

**A** FDID: 62210 State: MN Incident Date: MM 08 DD 26 YYYY 2015 Station: 07 Incident Number: SPFD150826027279 Exposure: 0 **NFIRS-1 Basic**

**B Location Type**  
 Street address  
 Intersection: 594 CASE Ave  
 In front of: 2 Saint Paul MN 55130  
 Rear of: \_\_\_\_\_  
 Adjacent to: \_\_\_\_\_  
 Directions: \_\_\_\_\_  
 US National Grid: \_\_\_\_\_

**C Incident Type** 111 Building fire  
**D Aid Given or Received**  
 1 Mutual aid received  
 2 Automatic aid received  
 3 Mutual aid given  
 4 Automatic aid given  
 5 Other aid given  
 N  None

**E1 Dates and Times**  
 Alarm: 08/26/2015 02:19:45  
 Arrival: 08/26/2015 02:23:44  
 Controlled: \_\_\_\_\_  
 Last Unit Cleared: 08/26/2015 03:17:29

**E2 Shifts and Alarms**  
 Local Option: B Alarms: 1 District: D3

**E3 Special Studies**  
 Local Option: \_\_\_\_\_  
 Special Study ID#: \_\_\_\_\_ Special Study Value: \_\_\_\_\_

**F Actions Taken**  
 11 Extinguishment by fire service personnel  
 12 Salvage & overhaul  
 21 Search

**G1 Resources**  
 Apparatus: 7 Personnel: 0  
 EMS: 1 Other: 0

**G2 Estimated Dollar Losses and Values**  
 Property \$: 8,000  
 Contents \$: 500  
 PRE-INCIDENT VALUE: \_\_\_\_\_

**Completed Modules**  
 Fire-2  
 Structure Fire-3  
 Apparatus-9  
 Personnel-10

**H1 Casualties**  None  
 Fire Service: 0/0  
 Civilian: 0/0

**H2 Detector**  
 1 Detector alerted occupants  
 2 Detector did not alert occupants  
 U Unknown

**H3 Hazardous Materials Release**  
 0 Special HazMat actions required or spill >= 55 gal.  
 1 Natural gas: slow leak, no evac. or HazMat actions  
 2 Propane gas - Less than a 21 lb. tank  
 3 Gasoline - vehicle fuel tank or portable container  
 4 Kerosene - fuel-burning equipment/portable storage  
 5 Diesel fuel/fuel oil - vehicle fuel tank/portable  
 6 Household/office solvent or chemical spill  
 7 Motor oil - from engine or portable container  
 8 Paint - spills less than 55 gallons  
 N None

**I Mixed Use Property**  
 00 Mixed use, other  
 10 Assembly use  
 20 Educational use  
 33 Medical use  
 40 Residential use  
 51 Row of stores  
 53 Enclosed mall  
 58 Business and residential use  
 59 Office use  
 60 Industrial use  
 63 Military use  
 65 Farm use  
 NN Not mixed use

**B Property Details**

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

**B2**  Buildings not involved  
Number of buildings involved

**B3**  ,   None  Less than one acre  
Acres burned (outside fires)

**C On-Site Materials or Products**  None Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved

Enter up to three codes. Check one box for each code entered.

On-site material (1)

On-site material (2)

On-site material (3)

**On-Site Materials Storage Use**

1 Bulk storage or warehousing  
 2 Processing or manufacturing  
 3 Packaged goods for sale  
 4 Repair or service  
 N None  
 U Undetermined

1 Bulk storage or warehousing  
 2 Processing or manufacturing  
 3 Packaged goods for sale  
 4 Repair or service  
 N None  
 U Undetermined

1 Bulk storage or warehousing  
 2 Processing or manufacturing  
 3 Packaged goods for sale  
 4 Repair or service  
 N None  
 U Undetermined

**D Ignition**

**D1**    
Area of fire origin

**D2**    
Heat Source

**D3**    
Item first ignited  
Check box if fire spread was confined to object of origin.

**D4**    
Type of material first ignited Required only if item first ignited code is 00 or <70

**E1 Cause of Ignition**  
Check this box if this is an exposure report

0 Cause, other (System generated code only, not used for data entry)  
 1 Intentional  
 2  Unintentional  
 3 Failure of equipment or heat source  
 4 Act of nature  
 5 Cause under investigation  
 U Cause undetermined after investigation

