

62210		MN	07	28	2014	14	14-0022898	000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic	
FDID *		State *		Incident Date *		Station		Incident Number *		Exposure *	
<input type="checkbox"/> 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.											
B Location*		Census Tract 0321 - 00									
<input checked="" type="checkbox"/> Street address		611 SNELLING AVE N									
<input type="checkbox"/> Intersection		Number/Milepost Prefix Street or Highway Street Type Suffix									
<input type="checkbox"/> In front of		SAINT PAUL MN 55104									
<input type="checkbox"/> Rear of		Apt./Suite/Room City State Zip Code									
<input type="checkbox"/> Adjacent to											
<input type="checkbox"/> Directions		Cross street or directions, as applicable									
C Incident Type *			E1 Date & Times					E2 Shift & Alarms			
111 Building fire			Month Day Year Hr Min Sec					Local Option			
Incident Type			Check boxes if dates are the same as Alarm Date.					Shift or Alarms District Platoon			
D Aid Given or Received*			Alarm * 07 28 2014 23:15:30					A 01 D1			
1 <input type="checkbox"/> Mutual aid received			ARRIVAL required, unless canceled or did not arrive								
2 <input type="checkbox"/> Automatic aid recv.			Arrival * 07 28 2014 23:17:42					E3 Special Studies			
3 <input type="checkbox"/> Mutual aid given			CONTROLLED Optional, Except for wildland fires					Local Option			
4 <input type="checkbox"/> Automatic aid given			<input type="checkbox"/> Controlled					Special Study ID# Special Study Value			
5 <input type="checkbox"/> Other aid given			LAST UNIT CLEARED, required except for wildland fires								
N <input checked="" type="checkbox"/> None			Last Unit								
			<input type="checkbox"/> Cleared 07 29 2014 01:24:51								
F Actions Taken *			G1 Resources *				G2 Estimated Dollar Losses & Values				
11 Extinguishment by fire			<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.				LOSSES: Required for all fires if known. Optional for non fires.				
Primary Action Taken (1)			Apparatus Personnel				Property \$ 194 000				
51 Ventilate			Suppression 0003				Contents \$ 218 000				
Additional Action Taken (2)			EMS				PRE-INCIDENT VALUE: Optional				
12 Salvage & overhaul			Other 0013				Property \$ 000 000				
Additional Action Taken (3)			<input type="checkbox"/> Check box if resource counts include aid received resources.				Contents \$ 000 000				
Completed Modules		H1* Casualties		H3 Hazardous Materials Release				I Mixed Use Property			
<input checked="" type="checkbox"/> Fire-2		<input checked="" type="checkbox"/> None		N <input type="checkbox"/> None				NN <input type="checkbox"/> Not Mixed			
<input checked="" type="checkbox"/> Structure-3		Deaths Injuries		1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions				10 <input type="checkbox"/> Assembly use			
<input type="checkbox"/> Civil Fire Cas.-4		Fire Service		2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)				20 <input type="checkbox"/> Education use			
<input type="checkbox"/> Fire Serv. Cas.-5		Civilian		3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container				33 <input type="checkbox"/> Medical use			
<input type="checkbox"/> EMS-6		H2 Detector		4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage				40 <input type="checkbox"/> Residential use			
<input type="checkbox"/> HazMat-7		Required for Confined Fires.		5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable				51 <input type="checkbox"/> Row of stores			
<input type="checkbox"/> Wildland Fire-8		1 <input type="checkbox"/> Detector alerted occupants		6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only				53 <input type="checkbox"/> Enclosed mall			
<input checked="" type="checkbox"/> Apparatus-9		2 <input type="checkbox"/> Detector did not alert them		7 <input type="checkbox"/> Motor oil: from engine or portable container				58 <input type="checkbox"/> Bus. & Residential			
<input type="checkbox"/> Personnel-10		U <input type="checkbox"/> Unknown		8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons				59 <input type="checkbox"/> Office use			
<input type="checkbox"/> Arson-11				9 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., please complete the HazMat form				60 <input type="checkbox"/> Industrial use			
J Property Use*		Structures		341 <input type="checkbox"/> Clinic, clinic type infirmary				63 <input type="checkbox"/> Military use			
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office		539 <input type="checkbox"/> Household goods, sales, repairs				65 <input type="checkbox"/> Farm use			
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile		579 <input type="checkbox"/> Motor vehicle/boat sales/repair				00 <input type="checkbox"/> Other mixed use			
162 <input type="checkbox"/> Bar/Tavern or nightclub		419 <input checked="" type="checkbox"/> 1-or 2-family dwelling		571 <input type="checkbox"/> Gas or service station							
213 <input type="checkbox"/> Elementary school or kindergarten		429 <input type="checkbox"/> Multi-family dwelling		599 <input type="checkbox"/> Business office							
215 <input type="checkbox"/> High school or junior high		439 <input type="checkbox"/> Rooming/boarding house		615 <input type="checkbox"/> Electric generating plant							
241 <input type="checkbox"/> College, adult education		449 <input type="checkbox"/> Commercial hotel or motel		629 <input type="checkbox"/> Laboratory/science lab							
311 <input type="checkbox"/> Care facility for the aged		459 <input type="checkbox"/> Residential, board and care		700 <input type="checkbox"/> Manufacturing plant							
331 <input type="checkbox"/> Hospital		464 <input type="checkbox"/> Dormitory/barracks		819 <input type="checkbox"/> Livestock/poultry storage (barn)							
Outside		519 <input type="checkbox"/> Food and beverage sales		882 <input type="checkbox"/> Non-residential parking garage							
124 <input type="checkbox"/> Playground or park		936 <input type="checkbox"/> Vacant lot		891 <input type="checkbox"/> Warehouse							
655 <input type="checkbox"/> Crops or orchard		938 <input type="checkbox"/> Graded/care for plot of land		981 <input type="checkbox"/> Construction site							
669 <input type="checkbox"/> Forest (timberland)		946 <input type="checkbox"/> Lake, river, stream		984 <input type="checkbox"/> Industrial plant yard							
807 <input type="checkbox"/> Outdoor storage area		951 <input type="checkbox"/> Railroad right of way		Lookup and enter a Property Use code only if you have NOT checked a Property Use box:							
919 <input type="checkbox"/> Dump or sanitary landfill		960 <input type="checkbox"/> Other street		Property Use 419							
931 <input type="checkbox"/> Open land or field		961 <input type="checkbox"/> Highway/divided highway		1 or 2 family dwelling							
		962 <input type="checkbox"/> Residential street/driveway		NFIRS-1 Revision 03/11/99							

