

Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	15-35093	DATE OF INCIDENT:	10-29-2015	
TIME OF INCIDENT:	1530 Hours	POLICE CASE #:	15-234-019	
INVESTIGATOR(s):	J. Blank			
INCIDENT ADDRESS:	1008 Western Avenue North, Saint Paul, MN 55117			
OCCUPANT NAME:	Thomas L Gerlach	PHONE:	651-775-8776	
OWNER NAME:	Thomas L Gerlach	PHONE:	651-775-8776	
ADDRESS OF OWNER:	1008 Western Avenue North, Saint Paul, MN 55117			
PROPERTY DAMAGED:	Single Family Dwelling	AREA OF ORIGIN:	Several Points of origin on 1 st Floor	
DAMAGE ESTIMATE:	Building \$100,000	Vehicle \$	Other (Describe) \$	
VALUE:	Building \$117,100	Vehicle \$	Other (Describe) \$	
Damage Estimate CONTENTS ONLY:	\$50,000			
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 type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown
FIRE CAUSE CLASSIFICATION:	<input type="checkbox"/> Accidental	<input type="checkbox"/> Juvenile/Incendiary		
	<input checked="" 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 heavy fire venting from the first floor of a dwelling and extinguished the fire. Police have information regarding a possible suspect. Occupants report being out of the house with the house locked prior to the fire. The ignition source was probably an open flamed device. The first fuel ignited was possibly an ignitable liquid or common combustibles. The action that brought these items together was an intentional human act. The classification of fire cause is incendiary.</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 checked="" type="checkbox"/> Analysis of Evidence Pending	<input checked="" type="checkbox"/> Report to Follow		

FIRE INVESTIGATION REPORT

INCIDENT NO: 15-35093

DATE: 10/29/2015

TIME: 1530 HOURS

ADDRESS: 1008 WESTERN AVE N

INSURANCE CO: UNKNOWN

DAMAGE ESTIMATE: \$150,000

CN#: 15-234-019

SYNOPSIS: On Thursday, October 29, 2015, at approximately 1530 hours, the Saint Paul Fire Department responded to a report of a dwelling fire. The location of the incident was 1008 Western Avenue North. Upon the arrival of the fire department, firefighters stretched hose lines and extinguished the fire. Upon my arrival, fire extinguishment and search and rescue were underway. The origin of the fire had several different and distinct points of origin. The classification of fire cause is incendiary.

PEOPLE: Property Owner/Witness, THOMAS L GERLACH (Father), 1008 Western Avenue North, 55117, 651-775-8776, DOB 05/01/1958.

Property Owner/Witness, LYNN M GERLACH, 1008 Western Avenue North, 55117, 651-775-8776, DOB 11/05/1962.

Possible Suspect, THOMAS L GERLACH (Son), 1008 Western Avenue North, 55117, DOB 11/03/1983.

Witness, DANNY CHEVRE, (Related to WILLIAM CHEVRE who is an associate of THOMAS L GERLACH - Son).

Occupant/Witness, ANDREW B GERLACH, 1008 Western Avenue North, 55117, DOB 04/14/1986.

9-1-1 Caller,

9-1-1 Caller,

BACKGROUND: I received notification of the fire via the Communications Center at approximately 1531 hours. I responded to the incident scene and arrived at approximately 1543 hours. Engine #22's crew was the first arriving fire department vehicle. At the time of my arrival, fire extinguishment and search and rescue were underway. At the time of the fire, the visibility was overcast, the temperature was approximately 47°F, and the winds were out of the northwest at approximately 15 miles per hour.

PROPERTY DESCRIPTION: The fire damaged structure is a two-story single-family dwelling. The foundation is flagstone. The exterior walls were covered with stucco. The structure has a pitched roof covered with asphalt shingles. The interior walls were covered with plaster

and lath. The structure measures approximately 30 feet wide by 50 feet deep. The front of the structure faces west and the structure runs west to east.

