

A FDID: State: Incident Date: MM DD YYYY Station: Incident Number: Exposure: **NFIRS-1 Basic**

B Location Type
 Street address
 Intersection:
 In front of:
 Rear of:
 Adjacent to:
 Directions:
 US National Grid:

C Incident Type Building fire

D Aid Given or Received
 1 Mutual aid received
 2 Automatic aid received
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 None

E1 Dates and Times
 Alarm: Month Day Year Hour Min Sec
 Arrival: Month Day Year Hour Min Sec
 Controlled:
 Last Unit Cleared: Month Day Year Hour Min Sec

E2 Shifts and Alarms
 Local Option: Shift or Platoon: Alarms: District

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

F Actions Taken
 Extinguishment by fire service personnel
 Primary Action Taken (1):

G1 Resources
 Check this box and test this block if an Apparatus or Personnel Module is used.
 Suppression: Apparatus Personnel
 EMS:
 Other:

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

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

H1 Casualties None
 Fire Service:
 Civilian:
H2 Detector
 1 Detector alerted occupants
 2 Detector did not alert occupants
 U Unknown

H3 Hazardous Materials Release
 0 Special HazMat actions required or spill >= 55 gal.
 1 Natural gas: slow leak, no evac. or HazMat actions
 2 Propane gas - Less than a 21 lb. tank
 3 Gasoline - vehicle fuel tank or portable container
 4 Kerosene - fuel-burning equipment/portable storage
 5 Diesel fuel/fuel oil - vehicle fuel tank/portable
 6 Household/office solvent or chemical spill
 7 Motor oil - from engine or portable container
 8 Paint - spills less than 55 gallons
 N None

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

B Property Details

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

B2 Buildings not involved
Number of buildings involved

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

C On-Site Materials or Products None

Enter up to three codes. Check one box for each code entered.

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

On-Site Materials Storage Use

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service
 N None
 U Undetermined

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service
 N None
 U Undetermined

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service
 N None
 U Undetermined

D Ignition

D1 Exterior balcony, unenclosed porch
Area of fire origin

D2 Cigarette
Heat Source

D3 Exterior sidewall covering, surface, finish
Item first ignited

Check box if fire spread was confined to object of origin.

D4 Sawn wood, including all finished lumber
Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition

Check this box if this is an exposure report

0 Cause, other (System generated code only, not used for data entry)
 1 Intentional
 2 Unintentional
 3 Failure of equipment or heat source
 4 Act of nature
 5 Cause under investigation
 U Cause undetermined after investigation

E2 Factors Contributing to Ignition

Abandoned or discarded materials or products
Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition

Check all applicable boxes None

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

1 Male 2 Female

F1 Equipment Involved in Ignition

If equipment was not involved, skip to Section G.

Equipment Involved
 Brand
 Serial
 Model
 Year

F2 Equipment Power Source

Equipment Power Source

F3 Equipment Portability

1 Portable
 2 Stationary

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

G Fire Suppression Factors

None

Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved

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

Mobile property model

License Plate Number State VIN

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Year

Local Use

Pre-Fire Plan Available

Some of the information presented in this report may be based upon reports from other agencies:

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

<p>I1 Structure Type If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. Structure type, other</p> <p>0 Structure type, other</p> <p>1 <input checked="" type="checkbox"/> Enclosed building</p> <p>2 Fixed portable or mobile structure</p> <p>3 Open structure</p> <p>4 Air-supported structure</p> <p>5 Tent</p> <p>6 Open platform</p> <p>7 Underground structure work area</p> <p>70 Testing</p> <p>8 Connective structure</p>	<p>I2 Building Status</p> <p>0 Building status, other</p> <p>1 Under construction</p> <p>2 <input checked="" type="checkbox"/> In normal use</p> <p>3 Idle, not routinely used</p> <p>4 Under major renovation</p> <p>5 Vacant and secured</p> <p>6 Vacant and unsecured</p> <p>7 Being demolished</p> <p>U Undetermined</p>	<p>I3 Building Height Count the roof as part of the highest story.</p> <p>Total number of stories at or above grade: <input type="text" value="2"/></p> <p>Total number of stories below grade: <input type="text" value="1"/></p>	<p>I4 Main Floor Size</p> <p>Total square feet: <input type="text" value="1"/> <input type="text" value="760"/></p> <p>OR</p> <p>Length in feet: <input type="text"/> BY Width in feet: <input type="text"/></p>
--	---	---	---