A	FDID 62210	State MN	Incident Date MM 07 DD 28 YYYY 2014	Station 14	Incident Number 14-0022898	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -2 Fire
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B Property Details B1 <input type="checkbox"/> 0002 <input type="checkbox"/> Not Residential <i>Estimated Number of residential living units in building of origin whether or not all units became involved</i> B2 <input type="checkbox"/> 001 <input type="checkbox"/> Buildings not involved <i>Number of buildings involved</i> B3 <input type="checkbox"/> <input checked="" type="checkbox"/> None <i>Acres burned (outside fires) <input type="checkbox"/> Less than one acre</i>	C On-Site Materials <input checked="" type="checkbox"/> None or Products <i>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</i> Enter up to three codes. Check one or more boxes for each code entered. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> NNN <input type="checkbox"/> None <i>On-site material (1)</i> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <i>On-site material (2)</i> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <i>On-site material (3)</i> </div> <div style="width: 50%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> <div style="width: 45%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> <div style="width: 45%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> </div> </div> </div>
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D Ignition D1 <input type="checkbox"/> 24 <input type="checkbox"/> Cooking area, kitchen <i>Area of fire origin *</i> D2 <input type="checkbox"/> 13 <input type="checkbox"/> Electrical arcing <i>Heat source *</i> D3 <input type="checkbox"/> 81 <input type="checkbox"/> Electrical wire, cable <i>Item first ignited * 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin</i> D4 <input type="checkbox"/> 41 <input type="checkbox"/> Plastic <i>Type of material first ignited Required only if item first ignited code is 00 or <70</i>	E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. Skip to section G <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input checked="" type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation </div> </div>	E3 Human Factors Contributing To Ignition Check all applicable boxes <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved </div> <div style="width: 45%;"> 7 <input type="checkbox"/> Age was a factor <i>Estimated age of person involved</i> <input type="text"/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female </div> </div>
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F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G 656 <input type="checkbox"/> Refrigerator, <i>Equipment Involved</i> Brand <input type="text"/> Model <input type="text"/> Serial # <input type="text"/> Year <input type="text"/>	F2 Equipment Power 11 <input type="checkbox"/> Electrical <i>Equipment Power Source</i> F3 Equipment Portability 1 <input checked="" type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <i>Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.</i>	G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="text"/> <i>Fire suppression factor (1)</i> </div> <div style="width: 45%;"> <input type="text"/> <i>Fire suppression factor (2)</i> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="text"/> <i>Fire suppression factor (3)</i> </div> </div>
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H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned	H2 Mobile Property Type & Make <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="text"/> <i>Mobile property type</i> </div> <div style="width: 45%;"> <input type="text"/> <i>Mobile property make</i> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="text"/> <i>Mobile property model</i> </div> <div style="width: 45%;"> <input type="text"/> <i>Year</i> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="text"/> <i>License Plate Number</i> </div> <div style="width: 10%;"> <input type="text"/> <i>State</i> </div> <div style="width: 60%;"> <input type="text"/> <i>VIN Number</i> </div> </div>	Local Use <input type="checkbox"/> Pre-Fire Plan Available <i>Some of the information presented in this report may be based upon reports from other Agencies</i> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached
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I1 Structure Type * If fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure		I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined		I3 Building * Height Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> <small>Total number of stories at or above grade</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <small>Total number of stories below grade</small>		I4 Main Floor Size* <div style="text-align: right;">NFIRS-3 Structure Fire</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;">888</div> <small>Total square feet</small> OR <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> BY <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Length in feet Width in feet</small>	
J1 Fire Origin * <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> <input type="checkbox"/> Below Grade <small>Story of fire origin</small>		J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ minor damage (1 to 24% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ significant damage (25 to 49% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ heavy damage (50 to 74% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ extreme damage (75 to 100% flame damage)		K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Item contributing most to flame spread</small> K2 <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Type of material contributing most of flame spread Required only if item contributing code is 00 or <70</small>			
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input checked="" type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		L1 Presence of Detectors * (In area of the fire) N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined		L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input checked="" type="checkbox"/> Undetermined			
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined		L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined		L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input checked="" type="checkbox"/> Undetermined L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined			
M1 Presence of Automatic Extinguishment System * N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M		M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined		M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined NFIRS-3 Revision 01/19/99			
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined		M4 Number of Sprinkler Heads Operating Required if system operated <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Number of sprinkler heads operating</small>					