EXTERIOR EXAMINATION: Visual inspection of the west side of the structure revealed that this was the front of the structure. There was evidence of smoke staining above the front door starting at about the five-foot level and extending to an overhang located above the front door. The front windows were all intact on the first floor and were wrapped in plastic. The plastic showed signs of heat damage on all three windows and was partially melted. Examination of the second floor window revealed that one of the windows was forcibly removed by firefighters during firefighting operations and was left lying on the porch roof.

Observations of the north side of the structure showed that all of the windows were intact and in the closed position. Inspection of the second window located to the east of the west wall of the structure revealed smoke staining to the bottom of the windowsill along with smoke and heat damage visible to the window blinds. Examination of the basement windows on the north side of structure revealed that both windows were intact and in the closed position. The gas meter was located on the north side of the structure and showed no signs of smoke or fire damage and appeared in good condition. The gas meter was found in the "on" position.

Examination of the east side of the structure revealed light smoke damage over the rear door and over the first floor kitchen windows. Firefighters broke out the kitchen windows during firefighting operations. A window located on the second floor was broken out by firefighters during firefighting operations to aid in ventilation.

Inspection of the south side of the structure showed that the second front porch window to the west was broken out by firefighters during firefighting operations. Observations of the three first floor windows, belonging to the main part of the structure that jutted out from the front porch and rear kitchen area, showed signs of heavy burning to their upper portions on all three windows, with smoke staining extending from the halfway point of each window and extending above the top of the window frame. Inspection of both basement windows on the side of the structure showed that they were intact and in the closed position.

The electric meter was located on the south side of the structure on the east side of the bump out of the main structure. The electric meter appeared in good condition and showed no signs of smoke or fire damage. The meter was removed by Xcel Energy during the fire. Inspection of the conduit that ran from the meter upwards, towards the weather-head showed no signs of smoke or fire damage. The wire connections at the weather-head that came in from the utility pole showed no signs of damage.

Observations of the second floor windows on the south side of the structure revealed that the windows were intact during the fire event. Firefighters opened several of the windows during search and rescue efforts to assist in ventilation of the second floor. There were two air-conditioners located on this side of the structure. Neither air-conditioner showed signs of smoke or fire damage.

INTERIOR EXAMINATION: Entry into the structure was made via the back door which was located on the east side of the structure. Examination of the back door revealed that the door was possibly forced open due to evidence of a door knob located on the ground on both the exterior and interior of the door as well as part of the door jamb missing where the dead bolt inserts.

Inspection of the kitchen, which was located just inside the rear door of the structure, up three stairs towards the south, revealed heavy smoke and fire damage.

Examination of the staircase leading to the second floor revealed that the door was open to the staircase during the fire and heavy smoke damage extended from the ceiling down to approximately six inches below the door handle with medium smoke damage continuing to the floor. Observations of the staircase revealed heavy smoke damage from the ceiling extending all the way to the floor. There was no visible fire damage in the staircase.

Observations of the second floor revealed moderate to heavy smoke damage throughout and no signs of fire damage. Inspection of the refrigerator, stove, and microwave showed no signs of interior smoke or fire damage. Inspection of the south wall of the kitchen revealed heavy smoke damage that extended from the ceiling down to approximately one foot above the floor. Fire damage along the south wall extended from the ceiling down to approximately the countertop level. Along the south wall there was heavy fire damage to the wall cabinets located closest to the west where there was an opening towards the dining room area. Located to the east of this damage was an area of cabinets with less fire damage. Located to the east of these cabinets was again an area of heavy fire damage closest to the east wall of the structure.

Inspection of the east wall of the kitchen revealed heavy fire damage from the ceiling extending down to the floor. Initial reports from the first arriving captain revealed that the windows on this side of the structure were intact upon their arrival with no fire venting from them and only smoke visible. Inspection of the wall below the windows revealed evidence of burning that was lower than along the east wall of the kitchen that extended from the level of the windowsill down towards the floor. Observations of the ceiling, located directly above the east wall, revealed an area of clean burn.

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1008 Western Avenue North
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Moving towards the west there was a dining room with a bedroom located to the north. Investigation of the bedroom to the north of the dining room revealed that the door was shut during the fire. Inspection of the bedroom revealed moderate smoke damage throughout and no fire damage.

