Age was a factor

Estimated age of person envolved [ ]

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

H2 Mobile Property Type & Make

[ ] [ ]
Mobile property type

[ ] [ ]
Mobile property make

[ ] [ ]
Moblie property model — Year

License Plate Number — State — VIN Number

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 [X] Enclosed Building
2 [ ] Portable/mobile structure
3 [ ] Open structure
4 [ ] Air supported structure
5 [ ] Tent
6 [ ] Open platform (e.g. piers)
7 [ ] Underground structure (work areas)
8 [ ] Connective structure (e.g. fences)
0 [ ] Other type of structure

I2 Building Status *

1 [ ] Under construction
2 [X] Occupied & operating
3 [ ] Idle, not routinely used
4 [ ] Under major renovation
5 [ ] Vacant and secured
6 [ ] Vacant and unsecured
7 [ ] Being demolished
0 [ ] Other
U [ ] Undetermined

I3 Building * Height
Count the ROOF as part of the highest story

001 Total number of stories at or above grade

Total number of stories below grade

I4 Main Floor Size*
NFIRS-3 Structure Fire

, , 210 Total square feet

OR

, 021 BY , 010
Lenght in feet Width in feet

J1 Fire Origin *

001 Story of fire origin [ ] Below Grade

J2 Fire Spread *

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 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

[ ] Check if no flame spread OR same as material first ignited OR unable to determine — Skip To Section L

K1 Item contributing most to flame spread

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

L1 Presence of Detectors *
(In area of the fire)

N [X] None Present — Skip to section M
1 [ ] Present
U [ ] Undetermined

L2 Detector Type

1 [ ] Smoke
2 [ ] Heat
3 [ ] Combination smoke - heat
4 [ ] Sprinkler, water flow detection
5 [ ] More than 1 type present
0 [ ] Other _____
U [ ] Undetermined

L3 Detector Power Supply

1 [ ] Battery only
2 [ ] Hardwire only
3 [ ] Plug in
4 [ ] Hardwire with battery
5 [ ] Plug in with battery
6 [ ] Mechanical
7 [ ] Multple detectors & power supplies
0 [ ] Other _____
U [ ] Undetermined

L4 Detector Operation

1 [ ] Fire too small to activate
2 [ ] Operated (Complete Section L5)
3 [ ] Failed to Operate (Complete Section L6)
U [ ] Undetermined

L5 Detector Effectiveness
Required if detector operated

1 [ ] Alerted Occupants, occupants responded
2 [ ] Occupants failed to respond
3 [ ] There were no occupants
4 [ ] Failed to alert occupants
U [ ] Undetermined

L6 Detector Failure Reason
Required if detector failed to operate

1 [ ] Power failure, shutoff or disconnect
2 [ ] Improper installation or placement
3 [ ] Defective
4 [ ] Lack of maintenance, includes cleaning
5 [ ] Battery missing or disconnected
6 [ ] Battery discharged or dead
0 [ ] Other _____
U [ ] Undetermined

M1 Presence of Automatic Extinguishment System *

N [X] None Present
1 [ ] Present — Complete rest of Section M

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

1 [ ] Wet pipe sprinkler
2 [ ] Dry pipe sprinkler
3 [ ] Other sprinkler system
4 [ ] Dry chemical system
5 [ ] Foam system
6 [ ] Halogen type system
7 [ ] Carbon dioxide (CO_2) system
0 [ ] Other special hazard system
U [ ] Undetermined

M3 Automatic Extinguishment System Operation
Required if fire was within designed range

1 [ ] Operated & effective (Go to M4)
2 [ ] Operated & not effective (M4)
3 [ ] Fire too small to activate
4 [ ] Failed to operate (Go to M5)
0 [ ] Other
U [ ] Undetermined

