

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

B Location Type
 Street address
 Intersection: St
 In front of: City: State: Zip Code:
 Rear of: _____
 Adjacent to: _____
 Directions: _____
 US National Grid: _____

C Incident Type Building fire
D Aid Given or Received
 1 Mutual aid received: Their FIDID: Their State:
 2 Automatic aid received: Their Incident Number:
 3 Mutual aid given: _____
 4 Automatic aid given: _____
 5 Other aid given: _____
 N 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
 11 Extinguishment by fire service personnel
 12 Salvage & overhaul
 51 Ventilate
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. None Optional for non-fires.
 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
 Death: Fire Service Civilian
 Injury: Fire Service Civilian
H2 Detector
 1 Required for confined fires. 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
Acres burned (outside fires)

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.

<input type="text"/>	<input type="text"/>	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
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

D Ignition

D1
Area of fire origin

D2
Heat Source

D3
Item first ignited

D4
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

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

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

1 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	2 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	3 Building Height <small>Count the roof as part of the highest story.</small> <input type="text" value="1"/> <small>Total number of stories at or above grade</small> <input type="text" value="1"/> <small>Total number of stories below grade</small>	4 Main Floor Size Total square feet <input type="text" value="20"/> BY <input type="text" value="30"/> <small>Length in feet Width in feet</small>
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J1 Fire Origin <input type="text" value="1"/> 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 <input checked="" type="checkbox"/> 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> <input type="text"/> Number of stories w/ minor damage (1 to 24% flame damage) <input type="text"/> Number of stories w/ significant damage (25 to 49% flame damage) <input type="text"/> Number of stories w/ heavy damage (50 to 74% flame damage) <input type="text"/> Number of stories w/ extreme damage (75 to 100% flame damage)	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 <input type="text"/> <input type="text"/> <small>Item contributing most to flame spread</small> K2 <input type="text"/> <input type="text"/> <small>Type of material contributing most to flame spread Required only if item contributing code is 00 or <70</small>
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L1 Presence of Detectors <small>(In area of the fire)</small> 1 <input checked="" type="checkbox"/> Present N None present U Undetermined L2 Detector Type 0 Detector type, other 1 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Undetermined L4 Detector Operation 1 Fire too small to activate detector 2 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Undetermined L6 Detector Failure Reason <small>Required if detector failed to operate</small> 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> 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 0 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> <input type="text"/> <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 0 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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Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	16-15765	DATE OF INCIDENT: 05-16-2016	
TIME OF INCIDENT:	1425 Hours	POLICE CASE #: N/A	
INVESTIGATOR(s):	J. Blank		
INCIDENT ADDRESS:	303 Topping Street West, Saint Paul, MN 55104		
OCCUPANT NAME:	Alfredo J. Darcourt	PHONE: 651-210-3237	
OWNER NAME:	Eng Tat Ng	PHONE: 507-398-5493	
ADDRESS OF OWNER:	3446 Queen Avenue North, Minneapolis, MN 55412		
PROPERTY DAMAGED:	Single Family Dwelling	AREA OF ORIGIN: Kitchen Outlet	
DAMAGE ESTIMATE:	Building \$15,000	Vehicle \$	Other (Describe) \$
VALUE:	Building \$37,600	Vehicle \$	Other (Describe) \$
Damage Estimate CONTENTS ONLY:	\$3,000		
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 checked="" type="checkbox"/> Yes	<input 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
	Sprinkler Heads activated:	<input type="checkbox"/> Yes #	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
	C.O Detector Present:	<input type="checkbox"/> Yes	<input checked="" 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:	<p>The Fire Department was called to a report of a dwelling fire. Firefighters arrived to find a small kitchen fire and quickly extinguished the fire. The occupants reported a fire seen in the corner of the kitchen, to the right of the stove. The occupants also said they recently plugged in a new fan into the outlet, just prior to the fire and deny any other problems with that outlet. The toaster in the area of origin was not plugged in. Examination of the fan showed a cord with the plug destroyed by fire, but completely intact plug blades. The ignition source was electrical energy. The first fuel ignited was wire insulation. The action that brought these items together was probably due to either the GFCI outlet or the installation of the outlet. The classification of fire cause is accidental.</p>		
DISPOSITION:	<input 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 checked="" type="checkbox"/> Report to Follow	