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

<p>L1 Presence of Detectors (In area of the fire)</p> <p>1 <input checked="" type="checkbox"/> Present</p> <p>N None present</p> <p>U Undetermined</p> <p>L2 Detector Type</p> <p>0 Detector type, other</p> <p>1 Smoke</p> <p>2 Heat</p> <p>3 Combination smoke and heat in a single unit</p> <p>4 Sprinkler, water flow detection</p> <p>5 More than one type present</p> <p>U <input checked="" type="checkbox"/> Undetermined</p>	<p>L3 Detector Power Supply</p> <p>0 Detector power supply, other</p> <p>1 Battery only</p> <p>2 Hardwire only</p> <p>3 Plug-in</p> <p>4 Hardwire with battery backup</p> <p>5 Plug-in with battery backup</p> <p>6 Mechanical</p> <p>7 Multiple detectors and power supplies</p> <p>U <input checked="" type="checkbox"/> Undetermined</p> <p>L4 Detector Operation</p> <p>1 Fire too small to activate detector</p> <p>2 <input checked="" type="checkbox"/> Detector operated</p> <p>3 Detector failed to operate</p> <p>U Undetermined</p>	<p>L5 Detector Effectiveness Required if detector operated</p> <p>1 <input checked="" type="checkbox"/> Detector alerted occupants, occupants responded</p> <p>2 Detector alerted occupants, occupants failed to respond</p> <p>3 There were no occupants</p> <p>4 Detector failed to alert occupants</p> <p>U Undetermined</p> <p>L6 Detector Failure Reason Required if detector failed to operate</p> <p>0 Detector failure reason, other</p> <p>1 Power failure, hardwired det. shut off, disconnect</p> <p>2 Improper installation or placement of detector</p> <p>3 Defective detector</p> <p>4 Lack of maintenance, includes not cleaning</p> <p>5 Battery missing or disconnected</p> <p>6 Battery discharged or dead</p> <p>U Undetermined</p>
---	--	---

<p>M1 Presence of Automatic Extinguishing System</p> <p>1 Present</p> <p>2 Partial System Present</p> <p>N <input checked="" type="checkbox"/> None Present</p> <p>U Undetermined</p> <p>M2 Type of Automatic Extinguishing System Required if fire was within designed range of AES Special hazard system, other</p> <p>0 Special hazard system, other</p> <p>1 Wet-pipe sprinkler system</p> <p>2 Dry-pipe sprinkler system</p> <p>3 Other sprinkler system</p> <p>4 Dry chemical system</p> <p>5 Foam system</p> <p>6 Halogen-type system</p> <p>7 Carbon dioxide system</p> <p>U Undetermined</p>	<p>M3 Operation of Automatic Extinguishing System Required if fire was within designed range</p> <p>0 Operation of AES, other</p> <p>1 System operated and was effective</p> <p>2 System operated and was not effective</p> <p>3 Fire too small to activate system</p> <p>4 System did not operate</p> <p>U Undetermined</p> <p>M3 Number of Sprinkler Heads Operating Required if system operated</p> <p><input type="text"/> Number of sprinkler heads operating</p>	<p>M5 Reason for Automatic Extinguishing System Failure Required if system failed or not effective</p> <p>0 Reason system not effective, other</p> <p>1 System shut off</p> <p>2 Not enough agent discharged to control the fire</p> <p>3 Agent discharged, but did not reach the fire</p> <p>4 Inappropriate system for the type of fire</p> <p>5 Fire not in area protected by the system</p> <p>6 System components damaged</p> <p>7 Lack of maintenance, including corrosion or heads painted</p> <p>8 Manual intervention defeated the system</p> <p>U Undetermined</p>
---	--	---

J Property Use Structures					
131	Church, mosque, synagogue, temple, chapel	341	Clinic, clinic-type infirmary	539	Household goods, sales, repairs
161	Restaurant or cafeteria	342	Doctor, dentist or oral surgeon office	571	Service station, gas station
162	Bar or nightclub	361	Jail, prison (not juvenile)	579	Motor vehicle or boat sales, services, repair
213	Elementary school, including kindergarten	419	1 or 2 family dwelling	599	Business office
215	High school/junior high school/middle school	429	Multifamily dwelling	615	Electric-generating plant
241	Adult education center, college classroom	439	Boarding/rooming house, residential hotels	629	Laboratory or science laboratory
311	24-hour care Nursing homes, 4 or more persons	449	Hotel/motel, commercial	700	Manufacturing, processing
331	Hospital - medical or psychiatric	459	Residential board and care	819	Livestock, poultry storage
		464	Barracks, dormitory	882	Parking garage, general vehicle
		519	Food and beverage sales, grocery store	891	Warehouse
		936	Vacant lot	981	Construction site
		938	Graded and cared-for plots of land	984	Industrial plant yard - area
		946	Lake, river, stream		
		951	Railroad right-of-way		
		960	Street, other		
		961	Highway or divided highway		
		962	Residential street, road or residential driveway		

