

St. Paul: Woman gets 6 years for arson fire that trapped two brothers

Updated: 01/13/2015 08:41:07 PM CST

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St. Paul: Woman gets 6 years for arson fire that trapped two brothers



Deanna Lee Thielbar (Courtesy of Ramsey County sheriff)

A woman who set her St. Paul boyfriend's duplex apartment ablaze last summer -- prompting the rescue of two brothers from the adjoining unit -- was sentenced to a stiff prison term Monday.

In August, Deanna Lee Thielbar, 47, of Pine City, Minn., was charged with first-degree arson. She pleaded guilty in December.

Ramsey County District Judge Leonardo Castro sentenced Thielbar to six years in prison, an upward departure from the presumed sentence.

Castro found aggravating factors, including the vulnerability of the victims, the fact that Thielbar failed to render aid and the fact that her actions endangered multiple people, according to a spokesman for the Ramsey County attorney's office. The presumed sentencing range would have been three years and five months to four years and nine months.

The fire occurred early morning on July 21 and engulfed the duplex and garage at 422-424 Goodrich Ave. in St. Paul's West End. A fire inspector found two points of origin, indicating arson, according to a criminal complaint.

Thielbar reportedly lived in the duplex's first-floor apartment for a couple of months with her boyfriend, who owned the home. A neighbor told police that she heard the two arguing loudly the evening before the blaze. She saw Thielbar drive away in her silver SUV. Around midnight, she noticed that Thielbar had returned and was "banging around" in the back yard, charges said.

A few minutes later, the neighbor heard two loud explosions coming from the back of the house. The garage and the rear of the house were consumed in flames, she told police, and the SUV was gone.

Ricardo Martinez, 16, ran barefoot to the duplex when he and friends heard screaming. Luis Ramirez, 17, held a ladder that the boys found at a neighboring house as Martinez climbed up to the second-floor apartment.

Martinez pulled one of the two brothers -- 67-year-old Richard Stauch -- to safety, he told the Pioneer Press at the time.

Martinez also tried to rescue Louis Stauch, 65, but struggled against the thick smoke. Firefighters found Richard Stauch unconscious on the floor and rescued him.

The brothers' dog, a pit bull named Angel, died in the fire.

62210	MM	DD	YYYY	08	14-0021997	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 *		
B Location* <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire module in Section 2 "Alternative Location Specification". Use only for Wildland fires.								
<input checked="" type="checkbox"/> Street address		424		GOODRICH		AVE		
<input type="checkbox"/> Intersection		Number/Milepost Prefix		Street or Highway		Street Type		Suffix
<input type="checkbox"/> In front of				SAINT PAUL		MN		55102
<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			Midnight is 0000			Local Option		
Incident Type			Check boxes if dates are the same as Alarm Date.			Shift or Alarms District		
D Aid Given or Received*			Month Day Year Hr Min Sec			Platoon		
1 <input type="checkbox"/> Mutual aid received			07 21 2014 00:30:08			B 01 D2		
2 <input type="checkbox"/> Automatic aid recv.			ARRIVAL required, unless canceled or did not arrive					
3 <input type="checkbox"/> Mutual aid given			<input checked="" type="checkbox"/> Arrival *			07 21 2014 00:33:46		
4 <input type="checkbox"/> Automatic aid given			CONTROLLED Optional, Except for wildland fires			E3 Special Studies		
5 <input type="checkbox"/> Other aid given			<input type="checkbox"/> Controlled			Local Option		
N <input checked="" type="checkbox"/> None			LAST UNIT CLEARED, required except for wildland fires			Special Study ID#		
			Last Unit			Special Study Value		
			<input checked="" type="checkbox"/> Cleared			07 21 2014 08:29:23		
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. None		
Primary Action Taken (1)			Apparatus Personnel			Property \$ 214,400		
22 Rescue, remove from			Suppression 0017			Contents \$ 085,000		
Additional Action Taken (2)			EMS			PRE-INCIDENT VALUE: Optional		
12 Salvage & overhaul			Other			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		
<input checked="" type="checkbox"/> Fire-2			Deaths Injuries			N <input type="checkbox"/> None		
<input checked="" type="checkbox"/> Structure-3			Fire Service			1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions		
<input checked="" type="checkbox"/> Civil Fire Cas.-4			Civilian			2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)		
<input type="checkbox"/> Fire Serv. Cas.-5			002			3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container		
<input type="checkbox"/> EMS-6						4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage		
<input type="checkbox"/> HazMat-7			H2 Detector			5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable		
<input type="checkbox"/> Wildland Fire-8			Required for Confined Fires.			6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only		
<input checked="" type="checkbox"/> Apparatus-9			1 <input type="checkbox"/> Detector alerted occupants			7 <input type="checkbox"/> Motor oil: from engine or portable container		
<input type="checkbox"/> Personnel-10			2 <input type="checkbox"/> Detector did not alert them			8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons		
<input type="checkbox"/> Arson-11			U <input type="checkbox"/> Unknown			0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form		
J Property Use*			I Mixed Use Property					
Structures			NN <input type="checkbox"/> Not Mixed					
131 <input type="checkbox"/> Church, place of worship			10 <input type="checkbox"/> Assembly use					
161 <input type="checkbox"/> Restaurant or cafeteria			20 <input type="checkbox"/> Education use					
162 <input type="checkbox"/> Bar/Tavern or nightclub			33 <input type="checkbox"/> Medical use					
213 <input type="checkbox"/> Elementary school or kindergarten			40 <input type="checkbox"/> Residential use					
215 <input type="checkbox"/> High school or junior high			51 <input type="checkbox"/> Row of stores					
241 <input type="checkbox"/> College, adult education			53 <input type="checkbox"/> Enclosed mall					
311 <input type="checkbox"/> Care facility for the aged			58 <input type="checkbox"/> Bus. & Residential					
331 <input type="checkbox"/> Hospital			59 <input type="checkbox"/> Office use					
			60 <input type="checkbox"/> Industrial use					
			63 <input type="checkbox"/> Military use					
			65 <input type="checkbox"/> Farm use					
			00 <input type="checkbox"/> Other mixed use					
Outside			539 <input type="checkbox"/> Household goods, sales, repairs					
124 <input type="checkbox"/> Playground or park			579 <input type="checkbox"/> Motor vehicle/boat sales/repair					
655 <input type="checkbox"/> Crops or orchard			571 <input type="checkbox"/> Gas or service station					
669 <input type="checkbox"/> Forest (timberland)			599 <input type="checkbox"/> Business office					
807 <input type="checkbox"/> Outdoor storage area			615 <input type="checkbox"/> Electric generating plant					
919 <input type="checkbox"/> Dump or sanitary landfill			629 <input type="checkbox"/> Laboratory/science lab					
931 <input type="checkbox"/> Open land or field			700 <input type="checkbox"/> Manufacturing plant					
			819 <input type="checkbox"/> Livestock/poultry storage (barn)					
			882 <input type="checkbox"/> Non-residential parking garage					
			891 <input type="checkbox"/> Warehouse					
			936 <input type="checkbox"/> Vacant lot					
			938 <input type="checkbox"/> Graded/care for plot of land					
			946 <input type="checkbox"/> Lake, river, stream					
			951 <input type="checkbox"/> Railroad right of way					
			960 <input type="checkbox"/> Other street					
			961 <input type="checkbox"/> Highway/divided highway					
			962 <input type="checkbox"/> Residential street/driveway					
			981 <input type="checkbox"/> Construction site					
			984 <input type="checkbox"/> Industrial plant yard					
			Lookup and enter a Property Use code only if you have NOT checked a Property Use box:					
			Property Use 429					
			Multifamily dwelling					