FIRE INVESTIGATION REPORT

INCIDENT NO: 16-15765 DATE: 05/16/2016 TIME: 1425 HOURS

ADDRESS: 303 TOPPING STREET INSURANCE CO: UNKNOWN

DAMAGE ESTIMATE: \$18,000

SYNOPSIS: On Monday, May 16, 2016, at approximately 1425 hours, the Saint Paul Fire Department responded to a report of a kitchen fire. The location of the incident was 303 Topping Street. Upon the arrival of the fire department, firefighters stretched hose lines and quickly extinguished the fire. Upon my arrival, fire extinguishment and search and rescue were complete. The origin of the fire appeared to be located in a kitchen electrical wall outlet. The classification of fire cause is accidental.

PEOPLE: Property Owner, ENG TAT NG, 3446 Queen Avenue North, Minneapolis, Minnesota 55412, 507-398-5493.

Occupant, ALFREDO J. DARCOURT, 303 Topping Street West, 55104, 651-210-3237, DOB 08/09/1985.

Witness/Occupant, MARCOS A. DEL ANGEL, 73 Delos Street East, Saint Paul, 55107, 701-885-9478, 09/12/1991.

BACKGROUND: I received notification of the fire via the Communications Center at approximately 1426 hours. I responded to the incident scene and arrived at approximately 1435 hours. District Chief #2 was the first arriving fire department vehicle. At the time of my arrival, fire extinguishment and search and rescue were complete. At the time of the fire, the visibility was partly cloudy, the temperature was approximately 64°F, and the winds were out of the north/northeast at approximately 9 miles per hour.

PROPERTY DESCRIPTION: The fire damaged structure is a one-story single-family dwelling. The foundation is concrete block. The exterior walls were covered with asbestos siding. The structure has a pitched roof covered with asphalt shingles. The interior walls were covered with plaster and lath. The structure measures approximately 20 feet wide by 30 feet deep. The structure faces south and the structure runs south to north.

EXTERIOR EXAMINATION: Visual examination of the south side of the structure showed no signs of smoke or fire damage. The front door was open upon the arrival of firefighters, and all of the windows on the south side of the structure were intact. Located to the west of the front steps, on the side of the structure, was the gas meter. The gas meter appeared in good condition with no signs of smoke or fire damage. Examination of the gas meter found it to be in the "on" position.

Observations of the west side of the structure revealed no signs of smoke or fire damage.

Inspection of the north side of the structure revealed smoke damage over the rear door of the structure which faced eastbound. A window located closest to the east wall was broken out, and it is unknown if this was due to fire damage or firefighting efforts. Two other windows on this side of the structure's first floor were found intact but in the open position to aid in ventilation. The electric meter was located on the north side of the structure closest to the west wall. The electric meter showed no signs of smoke or fire damage and appeared in good condition. The conduit that ran upward from the electric meter towards the weather-head showed no signs of smoke or fire damage and appeared in good condition.

Examination of the east side of the structure showed signs of fire damage closest to the north side of the structure where the kitchen was located. Firefighters removed siding on this side of the structure to expose fire damage inside the wall. The rest of the east side of structure showed no signs of smoke or fire damage. A door found on the east side of the structure, which led to the kitchen, was open and showed no signs of forced entry.

INTERIOR EXAMINATION: The interior examination started through the kitchen door located on the east side of the structure, closest to the north wall. Observations of the kitchen revealed that there was a vector pattern of fire damage located along the south kitchen wall to the south of the kitchen stove. This fire damage extended upward and outward away from the electrical outlet located on the wall at the base of the fire damage. The vector pattern of fire damage extended to the east wall of the kitchen and included cabinetry and the ceiling. Inspection of the kitchen stove showed no signs of smoke or fire damage and all burners were found in the "off" position.

