



A 62210		MN	08	DD 26	YYYY 2015	07	SPFD150826027279	0	Exposure	NFIRS-1 Basic																																												
<b>B Location Type</b> <input checked="" type="checkbox"/> Street address Intersection In front of Rear of Adjacent to Directions US National Grid																																																						
Check this box to indicate that the address for this Incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. <input type="checkbox"/> 594 CASE <input type="checkbox"/> 2 Saint Paul <input type="checkbox"/> 55130																																																						
Census Tract 0315 - 00 Ave Street Type Suffix Number/Milepost 2 Prefix Street or Highway Apartment/Room City Cross Street, Directions or National Grid, as applicable																																																						
<b>C Incident Type</b> 111 Building fire																																																						
<b>D Aid Given or Received</b> 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N X None																																																						
<b>E1 Dates and Times</b> <table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>Hour</td> <td>Min</td> <td>Sec</td> </tr> <tr> <td>08</td> <td>26</td> <td>2015</td> <td>02:19:45</td> <td colspan="2">Midnight is 0000</td> </tr> <tr> <td colspan="3">Alarm</td> <td colspan="3">ARRIVAL required, unless canceled or did not arrive</td> </tr> <tr> <td colspan="3">Arrival</td> <td>08</td> <td>26</td> <td>2015</td> <td>02:23:44</td> </tr> <tr> <td colspan="3">Controlled</td> <td colspan="3">CONTROLLED optional, except for wildland fires</td> </tr> <tr> <td colspan="3">Last Unit Cleared</td> <td>08</td> <td>26</td> <td>2015</td> <td>03:17:29</td> </tr> <tr> <td colspan="3">Cleared</td> <td colspan="3">LAST UNIT CLEARED, required except for wildland fires</td> </tr> </table>											Month	Day	Year	Hour	Min	Sec	08	26	2015	02:19:45	Midnight is 0000		Alarm			ARRIVAL required, unless canceled or did not arrive			Arrival			08	26	2015	02:23:44	Controlled			CONTROLLED optional, except for wildland fires			Last Unit Cleared			08	26	2015	03:17:29	Cleared			LAST UNIT CLEARED, required except for wildland fires		
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<b>E2 Shifts and Alarms</b> <input type="checkbox"/> B 1 Alarms <input type="checkbox"/> Shift or Platoon D3 District																																																						
<b>E3 Special Studies</b> <input type="checkbox"/> Local Option <input type="checkbox"/> Special Study ID# Special Study Value																																																						
<b>F Actions Taken</b> <table border="1"> <tr> <td>11</td> <td>Extinguishment by fire service personnel</td> </tr> <tr> <td>12</td> <td>Salvage &amp; overhaul</td> </tr> <tr> <td colspan="2">Additional Action Taken (2)</td> </tr> <tr> <td>21</td> <td>Search</td> </tr> <tr> <td colspan="2">Additional Action Taken (3)</td> </tr> </table>											11	Extinguishment by fire service personnel	12	Salvage & overhaul	Additional Action Taken (2)		21	Search	Additional Action Taken (3)																																			
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Other	0	0																																																				
<b>G2 Estimated Dollar Losses and Values</b> <b>LOSSES:</b> Required for all fires if known. Optional for non-fires. Property \$ 8,000 Contents \$ 500 <b>PRE-INCIDENT VALUE:</b> Optional Property \$ Contents \$ None																																																						
<b>H Completed Modules</b> <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 WildLand Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 Arson-11																																																						
<b>H1 Casualties</b> <input checked="" type="checkbox"/> None <table border="1"> <tr> <td>Fire Service</td> <td>0</td> <td>0</td> </tr> <tr> <td>Civilian</td> <td>0</td> <td>0</td> </tr> </table>											Fire Service	0	0	Civilian	0	0																																						
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<b>H2 Detector</b> Required for confirmed fires. 1 Detector alerted occupants 2 Detector did not alert occupants U Unknown																																																						
<b>H3 Hazardous Materials Release</b> 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																																																						
<b>I Mixed Use Property</b> 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																																																						

A 62210 MN 08 26 2015 07 SPFD150826027279 0

NFIRS-2  
Fire

**B Property Details**

**B1** 2 Not Residential  
Estimate number of residential living units in building of origin whether or not all units became involved

**B2** 1 Buildings not involved  
Number of buildings involved

**B3** , None  
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 box for each code entered.

On-site material (1)

On-site material (2)

On-site material (3)

**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
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- N None
- U Undetermined

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- 2 Processing or manufacturing
- 3 Packaged goods for sale
- 4 Repair or service
- N None
- U Undetermined

