

A	FDID 62210	State MN	Incident Date MM 08 DD 26 YYYY 2015	Station 07	Incident Number SPFD150826027279	Exposure 0	NFIRS-1 Basic
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B	Location Type <input checked="" type="checkbox"/> Street address	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 0315 - 00
	Intersection In front of Rear of Adjacent to Directions US National Grid	Number/Altpost 594	Prefix CASE	Ave
		City Saint Paul	State MN	Zip Code 55130

C Incident Type 111 Building fire	E1 Dates and Times Midnight is 0000	E2 Shifts and Alarms Local Option B 1 D3 Shift or Plateau Alarms District
D Aid Given or Received 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N X None	Check boxes if dates are the same as Alarm Date. Alarm Month 08 Day 26 Year 2015 Hour 02:19:45 Arrival Month 08 Day 26 Year 2015 Hour 02:23:44 Controlled Last Unit Month 08 Day 26 Year 2015 Hour 03:17:29 Cleared	E3 Special Studies Local Option Special Study ID# Special Study Value

F Actions Taken 11 Extinguishment by fire service personnel 12 Salvage & overhaul 21 Search	G1 Resources Check this box and test this block if an Apparatus or Personnel Module is used. Suppression Apparatus 7 Personnel 0 EMS 1 Other 0	G2 Estimated Dollar Losses and Values LOSSES Required for all fires if known. None Property \$ 8,000 Contents \$ 500 PRE-INCIDENT VALUE: Optional Property \$ Contents \$
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Completed Modules X Fire-2 X Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 WildLand Fire-8 X Apparatus-9 X Personnel-10 Arson-11	H1 Casualties Fire Service 0 0 Civilian 0 0 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
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B Property Details	C On-Site Materials or Products
B1 2 Not Residential <small>Estimate number of residential living units in building of origin whether or not all units became involved</small>	<input checked="" type="checkbox"/> 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
B2 1 Buildings not involved <small>Number of buildings involved</small>	Enter up to three codes. Check one box for each code entered.
B3 , None <small>Acres burned (outside fires)</small> <input type="checkbox"/> Less than one acre	<div>On-site material (1)</div> <div>On-site material (2)</div> <div>On-site material (3)</div>
	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	E1 Cause of Ignition	E3 Human Factors Contributing to Ignition
D1 24 Cooking area, kitchen <small>Area of fire origin</small>	<input type="checkbox"/> Cause, other (System generated code only, not used for data entry)	<input checked="" type="checkbox"/> None
D2 10 Heat from powered equipment, other <small>Heat Source</small>	0 Cause, other (System generated code only, not used for data entry)	1 Asleep
D3 76 Cooking materials, including edible materials <small>Item first ignited</small>	1 Intentional	2 Possibly impaired by alcohol or drugs
<input type="checkbox"/> Check box if fire spread was confined to object of origin.	2 <input checked="" type="checkbox"/> Unintentional	3 Unattended or unsupervised person
D4 80 Material compounded with oil, other <small>Type of material first ignited Required only if item first ignited code is 00 or <70</small>	3 Failure of equipment or heat source	4 Possibly mentally disabled
	4 Act of nature	5 Physically disabled
	5 Cause under investigation	6 Multiple persons involved
	U Cause undetermined after investigation	7 Age was a factor
	E2 Factors Contributing to Ignition	N <input checked="" type="checkbox"/> None
	10 Misuse of material or product, other	<small>Estimated age of person involved</small>
	<small>Factor contributing to ignition (1)</small>	1 Male 2 Female
	<small>Factor contributing to ignition (2)</small>	

F1 Equipment Involved in Ignition	F2 Equipment Power Source	G Fire Suppression Factors
If equipment was not involved, skip to Section G	10 Electrical, other	<input checked="" type="checkbox"/> None
646 Range, stove with/without oven or cooking surface	<small>Equipment Power Source</small>	Enter up to three codes.
<small>Equipment Involved Brand</small>	F3 Equipment Portability	<small>Fire suppression factor (1)</small>
<small>Serial</small>	1 Portable	<small>Fire suppression factor (2)</small>
<small>Model</small>	2 <input checked="" type="checkbox"/> Stationary	<small>Fire suppression factor (3)</small>
<small>Year</small>	<small>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.</small>	

H1 Mobile Property Involved	H2 Mobile Property Type and Make	Local Use
1 Not involved in ignition, but burned		Pre-Fire Plan Available
2 Involved in ignition, but did not itself burn		Some of the information presented in this report may be based upon reports from other agencies:
3 Involved in ignition and burned		Arson report attached
		Police report attached
		Coroner report attached
		Other reports attached
<small>Mobile property model</small>	<small>Mobile property type</small>	
<small>License Plate Number</small>	<small>Mobile property make</small>	
<small>State</small>	<small>Year</small>	
<small>VIN</small>		