M4 Number of Sprinkler Heads Operating
Required if system operated

Number of sprinkler heads operating

M5 Automatic Extinguishment System Failure Reason
Required if system failed

1 [ ] System shut off
2 [ ] Not enough agent discharged
3 [ ] Agent discharged but did not reach fire
4 [ ] Wrong type of system
5 [ ] Fire not in area protected
6 [ ] System components damaged
7 [ ] Lack of maintenance
8 [ ] Manual Intervention
0 [ ] Other _____
U [ ] Undetermined

NFIRS-3 Revision 01/19/99

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

Local Option

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

Business name (if Applicable) | Area Code: 651 | Phone Number: 235-2811

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

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

Number: 428 | Prefix: | Street or Highway: GOODRICH | Street Type: AVE | Suffix:

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

State: MN | Zip Code: 55102

L Remarks

Local Option

ADJACENT GARAGE HAD SOME DAMAGE DUE TO THE FIRE EXTENDING FROM 424 GOODRICH. FIRE CREWS DID CHECK FOR FIRE EXTENSION AND ENSURED FIRE WAS EXTINGUISHED.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
4125	INKS, BARTON D	150	C2	07	31	2014

Check Box if same as Officer in charge. ☒

Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
4125	INKS, BARTON D	150	C2	07	31	2014

Saint Paul Fire Department
FIRE INCIDENT DISPOSITION

INCIDENT NUMBER:	14-21997	DATE OF INCIDENT: 07-21-2014	
TIME OF INCIDENT:	0030 hours	POLICE CASE #: 14-150-559	
INVESTIGATOR(s):	Novak		
INCIDENT ADDRESS:	1. 424 Goodrich Avenue 2. 420 Goodrich Avenue 3. 428 Goodrich Avenue		
OCCUPANT NAME:	1. Richard Earl Stauch DOB 03-03-1947 and Louis Leroy Stauch DOB 03-04-1949	PHONE:unknown	
OWNER NAME:	1. Dennis R Johnson 2. Karen L Pollard 3. Jason B Dombeck	PHONE:1. 651-308-8760 2. Unknown 3. 651-235-2811	
ADDRESS OF OWNER:	1. 424 Goodrich Avenue 2. 420 Goodrich Avenue 3. 428 Goodrich Avenue		
PROPERTY DAMAGED:	Duplex, shed, Garage, adjacent house, garage	AREA OF ORIGIN:1. Rear porch and bathroom	
DAMAGE ESTIMATE:	Building $1. $200,000 1. $14,000 2. $30,000 3. $1,000	Vehicle $	Other(Describe) $1. $400
VALUE:	Building $1. 140,200 1. $20,000 2. $152,400 3. $20,000	Vehicle $	Other(Describe) $400
Damage Estimate CONTENTS ONLY:	$1. $85,000 2. $0 3. $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:	Duplex fire with heavy fire in rear of unit with two elderly males on second floor. One male rescued by neighbors and one by fire department personnel. Both transported to hospital. Owner and live-in girlfriend had been fighting earlier in the day. The owner left and the girlfriend admitted to starting a fire in the bathroom to a toilet paper roll and to the rear porch.		

	The live-in girlfriend was not arrested, . The fire spread rrom the rear of this house, to the inside, and also up the rear of the house to the attic, .the detached garage, a make shift shed in the driveway, with propane bottles exploding, and the house next door. The ignition source was an open flame from a lighter. The first material ignited was a toilet paper roll in the bathroom and combustible materials on a shelf in the rear first floor porch. The action that brought these items together was that of the live-in girlfriend applying the flame from a lighter to the items. The classification of fire cause is incendiary.
DISPOSITION:	☐ E-mail only ☒ Hold Scene until approved ☐ DO NOT DEMOLISH until approved ☐ Scene Released ☐ Analysis of Evidence Pending ☒ Report to Follow