**D Ignition**

**D1** 24 Cooking area, kitchen  
Area of fire origin

**D2** 10 Heat from powered equipment, other  
Heat Source

**D3** 76 Cooking materials, including edible materials  
Item first ignited

**D4** 80 Material compounded with oil, other  
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**

10 Misuse of material or product, other  
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

646 Range, stove with/without oven or cooking surface  
Equipment Involved

Brand

Serial

Model

Year

**F2 Equipment Power Source**

10 Electrical, other  
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

A	62210	MN	08	26	2015	07	SPFD150826027279	0	NFIRS-3 Structure Fire
FDID	State	Incident Date	MM	DD	YYYY	Station	Incident Number	Exposure	

<b>I1</b> <b>Structure Type</b> If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. 0 Structure type, other 1 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	<b>I2</b> <b>Building Status</b> 0 Building status, other 1 Under construction 2 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	<b>I3</b> <b>Building Height</b> Count the roof as part of the highest story. 12 Total number of stories at or above grade 1 Total number of stories below grade	<b>I4</b> <b>Main Floor Size</b> Total square feet 60 BY 40 Length in feet Width in feet OR
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<b>J1</b> <b>Fire Origin</b> 2 Below Grade Story of fire origin J2 <b>Fire Spread</b> If fire spread was confined to object of origin, do not check a box (e.g. Block D3, Fire Module). 1 Confined to object of origin 2 X Confined to room of origin 3 Confined to floor of origin 4 Confined to building of origin 5 Beyond building of origin	<b>J3</b> <b>Number of Stories Damaged by Flame</b> Count the roof as part of the highest story. 1 Number of stories w/minor damage (1 to 24% flame damage) Number of stories w/mild/moderate 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)	<b>K</b> <b>Type of Material Contributing Most to Flame Spread</b> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. K1 70 Organic materials, other K2 Type of material contributing most to flame spread Required only if Item contributing code is 00 or <70
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<b>L1</b> <b>Presence of Detectors</b> (In area of the fire) 1 Present N X None present U Undetermined <b>L2</b> <b>Detector Type</b> 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	<b>L3</b> <b>Detector Power Supply</b> 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 <b>L4</b> <b>Detector Operation</b> 1 Fire too small to activate detector 2 Detector operated 3 Detector failed to operate U Undetermined	<b>L5</b> <b>Detector Effectiveness</b> Required if detector operated 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 <b>L6</b> <b>Detector Failure Reason</b> Required if detector failed to operate 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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<b>M1</b> <b>Presence of Automatic Extinguishing System</b> 1 Present 2 Partial System Present N X None Present U Undetermined <b>M2</b> <b>Type of Automatic Extinguishing System</b> Required if fire was within designed range of AES 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	<b>M3</b> <b>Operation of Automatic Extinguishing System</b> Required if fire was within designed range 0 Operation of AES, other 1 System operated and was effective 2 System operated and was not effective 3 Fire too small to activate system 4 System did not operate U Undetermined <b>M3</b> <b>Number of Sprinkler Heads Operating</b> Required if system operated Number of sprinkler heads operating	<b>M5</b> <b>Reason for Automatic Extinguishing System Failure</b> Required if system failed or not effective 0 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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<b>J Property Use Structures</b>	341	Clinic, clinic-type infirmary	629	Laboratory or science laboratory
419 X 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
<b>Outside</b>	984	Industrial plant yard - area	980	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		

Property Use

419

Code

1 or 2 family dwelling

Property Use Description

**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)			
	MARYANN		TUCKER	
Mr., Ms., Mrs.	First Name	MI	Last Name	
594				
Number	Prefix	Street or Highway		Suffix
		2	Saint Paul	
Post Office Box	Apt/Suite/Room	City		
MN	55130			
State	Zip Code			

**K2 Owner**

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

Local Option

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

	Business Name (If Applicable)			
	JEFFREY		SUTPHEN	
Mr., Ms., Mrs.	First Name	MI	Last Name	
3840				
Number	Prefix	Street or Highway		Suffix
		MONALTRIE		
Post Office Box	Apt/Suite/Room	City		
MN	55391			
State	Zip Code			

**M Authorization**

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

**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 <sup>nd</sup> 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:	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				
FIRE CAUSE CLASSIFICATION:	<input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Juvenile/Incendiary <input type="checkbox"/> Incendiary <input type="checkbox"/> Child (under 10 years old) <input type="checkbox"/> Natural <input type="checkbox"/> Undetermined <input type="checkbox"/> Under Investigation				
SYNOPSIS:	Fire 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:	<input checked="" type="checkbox"/> E-mail only <input type="checkbox"/> Hold Scene until approved <input type="checkbox"/> DO NOT DEMOLISH until approved <input checked="" type="checkbox"/> Scene Released <input type="checkbox"/> Analysis of Evidence Pending <input type="checkbox"/> Report to Follow				