A	FDID 62210 *	State MN *	Incident Date MM DD YYYY 07 21 2014 *	Station 08	Incident Number 14-0021997 *	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 0002 <input type="checkbox"/> Not Residential Estimated Number of residential living units in building of origin whether or not all units became involved B2 005 <input type="checkbox"/> Buildings not involved Number of buildings involved B3 <input checked="" type="checkbox"/> None Acres burned (outside fires) <input type="checkbox"/> Less than one acre	C On-Site Materials or Products <input checked="" type="checkbox"/> None <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;"> <div style="flex: 1;"> NNN <input type="checkbox"/> None On-site material (1) On-site material (2) On-site material (3) </div> <div style="flex: 1;"> <table style="width:100%; border: none;"> <tr><td>1</td><td><input type="checkbox"/> Bulk storage or warehousing</td></tr> <tr><td>2</td><td><input type="checkbox"/> Processing or manufacturing</td></tr> <tr><td>3</td><td><input type="checkbox"/> Packaged goods for sale</td></tr> <tr><td>4</td><td><input type="checkbox"/> Repair or service</td></tr> </table> <table style="width:100%; border: none;"> <tr><td>1</td><td><input type="checkbox"/> Bulk storage or warehousing</td></tr> <tr><td>2</td><td><input type="checkbox"/> Processing or manufacturing</td></tr> <tr><td>3</td><td><input type="checkbox"/> Packaged goods for sale</td></tr> <tr><td>4</td><td><input type="checkbox"/> Repair or service</td></tr> </table> <table style="width:100%; border: none;"> <tr><td>1</td><td><input type="checkbox"/> Bulk storage or warehousing</td></tr> <tr><td>2</td><td><input type="checkbox"/> Processing or manufacturing</td></tr> <tr><td>3</td><td><input type="checkbox"/> Packaged goods for sale</td></tr> <tr><td>4</td><td><input type="checkbox"/> Repair or service</td></tr> </table> </div> </div>	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	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	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
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3	<input type="checkbox"/> Packaged goods for sale																								
4	<input type="checkbox"/> Repair or service																								

D Ignition D1 97 Multiple areas Area of fire origin * D2 65 Lighter: cigarette, Heat source * D3 99 Multiple items first Item first ignited * <input type="checkbox"/> 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 <input type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input checked="" type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input 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 E2 Factors Contributing To Ignition UU Undetermined <input type="checkbox"/> None Factor Contributing To Ignition (1) Factor Contributing To Ignition (2)	E3 Human Factors Contributing To Ignition Check all applicable boxes 1 <input type="checkbox"/> Asleep <input type="checkbox"/> None 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 7 <input type="checkbox"/> Age was a factor Estimated age of person involved 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
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F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G Equipment Involved Brand Model Serial # Year	F2 Equipment Power Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.	G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None Fire suppression factor (1) Fire suppression factor (2) Fire suppression factor (3)
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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 Mobile property model License Plate Number State VIN Number	H2 Mobile Property Type & Make Mobile property type Mobile property make Year	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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NFIRS-2 Revision 01/19/99

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 _____ 002 _____ Total number of stories at or above grade _____ 001 _____ Total number of stories below grade		I4 Main Floor Size* NFIRS-3 Structure Fire _____ , _____ 001 , _____ 301 Total square feet OR _____ , _____ BY _____ , _____ Length in feet Width in feet	
J1 Fire Origin * _____ 001 _____ Story of fire origin		J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story _____ Number of stories w/ minor damage (1 to 24% flame damage) _____ Number of stories w/ significant damage (25 to 49% flame damage) _____ Number of stories w/ heavy damage (50 to 74% flame damage) _____ 002 _____ 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 _____ Item contributing most to flame spread K2 _____ Type of material contributing most of flame spread Required only if item contributing code is 00 or <70			
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input checked="" 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					
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		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		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 type="checkbox"/> Undetermined			
M1 Presence of Automatic Extinguishment System * N <input checked="" 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			
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AHS 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 _____ Number of sprinkler heads operating		NFIRS-3 Revision 01/19/95			

K1 Person/Entity Involved ☐ Local Option ☐ Business name (if applicable) ☐ 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 RICHARD MI E Last Name STAUCH Suffix

Number 424 Prefix GOODRICH Street or Highway AVE Street Type Suffix

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

State MN Zip Code 55102

☐ 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. ☐ Local Option ☐ Business name (if applicable) ☐ 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 DENNIS MI R Last Name JOHNSON Suffix

Number 424 Prefix GOODRICH Street or Highway AVE Street Type Suffix

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

State MN Zip Code 55102

L Remarks ☐ Local Option

FIRE PERSONNEL RESPONDED TO A HOUSE FIRE IN A TWO AND A HALF STORY DWELLING WITH TWO ELDERLY MALES TRAPPED. ENGINE #10 ARRIVED ON SCENE AND REPORTED HEAVY FIRE SHOWING ON THE CHARLIE SIDE WITH TWO PEOPLE ON THE ALPHA SIDE PORCH ROOF. ENGINE #10 LADDERED THE ALPHA SIDE AND RESCUED THE TWO PEOPLE. ENGINE #10 THEN MADE ENTRY INTO THE SECOND FLOOR WINDOW WHERE THEY FOUND AND RESCUED A SECOND VICTIM.