Examination of the dining room revealed heavy fire damage and smoke damage throughout. There was an area of heavy fire damage closest to the east as compared to the west. The southeast corner of the dining room, along the walls and ceiling, showed clean burn. Located in the middle of the dining room, on the floor, was an empty can labeled, "Acetone". This can was missing its screw-on lid. This item was collected as evidence.

Located to the west of the dining room was a living room. Examination of the living room revealed heavy smoke damage and fire damage extending from the ceiling down to approximately the two-foot level above the floor. Located behind the front door which was located on the west side of the living room was an area of fire damage that was more severe than everywhere else in the living room. This area of clean burn was located in the northwest corner of the living room. Examination of the front door revealed no signs of forced entry and was found unlocked but closed by the homeowner. The homeowner opened the front door and left it in the open position upon discovery of the fire.

Entry to the basement was made from the east side of the structure just inside the back door. There was no fire damage on the staircase leading to the basement. There was heavy smoke damage starting at the floor level even with the first floor landing, all the way to the ceiling.

Examination of the basement showed no signs of smoke or fire damage. Inspection of the clothes washer and dryer, water heater, and furnace revealed no signs of smoke or fire damage and all appeared in good condition. Observations of the breaker panel revealed that it had been turned off at the main breaker by firefighters and there were numerous breakers tripped. The front panel to the breaker box was reported missing by firefighters when they shut off the main breaker. Inspection of the interior of the breaker box, as well as the wires above the breaker box, showed no signs of smoke or fire damage and no arcing was visible.

INTERVIEWS: Property Owner, THOMAS L GERLACH (Father), stated in person on Thursday, October 29, 2015:

- I work at a glass installation company.
- I was returning home from work when I saw smoke coming from the closed front door of my house.
- My son, ANDREW B GERLACH, works with me and we arrived home at the same time.

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- I opened the front door, which wasn't locked, and there was heavy smoke inside my home and it appeared that the carpet was on fire.
- I left the house before my wife this morning.
- My other son, THOMAS L GERLACH (Son), is suicidal and texted me today that he wanted to die.
- I wasn't sure if my son, THOMAS L GERLACH (Son), was inside the house at the time of the fire.
- My son, THOMAS L GERLACH (Son), has a drug problem.
- I didn't see my son, THOMAS L GERLACH (Son), at the house today.
- I don't know whether we have homeowners insurance because the bank refinanced our house.
- We haven't had any electrical problems in the house.
- I did not leave any candles burning in the house.
- My son, ANDREW B GERLACH, has some learning disabilities and was concerned that his pets in the basement were going to get killed in the fire.

Property Owner, LYNN M GERLACH, stated in person on Thursday, October 29, 2015:

- I left for work today at around 8:00 a.m.
- No one else was home when I left the house.
- I got home after the fire department was already here.
- When I left home this morning I locked both the front and back door.
- I did not leave any candles burning in the house.
- All of the downstairs windows were closed and locked when I left for work this morning.
- The only window that was open was maybe the bathroom window located on the second floor.

- I don't think my son, THOMAS L GERLACH (Son), set the fire.
- My son, THOMAS L GERLACH (Son), has undiagnosed mental problems.
- My son, THOMAS L GERLACH (Son), has never hurt anyone.
- I did not see my son, THOMAS L GERLACH (Son), at the house today.

PHOTOGRAPHS/SKETCH: Digital photographs were taken and a sketch was made of the first floor of the structure.