K1 Person/Entity Involved ☐ Local Option ☐ Business name (if applicable) 651 - 403 - 0053 Area Code Phone Number

☒ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MARIO MI D Last Name LOPEZ Suffix

Number 611 Prefix SNELLING Street or Highway AVE Street Type N Suffix

Post Office Box Apt./Suite/Room SAINT PAUL City

State MN Zip Code 55104 -

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner ☐ Same as person involved? Then check this box and skip The rest of this section.

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

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

Number 3109 Prefix W 50TH Street or Highway ST Street Type Suffix

Post Office Box Apt./Suite/Room 218 City MINNEAPOLIS

State MN Zip Code 55409 -

L Remarks Local Option

FIRE COMPANIES WERE DISPATCHED FOR A REPORT OF A DWELLING FIRE. CREWS PULLED ATTACK LINES, OBTAINED WATER SUPPLIES, AND CONDUCTED PRIMARY AND SECONDARY SEARCHES. THEY THEN VENTILATED THE STRUCTURE AND CHECKED FOR EXTENSION. THE FIRE WAS IN THE SECOND FLOOR KITCHEN AND REAR PORCH AREA OF AN UP/DOWN DUPLEX.

CREWS SHUT OFF METERS. RED CROSS WAS DECLINED BY THREE ADULTS. THEY WERE GIVEN AN AFTER-THE-FIRE BROCHURE. BOARD-UP WAS CALLED FOR NINE WINDOWS AND TWO DOORS. A TOW WAS CALLED FOR LADDER #18 RESERVE RIG.

FIRE INVESTIGATOR BLANK ON SCENE.

L Authorization

1544 HAWKINSON, FAWN L 150 C1 07 29 2014
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. ☒ 1544 HAWKINSON, FAWN L 150 C1 07 29 2014
Member making report ID Signature Position or rank Assignment Month Day Year