**E2 Factors Contributing to Ignition**

Factor contributing to ignition (1)

Factor contributing to ignition (2)

**E3 Human Factors Contributing to Ignition**  
Check all applicable boxes  None

1 Asleep  
 2 Possibly impaired by alcohol or drugs  
 3 Unattended or unsupervised person  
 4 Possibly mentally disabled  
 5 Physically disabled  
 6 Multiple persons involved  
 7 Age was a factor  
 N  None  
Estimated age of person involved

1 Male 2 Female

**F1 Equipment Involved in Ignition**  
If equipment was not involved, skip to Section G

Equipment Involved Brand

Serial   
 Model   
 Year

**F2 Equipment Power Source**

Equipment Power Source

**F3 Equipment Portability**

1 Portable  
 2  Stationary  
Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

**G Fire Suppression Factors**  None

Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

**H1 Mobile Property Involved**

1 Not involved in ignition, but burned  
 2 Involved in ignition, but did not itself burn  
 3 Involved in ignition and burned

Mobile property model

License Plate Number State VIN

**H2 Mobile Property Type and Make**

Mobile property type

Mobile property make

Year

**Local Use**  
 Pre-Fire Plan Available  
Some of the information presented in this report may be based upon reports from other agencies:  
 Arson report attached  
 Police report attached  
 Coroner report attached  
 Other reports attached