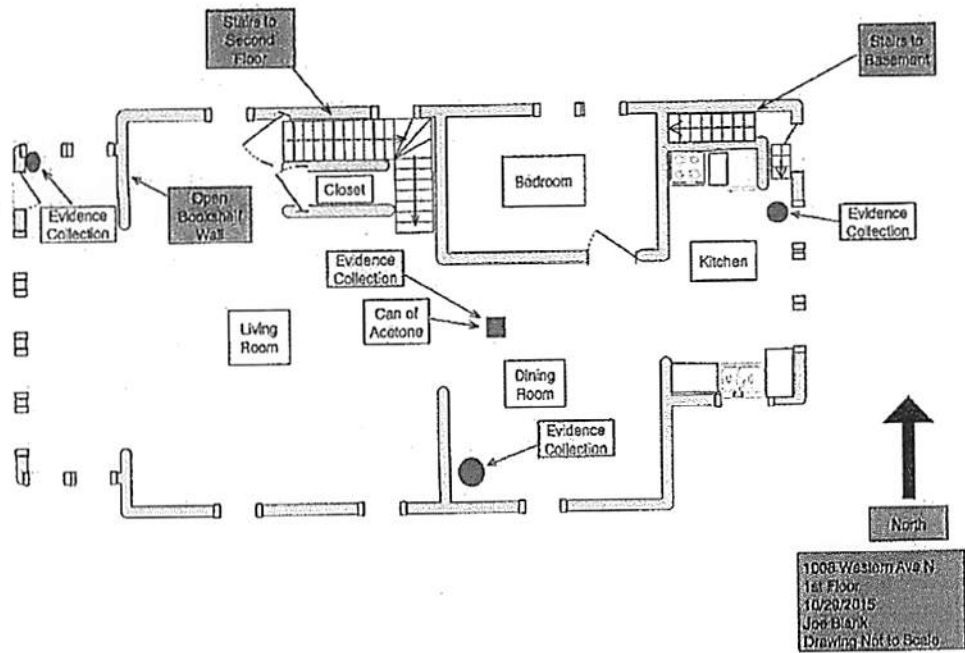
EVIDENCE: Four items of evidence was collected and transported back to the Fire Investigator's locked evidence locker. The evidence was then transported to the BCA and the Saint Paul Police Department Evidence Room.

CONCLUSION: After examination of the fire scene and fire patterns of both movement and intensity observed, my conclusion is this fire originated in several different areas on the first floor of the structure including the northeast corner of the living room, the southeast corner of the dining room, and the east wall of the kitchen. The ignition source was probably an open flamed device. The first fuel ignited was probably an ignitable liquid. The action that brought these items together was an intentional human act. The classification of fire cause is incendiary. This report will be forwarded to the Saint Paul Police Department for further investigation. This concludes my report and investigation.

J. Blank, Fire Investigator, A Shift, 11/13/2015

JB/su







ST PAUL
645 Randolph Avenue, SAINT PAUL, MN 55102
Phone: 651-224-7811 Fax: 651-228-6255

NFIRS-1
Basic

A FDID: 62210 State: MN Incident Date: 10/29/2015 Station: 08 Incident Number: SPFD151028035083 Exposure: 0

B Location Type
 Street address
 Intersection: 1008 WESTERN Ave N
 In front of: SAINT PAUL
 Rear of: SAINT PAUL
 Adjacent to: SAINT PAUL
 Directions: SAINT PAUL
 US National Grid: SAINT PAUL
 Check this box to indicate that the address for this incident is provided on the National Fire Map. Use only for national fire.

C Incident Type 111 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: 10/29/2015 15:31:26
 Arrival: 10/29/2015 15:33:52
 Controlled: 10/29/2015
 Last Unit Cleared: 10/29/2015 17:53:37
E2 Shifts and Alarms
 Local Option: A 1 D2
E3 Special Studies
 Local Option: Special Study ID#

F Actions Taken
 11 Extinguishment by fire service personnel
 21 Search
 12 Salvage & overhaul
G1 Resources
 Apparatus: 11 0
 Personnel: 2 0
 EMS: 1 0
G2 Estimated Dollar Losses and Values
 Property \$: 100,000
 Contents \$: 50,000
 PRE-INCIDENT VALUE: 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
 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
 None
 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 Petrol - spills less than 55 gallons
 N None
Mixed Use Property
 00 Mixed use, other
 10 Assembly use
 20 Educational use
 30 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 02210 MN 10 29 2015 08 SPFD151029036093 0
FBIID State Incident Date Station Incident Number Expenses

B Property Details

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

B2 Buildings not involved
 Number of buildings involved

B3 None Less than one acre
 More than one acre
 Acres burned (include fire)

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

D Ignition

D1 07 Multiple areas
 Area of the origin

D2 65 Lighter: cigarette, cigar
 Initial source

D3 65 Flammable liquid/gas - uncontained
 Item first ignited

D4 20 Flammable or combustible liquid, 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 code is an exposure report
 Cause, other (System generated code only, not used for data entry)