ENGINE #5 ARRIVED AND STRETCHED A HOSE LINE TO THE SECOND FLOOR WHERE THEY EXTINGUISHED THE FIRE ON THE SECOND FLOOR. SQUAD #3 ARRIVED AND STRETCHED A HOSE LINE TO THE FIRST FLOOR AND EXTINGUISHED THE FIRE ON THE FIRST FLOOR. ENGINE #10 THEN PULLED A HOSE LINE TO THE CHARLIE SIDE GARAGE FOR EXTINGUISHMENT. A PRIMARY AND SECONDARY SEARCH WAS CONDUCTED AND WE OBTAINED AN ALL CLEAR IN THE ENTIRE STRUCTURE.

MEDIC #18 AND MEDIC #4 TRANSPORTED ONE VICTIM EACH TO REGION'S HOSPITAL AND THE THIRD PERSON DID NOT NEED TO BE TRANSPORTED. XCEL ARRIVED AND SHUT THE GAS OFF AND CUT THE ELECTRICITY AT THE POLE.

TWO WATER SUPPLIES WERE ESTABLISHED, VENTILATION, AND OVERHAUL COMPLETED. FIRE INVESTIGATOR NOVAK ARRIVED ON SCENE AND CONDUCTED AN INVESTIGATION.

DURING FIRE SUPPRESSION OPERATIONS, SQUAD #1 STRETCHED A HAND-LINE FOR FIRE EXTINGUISHMENT THROUGH THE CHARLIE SIDE. SQUAD #1 NEEDED TO STRETCH THEIR LINE THROUGH 421 BANFIL AND IN THE PROCESS, DAMAGED TWO FENCES. THE ACCESS HAD TO BE MADE THROUGH 421 BANFIL AS THE ALPHA SIDE OF THE PROPERTY AT 424 GOODRICH HAD TOO MANY HAZARDS TO MAKE ACCESS. THE DAMAGE TO THE FENCE WAS NECESSARY FOR FIRE EXTINGUISHMENT.

L Authorization

4125 INKS, BARTON D C2 07 22 2014

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

Check Box if ☒ same as Officer in charge. 4125 INKS, BARTON D C2 07 22 2014

Member making report ID Signature Position or rank Assignment Month Day Year

62210 07/21/2014 14-0021997

A	FDID 62210	State MN	Incident Date MM DD YYYY 07 21 2014	Station 08	Incident Number 14-0021997	Exposure 001	<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"/> Not Residential Estimated Number of residential living units in building of origin whether or not all units became involved 0001	C On-Site Materials or Products <input checked="" type="checkbox"/> 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 or more boxes for each code entered. On-site material (1) <input type="checkbox"/> None On-site material (2) <input type="checkbox"/> <input type="checkbox"/> On-site material (3) <input type="checkbox"/> <input type="checkbox"/>
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D Ignition D1 76 Wall surface: exterior Area of fire origin *	E1 Cause of Ignition <input checked="" type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input 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	E3 Human Factors Contributing To Ignition Check all applicable boxes 1 <input type="checkbox"/> Asleep <input type="checkbox"/> None 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
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D2 82 Radiated heat from Heat source *	E2 Factors Contributing To Ignition 71 Exposure fire <input type="checkbox"/> None Factor Contributing To Ignition (1) Factor Contributing To Ignition (2)	7 <input type="checkbox"/> Age was a factor Estimated age of person involved 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
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F1 Equipment Involved In Ignition <input type="checkbox"/> None IF Equipment was not involved, Skip to Section G Equipment Involved Brand Model Serial # Year	F2 Equipment Power Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.	G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None Fire suppression factor (1) Fire suppression factor (2) Fire suppression factor (3)
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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 Mobile property type Mobile property make Mobile property model Year License Plate Number State VIN Number	Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other Agencies <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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NFIRS-2 Revision 01/19/99

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) 9 <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 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story 002 Total number of stories at or above grade 001 Total number of stories below grade	I4 Main Floor Size* NFIRS-3 Structure Fire Total square feet 666 OR Length in feet BY Width in feet	
J1 Fire Origin * 002 Story of fire origin <input type="checkbox"/> Below Grade	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story Number of stories w/ minor damage (1 to 24% flame damage) Number of stories w/ significant damage (25 to 49% flame damage) Number of stories w/ heavy damage (50 to 74% flame damage) 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 Item contributing most to flame spread K2 Type of material contributing most of flame spread Required only if item contributing code is 00 or < 70	
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input checked="" 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 type="checkbox"/> Present U <input checked="" 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 8 <input type="checkbox"/> Other 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 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 type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input 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 checked="" 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 8 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined				M4 Number of Sprinkler Heads Operating Required if system operated Number of sprinkler heads operating

K1 Person/Entity Involved ☐ Local Option ☐ Business name (if applicable) ☐ 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 ☐ MI ☐ Last Name ☐ Suffix

Number ☐ Prefix ☐ Street or Highway ☐ Street Type ☐ Suffix

Post Office Box ☐ Apt./Suite/Room ☐ City ☐

State ☐ Zip Code ☐

☐ 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. ☐ Business name (if applicable) ☐ 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 ☐ MI ☐ Last Name ☐ Suffix

Number ☐ Prefix ☐ Street or Highway ☐ Street Type ☐ Suffix

Post Office Box ☐ Apt./Suite/Room ☐ City ☐

State ☐ Zip Code ☐

KAREN **L** **POLLARD**

420 **GOODRICH** **AVE**

SAINT PAUL

MN **55102**

L Remarks ☐ Local Option

EXPOSURE FIRE CAUSED FROM STRUCTURE FIRE NEXT DOOR. SIDING AND SOFFIT OF STRUCTURE WAS ON FIRE. FIRE CREWS EXTINGUISHED AND CHECKED FOR ANY FURTHER EXTENSION. THE INTERIOR OF THE STRUCTURE WAS CHECKED AND NO FIRE EXTENSION WAS FOUND.

ESTIMATED DOLLAR LOSS CHANGED FROM \$30,000 TO \$13,060.32 ACCORDING TO THE OWNER THEIR INSURANCE COMPANY USAA. 10/22/2014 SU

L Authorization

☐ 4125 ☐ INKS, BARTON D ☐ 150 ☐ C2 ☐ 07 ☐ 31 ☐ 2014

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

Check Box if ☒ 4125 ☐ INKS, BARTON D ☐ 150 ☐ C2 ☐ 07 ☐ 31 ☐ 2014

as Officer Member making report ID Signature Position or rank Assignment Month Day Year

in charge.