<p><b>I1 Structure Type</b> <i>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</i> Structure type, other</p> <p>0 Enclosed building 1 <input checked="" type="checkbox"/> Fixed portable or mobile structure 2 Open structure 3 Air-supported structure 4 Tent 5 Open platform 6 Underground structure work area 7 Testing 8 Connective structure</p>	<p><b>I2 Building Status</b></p> <p>0 Building status, other 1 Under construction 2 <input checked="" type="checkbox"/> In normal use 3 Idle, not routinely used 4 Under major renovation 5 Vacant and secured 6 Vacant and unsecured 7 Being demolished U Undetermined</p>	<p><b>I3 Building Height</b> Count the roof as part of the highest story.</p> <p><input type="text" value="2"/> Total number of stories at or above grade</p> <p><input type="text" value="1"/> Total number of stories below grade</p>	<p><b>I4 Main Floor Size</b></p> <p>Total square feet</p> <p><input type="text" value="60"/> BY <input type="text" value="40"/> Length in feet Width in feet</p> <p>OR</p>
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<p><b>J1 Fire Origin</b> <input type="text" value="2"/> Below Grade Story of fire origin</p> <p><b>J2 Fire Spread</b> <i>If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module).</i> Confined to object of origin</p> <p>1 Confined to room of origin 2 <input checked="" type="checkbox"/> Confined to floor of origin 3 Confined to building of origin 4 Beyond building of origin</p>	<p><b>J3 Number of Stories Damaged by Flame</b> Count the roof as part of the highest story.</p> <p><input type="text" value="1"/> Number of stories w/minor damage (1 to 24% flame damage) <input type="text"/> Number of stories w/significant damage (25 to 49% flame damage) <input type="text"/> Number of stories w/heavy damage (50 to 74% flame damage) <input type="text"/> Number of stories w/extreme damage (75 to 100% flame damage)</p>	<p><b>K Type of Material Contributing Most to Flame Spread</b> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.</p> <p><b>K1</b> <input type="text" value="70"/> Organic materials, other Item contributing most to flame spread</p> <p><b>K2</b> <input type="text"/> <input type="text"/> Type of material contributing most to flame spread Required only if item contributing code is 00 or &lt;70</p>
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<p><b>L1 Presence of Detectors</b> <i>(In area of the fire)</i></p> <p>1 Present N <input checked="" type="checkbox"/> None present U Undetermined</p> <p><b>L2 Detector Type</b></p> <p>0 Detector type, other 1 Smoke 2 Heat 3 Combination smoke and heat in a single unit 4 Sprinkler, water flow detection 5 More than one type present U Undetermined</p>	<p><b>L3 Detector Power Supply</b></p> <p>0 Detector power supply, other 1 Battery only 2 Hardwire only 3 Plug-in 4 Hardwire with battery backup 5 Plug-in with battery backup 6 Mechanical 7 Multiple detectors and power supplies U Undetermined</p> <p><b>L4 Detector Operation</b></p> <p>1 Fire too small to activate detector 2 Detector operated 3 Detector failed to operate U Undetermined</p>	<p><b>L5 Detector Effectiveness</b> Required if detector operated.</p> <p>1 Detector alerted occupants, occupants responded 2 Detector alerted occupants, occupants failed to respond 3 There were no occupants 4 Detector failed to alert occupants U Undetermined</p> <p><b>L6 Detector Failure Reason</b> Required if detector failed to operate</p> <p>0 Detector failure reason, other 1 Power failure, hardwired det. shut off, disconnect 2 Improper installation or placement of detector 3 Defective detector 4 Lack of maintenance, includes not cleaning 5 Battery missing or disconnected 6 Battery discharged or dead U Undetermined</p>
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<p><b>M1 Presence of Automatic Extinguishing System</b></p> <p>1 Present 2 Partial System Present N <input checked="" type="checkbox"/> None Present U Undetermined</p> <p><b>M2 Type of Automatic Extinguishing System</b> Required if fire was within designed range of AES</p> <p>0 Special hazard system, other 1 Wet-pipe sprinkler system 2 Dry-pipe sprinkler system 3 Other sprinkler system 4 Dry chemical system 5 Foam system 6 Halogen-type system 7 Carbon dioxide system U Undetermined</p>	<p><b>M3 Operation of Automatic Extinguishing System</b> Required if fire was within designed range Operation of AES, other</p> <p>0 System operated and was effective 1 System operated and was not effective 2 Fire too small to activate system 3 System did not operate 4 Undetermined</p> <p><b>M3 Number of Sprinkler Heads Operating</b> Required if system operated</p> <p><input type="text"/> Number of sprinkler heads operating</p>	<p><b>M5 Reason for Automatic Extinguishing System Failure</b> Required if system failed or not effective Reason system not effective, other</p> <p>0 System shut off 1 Not enough agent discharged to control the fire 2 Agent discharged, but did not reach the fire 3 Inappropriate system for the type of fire 4 Fire not in area protected by the system 5 System components damaged 6 Lack of maintenance, including corrosion or heads painted 7 Manual intervention defeated the system U Undetermined</p>
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J Property Use Structures					
419	1 or 2 family dwelling	341	Clinic, clinic-type infirmary	629	Laboratory or science laboratory
311	24-hour care Nursing homes, 4 or more persons	342	Doctor, dentist or oral surgeon office	819	Livestock, poultry storage
241	Adult education center, college classroom	615	Electric-generating plant	700	Manufacturing, processing
162	Bar or nightclub	213	Elementary school, including kindergarten	579	Motor vehicle or boat sales, services, repair
464	Barracks, dormitory	519	Food and beverage sales, grocery store	429	Multifamily dwelling
439	Boarding/rooming house, residential hotels	215	High school/junior high school/middle school	882	Parking garage, general vehicle
599	Business office	331	Hospital - medical or psychiatric	459	Residential board and care
131	Church, mosque, synagogue, temple, chapel	449	Hotel/motel, commercial	161	Restaurant or cafeteria
		539	Household goods, sales, repairs	571	Service station, gas station
		361	Jail, prison (not juvenile)	891	Warehouse
		984	Industrial plant yard - area	960	Street, other
		946	Lake, river, stream	936	Vacant lot
		931	Open land or field		
		807	Outside material storage area		
		124	Playground		
		951	Railroad right-of-way		
		962	Residential street, road or residential driveway		

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

Property Use Code: **419**  
 Property Use Description: **1 or 2 family dwelling**

**K1 Person/Entity Involved**

Local Option:  Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable): \_\_\_\_\_ Area Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mr., Ms., Mrs. First Name: **MARYANN** MI: \_\_\_\_\_ Last Name: **TUCKER** Suffix: \_\_\_\_\_

Number: **594** Prefix: \_\_\_\_\_ Street or Highway: **CASE** Street Type: \_\_\_\_\_ Suffix: \_\_\_\_\_

Post Office Box: \_\_\_\_\_ Apt./Suite/Room: **2** City: **Saint Paul**

State: **MN** Zip Code: **55130**

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

Local Option:  Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable): \_\_\_\_\_ Area Code: **952** Phone Number: **334-7738**

Mr., Ms., Mrs. First Name: **JEFFREY** MI: **C** Last Name: **SUTPHEN** Suffix: \_\_\_\_\_

Number: **3840** Prefix: \_\_\_\_\_ Street or Highway: **MONALTRIE** Street Type: **AVE** Suffix: \_\_\_\_\_

