

A	62210	MN	08	27	2018	14	SPFD180827031266	0	NFIRS-1 Basic
	<small>FDID</small>	<small>State</small>	<small>MM</small>	<small>DD</small>	<small>YYYY</small>	<small>Station</small>	<small>Incident Number</small>	<small>Exposure</small>	

B Location Type
 Street address
 Intersection: 174 PAGE St W
 In front of: SAINT PAUL MN 55107
 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.
 Census Tract: 0371 - 00
 Apt./Suite/Room: _____ City: _____ State: MN Zip Code: 55107
 Cross Street, Directions or National Grid, as applicable

C Incident Type 111 Building fire	E1 Dates and Times Alarm: 08/27/2018 09:28:05 Arrival: 08/27/2018 09:32:20 Controlled: _____ Last Unit Cleared: 08/27/2018 11:07:52 <small>Check boxes if dates are the same as Alarm Date.</small> <small>ALARM always required</small> <small>ARRIVAL required, unless canceled or did not arrive</small> <small>CONTROLLED optional, except for wildland fires</small> <small>LAST UNIT CLEARED, required except for wildland fires</small>	E2 Shifts and Alarms Local Option: C 1 D1 Shift or Platoon: _____ Alarms: 1 District: D1 E3 Special Studies Local Option: _____ Special Study ID#: _____ Special Study Value: _____
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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 <input checked="" type="checkbox"/> None <small>Their FDID: _____ Their State: _____</small> <small>Their Incident Number: _____</small>	F Actions Taken 11 Extinguishment by fire service personnel 12 Salvage & overhaul 80 Information, investigation & enforcement, other <small>Primary Action Taken (1)</small> <small>Additional Action Taken (2)</small> <small>Additional Action Taken (3)</small>	G1 Resources <input checked="" type="checkbox"/> Check this box and test this block if an Apparatus or Personnel Module is used. Apparatus: 9 Personnel: 0 EMS: 0 Other: 0 <small>Check box if resources counts include aid received resources.</small>	G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$: 2,000 Contents \$: 0 PRE-INCIDENT VALUE: Optional Property \$: _____ Contents \$: _____
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Completed Modules <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	H1 Casualties <input checked="" type="checkbox"/> None Death: 0 Injury: 0 Fire Service: 0 Civilian: 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

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"/>	

On-site material (1)

On-site material (2)

On-site material (3)

D Ignition

D1
Area of fire origin

D2
Heat Source

D3
Item first ignited

Check box if fire spread was confined to object of origin.

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

None 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"/> Total number of stories at or above grade <input type="text" value="0"/> Total number of stories below grade	4 Main Floor Size <input type="text" value="1"/> , <input type="text" value="500"/> <small>Total square feet</small> OR <input type="text" value=""/> BY <input type="text" value=""/> <input type="text" value=""/> <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 3 Confined to floor 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" value=""/> Number of stories w/minor damage (1 to 24% flame damage) <input type="text" value=""/> Number of stories w/significant damage (25 to 49% flame damage) <input type="text" value=""/> Number of stories w/heavy damage (50 to 74% flame damage) <input type="text" value=""/> 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" value=""/> Item contributing most to flame spread K2 <input type="text" value=""/> Type of material contributing most to flame spread <small>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 Present N None present U <input checked="" type="checkbox"/> 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> 1 Detector failure reason, other 2 Power failure, hardwired det. shut off, disconnect 3 Improper installation or placement of detector 4 Defective detector 5 Lack of maintenance, includes not cleaning 6 Battery missing or disconnected 7 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 0 System operated and was effective 1 System operated and was not effective 2 Fire too small to activate system 3 System did not operate U Undetermined M3 Number of Sprinkler Heads Operating <small>Required if system operated</small> <input type="text" value=""/> Number of sprinkler heads operating	M5 Reason for Automatic Extinguishing System Failure <small>Required if system failed or not effective</small> Reason system not effective, other 0 System shut off 1 Not enough agent discharged to control the fire 2 Agent discharged, but did not reach the fire 3 Inappropriate system for the type of fire 4 Fire not in area protected by the system 5 System components damaged 6 Lack of maintenance, including corrosion or heads painted 7 Manual intervention defeated the system U Undetermined
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J Property Use Structures					
419	<input checked="" type="checkbox"/> 1 or 2 family dwelling	341	Clinic, clinic-type infirmary	629	Laboratory or science laboratory
311	24-hour care Nursing homes, 4 or more persons	342	Doctor, dentist or oral surgeon office	819	Livestock, poultry storage
241	Adult education center, college classroom	615	Electric-generating plant	700	Manufacturing, processing
162	Bar or nightclub	213	Elementary school, including kindergarten	579	Motor vehicle or boat sales, services, repair
464	Barracks, dormitory	519	Food and beverage sales, grocery store	429	Multifamily dwelling
439	Boarding/rooming house, residential hotels	215	High school/junior high school/middle school	882	Parking garage, general vehicle
599	Business office	331	Hospital - medical or psychiatric	459	Residential board and care
131	Church, mosque, synagogue, temple, chapel	449	Hotel/motel, commercial	161	Restaurant or cafeteria
		539	Household goods, sales, repairs	571	Service station, gas station
		361	Jail, prison (not juvenile)	891	Warehouse
		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 Code:
 Property Use Description:

K1 Person/Entity Involved

Local Option: Business Name (if Applicable):

Area Code: Phone Number:

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

K2 Owner Same as person involved? Then check this box and skip the rest of this block.