A		MM DD YYYY		Delete <input type="checkbox"/>		NFIRS -1									
62210		MN		07 21 2014		08		14-0021997		002		Change <input type="checkbox"/>		Basic	
FDID *		State *		Incident Date *		Station		Incident Number *		Exposure *		No Activity <input type="checkbox"/>			
B Location*														Census Tract 0369 - 00	
<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section 2 "Alternative Location Specification". Use only for Wildland fires.															
<input checked="" type="checkbox"/> Street address															
428 GOODRICH AVE															
Number/Milepost Prefix Street or Highway Street Type Suffix															
<input type="checkbox"/> Intersection															
<input type="checkbox"/> In front of															
<input type="checkbox"/> Rear of															
<input type="checkbox"/> Adjacent to															
<input type="checkbox"/> Directions															
SAINT PAUL MN 55102															
Apt./Suite/Room City State Zip Code															
Cross street or directions, as applicable															
C Incident Type *															
111 Building fire															
Incident Type															
D Aid Given or Received*															
1 <input type="checkbox"/> Mutual aid received															
2 <input type="checkbox"/> Automatic aid recvd.															
3 <input type="checkbox"/> Mutual aid given															
4 <input type="checkbox"/> Automatic aid given															
5 <input type="checkbox"/> Other aid given															
N <input checked="" type="checkbox"/> None															
Their FDID Their State															
Their Incident Number															
E1 Date & Times															
Midnight is 0000															
Check boxes if dates are the same as Alarm															
ALARM always required															
Alarm * 07 21 2014 00:30:08															
Arrival * 07 21 2014 00:33:46															
AERIAL required, unless canceled or did not arrive															
CONTROLLED Optional, Except for wildland fires															
<input type="checkbox"/> Controlled															
LAST UNIT CLEARED, required except for wildland fires															
Last Unit															
<input checked="" type="checkbox"/> Cleared 07 21 2014 04:46:23															
E2 Shift & Alarms															
Local Option															
B 01 D2															
Shift or Alarms District															
Platoon															
E3 Special Studies															
Local Option															
Special Study ID# Special Study Value															
F Actions Taken *															
11 Extinguishment by fire															
Primary Action Taken (1)															
Additional Action Taken (2)															
Additional Action Taken (3)															
G1 Resources *															
<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.															
Apparatus Personnel															
Suppression 0013															
EMS															
Other															
<input type="checkbox"/> Check box if resource counts include aid received resources.															
G2 Estimated Dollar Losses & Values															
LOSSES: Required for all fires if known. Optional for non fires. None															
Property \$ 001,000															
Contents \$ 000,000															
PRE-INCIDENT VALUE: Optional															
Property \$ 000,000															
Contents \$ 000,000															
Completed Modules															
<input checked="" type="checkbox"/> Fire-2															
<input checked="" type="checkbox"/> Structure-3															
<input type="checkbox"/> Civil Fire Cas.-4															
<input type="checkbox"/> Fire Serv. Cas.-5															
<input type="checkbox"/> EMS-6															
<input type="checkbox"/> HazMat-7															
<input type="checkbox"/> Wildland Fire-8															
<input checked="" type="checkbox"/> Apparatus-9															
<input type="checkbox"/> Personnel-10															
<input type="checkbox"/> Arson-11															
H1* Casualties															
<input checked="" type="checkbox"/> None															
Deaths Injuries															
Fire															
Service															
Civilian															
H2 Detector															
Required for Confined Fires.															
1 <input type="checkbox"/> Detector alerted occupants															
2 <input type="checkbox"/> Detector did not alert them															
U <input type="checkbox"/> Unknown															
H3 Hazardous Materials Release															
N <input type="checkbox"/> None															
1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions															
2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)															
3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container															
4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage															
5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable															
6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only															
7 <input type="checkbox"/> Motor oil: from engine or portable container															
8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons															
0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., please complete the HazMat form															
I Mixed Use Property															
NN <input type="checkbox"/> Not Mixed															
10 <input type="checkbox"/> Assembly use															
20 <input type="checkbox"/> Education use															
33 <input type="checkbox"/> Medical use															
40 <input type="checkbox"/> Residential use															
51 <input type="checkbox"/> Row of stores															
53 <input type="checkbox"/> Enclosed mall															
58 <input type="checkbox"/> Bus. & Residential															
59 <input type="checkbox"/> Office use															
60 <input type="checkbox"/> Industrial use															
63 <input type="checkbox"/> Military use															
65 <input type="checkbox"/> Farm use															
00 <input type="checkbox"/> Other mixed use															
J Property Use*															
Structures															
131 <input type="checkbox"/> Church, place of worship															
161 <input type="checkbox"/> Restaurant or cafeteria															
162 <input type="checkbox"/> Bar/Tavern or nightclub															
213 <input type="checkbox"/> Elementary school or kindergarten															
215 <input type="checkbox"/> High school or junior high															
241 <input type="checkbox"/> College, adult education															
311 <input type="checkbox"/> Care facility for the aged															
331 <input type="checkbox"/> Hospital															
Outside															
124 <input type="checkbox"/> Playground or park															
655 <input type="checkbox"/> Crops or orchard															
669 <input type="checkbox"/> Forest (timberland)															
807 <input type="checkbox"/> Outdoor storage area															
919 <input type="checkbox"/> Dump or sanitary landfill															
931 <input type="checkbox"/> Open land or field															
341 <input type="checkbox"/> Clinic, clinic type infirmary															
342 <input type="checkbox"/> Doctor/dentist office															
361 <input type="checkbox"/> Prison or jail, not juvenile															
419 <input type="checkbox"/> 1-or 2-family dwelling															
429 <input type="checkbox"/> Multi-family dwelling															
439 <input type="checkbox"/> Rooming/boarded house															
449 <input type="checkbox"/> Commercial hotel or motel															
459 <input type="checkbox"/> Residential, board and care															
464 <input type="checkbox"/> Dormitory/barracks															
519 <input type="checkbox"/> Food and beverage sales															
539 <input type="checkbox"/> Household goods, sales, repairs															
579 <input type="checkbox"/> Motor vehicle/boat sales/repair															
571 <input type="checkbox"/> Gas or service station															
599 <input type="checkbox"/> Business office															
615 <input type="checkbox"/> Electric generating plant															
629 <input type="checkbox"/> Laboratory/science lab															
700 <input type="checkbox"/> Manufacturing plant															
819 <input type="checkbox"/> Livestock/poultry storage(barn)															
882 <input type="checkbox"/> Non-residential parking garage															
891 <input type="checkbox"/> Warehouse															
936 <input type="checkbox"/> Vacant lot															
938 <input type="checkbox"/> Graded/care for plot of land															
946 <input type="checkbox"/> Lake, river, stream															
951 <input type="checkbox"/> Railroad right of way															
960 <input type="checkbox"/> Other street															
961 <input type="checkbox"/> Highway/divided highway															
962 <input type="checkbox"/> Residential street/driveway															
881 <input type="checkbox"/> Construction site															
984 <input type="checkbox"/> Industrial plant yard															
Lookup and enter a Property Use code only if you have NOT checked a Property Use box:															
Property Use 881															
Parking garage, (detached)															
NFIRS-1 Revision 03/11/98															