FIRE INVESTIGATION REPORT

INCIDENT#: 14-21997 DATE: 07/21/2014 TIME: 0030 HOURS

ADDRESS: 424 GOODRICH AVENUE
420 GOODRICH AVENUE
428 GOODRICH AVENUE

INSURANCE CO: NONE

DAMAGE ESTIMATE: $299,400
$30,000
$1,000

CN#: 14-150-559

SYNOPSIS: On Monday, July 21, 2014, at 0030 hours the Saint Paul Fire Department responded to a report of a house fire. The location of the incident was 424 Goodrich Avenue. Upon the fire department's arrival they found a two story duplex of wood framed construction heavily involved in fire along the back side of the house and also burning a tented shed, a detached garage, and melting the siding on an adjacent home and a garage. Two victims were rescued from the home; one prior to our arrival and one by members of the fire department. The fire originated on the back porch and also in a first floor bathroom. Investigation revealed the owner's live-in girlfriend admitted to setting the fires. The classification of fire cause is incendiary.

PEOPLE: Property Owner/Occupant, DENNIS RALPH JOHNSON, 424 Goodrich Avenue, 55102, 651-308-8760, DOB 05/03/1963.

Occupant/Victim, RICHARD EARL STAUCH, 424 Goodrich Avenue, 55102, DOB 03/03/1947.

Occupant/Victim, LOUIS LEROY STAUCH, 424 Goodrich Avenue, 55102, DOB 03/04/1949.

Exposure Property Owner, KAREN L POLLARD, 420 Goodrich Avenue, 55102.

Exposure Occupant, JOSHUA HOOVER, 420 Goodrich Avenue, 55102, 651-214-3511, DOB 01/12/1986.

Exposure Occupant, JACKIE LEE JOSEPHINE VENABLE, 420 Goodrich Avenue 55102, 651-214-3511, DOB 09/10/1994.

Exposure Property Owner, JASON B and EMILY K DOMBECK, 428 Goodrich Avenue, 55102. 651-235-2811.

9-1-1 Caller/Juvenile,

Witness, SUSIE CLAIRE GILLILAND, 109 3rd Street Southwest, Hinckley, Minnesota, Apartment #A-102, (cell)320-469-7533, DOB 07/21/1991.

Witness, MATTHEW ALLEN FLEEGER, 18622 Amber Lane, Pine City, Minnesota, 55063, (cell)320-629-5559, DOB 01/15/1988.

Possible Suspect, DEANNA LEE THIELBAR, 15833 Norwood Lane, Pine City, Minnesota, 55063, DOB 10/02/1967.

Saint Paul Police Officer, ANTHONY YARUSSO.

Saint Paul Police Acting Sergeant, ROBERT JERUE.

BACKGROUND: I received notification of the fire via the Communications Center. I responded to the incident scene and arrived at while fire personnel were in the process of extinguishment. I viewed heavy fire involvement on the south side of the house in the southwest corner. While on the scene, one of the victims had already been rescued from the home and the second victim was rescued shortly after fire arrival. At the time of the incident, the outside temperature was approximately 70 degrees Fahrenheit with calms winds and the skies partly cloudy. Weather was not a factor in this fire.

PROPERTY DESCRIPTION: The structure is a two story single family dwelling used as duplex. Construction was of wood frame. The exterior contained wood lap siding and the interior walls contained lathe and plaster and sheetrock in some of the areas. The structure ran north to south in length and the front of the home faced north. The building measured approximately 21 feet wide by approximately 44 feet in length.

The exposure structure at 420 Goodrich Avenue was a wood framed single family dwelling.

The exposure structure at 428 Goodrich Avenue was a wood framed detached garage.

EXTERIOR EXAMINATION: Visual inspection of the building exterior north side found that the only visible fire damage was smoke damage and cracked windows. On the west side, there was smoke staining coming out of the southwest corner second floor at the eaves. The south side was examined and I observed extensive fire damage to the southeast corner. This is where the enclosed porch was located. The enclosed porch measured approximately 5 feet by 10 feet and was extensively burned. The exterior wall of the house in this corner was burned up to the eaves, with no walls remaining for the porch. The fire extended upwards to the second floor and attic area. The east side suffered damage on the south end, in the area of the electrical mast and two meter sockets.