A	FDID 62210	State MN	Incident Date MM 08 DD 26 YYYY 2015	Station 07	Incident Number SPFD150826027279	Exposure 0	NFIRS-3 Structure Fire
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I1 Structure Type <small>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</small> Structure type, other 1 <input checked="" type="checkbox"/> Enclosed building 2 Fixed portable or mobile structure 3 Open structure 4 Air-supported structure 5 Tent 6 Open platform 7 Underground structure work area 70 Testing 8 Connective structure	I2 Building Status Building status, other 1 Under construction 2 <input checked="" type="checkbox"/> In normal use 3 Idle, not routinely used 4 Under major renovation 5 Vacant and secured 6 Vacant and unsecured 7 Being demolished U Undetermined	I3 Building Height <small>Count the roof as part of the highest story.</small> 2 <small>Total number of stories at or above grade</small> 1 <small>Total number of stories below grade</small>	I4 Main Floor Size <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> </div> <small>Total square feet</small> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">60</div> <div style="margin-right: 5px;">BY</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">40</div> </div> <div style="display: flex; justify-content: space-between;"> <small>Length in feet</small> <small>Width in feet</small> </div> <div style="text-align: right; margin-top: 5px;">OR</div>
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J1 Fire Origin 2 Below Grade <small>Story of fire origin</small> J2 Fire Spread <small>If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module).</small> Confined to object of origin 1 Confined to room of origin 2 <input checked="" type="checkbox"/> Confined to floor of origin 3 Confined to building of origin 4 Confined to building of origin 5 Beyond building of origin	J3 Number of Stories Damaged by Flame <small>Count the roof as part of the highest story.</small> 1 Number of stories w/minor damage (1 to 24% flame damage) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> Number of stories w/significant damage (25 to 49% flame damage) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> Number of stories w/heavy damage (50 to 74% flame damage) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> Number of stories w/extreme damage (75 to 100% flame damage) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	K Type of Material Contributing Most to Flame Spread <small>Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.</small> K1 70 Organic materials, other <small>Item contributing most to flame spread</small> K2 <small>Type of material contributing most to flame spread</small> <div style="float: right; font-size: small;">Required only if item contributing code is 00 or <70</div>
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L1 Presence of Detectors <small>(In area of the fire)</small> 1 Present N <input checked="" type="checkbox"/> None present U Undetermined L2 Detector Type 0 Detector type, other 1 Smoke 2 Heat 3 Combination smoke and heat in a single unit 4 Sprinkler, water flow detection 5 More than one type present U Undetermined	L3 Detector Power Supply 0 Detector power supply, other 1 Battery only 2 Hardwire only 3 Plug-in 4 Hardwire with battery backup 5 Plug-in with battery backup 6 Mechanical 7 Multiple detectors and power supplies U Undetermined L4 Detector Operation 1 Fire too small to activate detector 2 Detector operated 3 Detector failed to operate U Undetermined	L5 Detector Effectiveness <small>Required if detector operated</small> 1 Detector alerted occupants, occupants responded 2 Detector alerted occupants, occupants failed to respond 3 There were no occupants 4 Detector failed to alert occupants U Undetermined L6 Detector Failure Reason <small>Required if detector failed to operate</small> 0 Detector failure reason, other 1 Power failure, hardwired det. shut off, disconnect 2 Improper installation or placement of detector 3 Defective detector 4 Lack of maintenance, includes not cleaning 5 Battery missing or disconnected 6 Battery discharged or dead U Undetermined
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M1 Presence of Automatic Extinguishing System 1 Present 2 Partial System Present N <input checked="" type="checkbox"/> None Present U Undetermined M2 Type of Automatic Extinguishing System <small>Required if fire was within designed range of AES</small> 0 Special hazard system, other 1 Wet-pipe sprinkler system 2 Dry-pipe sprinkler system 3 Other sprinkler system 4 Dry chemical system 5 Foam system 6 Halogen-type system 7 Carbon dioxide system U Undetermined	M3 Operation of Automatic Extinguishing System <small>Required if fire was within designed range</small> Operation of AES, other 1 System operated and was effective 2 System operated and was not effective 3 Fire too small to activate system 4 System did not operate U Undetermined M3 Number of Sprinkler Heads Operating <small>Required if system operated</small> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <small>Number of sprinkler heads operating</small>	M5 Reason for Automatic Extinguishing System Failure <small>Required if system failed or not effective</small> Reason system not effective, other 1 System shut off 2 Not enough agent discharged to control the fire 3 Agent discharged, but did not reach the fire 4 Inappropriate system for the type of fire 5 Fire not in area protected by the system 6 System components damaged 7 Lack of maintenance, including corrosion or heads painted 8 Manual intervention defeated the system U Undetermined
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J Property Use Structures		341 Clinic, clinic-type infirmary		629 Laboratory or science laboratory	
419	1 or 2 family dwelling	342	Doctor, dentist or oral surgeon office	819	Livestock, poultry storage
311	24-hour care Nursing homes, 4 or more persons	615	Electric-generating plant	700	Manufacturing, processing
241	Adult education center, college classroom	213	Elementary school, including kindergarten	579	Motor vehicle or boat sales, services, repair
162	Bar or nightclub	519	Food and beverage sales, grocery store	429	Multifamily dwelling
464	Barracks, dormitory	215	High school/junior high school/middle school	882	Parking garage, general vehicle
439	Boarding/rooming house, residential hotels	331	Hospital - medical or psychiatric	459	Residential board and care
599	Business office	449	Hotel/motel, commercial	161	Restaurant or cafeteria
131	Church, mosque, synagogue, temple, chapel	539	Household goods, sales, repairs	571	Service station, gas station
		361	Jail, prison (not juvenile)	891	Warehouse
Outside		984	Industrial plant yard - area	960	Street, other
981	Construction site	946	Lake, river, stream	936	Vacant lot
655	Crops or orchard	931	Open land or field		
919	Dump, sanitary landfill	807	Outside material storage area		
669	Forest, timberland, woodland	124	Playground		
938	Graded and cared-for plots of land	951	Railroad right-of-way		
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 419 Code