0 Intentional
 1 X Unintentional
 2 Failure of equipment or heat source
 3 Act of nature
 4 Cause under investigation
 5 Cause undetermined after investigation
 U

E2 Factors Contributing to Ignition

00 Factors contributing to ignition, other
 Factor contributing to ignition (1) _____
 Factor contributing to ignition (2) _____

E3 Human Factors Contributing to Ignition
 Check all applicable boxes

1 Asleep
 2 X 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

H2 Mobile Property Type and Make

Mobile property type _____
 Mobile property make _____
 Year _____

Mobile property model _____
 License Plate Number _____ MN _____
 State VEH

Local Use Pro-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 82210 MN 10 29 2015 08 SPFD151029035093 0

I1 Structure Type <small>If fire was in an enclosed building or a non-enclosed structure, complete the rest of this form.</small> Structure type, other <input checked="" type="checkbox"/> Enclosed building <input type="checkbox"/> Fixed portable or mobile structure <input type="checkbox"/> Open structure <input type="checkbox"/> Air-supported structure <input type="checkbox"/> Tent <input type="checkbox"/> Open platform <input type="checkbox"/> Underground structure work area <input type="checkbox"/> Tossing <input type="checkbox"/> Connective structure	I2 Building Status Building status, other <input type="checkbox"/> Under construction <input checked="" type="checkbox"/> In normal use <input type="checkbox"/> Idle, not routinely used <input type="checkbox"/> Under major renovation <input type="checkbox"/> Vacant and secured <input type="checkbox"/> Vacant and unsecured <input type="checkbox"/> Being demolished <input type="checkbox"/> Undetermined	I3 Building Height <small>Count the roof as part of the highest story.</small> Total number of stories at or above grade: <input type="text" value="2"/> <small>Total number of stories below grade</small> : <input type="text" value="1"/>	I4 Main Floor Size Total square feet: <input type="text" value="1500"/> Length in feet: <input type="text" value="50"/> BY <input type="text" value="30"/> Width in feet
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J1 Fire Origin Origin grade: <input type="text" value="1"/> J2 Fire Spread <small>If the spread was confined to object of origin, do not check a box (0, 1, 2, 3, 4, 5). If the fire spread beyond the object of origin, check the appropriate box.</small> <input type="checkbox"/> Confined to object of origin <input type="checkbox"/> Confined to room of origin <input checked="" type="checkbox"/> Confined to floor of origin <input type="checkbox"/> Confined to building of origin <input type="checkbox"/> Beyond building of origin	J3 Number of Stories Damaged by Flame <small>Count the roof as part of the highest story.</small> Number of stories exterior damage (0 to 50% flame damage): <input type="text"/> Number of stories interior damage (0 to 40% flame damage): <input type="text"/> Number of stories structural damage (0 to 75% flame damage): <input type="text"/> Number of stories voidspace damage (0 to 100% flame damage): <input type="text" value="1"/>	K Type of Material Contributing Most to Flame Spread <small>Check if fire spread OR if case is historical fire incident (check DA, Fire Modeling) OR if unable to determine.</small> Check contributing material to flame spread: K1: <input type="text"/> K2: <input type="text"/> <small>Type of material contributing most to flame spread</small> <small>Recorded only if flame contributing code is 00 or <70</small>
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L1 Presence of Detectors <small>(In case of fire test)</small> <input checked="" type="checkbox"/> Present <input type="checkbox"/> None present <input type="checkbox"/> Undetermined L2 Detector Type <input type="checkbox"/> Detector type, other <input checked="" type="checkbox"/> Smoke <input type="checkbox"/> Heat <input type="checkbox"/> Combination smoke and heat in a single unit <input type="checkbox"/> Sprinkler, water flow detection <input type="checkbox"/> More than one type present <input type="checkbox"/> Undetermined	L3 Detector Power Supply <input type="checkbox"/> Detector power supply, other <input type="checkbox"/> Battery only <input type="checkbox"/> Hardwire only <input type="checkbox"/> Plug-in <input checked="" type="checkbox"/> Hardwire with battery backup <input type="checkbox"/> Plug-in with battery backup <input type="checkbox"/> Mechanical <input type="checkbox"/> Multiple detectors and power supplies <input type="checkbox"/> Undetermined LA Detector Operation <input