The fire also damaged two large tent tarps measuring approximately 12 feet by 24 feet in dimension each. The southernmost tent tarp was extensively burned. This tent tarp had been used as a shed for tools, etc. There was also a one car, wood framed, detached garage located behind the two tent tarp structures. The garage was extensively damaged. The most severe burning on the garage was located on the north end, which faced the house. Some of the roof and back wall remained.

Visual inspection of the exposure structure at 420 Goodrich Avenue found melted siding and charring to the OSB sheathing underneath in the southwest corner.

Examination of the detached garage at 428 Goodrich Avenue found melted siding on the east side of the structure.

INTERIOR EXAMINATION: Visual inspection of the first floor found extensive smoke damage throughout. The main fire damage was located at the south end of the house in the area of the porch and kitchen, as well as the back bedroom. These areas suffered extensive fire damage. Due to the porch burning, the fire extended into the kitchen, damaging the cabinets and rolling across the ceiling. There was some flame damage observed in the living room due to the fire rolling across the ceiling from the kitchen. The flame damage in the living room extended down to approximately the six to five foot height. The back bedroom on the first floor suffered mainly fire damage on the top 1/3. There was some burning to the bed and this was due to the porch fire extending into the bedroom.

Examination of the first floor bathroom found mainly smoke and heat damage. I observed that the curtains within the bathroom were melted, but there was no actual flame damage. There was burning observed to the toilet paper roll just below the curtains. The toilet paper roll is a separate and distinct area of fire origin from the other separate and distinct area of fire origin on the back porch.

Inspection of the basement found no fire damage. There was some smoke and water damage however observed in the basement area. The electrical panel was located in the southeast corner. One breaker, Breaker #10, was tripped. The furnace and water heater were examined and have been eliminated as a possible cause for this fire, as well as the washer and dryer.

The second floor of the residence was examined and I found extensive smoke damage throughout. There was a dead dog found in the north bedroom on the floor. The center living room area was mainly damaged by smoke and heat. The back kitchen area had flame damage coming from the exterior south window, rolling back into the room, and also coming up through the eaves. The kitchen counters, the appliances, and the stove have all been eliminated as a possible cause for the fire.

Examination of the enclosed porch found that it was damaged by smoke and heat with flame damage observed on the upper three to four feet. The most severe burning was on the east side exterior due to the fire extending from the first floor porch upwards.

After examining the entire house, it is believed the main fire origin was located in the area of the rear porch on the first floor. The porch was extensively damaged and this is where the fire was observed by witnesses.

INTERVIEWS: 9-1-1 Caller/Juvenile, stated:

- He was at 417 Goodrich with some friends making music.
- They heard someone outside screaming.
- They then realized someone was in trouble.
- He and his friends ran outside and saw the house across the street burning.
- They tried to get into the house through the front door, but it was too smoky.
- He then climbed onto the roof and found a man on the second floor near the window.
- After he helped the man out the window, he got part way back into the house, but it was too smoky and the man inside that had been yelling became quiet.
- He does not remember hearing any smoke detectors sounding.
- The voice of the man inside faded and he left the house because it was too smoky.

Witness, SUSIE CLAIRE GILLILAND, stated:

- She is the niece of the owner, DENNIS JOHNSON.
- She was called by her brother and her uncle and asked to come down and hang out with them.
- She was then told not to go to the house because her uncle and his girlfriend were fighting.
- She stopped her vehicle approximately half a block away and waited for her brother and uncle to call her back and tell her what bar to meet them at.

- She was in the area at approximately 12:07 a.m.
- She saw DENNIS's girlfriend, DEANNA come from the other direction on the road and pull into her uncle's driveway.
- DEANNA was driving a silver SUV/mini-van.
- She believes DEANNA went to the back of the house and then came back and went in the front door.
- She then received a call from her brother and told to come to the bar.
- She turned around and went the other direction to get to the bar.
- She believes that was at approximately 12:15 a.m.
- She had been told by her uncle and her brother that DEANNA and DENNIS had been fighting.