Property Use Description 1 or 2 family dwelling

K1 Person/Entity Involved

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

Business Name (if Applicable) Area Code Phone Number

Mr., Ms., Mrs. M First Name MARYANN MI T Last Name TUCKER Suffix

Number 594 Prefix Street or Highway CASE Street Type Suffix

Post Office Box Apt./Suite/Room 2 City Saint Paul

State MN Zip Code 55130 -

K2 Owner

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

Business Name (if Applicable) Area Code 952 Phone Number 334 - 7738

Mr., Ms., Mrs. J First Name JEFFREY MI C Last Name SUTPHEN Suffix

Number 3840 Prefix Street or Highway MONALTRE Street Type AVE Suffix

Post Office Box Apt./Suite/Room City Wayzata

State MN Zip Code 55391 -

M Authorization

Officer in charge ID 7225 Signature Daniel Moriarty Position or rank DC Assignment C3 Month 08 Day 26 Year 2015

Member Making report ID 7225 Signature Daniel Moriarty Position or rank DC Assignment C3 Month 08 Day 26 Year 2015

L Remarks

Local Option ☐

UPON ARRIVAL OF FIRE PERSONNEL, THERE WAS NO SMOKE OR FIRE SHOWING. SMOKE STARTED TO COME FROM THE SECOND FLOOR BRAVO SIDE. ENGINE #17'S CREW AND SQUAD #1'S CREW INVESTIGATED AND FOUND A SMALL COOKING FIRE ON THE SECOND FLOOR UNITS STOVE AND EXTINGUISHED THE FIRE WITH A LIGHT WATER EXTINGUISHER. THERE WAS NO EXTENTION OF FIRE. PRIMARY CONDUCTED ON SECOND LEVEL WITH ALL CLEAR. THE RESIDENT WAS NOT HOME AT THE TIME OF THE FIRE. WE WERE UNABLE TO CONTACT THE LANDLORD. BOARD-UP CALLED FOR FRONT DOOR BEING FORCED. RESIDENTS IN LOWER UNIT WERE EVALUATED BY MEDIC #22'S CREW WITH NO PROBLEMS FOUND, NO TRANSPORT. FIRE INVESTIGATOR NOVAK ON SCENE FOR FURTHER INVESTIGATION.

Saint Paul Fire Department

FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	15-27279	DATE OF INCIDENT: 08-26-2015																					
TIME OF INCIDENT:	0219 hours	POLICE CASE #: N/A																					
INVESTIGATOR(s):	J. Novak																						
INCIDENT ADDRESS:	594 Case Avenue, Apartment #2, 55130																						
OCCUPANT NAME:	Maryann Tucker	PHONE:																					
OWNER NAME:	Jeffrey C Sutphen	PHONE: 952-334-7738																					
ADDRESS OF OWNER:	3840 Monaltrie Avenue, Wayzata, MN 55391-3527																						
PROPERTY DAMAGED:	Duplex	AREA OF ORIGIN: 2 nd floor kitchen stove																					
DAMAGE ESTIMATE:	Building \$8,000	Vehicle \$	Other (Describe) \$																				
VALUE:	Building \$129,000	Vehicle \$	Other (Describe) \$																				
Damage Estimate CONTENTS ONLY:	\$500																						
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 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 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 checked="" 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 checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>			Smoke Detector Present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	Detector Functioning:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Sprinkler System Present:	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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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																		
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SYNOPSIS:	Fire personnel responded to a report of smoke in a building due to a kitchen fire. Upon arrival, fire crews found a fire burning in the upstairs unit's kitchen. Investigation revealed the occupant had been frying chicken when the pan of oil caught fire. It is unsure exactly what the occupant was doing due to the fact that when I arrived the occupant could not be found. It is believed that the occupant had fallen asleep or was in another room at the time of ignition. No smoke detectors were found in the apartment, only brackets for them and a carbon monoxide detector. The classification of fire cause is accidental.																						
DISPOSITION:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" 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 type="checkbox"/> Report to Follow </td> </tr> </table>			<input checked="" 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 type="checkbox"/> Report to Follow																		
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