Saint Paul Fire Department

FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	14-22898	DATE OF INCIDENT: 07-28-2014																					
TIME OF INCIDENT:	2315 Hours	POLICE CASE #: N/A																					
INVESTIGATOR(s):	Blank, J																						
INCIDENT ADDRESS:	611 Snelling Avenue North, Upper, Saint Paul, MN 55104																						
OCCUPANT NAME:	Mario DeJesus Matute Lopez	PHONE: 651-403-0053																					
OWNER NAME:	Eric Newman	PHONE: None Listed																					
ADDRESS OF OWNER:	3109 West 50th Street, Unit #218, Minneapolis, MN 55410																						
PROPERTY DAMAGED:	Duplex	AREA OF ORIGIN: Upper Unit Refrigerator																					
DAMAGE ESTIMATE:	Building \$194,000	Vehicle \$	Other (Describe) \$																				
VALUE:	Building \$387,000	Vehicle \$	Other (Describe) \$																				
Damage Estimate CONTENTS ONLY:	\$218,000																						
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 checked="" 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 type="checkbox"/> No</td> <td><input checked="" 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 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
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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:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" 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 type="checkbox"/> Undetermined </td> </tr> </table>			<input checked="" 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 type="checkbox"/> Undetermined																		
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SYNOPSIS:	<p>The Fire Department was called to a report of a dwelling fire. Firefighters arrived to find heavy fire in the rear of the upstairs unit of an up/down duplex. The occupants of the upstairs unit reported awakening to smoke detectors going off and they saw flames in the kitchen and in the rear porch area. The occupants deny any problems with their refrigerator. The ignition source was an electrical malfunction within the base of the refrigerator. The first fuel ignited was insulation around the electrical wiring at the base of the refrigerator. The action that brought these items together is an electrical short. The classification of fire cause is accidental.</p>																						
DISPOSITION:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> E-mail only <input type="checkbox"/> DO NOT DEMOLISH until approved <input type="checkbox"/> Analysis of Evidence Pending </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Hold Scene until approved <input checked="" type="checkbox"/> Scene Released <input checked="" type="checkbox"/> Report to Follow </td> </tr> </table>			<input type="checkbox"/> E-mail only <input type="checkbox"/> DO NOT DEMOLISH until approved <input type="checkbox"/> Analysis of Evidence Pending	<input type="checkbox"/> Hold Scene until approved <input checked="" type="checkbox"/> Scene Released <input checked="" type="checkbox"/> Report to Follow																		
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FIRE INVESTIGATION REPORT

INCIDENT NO: 14-22898

DATE: 07/28/2014

TIME: 2315 HOURS

ADDRESS: 609/611 SNELLING AVENUE

INSURANCE CO: UNKNOWN

DAMAGE ESTIMATE: \$412,000

SYNOPSIS: On Monday, July 28, 2014, at approximately 2315 hours, the Saint Paul Fire Department responded to a report of a dwelling fire. The location of the incident was 609/611 Snelling Avenue. Upon the fire department's arrival, fire suppression personnel stretched hose lines and extinguished the fire. Upon my arrival, fire extinguishment and search and rescue were underway. The origin of the fire appeared to be in the base of the refrigerator. The classification of fire cause is accidental.

PEOPLE: Property Owner, RENAE C REED, 8440 West Main Street, Winona, Minnesota, 55987, 507-689-2519.

Occupant, MARIO DEJESUS MATUTE LOPEX, 611 Snelling Avenue North, Saint Paul, Minnesota, 55104, 651-403-0053, DOB 12/24/1970.

Occupant, MARIO PINEDA, 611 Snelling Avenue North, Saint Paul, Minnesota, 55104, 651-403-0053, DOB 12/16/1981.

Occupant, MARIO (UNKNOWN LAST NAME), 611 Snelling Avenue North, Saint Paul, Minnesota, 55104, 651-403-0053.

Occupant, RENEE REDD, 609 Snelling Avenue North, Saint Paul, Minnesota, 55104, 507-689-2519.

BACKGROUND: I received notification of the fire via the Communications Center at approximately 2315 hours. I responded to the incident scene and arrived at approximately 2324 hours. Squad #2 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 clear, the temperature was approximately 55 degrees Fahrenheit, and the winds were calm.

PROPERTY DESCRIPTION: The fire-damaged structure is a two story, up/down duplex. The foundation is a concrete slab. The exterior walls were covered with stucco. The structure has a pitched roof covered with asphalt shingles. The interior walls were covered in some places with plaster and lath and other areas in dry wall. The structure measures approximately 25 feet wide by 40 feet deep. The front of the structure faces east and the structure runs east to west.

EXTERIOR EXAMINATION: Visual inspection of the east side of the structure revealed no smoke or fire damage. The 609 entrance which goes to the first floor, is located to the south of the 611 entrance, which goes to the second floor. The gas meter was located near the southeast corner and appeared in good condition with no smoke or fire damage found. The south and north sides of the structure suffered no smoke or fire damage.

Observations of the west side of the structure revealed smoke and fire damage to the wooden porch located on the second floor belonging to the 611 unit. The fire damage extended from the floor level of the west wall upwards into the soffit at the roofline. The damage to the soffit was most severe in the area located above the window that was located closest to the south wall of the structure. The railing that went around the porch for the second floor suffered the most damage along the south side where it connected to the structure.