A <div style="display: flex; justify-content: space-between;"> <div>FDID * 62210</div> <div>State * MN</div> <div>Incident Date * MM 07 DD 21 YYYY 2014</div> <div>Station 08</div> <div>Incident Number * 14-0021997</div> <div>Exposure * 002</div> <div> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity </div> </div>		NFIRS -2 Fire	
B Property Details B1 <input checked="" type="checkbox"/> Not Residential Estimated Number of residential living units in building of origin whether or not all units became involved B2 <input checked="" type="checkbox"/> Buildings not involved Number of buildings involved B3 <input checked="" type="checkbox"/> None Acres burned (outside fires) <input type="checkbox"/> Less than one acre		C On-Site Materials or Products <input checked="" type="checkbox"/> 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 or more boxes for each code entered. <div style="display: flex;"> <div style="flex: 1;"> NNN <input type="checkbox"/> None On-site material (1) On-site material (2) On-site material (3) </div> <div style="flex: 1;"> 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 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 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>	
D Ignition D1 47 <input type="checkbox"/> Vehicle storage area; Area of fire origin * D2 82 <input type="checkbox"/> Radiated heat from Heat source * D3 12 <input type="checkbox"/> Exterior wall covering Item first ignited * 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin D4 64 <input type="checkbox"/> Plywood Type of material first ignited Required only if item first ignited code is 00 or <70		E1 Cause of Ignition <input checked="" type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input 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 E2 Factors Contributing To Ignition 71 <input type="checkbox"/> Exposure fire <input type="checkbox"/> None Factor Contributing To Ignition (1) Factor Contributing To Ignition (2)	
F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, skip to Section G Equipment Involved Brand Model Serial # Year		F2 Equipment Power Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.	
G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None Fire suppression factor (1) Fire suppression factor (2) Fire suppression factor (3)		E3 Human Factors Contributing To Ignition Check all applicable boxes 1 <input type="checkbox"/> Asleep <input type="checkbox"/> None 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 7 <input type="checkbox"/> Age was a factor Estimated age of person involved 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
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 Mobile property model License Plate Number State VIN Number		H2 Mobile Property Type & Make Mobile property type Mobile property make Year	
		Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other Agencies <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached	
NFIRS-2 Revision 01/19/99			

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) 9 <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 8 <input type="checkbox"/> Other 9 <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;">001</div> <small>Total number of stories at or above grade</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></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="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">210</div> <small>Total square feet</small> </div> <div>OR</div> <div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">021</div> BY <div style="border: 1px solid black; padding: 2px; display: inline-block;">010</div> <small>Length in feet Width in feet</small> </div> </div>
J1 Fire Origin * <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <small>Story of fire origin</small> </div> <div> <input type="checkbox"/> Below Grade </div> </div>	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> Item contributing most to flame spread K2 <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Type of material contributing most of flame spread Required only if item contributing code is 00 or <70	
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input checked="" type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * (In area of the fire) N <input checked="" type="checkbox"/> None Present Skip to section M 1 <input type="checkbox"/> Present U <input 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	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 8 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input 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 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 checked="" 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 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>		
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 8 <input type="checkbox"/> Other special hazard system 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		

K1 Person/Entity Involved
Local Option _____ Business name (if applicable) _____ 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 _____ MI _____ Last Name _____ Suffix _____
Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____
Post Office Box _____ Apt./Suite/Room _____ City _____
State _____ Zip Code _____

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-18) 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.
Local Option _____ Business name (if applicable) _____ Area Code 651 - 235 - 2811 Phone Number _____
Mr., Ms., Mrs. First Name JASON MI B Last Name DOMBECK Suffix _____
Number 428 Prefix GOODRICH Street or Highway AVE Street Type Suffix _____
Post Office Box _____ Apt./Suite/Room SAINT PAUL City _____
State MN Zip Code 55102

L Remarks

Local Option

ADJACENT GARAGE HAD SOME DAMAGE DUE TO THE FIRE EXTENDING FROM 424 GOODRICH. FIRE CREWS DID CHECK FOR FIRE EXTENSION AND ENSURED FIRE WAS EXTINGUISHED.

L Authorization

4125 INKS, BARTON D 150 C2 07 31 2014
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. ☒ 4125 INKS, BARTON D 150 C2 07 31 2014
Member making report ID Signature Position or rank Assignment Month Day Year