Property Owner/Occupant, DENNIS RALPH JOHNSON, stated:

- His girlfriend DEANNA has been living with him for approximately two months.
- His daughter, CASSIE MARIE JOHNSON, also lives with him.
- He has two renters; RICHARD and LOUIS STAUCH.
- Earlier in the day (Sunday, July 20, 2014), they were painting the house.
- DEANNA came home at approximately 6:00 p.m. and started arguing with him.
- DEANNA then went on a walk with MATT.
- He (DENNIS) went to bed.
- DEANNA woke him up twice and was still kind of arguing with him.
- He left and went to the bar with MATT, leaving DEANNA behind at the house.

Witness, MATTHEW ALLEN FLEEGER, stated:

- He was painting his uncle's house all day with his Uncle DENNIS.
- DEANNA, his uncle's girlfriend, came home at approximately 6:30 p.m. with some beer she had bought over in Wisconsin.
- She had been drinking some of the beer before she got home.
- She started to argue with her Uncle DENNIS.
- He (MATT) then went for a walk with DEANNA to clear her head.
- He and DEANNA stopped at a bar and drank two or three beers and one shot.
- They then walked back to the house and got there at approximately 9:00 p.m.
- DEANNA then started arguing with DENNIS again.
- DENNIS and he then left and went to the bar, leaving DEANNA at home.
- DEANNA didn't know that they had left for the bar.
- DEANNA tried to call him at the bar.
- He doesn't believe that he talked to DEANNA at all, but he did go outside once and talk to someone, but doesn't know who.
- He believes DEANNA drives a Ford SUV/mini-van that is silver.

Exposure Occupant, JOSHUA HOOVER and his girlfriend Exposure Occupant, JACKIE LEE JOSEPHINE VENABLE, stated:

- They heard two loud booms.
- They thought the booms were just the neighbor's burning stuff.
- The booms shook their house.

- JOSHUA got up to go have a cigarette and when he walked outside he saw a large fire burning against the backside of his neighbor's house.
- He yelled to his girlfriend and they ran over and attempted to enter the front door of the house.
- There was a lot of smoke and they were not able to get very far into the house.
- They noticed the fire was mostly towards to the back of the house, at the rear porch and garage.

I was assisted at the scene by Saint Paul Police Officer, ANTHONY YARUSSO and Saint Paul Police Acting Sergeant, ROBERT JERUE. Officers were told by neighbor's that the girlfriend of the owner, DEANNA THIELBAR, had just driven past the house. Acting Sergeant JERUE stopped MS. THIELBAR and came back to inform me that she was on scene. I drove over to where her vehicle was stopped and spoke to her.

I informed Ms. THIELBAR that she was not under arrest and that I wished to talk to her about the fire. She said it was ok and that she did not know what happen and why all the vehicles were there. I told her there was a fire at the house and that we are trying to figure out the cause of the fire. I asked her if she had any ideas on what may have caused the fire.

DEANNA THIELBAR, stated:

- She has lived at the house for approximately one and a half to two months.
- She was gone most of the day working at Allina in Woodbury.
- She got off work at approximately 5:40 p.m.
- She arrived home at approximately 7:00 p.m. after she went to Wisconsin to buy some beer.
- She came home and found DENNIS and MATT drinking on the front porch.
- Her and MATT then went for a walk and went to the bar.
- MATT and she had a few drinks at the bar.
- After they came back to the house, and she had been there awhile, she realized that MATT and DENNIS were gone.