Examination of the west wall showed a vector pattern that indicated the heaviest burning occurred along the west wall to the north of the window. There were numerous pots and pans located on the deck flooring. Examination of the second floor deck flooring from below did not show any signs of heavy charring or complete burn through. The electric meters, located on the northwest side of the building, appeared in good condition and showed no signs of smoke or fire damage. The electric weather head and drop down conduit appeared in good condition with no smoke or fire damage.

INTERIOR EXAMINATION: Visual inspection of the 609 first floor unit revealed light smoke damage throughout. Inspection of the kitchen stove and refrigerator showed no signs of smoke or fire damage coming from these appliances. Both the front and back doors had been forced open by firefighters.

Examination of the stairs that lead to the basement level showed light smoke damage and no fire damage. The basement suffered light smoke damage throughout. Inspection of the water heater and furnace did not show any signs of smoke or fire damage coming from these appliances. The two clothes washers and dryers showed no signs of smoke or fire damage coming from them.

Observations of the electric panels revealed that the panel to the left had all of the breakers turned off by firefighters. The electric panel to the right had all of the breakers turned off by firefighters. Neither electrical panel showed signs of smoke or fire damage.

The second floor hallway experienced heavy smoke damage from the ceiling level down to approximately the one foot level above the floor with moderate smoke damage continuing to the floor level.

Inspection of the rear interior staircase going from the first floor to the second floor showed moderate smoke damage but no fire damage. Examination of the front staircase that went from the second floor and discharged to the north side of the exterior showed heavy smoke damage from the ceiling level down to approximately the two foot level with moderate smoke damage continuing to floor level.

The front living room, bathroom, and bedroom suffered heavy smoke damage from the ceiling down to approximately the three-foot level and lighter smoke damage down to the floor.

Inspection of the kitchen located on the west end of the second floor revealed fire and smoke damage. The south wall of the kitchen suffered fire damage that became more severe moving from the east toward the west wall. The vector pattern of fire damage along the south wall indicated the fire traveled from lower down along the west wall and upward and to the east along the south wall. The east wall of the kitchen suffered heavy smoke and heat damage from the ceiling level down to approximately the two-foot level above the floor level.

Examination of the stove located along the east wall showed that there was no smoke or fire damage coming from this appliance.

The refrigerator showed a vector pattern on the rear of the unit that matched a vector pattern that was located on the west wall of the kitchen. Below the refrigerator there were burn marks on the laminate flooring. This was the lowest level of burning in the kitchen. The interior of the refrigerator was examined and showed no evidence of smoke or fire damage. Vector burn patterns located on the exterior of the refrigerator showed that the fire may have traveled from the area of the window located to the south of the refrigerator towards the north. Inspection of the bottom of the refrigerator showed no smoke or fire damage.

To rule out the refrigerator as the point of origin for the fire, the rear metal panel that covers the compressor and electrical inlet to the refrigerator was partially removed. Inspection of the interior space located behind the cover plate revealed burning on the interior of the refrigerator and splattering of metal around where the electrical cord is attached to the unit. In addition, there was charring to the insulation of the electrical cord, to the interior insulation, and charring to the interior of the cover plate. The location of the refrigerator against the west wall of the kitchen matches up with the heaviest damage on the exterior of the west wall of the kitchen.

INTERVIEWS: Occupant, MARIO DEJESUS MATUTE LOPEX, stated in person on Monday, July 28, 2014:

- I rent the upstairs unit at 611 Snelling with my two friends.
- We were sleeping when we woke up to the smoke detector going off.

- We saw fire out on the rear deck.
- We have a cigarette butt can outside on the rear deck.
- We haven't had any problems with our refrigerator.
- We haven't had any unusual electrical problems in the house.

Witness, Captain Engine #23, stated in person on Monday, July 28, 2014:

- When we came into the rear of the house, we saw fire coming from the back of the refrigerator.
- The colors of the flames were green and red.

PHOTOGRAPHS/SKETCH: Digital photographs were taken.

EVIDENCE: No evidence was collected.

CONCLUSION: After examination of the fire scene and fire patterns of both movement and intensity observed, my conclusion is this fire originated in the northwest corner of the kitchen in the base of the refrigerator. The ignition source was an electrical malfunction. The first fuel ignited was combustable materials around the electrical wiring. The action that brought these items together was probably an electrical short. The classification of fire cause is accidental. This concludes my report and investigation.

J. Blank, Fire Investigator, A Shift, 08/12/2014

JB/su