type="checkbox"/> Fire too small to activate detector <input checked="" type="checkbox"/> Detector operated <input type="checkbox"/> Detector failed to operate <input type="checkbox"/> Undetermined	L5 Detector Effectiveness <small>Reached if occupant alerted</small> <input type="checkbox"/> Detector alerted occupants, occupants responded <input type="checkbox"/> Detector alerted occupants, occupants failed to respond <input checked="" type="checkbox"/> There were no occupants <input type="checkbox"/> Detector failed to alert occupants <input type="checkbox"/> Undetermined L6 Detector Failure Reason <small>Requires if detector failed to operate</small> <input type="checkbox"/> Detector failure reason, other <input type="checkbox"/> Power failure, hardwired det. shut off, disconnect <input type="checkbox"/> Improper installation or placement of detector <input type="checkbox"/> Defective detector <input type="checkbox"/> Lack of maintenance, includes not cleaning <input type="checkbox"/> Battery missing or disconnected <input type="checkbox"/> Battery discharged or dead <input type="checkbox"/> Undetermined
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M1 Presence of Automatic Extinguishing System <input type="checkbox"/> Present <input type="checkbox"/> Partial System Present <input checked="" type="checkbox"/> None Present <input type="checkbox"/> Undetermined M2 Type of Automatic Extinguishing System <small>Requires if fire was within developed range of AES</small> <input type="checkbox"/> Special hazard system, other <input type="checkbox"/> Wet-pipe sprinkler system <input type="checkbox"/> Dry-pipe sprinkler system <input type="checkbox"/> Other sprinkler system <input type="checkbox"/> Dry chemical system <input type="checkbox"/> Foam system <input type="checkbox"/> Halogen-type system <input type="checkbox"/> Carbon dioxide system <input type="checkbox"/> Undetermined	M3 Operation of Automatic Extinguishing System <small>Requires if fire was within developed range of AES</small> <input type="checkbox"/> Operation of AES, other <input type="checkbox"/> System operated and was effective <input type="checkbox"/> System operated and was not effective <input type="checkbox"/> Fire too small to activate system <input type="checkbox"/> System did not operate <input type="checkbox"/> Undetermined M3 Number of Sprinkler Heads Operating <small>Requires if system operated</small> Number of operating heads operating: <input type="text"/>	M5 Reason for Automatic Extinguishing System Failure <small>Requires if system failed or not effective</small> <input type="checkbox"/> Reason system not effective, other <input type="checkbox"/> System shut off <input type="checkbox"/> Not enough agent discharged to control the fire <input type="checkbox"/> Agent discharged, but did not reach the fire <input type="checkbox"/> Inappropriate system for the type of fire <input type="checkbox"/> Fire not in area protected by the system <input type="checkbox"/> System components damaged <input type="checkbox"/> Lack of maintenance, including corrosion or heads painted <input type="checkbox"/> Manual intervention defeated the system <input type="checkbox"/> Undetermined
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J Property Use Structures	
410	1 or 2 family dwelling
311	24-hour care nursing homes, 4 or more persons
241	Adult education center, college classroom
162	Bar or nightclub
404	Barracks, dormitory
430	Boarding/boarding house, residential hotels
909	Business office
131	Church, mosque, synagogue, temple, chapel
341	Clinic, clinic-type infirmary
342	Doctor, dentist or oral surgeon office
016	Electro-generating plant
213	Elementary school, including kindergarten
019	Food and beverage stores, grocery store
215	High school/junior high school/middle school
331	Hospital - medical or psychiatric
440	Hotel/motel, commercial
530	Household goods, sales, repairs
301	Jail, prison (not juvenile)
629	Laboratory or science laboratory
810	Livestock, poultry storage
700	Manufacturing, processing
570	Motor vehicle or boat sales, services, repair
420	Multifamily dwelling
882	Parking garage, general vehicle
459	Residential board and care
101	Restaurant or cafeteria
571	Service station, gas station
091	Warehouse
984	Industrial plant yard - area
040	Lake, river, stream
031	Open land or field
007	Outside material storage area
124	Playground
051	Redeemed right-of-way
002	Residential street, road or residential driveway
950	Street, other
930	Vacant lot

Look up and enter a Property Use Code and description only if you have NOT checked a Property Use Box.