Look up and enter a Property Use code and description only if you have NOT checked a Property Use Box.	Property Use Code	419
	Property Use Description	1 or 2 family dwelling

K1 Person/Entity Involved

Local Option Business Name (if Applicable) _____ Area Code **651** Phone Number **214** - **4335**

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

Mr., Ms., Mrs. First Name **MICHAEL** MI **H** Last Name **MAIEFSKI** Suffix _____

Number **363** Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City **St Paul**

State **MN** Zip Code **55107** - _____

K2 Owner

Same as person involved? Then check this box and skip the rest of this Business Name (if Applicable) _____ Area Code **651** Phone Number **214** - **4335**

Local Option block.

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

Mr., Ms., Mrs. First Name **MICHAEL** MI **H** Last Name **MAIEFSKI** Suffix _____

Number **363** Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City **St Paul**

State **MN** Zip Code **55107** - _____

M Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
8461	John Mentzos	150	C2	04	06	2015
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year
8461	John Mentzos	150	C2	04	06	2015

L Remarks

Local Option

ENGINE #6'S CREW AND ENGINE #15'SCREW ARRIVED ON SCENE AND FOUND HEAVY FIRE ON THE ALPHA SIDE AND MADE AN EXTERIOR ATTACK AND ESTABLISHED A WATER SUPPLY. ON MY ARRIVAL THE FIRE WAS BURNING ON THE FIRST FLOOR AND SECOND FLOOR AND SPREADING TO THE ATTIC. ON SCENE POLICE CONFIRMED ALL OCCUPANTS WERE OUT AND WITH THEM. A SECOND WATER SUPPLY WAS ESTABLISHED. COMPANIES EXTINGUISHED FIRES ON THE FIRST AND SECOND FLOORS AND THEN THE ATTIC. OVERHAUL AND SALVAGE OF PERSONAL ITEMS WAS CONDUCTED. UTILITY COMPANIES WERE ON SCENE. FIRE INVESTIGATOR NOVAK HANDLED VICTIM SERVICES. BOARD UP WAS CALLED.

Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	15-10439	DATE OF INCIDENT: 04-06-2015																					
TIME OF INCIDENT:	115 hours	POLICE CASE #: N/A																					
INVESTIGATOR(s):	J. Novak																						
INCIDENT ADDRESS:	363 King Street																						
OCCUPANT NAME:	Michael H Maiefski	PHONE: 651-214-4335																					
OWNER NAME:	Michael H Maiefski	PHONE: 651-214-4335																					
ADDRESS OF OWNER:	363 King Street																						
PROPERTY DAMAGED:	2 story dwelling used as sober house	AREA OF ORIGIN: Front porch																					
DAMAGE ESTIMATE:	Building \$166,000	Vehicle \$	Other (Describe) \$																				
VALUE:	Building \$166,666	Vehicle \$	Other (Describe) \$																				
Damage Estimate CONTENTS ONLY:	\$80,000																						
INJURY/DEATH (if yes, explain)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																						
SMOKE DETECTOR, SPRINKLER, and CARBON MONOXIDE INFORMATION:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Smoke Detector Present:</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td>Detector Functioning:</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td>Sprinkler System Present:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td>Sprinkler Heads activated:</td> <td><input type="checkbox"/> Yes #</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td>C.O Detector Present:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>			Smoke Detector Present:	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	Detector Functioning:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Sprinkler System Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Sprinkler Heads activated:	<input type="checkbox"/> Yes #	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	C.O Detector Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Smoke Detector Present:	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown																				
Detector Functioning:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown																				
Sprinkler System Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown																				
Sprinkler Heads activated:	<input type="checkbox"/> Yes #	<input type="checkbox"/> No	<input type="checkbox"/> Unknown																				
C.O Detector Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown																				
FIRE CAUSE CLASSIFICATION:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Incendiary <input type="checkbox"/> Natural <input type="checkbox"/> Under Investigation </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Juvenile/Incendiary <input type="checkbox"/> Child (under 10 years old) <input type="checkbox"/> Undetermined </td> </tr> </table>			<input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Incendiary <input type="checkbox"/> Natural <input type="checkbox"/> Under Investigation	<input type="checkbox"/> Juvenile/Incendiary <input type="checkbox"/> Child (under 10 years old) <input type="checkbox"/> Undetermined																		
<input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Incendiary <input type="checkbox"/> Natural <input type="checkbox"/> Under Investigation	<input type="checkbox"/> Juvenile/Incendiary <input type="checkbox"/> Child (under 10 years old) <input type="checkbox"/> Undetermined																						
SYNOPSIS:	<p>Two-story single family dwelling with fire originating on front porch. Fire was fully involved on porch and collapsed shortly after fire department arrival. House was being used as a Sober House and is occupied by six people. The fire then spread to the interior of the house through the windows. One of the occupants had been on the porch at approximately 12:00-12:30 smoking shortly prior to the fire. No electrical found except one light on west half of porch. All competent ignition sources eliminated except for discarded cigarette. Fire of accidental classification.</p>																						
DISPOSITION:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> E-mail only <input type="checkbox"/> DO NOT DEMOLISH until approved <input type="checkbox"/> Analysis of Evidence Pending </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Hold Scene until approved <input checked="" type="checkbox"/> Scene Released <input checked="" type="checkbox"/> Report to Follow </td> </tr> </table>			<input type="checkbox"/> E-mail only <input type="checkbox"/> DO NOT DEMOLISH until approved <input type="checkbox"/> Analysis of Evidence Pending	<input type="checkbox"/> Hold Scene until approved <input checked="" type="checkbox"/> Scene Released <input checked="" type="checkbox"/> Report to Follow																		
<input type="checkbox"/> E-mail only <input type="checkbox"/> DO NOT DEMOLISH until approved <input type="checkbox"/> Analysis of Evidence Pending	<input type="checkbox"/> Hold Scene until approved <input checked="" type="checkbox"/> Scene Released <input checked="" type="checkbox"/> Report to Follow																						

FIRE INVESTIGATION REPORT

INCIDENT NO: 15-10439 DATE: 04/06/2015 TIME: 0115 HOURS
ADDRESS: 363 KING STREET INSURANCE CO: ALLSTATE
DAMAGE ESTIMATE: \$200,000/\$100,000

SYNOPSIS: On Monday, April 6, 2015, at 0115 hours, the Saint Paul Fire Department responded to a report of a house fire. The location of the incident was 363 King Street. Upon the fire department's arrival they found a single family dwelling with fire burning on the front porch and extending into the interior. Investigation revealed the fire originated on the south side of the porch. This single family dwelling is being used as a Sober House by six individuals. The classification of fire cause is accidental.

PEOPLE: Property Owner, MICHAEL HANSEN MAIEFSKI, 363 King Street, 55107, 651-214-4335, DOB 12/02/1963.

Occupant, KEVIN JAMES SLATTERY, 363 King Street, 55107, 651-403-0554, DOB 10-20-1975.

Occupant, JONATHON WAYNE SNYDER, 363 King Street, 55107, 651-302-9697, DOB 03/19/1986.

Occupant/Witness, JOHN FRANCIS HERSHEY, 363 King Street, 55107, 952-913-4541, DOB 05/13/1961.

Occupant, JOHN HUGH HICKS, 363 King Street, 55107, 812-320-5530, DOB 08/02/1970.

BACKGROUND: I received notification of the fire via the Communications Center. I responded to the incident scene and arrived at approximately 0137 hours. At the time of my arrival fire companies were extinguishing the fire and beginning salvage and overhaul operations.

PROPERTY DESCRIPTION: The structure is a two story, wood framed, single family dwelling. The exterior contained vinyl siding and the interior walls contained gypsum board and lath and plaster. The building ran north to south in length and the front of the structure faced south.

EXTERIOR EXAMINATION: Visual inspection of the dwelling exterior found extensive fire damage on the south side of the structure in the area of the front porch. The front porch had been completely consumed in the fire and the roof had collapsed downward. Examination of the dwelling exterior south side found extensive fire damage in the area of the front porch. The fire had then wrapped around to the east side of the structure damaging the south end and southeast

corner. On the north side there was no visible fire damage. On the west side, there was damage coming out of the second floor windows and also at the south end.