Post Office Box: \_\_\_\_\_ Apt./Suite/Room: \_\_\_\_\_ City: **Wayzata**

State: **MN** Zip Code: **55391**

**M Authorization**

Officer in charge ID: <b>7225</b>	Signature: <b>Daniel Moriarty</b>	Position or rank: <b>DC</b>	Assignment: <b>C3</b>	Month: <b>08</b>	Day: <b>26</b>	Year: <b>2015</b>
Member Making report ID: <b>7225</b>	Signature: <b>Daniel Moriarty</b>	Position or rank: <b>DC</b>	Assignment: <b>C3</b>	Month: <b>08</b>	Day: <b>26</b>	Year: <b>2015</b>

**L Remarks**

Local Option:

UPON ARRIVAL OF FIRE PERSONNEL, THERE WAS NO SMOKE OR FIRE SHOWING. SMOKE STARTED TO COME FROM THE SECOND FLOOR BRAVO SIDE. ENGINE #17'S CREW AND SQUAD #1'S CREW INVESTIGATED AND FOUND A SMALL COOKING FIRE ON THE SECOND FLOOR UNITS STOVE AND EXTIGUISHED THE FIRE WITH A LIGHT WATER EXTINGUISHER. THERE WAS NO EXTENTION OF FIRE. PRIMARY CONDUCTED ON SECOND LEVEL WITH ALL CLEAR. THE RESIDENT WAS NOT HOME AT THE TIME OF THE FIRE. WE WERE UNABLE TO CONTACT THE LANDLORD. BOARD-UP CALLED FOR FRONT DOOR BEING FORCED. RESIDENTS IN LOWER UNIT WERE EVALUATED BY MEDIC #22'S CREW WITH NO PROBLEMS FOUND, NO TRANSPORT. FIRE INVESTIGATOR NOVAK ON SCENE FOR FURTHER INVESTIGATION.

# Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	15-27279	DATE OF INCIDENT: 08-26-2015	
TIME OF INCIDENT:	0219 hours	POLICE CASE #: N/A	
INVESTIGATOR(S):	J. Novak		
INCIDENT ADDRESS:	594 Case Avenue, Apartment #2, 55130		
OCCUPANT NAME:	Maryann Tucker	PHONE:	
OWNER NAME:	Jeffrey C Sutphen	PHONE: 952-334-7738	
ADDRESS OF OWNER:	3840 Monaltrie Avenue, Wayzata, MN 55391-3527		
PROPERTY DAMAGED:	Duplex	AREA OF ORIGIN: 2 <sup>nd</sup> floor kitchen stove	
DAMAGE ESTIMATE:	Building \$8,000	Vehicle \$	Other (Describe) \$
VALUE:	Building \$129,000	Vehicle \$	Other (Describe) \$
Damage Estimate CONTENTS ONLY:	\$500		
INJURY/DEATH (if yes, explain)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
SMOKE DETECTOR, SPRINKLER, and CARBON MONOXIDE INFORMATION:	Smoke Detector Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Detector Functioning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Sprinkler System Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Sprinkler Heads activated: <input type="checkbox"/> Yes # <input type="checkbox"/> No <input type="checkbox"/> Unknown C.O Detector Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
FIRE CAUSE CLASSIFICATION:	<input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Juvenile/Incendiary <input type="checkbox"/> Incendiary <input type="checkbox"/> Child (under 10 years old) <input type="checkbox"/> Natural <input type="checkbox"/> Undetermined <input type="checkbox"/> Under Investigation		
SYNOPSIS:	Fire personnel responded to a report of smoke in a building due to a kitchen fire. Upon arrival, fire crews found a fire burning in the upstairs unit's kitchen. Investigation revealed the occupant had been frying chicken when the pan of oil caught fire. It is unsure exactly what the occupant was doing due to the fact that when I arrived the occupant could not be found. It is believed that the occupant had fallen asleep or was in another room at the time of ignition. No smoke detectors were found in the apartment, only brackets for them and a carbon monoxide detector. The classification of fire cause is accidental.		
DISPOSITION:	<input checked="" type="checkbox"/> E-mail only <input type="checkbox"/> Hold Scene until approved <input type="checkbox"/> DO NOT DEMOLISH until approved <input checked="" type="checkbox"/> Scene Released <input type="checkbox"/> Analysis of Evidence Pending <input type="checkbox"/> Report to Follow		