Property Use Code: **410**

Property Use Description: **1 or 2 family dwelling**

K1 Person/Entity Involved

Local Option: Check this box if name, address or location location (Section 2). Do not check this box unless address is new.

Business Name (if Applicable): _____ Area Code: **651** Phone Number: **775-8776**

Mr., Mrs., Mtn. First Name: **THOMAS** Initial: **L** Last Name: **GERLACH** Suffix: **Sr.**

Number: **1008** Prefix: _____ Street or Highway: **WESTERN** Street Type: _____ Suffix: **N**

Post Office Box: _____ Apt./Suite/Room: _____ City: **SAINT PAUL**

State: **MN** Zip Code: **55117**

K2 Owner

State or person involved? Then check this box and skip the rest of this block.

Local Option: Check this box if name, address or location location (Section 2). Do not check this box unless address is new.

Business Name (if Applicable): _____ Area Code: **651** Phone Number: **775-8776**

Mr., Mrs., Mtn. First Name: **THOMAS** Initial: **L** Last Name: **GERLACH** Suffix: **Sr.**

Number: **1008** Prefix: _____ Street or Highway: **WESTERN** Street Type: _____ Suffix: **N**

Post Office Box: _____ Apt./Suite/Room: _____ City: **SAINT PAUL**

State: **MN** Zip Code: **55117**

M Authorization

Officer in Charge ID: **3612** Signature: **David Berger** Position or rank: **DC** Assignment: **C2** Month: **10** Day: **31** Year: **2015**

Officer in Charge ID: **3612** Signature: **David Berger** Position or rank: **DC** Assignment: **C2** Month: **10** Day: **31** Year: **2015**

L Remarks

Local Option:

FIRE PERSONNEL WERE CALLED FOR A DWELLING FIRE IN A SINGLE FAMILY RESIDENCE. ON ARRIVAL, ENGINE #22'S CREW BEGAN ATTACKING THE FIRE IN AN OFFENSIVE POSITION. LADDER #22'S CREW BEGAN A SEARCH OF THE SECOND FLOOR. WHILE CREWS WERE SEARCHING, WE RECEIVED WORD FROM POLICE THAT THE PERSON WHO POSSIBLY STARTED THIS FIRE MAY INSIDE HIDING ON THE SECOND FLOOR. IT WAS RELAYED THIS PERSON IS DANGEROUS AND HAD WEAPONS IN HIS POSSESSION. CREWS COMPLETED THEIR SEARCH AND EXITED THE BUILDING. ONCE THE FIRE WAS EXTINGUISHED POLICE SWEEPED THE ENTIRE HOUSE AND AREA LOOKING FOR THE POSSIBLE SUSPECT IN THIS FIRE AND OTHER CRIMES. THE MALE WAS NOT FOUND SO CREWS BEGAN OVERHAUL AND FIRE INVESTIGATOR BLANK PERFORMED HIS INVESTIGATION.

THIS FIRE APPEARED TO BE ARSON DUE TO THE ODOR, THE ACCELERANTS FOUND, AND THE INVESTIGATION RESULTS. ONCE THE INVESTIGATION WAS COMPLETE, CREWS WASHED DOWN THE FIRST FLOOR AND THEN THE HOME WAS TURNED OVER TO THE FAMILY SO MEMBERS COULD RETRIEVE ANY SALVAGEABLE BELONGINGS FROM THE SECOND FLOOR AND BASEMENT. RED CROSS WAS CALLED FOR THE FAMILY AS WELL DUE TO THE HOME BEING UNINHABITABLE. THE GAS AND ELECTRIC WERE SHUT OFF AND XCEL DID THEIR INVESTIGATION AS WELL.