INTERIOR EXAMINATION: Visual inspection of the basement interior found fire damage where the fire had extended through the south wall and then had rolled across the ceiling. There was also water damage and light smoke staining observed. Examination of the two furnaces found them to be intact and undamaged by the fire. The washer, dryer, and water heater were also examined and I found them to be intact and undamaged. The electrical panel contained numerous tripped breakers. All of these appliances and the electrical panel have been eliminated as possible causes for this fire due to their lack of damage and location relevant to the origin of the fire.

Inspection of the main floor found fire damage in the area of the front porch where the fire had extended through the windows and doorway, damaging the main floor. The fire then traveled upwards via the stairwell to the second floor. On the second floor I observed extensive damage to the south bedrooms.

After examination of the entire house, it was obvious the fire originated on the exterior south porch area. I concentrated my investigative efforts to the porch area. Extensive damage was observed throughout, but the worst damage appeared to be on the southeast half of the porch.

INTERVIEWS: Occupant, JONATHON WAYNE SNYDER, stated in person:

- He has lived upstairs for approximately the last three months.
- At approximately midnight he smoked his last cigarette.
- He grabbed some food and started watching TV.
- He fell asleep while watching TV.
- The butt container was on the table and was approximately half an inch to inch deep with cigarette butts.
- There is one porch light for the porch, but nothing else electrical.
- He cannot think of anyone that is mad at him or the occupants of the house.

Occupant, KEVIN JAMES SLATTERY, stated in person:

- He was at his brother's house in Maple Grove (Minnesota) earlier in the day.

- He arrived home at approximately 7:30 p.m.
- MIKE and a friend were watching TV.
- Around 9:00 p.m. he had a cigarette outside with JOHN.
- At approximately 9:15 p.m. he went to bed.
- At approximately 9:45 p.m. he smelled smoke.

Property Owner, MICHAEL HANSEN MAIEFSKI, stated:

- He has owned the house since 2006.
- He believes the house was built in 1907/1908.
- At approximately 5:00 p.m. he and a friend were watching TV.
- He went to bed at approximately 9:30 p.m.
- Everyone in the house was in bed.
- The left side of the window was on fire.
- He went out the west door.
- Six people live in the house.
- There have been no electrical problems.
- He believes the butt container on the deck was a planter's peanut can.
- He does not smoke.
- The table that the butt container was sitting on was a wooden table.
- He would guess that a cigarette caused the fire.

Occupant/Witness, JOHN FRANCIS HERSHEY, stated in person:

- He has lived at the house since March (2015).
- At approximately 5:00 p.m. he was with his girlfriend.
- He arrived home between 8:30 and 9:00 p.m.
- He watched some basketball on TV and then went to sleep.
- He woke up at approximately 1:00 a.m. and saw a fire burning in the southeast bedroom.
- He saw heat and light and then yelled to everyone that there was a fire in the house.
- He had last had a cigarette, by himself, at approximately 9:00 p.m.

Occupant, JOHN HUGH HICKS, stated in person:

- He lives on the main floor and has lived there for approximately two years.
- At approximately 5:00 p.m. he was playing Play Station in his room.
- He then watched a ball game in his room.
- He then went to bed.
- The next thing he heard was JOHN yelling that there was a fire.
- He ran and grabbed a fire extinguisher and then opened the door and sprayed the extinguisher.
- He ran back to his room, grabbed some stuff, and left the house.
- He had smoked earlier in the day on the porch.
- There are no potted plants on the deck.
- They have not had any electrical problems.

It should be noted JONATHON SNYDER had taken photos showing that the fire was burning on the deck and it appeared to be burning the most on the southeast quadrant.

PHOTOGRAPHS: Digital photographs were taken.

EVIDENCE: No evidence was collected.

CONCLUSION: After examination of the fire scene and the interviews conducted it is my opinion, based on my education, background, and experience and fire patterns of both movement and intensity that the fire originated on the front porch in the southeast quadrant. All competent ignition sources were eliminated except for a discarded cigarette butt. It appears that one of the occupants had been outside smoking approximately 45 minutes to one hour prior to the fire and had discarded his cigarette butt in a container where the fire originated. The ignition source was a cigarette butt. The first material ignited was other discarded cigarette butts then a cardboard container and deck boards. The action that brought these two items together was an occupant of the home placing a cigarette butt in the butt container. The classification of fire cause is accidental. This concludes my investigation and report.

J. Novak, Fire Investigator, B Shift, 06/16/2015

JJN/su