Inspection of the outlet revealed that there was burning to the wood and lath located underneath the plaster around the outlet. Visualization of the outlet box showed heavy fire damage to the interior of the outlet box as well as oxidation to the bottom of the outlet box and beading of the wires within the interior of the outlet box.

An electrical fan was found on the floor at the base of the outlet box with no fire damage. The cord to the electrical fan was found on the countertop near the electrical outlet. The cord to the electrical fan had its plug melted off with both electrical plug blades exposed but both fully intact with no signs of arcing. Also, located in the area of origin was an electric toaster that suffered heavy fire damage. The refrigerator was located across the kitchen closest to the kitchen door on the north side of the kitchen and showed no signs of smoke or fire damage.

Inspection of the living room located to the south of the kitchen showed moderate smoke damage from the ceiling level extending downward approximately three feet. There was no fire damage visible in the living.

Observations of the bedroom and bathroom located on the first floor showed signs of moderate smoke damage but no signs of fire damage.

A staircase leading to the second floor attic showed no signs of smoke or fire damage and the attic space showed no signs of smoke or fire damage.

Inspection of the basement showed no signs of smoke or fire damage. Observations of the furnace and water heater revealed no signs of smoke or fire damage. The electric panel was located along the north wall of the basement and showed no signs of smoke or fire damage. Firefighters had shut off the electric main switch and all of the individual circuit switches. Inspection of the wiring located above the electric panel showed no signs of smoke or fire damage.

INTERVIEWS: Witness/Occupant, MARCOS A. DEL ANGEL, stated in person on Monday, May 16, 2016:

- I was outside when I heard the smoke detector going off and could see smoke and fire coming from the kitchen.
- I looked in the kitchen door and could see a fire burning on the (south) wall of the kitchen where the electrical outlet is located.
- I told my friend to get out of the house and I called 9-1-1.
- No one was cooking in the kitchen and I don't know what happened.

Occupant, ALFREDO J. DAR COURT, stated in person on Monday, May 16, 2016:

- I was inside the house when I heard the smoke detector go off.
- My friend yelled that there was a fire in the kitchen.
- We ran outside and called 9-1-1.
- I have no idea what caused the fire, we were cooking.
- We haven't had any electrical problems in the kitchen.
- I just plugged in that brand-new fan in the kitchen about an hour before the fire to dry the carpets I had washed.

- The toaster was not plugged in and I never use it.

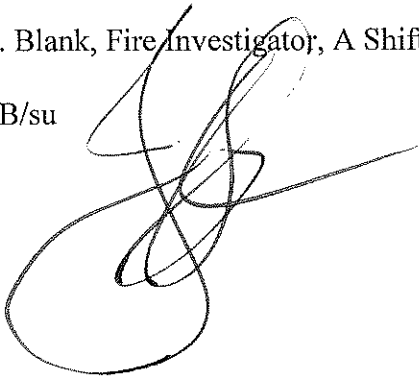
PHOTOGRAPHS/SKETCH: Digital photographs were taken.

EVIDENCE: No evidence was collected. Any possible evidence was left on scene for examination by an insurance company representative.

CONCLUSION: After examination of the fire scene and fire patterns of both movement and intensity observed, as well as interviews conducted, my conclusion is this fire originated in the kitchen on the south wall at an electrical outlet. The ignition source was electrical energy. The first fuel ignited was plastic insulation on the wires. The action that brought these items together was either due to improper installation or a defective outlet. The classification of fire cause is accidental.

J. Blank, Fire Investigator, A Shift, 05/21/2016

JB/su

A handwritten signature in black ink, appearing to be 'J. Blank', written over the typed name. The signature is stylized and somewhat illegible.