

Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	16-41948	DATE OF INCIDENT: 12/06/2016																					
TIME OF INCIDENT:	2306 hours	POLICE CASE #: N/A																					
INVESTIGATOR(s):	Aspnes																						
INCIDENT ADDRESS:	418 Sherburne Avenue, Saint Paul, MN 55103																						
OCCUPANT NAME:	John L. Gherity	PHONE: 651-224-4019																					
OWNER NAME:	Dorothy E. Gherity	PHONE: Unknown																					
ADDRESS OF OWNER:	Unknown																						
PROPERTY DAMAGED:	Single family dwelling	AREA OF ORIGIN: 1 st floor dining area on floor next to east wall.																					
DAMAGE ESTIMATE:	Building \$1,000	Vehicle \$N/A	Other(Describe) \$N/A																				
VALUE:	Building \$73,700	Vehicle \$N/A	Other(Describe) \$N/A																				
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 checked="" type="checkbox"/> Yes</td> <td><input 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 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 type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>			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 type="checkbox"/> No	<input type="checkbox"/> Unknown	C.O Detector Present:	<input type="checkbox"/> Yes	<input checked="" 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 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 checked="" type="checkbox"/> Undetermined </td> </tr> </table>			<input 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 checked="" type="checkbox"/> Undetermined																		
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SYNOPSIS:	<p>The fire department was dispatched for a reported structure fire. Firefighters arrived to find a small fire in the dining room. Firefighters extinguished the fire and performed overhaul. The occupant was home at the time of the fire, noticed smoke while in the basement, turned off all breakers at the fuse panel, and evacuated. He denies performing any hot work, using any appliances, or smoking today in the area of origin. There were no appliances plugged in near the area of origin. A small MAP gas torch was found near the area of origin. Carelessly discarded smoking materials were found all over the home but not in the immediate area of origin. The home was extremely dirty and disorganized with a significant amount of dirt from the basement having been deposited on the first floor. The ignition source was probably discarded smoking materials or an open flamed device. The first material ignited was probably ordinary combustibles present in the house. The act that brought them together was probably careless disposal of smoking materials or careless use of an open flamed device. The classification of fire cause is undetermined.</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

DFSS Form #141 (12/19/2013)