Saint Paul Fire Department

FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	14-21997	DATE OF INCIDENT: 07-21-2014																																				
TIME OF INCIDENT:	0030 hours	POLICE CASE #: 14-150-559																																				
INVESTIGATOR(s):	Novak																																					
INCIDENT ADDRESS:	1. 424 Goodrich Avenue 2. 420 Goodrich Avenue 3. 428 Goodrich Avenue																																					
OCCUPANT NAME:	1. Richard Earl Stauch DOB 03-03-1947 and Louis Leroy Stauch DOB 03-04-1949	PHONE: unknown																																				
OWNER NAME:	1. Dennis R Johnson 2. Karen L Pollard 3. Jason B Dombeck	PHONE: 1. 651-308-8760 2. Unknown 3. 651-235-2811																																				
ADDRESS OF OWNER:	1. 424 Goodrich Avenue 2. 420 Goodrich Avenue 3. 428 Goodrich Avenue																																					
PROPERTY DAMAGED:	Duplex, shed, Garage, adjacent house, garage	AREA OF ORIGIN: 1. Rear porch and bathroom																																				
DAMAGE ESTIMATE:	Building \$1. \$200,000 1. \$14,000 2. \$30,000 3. \$1,000	Vehicle \$	Other (Describe) \$1. \$400																																			
VALUE:	Building \$1. 140,200 1. \$20,000 2. \$152,400 3. \$20,000	Vehicle \$	Other (Describe) \$400																																			
Damage Estimate CONTENTS ONLY:	\$1. \$85,000 2. \$0 3. \$0																																					
INJURY/DEATH (if yes, explain)	No Yes																																					
SMOKE DETECTOR, SPRINKLER, and CARBON MONOXIDE INFORMATION:	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Smoke Detector Present:</td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 10%;">Yes</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">No</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Unknown</td> </tr> <tr> <td>Detector Functioning:</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input checked="" type="checkbox"/></td> <td>Unknown</td> </tr> <tr> <td>Sprinkler System Present:</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Unknown</td> </tr> <tr> <td>Sprinkler Heads activated:</td> <td><input type="checkbox"/></td> <td>Yes #</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Unknown</td> </tr> <tr> <td>C.O Detector Present:</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Unknown</td> </tr> </table>			Smoke Detector Present:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	Detector Functioning:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Unknown	Sprinkler System Present:	<input type="checkbox"/>	Yes	<input 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 type="checkbox"/>	No	<input type="checkbox"/>	Unknown
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SYNOPSIS:	Duplex fire with heavy fire in rear of unit with two elderly males on second floor. One male rescued by neighbors and one by fire department personnel. Both transported to hospital. Owner and live-in girlfriend had been fighting earlier in the day. The owner left and the girlfriend admitted to starting a fire in the bathroom to a toilet paper roll and to the rear porch.																																					

	<p>The live-in girlfriend was not arrested, . The fire spread from the rear of this house, to the inside, and also up the rear of the house to the attic, the detached garage, a make shift shed in the driveway, with propane bottles exploding, and the house next door. The ignition source was an open flame from a lighter. The first material ignited was a toilet paper roll in the bathroom and combustible materials on a shelf in the rear first floor porch. The action that brought these items together was that of the live-in girlfriend applying the flame from a lighter to the items. The classification of fire cause is incendiary.</p>						
DISPOSITION:	<table border="0"> <tr> <td><input type="checkbox"/> E-mail only</td> <td><input checked="" type="checkbox"/> Hold Scene until approved</td> </tr> <tr> <td><input type="checkbox"/> DO NOT DEMOLISH until approved</td> <td><input type="checkbox"/> Scene Released</td> </tr> <tr> <td><input type="checkbox"/> Analysis of Evidence Pending</td> <td><input checked="" type="checkbox"/> Report to Follow</td> </tr> </table>	<input type="checkbox"/> E-mail only	<input checked="" type="checkbox"/> Hold Scene until approved	<input type="checkbox"/> DO NOT DEMOLISH until approved	<input type="checkbox"/> Scene Released	<input type="checkbox"/> Analysis of Evidence Pending	<input checked="" type="checkbox"/> Report to Follow
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DFSS Form #141 (12/19/2013)

FIRE INVESTIGATION REPORT

INCIDENT#: 14-21997 DATE: 07/21/2014 TIME: 0030 HOURS

ADDRESS: 424 GOODRICH AVENUE INSURANCE CO: NONE
 420 GOODRICH AVENUE
 428 GOODRICH AVENUE

DAMAGE ESTIMATE: \$299,400 CN#: 14-150-559
 \$30,000
 \$1,000

SYNOPSIS: On Monday, July 21, 2014, at 0030 hours the Saint Paul Fire Department responded to a report of a house fire. The location of the incident was 424 Goodrich Avenue. Upon the fire department's arrival they found a two story duplex of wood framed construction heavily involved in fire along the back side of the house and also burning a tented shed, a detached garage, and melting the siding on an adjacent home and a garage. Two victims were rescued from the home; one prior to our arrival and one by members of the fire department. The fire originated on the back porch and also in a first floor bathroom. Investigation revealed the owner's live-in girlfriend admitted to setting the fires. The classification of fire cause is incendiary.

PEOPLE: Property Owner/Occupant, DENNIS RALPH JOHNSON, 424 Goodrich Avenue, 55102, 651-308-8760, DOB 05/03/1963.

Occupant/Victim, RICHARD EARL STAUCH, 424 Goodrich Avenue, 55102, DOB 03/03/1947.

Occupant/Victim, LOUIS LEROY STAUCH, 424 Goodrich Avenue, 55102, DOB 03/04/1949.

Exposure Property Owner, KAREN L POLLARD, 420 Goodrich Avenue, 55102.

Exposure Occupant, JOSHUA HOOVER, 420 Goodrich Avenue, 55102, 651-214-3511, DOB 01/12/1986.

Exposure Occupant, JACKIE LEE JOSEPHINE VENABLE, 420 Goodrich Avenue 55102, 651-214-3511, DOB 09/10/1994.

Exposure Property Owner, JASON B and EMILY K DOMBECK, 428 Goodrich Avenue, 55102, 651-235-2811.

9-1-1 Caller/Juvenile,

Fire Investigation Report
424 Goodrich Avenue
Page Two

Witness, SUSIE CLAIRE GILLILAND, 109 3rd Street Southwest, Hinckley, Minnesota, Apartment #A-102, (cell)320-469-7533, DOB 07/21/1991.

Witness, MATTHEW ALLEN FLEEGER, 18622 Amber Lane, Pine City, Minnesota, 55063, (cell)320-629-5559, DOB 01/15/1988.

Possible Suspect, DEANNA LEE THIELBAR, 15833 Norwood Lane, Pine City, Minnesota, 55063, DOB 10/02/1967.

Saint Paul Police Officer, ANTHONY YARUSSO.

Saint Paul Police Acting Sergeant, ROBERT JERUE.

BACKGROUND: I received notification of the fire via the Communications Center. I responded to the incident scene and arrived at while fire personnel were in the process of extinguishment. I viewed heavy fire involvement on the south side of the house in the southwest corner. While on the scene, one of the victims had already been rescued from the home and the second victim was rescued shortly after fire arrival. At the time of the incident, the outside temperature was approximately 70 degrees Fahrenheit with calms winds and the skies partly cloudy. Weather was not a factor in this fire.