- She didn't have any more cigarettes so she called DENNIS and asked what she was supposed to do about no cigarettes.
- She went up to the local grocery store, COOPERS, but it was closed, so she went to the BP gas station and found that they were closed also.
- She called DENNIS and asked where she was supposed to go to get some cigarettes.
- She made a sarcastic remark about driving to Pine City to get cigarettes and DENNIS said yes.
- She then drove to Pine City and on the way she stopped and bought cigarettes in Vadnais Heights.
- She then drove up to Pine City and drove by her parent's house and then came back down to DENNIS's house.

I asked her if she could think of anything that would have caused the fire, and she stated:

- Everyone at the house smoke and the house is old, maybe the fire was caused by electricity.
- She was at the house at approximately 12:00 a.m. or so.
- She did not set the fire.

I then discussed the fact that she drove by the house while the fire trucks were in front of her house and she did not stop and she stated:

- There was no were to park.
- She was driving around the block to find another place to park.

I informed MS. THIELBAR that neighbors had seen her at the house at approximately 12:10 a.m. and that she had walked by the garage and also into the house. At first, MS. THIELBAR denied that she had done this and she also denied doing anything else. Ms. THIELBAR then admitted that she lied and that she did not drive up to Pine City, but she drove to his brother's house in East Saint Paul.

I then informed MS. THIELBAR that I felt she might be responsible for setting the fire. After some discussion, she finally admitted that while she was inside the house going to the bathroom, she took her lighter and set the toilet paper roll on fire in the first floor bathroom. I told her that

the toilet paper roll fire would not have spread into the back porch. She then admitted she went into the porch and lit something on the shelves on fire.

I asked MS. THIELBAR if she knew that what she had done was wrong and did she intend to hurt the two gentlemen upstairs. She stated she knew it was wrong and that she was not intending to hurt anyone.

I asked MS. THIELBAR again what she used to start the fire and she handed me the lighter that she had used to start the fire. She also drew me a map of the house and put an X where she set the fire in the bathroom and another X where she started the fire on the porch.

MS. THIELBAR was then informed that she was not going to be arrested tonight and I asked her if she needed any assistance. She was brought back to the fire scene so she could get some clothes and shoes. She then showed me the burned toilet paper in the bathroom and where the porch was.

While we were waiting for the Red Cross to arrive and arrange a hotel room for her, she asked her if she could go to the bathroom. I informed MS. THIELBAR that she could and as she was leaving to go to the gas station I gave her $3.00 and told her to buy a pop for both of us.

When MS. THIELBAR returned she handed me a pop and I told her she could keep the change.

I asked her if she was doing ok and she said : I told her that I was concerned about her because she had made comments earlier She informed me that she would be concerned too if she was me. I asked her if she would rather go to the hospital on a 72-hour hold where she could talk to someone. She said that might be a good idea.

I contacted Ramsey County Dispatchers and told them to cancel the Red Cross and asked them to have a Saint Paul Police Officer dispatched to the scene and put Ms. THIELBAR on a 72-hour hold at the hospital. I thanked MS. THIELBAR for her cooperation and then I let Officer YARUSSO take MS. THIELBAR to the hospital.

I spoke with Fire Captain MIKE GAEDE and he stated:

- When he and his crew arrived on scene they made entry through the front door.
- At that time, they noticed a fire burning in the kitchen and a fire burning outside at the rear of the house.
- Part of his crew went upstairs in an attempt to rescue victims.

SUPPLEMENTAL FIRE INVESTIGATION REPORT

INCIDENT NO: 14-21997 DATE: 07/21/2014 TIME: 0030 HOURS

ADDRESS: 424 GOODRICH AVE INSURANCE CO: UNKNOWN

On Monday, July 21, 2014, while interviewing DEANNA THIELBAR she handed me the lighter that she had used to start the fire. I transported the lighter back to the Saint Paul Fire Department and placed it in the Fire Investigation's locked evidence locker.

On Thursday, September 4, 2014, the lighter was removed from the locked investigation's locker and transported to the Saint Paul Police Department Property Room.

J. Novak, Fire Investigator, B Shift, 10/03/2014

James J Novak

JJN/su