Local Option: Business Name (if Applicable):

Area Code: Phone Number:

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

M Authorization

Officer in charge ID: Signature: Position or rank: Assignment: Month: Day: Year:

Member Making report ID: Signature: Position or rank: Assignment: Month: Day: Year:

L Remarks

Local Option:

REPORT OF SMOKE INSIDE THE HOME AT THIS RESIDENCE INVESTIGATED BY ENGINE #15'S CREW WHO WAS INITIAL COMMAND. ENGINE #15'S CREW PULLED A HOSE LINE DUE TO LIGHT SMOKE SHOWING UPON THEIR ARRIVAL. ENGINE #15'S CREW REPORTED THIS IS A HOARDER HOME. A WATER SUPPLY WAS GAINED BY ENGINE #15'S CREW. ENGINE #8'S CREW AND ENGINE #4'S CREW ASSISTED WITH INVESTIGATION AND SUPPRESSION OF A SMALL KITCHEN FIRE.

I ARRIVED AND TOOK OVER COMMAND. PRIMARY AND SECONDARY SEARCHES PERFORMED AND CLEARED AS BEST AS POSSIBLE. THIS WAS HAMPERED BY A VERY LARGE SURPLUS OF HOME CLUTTER, FLOOR TO CEILING THROUGHOUT THE HOME. THE OCCUPANT STATES HE AND HIS DOG ARE OUT AND NO ONE ELSE IS INSIDE. LADDER #8'S CREW WAS CALLED FOR A R.I.T. TEAM DUE TO THE STATUS OF THE HOME.

VENTILATION WAS PERFORMED THROUGH BREAKING TWO WINDOWS FROM THE OUTSIDE AND A ROOF HOLE CUT BY LADDER #18'S CREW. THIS WAS THE ONLY WAY TO ASSIST THE SMOKE AND ENSURE THE FIRE WAS OUT DUE TO THE INABILITY TO ACCESS THE WINDOWS FROM THE INSIDE OR FIND THE ATTIC ACCESS.

SQUAD #3'S CREW ASSISTED WITH VENTILATION, SALVAGE, AND OVERHAUL. D.S.I. INSPECTOR WAS CALLED TO RESPOND TO THE SCENE AND ASSESS THE HOUSE FOR HABITATION. FIRE INVESTIGATOR LARSON ON SCENE CONDUCTING AN INVESTIGATION.

THE OCCUPANT REQUESTED CONTACT INFORMATION FOR SUPPORTING COUNTY SERVICES. THIS INFORMATION WAS PROVIDED BY DSI AND MYSELF. BOARD UP ON SCENE AND XCEL ON SCENE SHUTTING OFF GAS AND ELECTRIC. THE OCCUPANT STATES HE HAS A PLACE TO STAY AND DECLINES ASSISTANCE WITH HOUSING.

Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	18-31266	DATE OF INCIDENT: 08/27/2018	
TIME OF INCIDENT:	0928 hours	POLICE CASE #: N/A	
INVESTIGATOR(s):	J. Larson		
INCIDENT ADDRESS:	174 Page Street West, Saint Paul, MN 55107		
OCCUPANT NAME:	Robert Francis Bier DOB 01/05/1951	PHONE: 612-558-9234	
OWNER NAME:	Robert Francis Bier	PHONE: 612-558-9234	
ADDRESS OF OWNER:	174 Page Street West, Saint Paul, MN 55107		
PROPERTY DAMAGED:	Single Family Dwelling	AREA OF ORIGIN: Kitchen stove	
DAMAGE ESTIMATE:	Building \$2,000	Vehicle \$	Other (Describe) \$
VALUE:	Building \$83,300	Vehicle \$	Other (Describe) \$
Damage Estimate CONTENTS ONLY:	\$0		
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 type="checkbox"/> Yes <input checked="" 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 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:	Saint Paul fire crews were dispatched for smoke in a dwelling. Crews arrived to find a fire burning in a pile of debris in the kitchen of residence. Firefighters performed extinguishment and overhaul. Interviews conducted with the witness revealed he witnessed smoke coming from the kitchen area, filling the home, and he left. Investigation revealed a home with extreme hoarder conditions. Calcination and discoloration on the corner wall near the stove observed. The stove top contained a large amount of debris on top which exhibited charring. An area of debris piled to the height of the stove also contained charring. The ignition source was most likely heat from the stove top burner. The first fuel ignited was most likely combustible materials piled on and around the stove. The act that brought these two together was most likely shifting and/or falling of the debris pile turning on a burner. The home was tagged uninhabitable by Saint Paul Fire Inspections and the occupant relocated. 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		