PROPERTY DESCRIPTION: The structure is a two story single family dwelling used as duplex. Construction was of wood frame. The exterior contained wood lap siding and the interior walls contained lathe and plaster and sheetrock in some of the areas. The structure ran north to south in length and the front of the home faced north. The building measured approximately 21 feet wide by approximately 44 feet in length.

The exposure structure at 420 Goodrich Avenue was a wood framed single family dwelling.

The exposure structure at 428 Goodrich Avenue was a wood framed detached garage.

EXTERIOR EXAMINATION: Visual inspection of the building exterior north side found that the only visible fire damage was smoke damage and cracked windows. On the west side, there was smoke staining coming out of the southwest corner second floor at the eaves. The south side was examined and I observed extensive fire damage to the southeast corner. This is where the enclosed porch was located. The enclosed porch measured approximately 5 feet by 10 feet and was extensively burned. The exterior wall of the house in this corner was burned up to the eaves, with no walls remaining for the porch. The fire extended upwards to the second floor and attic area. The east side suffered damage on the south end, in the area of the electrical mast and two meter sockets.

The fire also damaged two large tent tarps measuring approximately 12 feet by 24 feet in dimension each. The southernmost tent tarp was extensively burned. This tent tarp had been used as a shed for tools, etc. There was also a one car, wood framed, detached garage located behind the two tent tarp structures. The garage was extensively damaged. The most severe burning on the garage was located on the north end, which faced the house. Some of the roof and back wall remained.

Visual inspection of the exposure structure at 420 Goodrich Avenue found melted siding and charring to the OSB sheathing underneath in the southwest corner.

Examination of the detached garage at 428 Goodrich Avenue found melted siding on the east side of the structure.

INTERIOR EXAMINATION: Visual inspection of the first floor found extensive smoke damage throughout. The main fire damage was located at the south end of the house in the area of the porch and kitchen, as well as the back bedroom. These areas suffered extensive fire damage. Due to the porch burning, the fire extended into the kitchen, damaging the cabinets and rolling across the ceiling. There was some flame damage observed in the living room due to the fire rolling across the ceiling from the kitchen. The flame damage in the living room extended down to approximately the six to five foot height. The back bedroom on the first floor suffered mainly fire damage on the top 1/3. There was some burning to the bed and this was due to the porch fire extending into the bedroom.

Examination of the first floor bathroom found mainly smoke and heat damage. I observed that the curtains within the bathroom were melted, but there was no actual flame damage. There was burning observed to the toilet paper roll just below the curtains. The toilet paper roll is a separate and distinct area of fire origin from the other separate and distinct area of fire origin on the back porch.

Inspection of the basement found no fire damage. There was some smoke and water damage however observed in the basement area. The electrical panel was located in the southeast corner. One breaker, Breaker #10, was tripped. The furnace and water heater were examined and have been eliminated as a possible cause for this fire, as well as the washer and dryer.

The second floor of the residence was examined and I found extensive smoke damage throughout. There was a dead dog found in the north bedroom on the floor. The center living room area was mainly damaged by smoke and heat. The back kitchen area had flame damage coming from the exterior south window, rolling back into the room, and also coming up through the eaves. The kitchen counters, the appliances, and the stove have all been eliminated as a possible cause for the fire.

Examination of the enclosed porch found that it was damaged by smoke and heat with flame damage observed on the upper three to four feet. The most severe burning was on the east side exterior due to the fire extending from the first floor porch upwards.

After examining the entire house, it is believed the main fire origin was located in the area of the rear porch on the first floor. The porch was extensively damaged and this is where the fire was observed by witnesses.

INTERVIEWS: 9-1-1 Caller/Juvenile,

stated:

- He was at 417 Goodrich with some friends making music.
- They heard someone outside screaming.
- They then realized someone was in trouble.
- He and his friends ran outside and saw the house across the street burning.
- They tried to get into the house through the front door, but it was too smoky.
- He then climbed onto the roof and found a man on the second floor near the window.
- After he helped the man out the window, he got part way back into the house, but it was too smoky and the man inside that had been yelling became quiet.
- He does not remember hearing any smoke detectors sounding.
- The voice of the man inside faded and he left the house because it was too smoky.

Witness, SUSIE CLAIRE GILLILAND, stated:

- She is the niece of the owner, DENNIS JOHNSON.
- She was called by her brother and her uncle and asked to come down and hang out with them.
- She was then told not to go to the house because her uncle and his girlfriend were fighting.
- She stopped her vehicle approximately half a block away and waited for her brother and uncle to call her back and tell her what bar to meet them at.

- She was in the area at approximately 12:07 a.m.
- She saw DENNIS's girlfriend, DEANNA come from the other direction on the road and pull into her uncle's driveway.
- DEANNA was driving a silver SUV/mini-van.
- She believes DEANNA went to the back of the house and then came back and went in the front door.
- She then received a call from her brother and told to come to the bar.
- She turned around and went the other direction to get to the bar.
- She believes that was at approximately 12:15 a.m.
- She had been told by her uncle and her brother that DEANNA and DENNIS had been fighting.

Property Owner/Occupant, DENNIS RALPH JOHNSON, stated:

- His girlfriend DEANNA has been living with him for approximately two months.
- His daughter, CASSIE MARIE JOHNSON, also lives with him.
- He has two renters; RICHARD and LOUIS STAUCH.
- Earlier in the day (Sunday, July 20, 2014), they were painting the house.
- DEANNA came home at approximately 6:00 p.m. and started arguing with him.
- DEANNA then went on a walk with MATT.
- He (DENNIS) went to bed.
- DEANNA woke him up twice and was still kind of arguing with him.
- He left and went to the bar with MATT, leaving DEANNA behind at the house.

Witness, MATTHEW ALLEN FLEEGER, stated:

- He was painting his uncle's house all day with his Uncle DENNIS.
- DEANNA, his uncle's girlfriend, came home at approximately 6:30 p.m. with some beer she had bought over in Wisconsin.
- She had been drinking some of the beer before she got home.
- She started to argue with her Uncle DENNIS.
- He (MATT) then went for a walk with DEANNA to clear her head.
- He and DEANNA stopped at a bar and drank two or three beers and one shot.
- They then walked back to the house and got there at approximately 9:00 p.m.
- DEANNA then started arguing with DENNIS again.
- DENNIS and he then left and went to the bar, leaving DEANNA at home.
- DEANNA didn't know that they had left for the bar.
- DEANNA tried to call him at the bar.
- He doesn't believe that he talked to DEANNA at all, but he did go outside once and talk to someone, but doesn't know who.
- He believes DEANNA drives a Ford SUV/mini-van that is silver.

Exposure Occupant, JOSHUA HOOVER and his girlfriend Exposure Occupant, JACKIE LEE JOSEPHINE VENABLE, stated:

- They heard two loud booms.
- They thought the booms were just the neighbor's burning stuff.
- The booms shook their house.

- JOSHUA got up to go have a cigarette and when he walked outside he saw a large fire burning against the backside of his neighbor's house.
- He yelled to his girlfriend and they ran over and attempted to enter the front door of the house.
- There was a lot of smoke and they were not able to get very far into the house.
- They noticed the fire was mostly towards to the back of the house, at the rear porch and garage.

I was assisted at the scene by Saint Paul Police Officer, ANTHONY YARUSSO and Saint Paul Police Acting Sergeant, ROBERT JERUE. Officers were told by neighbor's that the girlfriend of the owner, DEANNA THIELBAR, had just driven past the house. Acting Sergeant JERUE stopped MS. THIELBAR and came back to inform me that she was on scene. I drove over to where her vehicle was stopped and spoke to her.

I informed Ms. THIELBAR that she was not under arrest and that I wished to talk to her about the fire. She said it was ok and that she did not know what happen and why all the vehicles were there. I told her there was a fire at the house and that we are trying to figure out the cause of the fire. I asked her if she had any ideas on what may have caused the fire.

DEANNA THIELBAR, stated:

- She has lived at the house for approximately one and a half to two months.
- She was gone most of the day working at Allina in Woodbury.
- She got off work at approximately 5:40 p.m.
- She arrived home at approximately 7:00 p.m. after she went to Wisconsin to buy some beer.
- She came home and found DENNIS and MATT drinking on the front porch.
- Her and MATT then went for a walk and went to the bar.
- MATT and she had a few drinks at the bar.
- After they came back to the house, and she had been there awhile, she realized that MATT and DENNIS were gone.

- She didn't have any more cigarettes so she called DENNIS and asked what she was supposed to do about no cigarettes.
- She went up to the local grocery store, COOPERS, but it was closed, so she went to the BP gas station and found that they were closed also.
- She called DENNIS and asked where she was supposed to go to get some cigarettes.
- She made a sarcastic remark about driving to Pine City to get cigarettes and DENNIS said yes.
- She then drove to Pine City and on the way she stopped and bought cigarettes in Vadnais Heights.
- She then drove up to Pine City and drove by her parent's house and then came back down to DENNIS's house.

I asked her if she could think of anything that would have caused the fire, and she stated:

- Everyone at the house smoke and the house is old, maybe the fire was caused by electricity.
- She was at the house at approximately 12:00 a.m. or so.
- She did not set the fire.

I then discussed the fact that she drove by the house while the fire trucks were in front of her house and she did not stop and she stated:

- There was no were to park.
- She was driving around the block to find another place to park.

I informed MS. THIELBAR that neighbors had seen her at the house at approximately 12:10 a.m. and that she had walked by the garage and also into the house. At first, MS. THIELBAR denied that she had done this and she also denied doing anything else. Ms. THIELBAR then admitted that she lied and that she did not drive up to Pine City, but she drove to his brother's house in East Saint Paul.

I then informed MS. THIELBAR that I felt she might be responsible for setting the fire. After some discussion, she finally admitted that while she was inside the house going to the bathroom, she took her lighter and set the toilet paper roll on fire in the first floor bathroom. I told her that

the toilet paper roll fire would not have spread into the back porch. She then admitted she went into the porch and lit something on the shelves on fire.

I asked MS. THIELBAR if she knew that what she had done was wrong and did she intend to hurt the two gentlemen upstairs. She stated she knew it was wrong and that she was not intending to hurt anyone.

I asked MS. THIELBAR again what she used to start the fire and she handed me the lighter that she had used to start the fire. She also drew me a map of the house and put an X where she set the fire in the bathroom and another X where she started the fire on the porch.

MS. THIELBAR was then informed that she was not going to be arrested tonight and I asked her if she needed any assistance. She was brought back to the fire scene so she could get some clothes and shoes. She then showed me the burned toilet paper in the bathroom and where the porch was.

While we were waiting for the Red Cross to arrive and arrange a hotel room for her, she asked her if she could go to the bathroom. I informed MS. THIELBAR that she could and as she was leaving to go to the gas station I gave her \$3.00 and told her to buy a pop for both of us.

When MS. THIELBAR returned she handed me a pop and I told her she could keep the change.

I asked her if she was doing ok and she said : I told her that I was concerned about her because she had made comments earlier She informed me that she would be concerned too if she was me. I asked her if she would rather go to the hospital on a 72-hour hold where she could talk to someone. She said that might be a good idea.

I contacted Ramsey County Dispatchers and told them to cancel the Red Cross and asked them to have a Saint Paul Police Officer dispatched to the scene and put Ms. THIELBAR on a 72-hour hold at the hospital. I thanked MS. THIELBAR for her cooperation and then I let Officer YARUSSO take MS. THIELBAR to the hospital.

I spoke with Fire Captain MIKE GAEDE and he stated:

- When he and his crew arrived on scene they made entry through the front door.
- At that time, they noticed a fire burning in the kitchen and a fire burning outside at the rear of the house.
- Part of his crew went upstairs in an attempt to rescue victims.

SUPPLEMENTAL FIRE INVESTIGATION REPORT

INCIDENT NO: 14-21997

DATE: 07/21/2014

TIME: 0030 HOURS

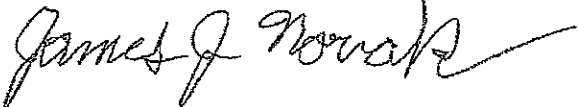
ADDRESS: 424 GOODRICH AVE

INSURANCE CO: UNKNOWN

On Monday, July 21, 2014, while interviewing DEANNA THIELBAR she handed me the lighter that she had used to start the fire. I transported the lighter back to the Saint Paul Fire Department and placed it in the Fire Investigation's locked evidence locker.

On Thursday, September 4, 2014, the lighter was removed from the locked investigation's locker and transported to the Saint Paul Police Department Property Room.

J. Novak, Fire Investigator, B Shift, 10/03/2014

A handwritten signature in cursive script, appearing to read "James J. Novak", with a long horizontal flourish extending to the right.

JJN/su