

A	FDID: 82210	State: MN	Incident Date: MM 01 DD 07 YYYY 2017	Station: 07	Incident Number: SPFD170107000763	Exposure: 0	NFIRS-1 Basic
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B Location Type
 Street address
 Intersection: 164 STEVENS St W
 In front of: SAINT PAUL MN 55107
 Rear of: _____
 Adjacent to: _____
 Directions: _____
 US National Grid: _____

Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.

Census Tract: 0371 - 00

Appl./Suite/Room: _____ City: _____ State: MN Zip Code: 55107

Cross Street, Directions or National Grid, as applicable

C Incident Type 111 Building fire	E1 Dates and Times Check boxes if dates are the same as Alarm Date. Alarm: Month 01 Day 07 Year 2017 Hour 06:04:47 Arrival: ARRIVAL required, unless canceled or did not arrive. Month 01 Day 07 Year 2017 Hour 06:08:31 Controlled: _____ Last Unit Cleared: LAST UNIT CLEARED, required except for wildland fires. Month 01 Day 07 Year 2017 Hour 09:39:01	E2 Shifts and Alarms Local Option: B Shift or Platoon: 1 Alarms: D2 E3 Special Studies Local Option: _____ Special Study IDF: _____ Special Study Value: _____
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D Aid Given or Received
 1 Mutual aid received
 2 Automatic aid received
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None

F Actions Taken 11 Extinguishment by fire service personnel Primary Action Taken (1): 12 Salvage & overhaul Additional Action Taken (2): 51 Ventilate Additional Action Taken (3): _____	G1 Resources <input checked="" type="checkbox"/> Check this box and test this block if an Apparatus or Personnel Module is used. Suppression: Apparatus 15 Personnel 0 EMS: 1 0 Other: 3 0 <small>Check box if resources counts include aid received resources.</small>	G2 Estimated Dollar Losses and Values LOSSES: <small>Required for all fires if known. Optional for non-fires.</small> None Property \$: 200,000 Contents \$: 75,000 PRE-INCIDENT VALUE: Optional Property \$: _____ Contents \$: _____
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Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 WildLand Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 Arson-11	H1 Casualties <input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>Death</td> <td>Injury</td> </tr> <tr> <td>Fire Service</td> <td>0</td> <td>0</td> </tr> <tr> <td>Civilian</td> <td>0</td> <td>0</td> </tr> </table> H2 Detector Required for confined fires. 1 Detector alerted occupants 2 Detector did not alert occupants U Unknown		Death	Injury	Fire Service	0	0	Civilian	0	0	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	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
	Death	Injury										
Fire Service	0	0										
Civilian	0	0										

J1 Structure Type <small>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</small> Structure type, other 1 <input checked="" type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Fixed portable or 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 7 <input type="checkbox"/> Underground structure work area 70 <input type="checkbox"/> Testing 8 <input type="checkbox"/> Connective structure	J2 Building Status 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	J3 Building Height <small>Count the roof as part of the highest story.</small> Total number of stories at or above grade: <input type="text" value="3"/> Total number of stories below grade: <input type="text" value="1"/>	J4 Main Floor Size Total square feet: <input type="text" value="2000"/> Length in feet: <input type="text" value="40"/> BY Width in feet: <input type="text" value="50"/> OR
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J1 Fire Origin <input type="text" value="1"/> Below Grade <small>Story of fire origin</small> J2 Fire Spread <small>If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module).</small> Confined to object of origin 1 <input type="checkbox"/> Confined to room of origin 2 <input type="checkbox"/> Confined to floor of origin 3 <input type="checkbox"/> Confined to building of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input checked="" type="checkbox"/> Beyond building of origin	J3 Number of Stories Damaged by Flame <small>Count the roof as part of the highest story.</small> Number of stories 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): <input type="text"/>	K Type of Material Contributing Most to Flame Spread <small>Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.</small> K1 <input type="text"/> Item contributing most to flame spread K2 <input type="text"/> Type of material contributing most to flame spread <small>Required only if item contributing code is 00 or <70</small>
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L1 Presence of Detectors <small>(In area of the fire)</small> 1 <input checked="" type="checkbox"/> Present N None present U Undetermined L2 Detector Type 0 Detector type, other 1 Smoke 2 Heat 3 <input checked="" type="checkbox"/> Combination smoke and heat in a single unit 4 Sprinkler, water flow detection 5 More than one type present U Undetermined	L3 Detector Power Supply 0 Detector power supply, other 1 Battery only 2 Hardwire only 3 Plug-in 4 Hardwire with battery backup 5 Plug-in with battery backup 6 Mechanical 7 Multiple detectors and power supplies U <input checked="" type="checkbox"/> Undetermined L4 Detector Operation 1 Fire too small to activate detector 2 <input checked="" type="checkbox"/> Detector operated 3 Detector failed to operate U Undetermined	L5 Detector Effectiveness <small>Required if detector operated</small> 1 <input checked="" type="checkbox"/> Detector alerted occupants, occupants responded 2 <input type="checkbox"/> Detector alerted occupants, occupants failed to respond 3 There were no occupants 4 Detector failed to alert occupants U Undetermined L6 Detector Failure Reason <small>Required if detector failed to operate</small> 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
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M1 Presence of Automatic Extinguishing System 1 Present 2 Partial System Present N <input checked="" type="checkbox"/> None Present U Undetermined M2 Type of Automatic Extinguishing System <small>Required if fire was within designed range of AES</small> Special hazard system, other 0 <input type="checkbox"/> Wet-pipe sprinkler system 1 <input type="checkbox"/> Dry-pipe sprinkler system 2 <input type="checkbox"/> Other sprinkler system 3 <input type="checkbox"/> Dry chemical system 4 <input type="checkbox"/> Foam system 5 <input type="checkbox"/> Halogen-type system 6 <input type="checkbox"/> Carbon dioxide system 7 <input type="checkbox"/> Undetermined	M3 Operation of Automatic Extinguishing System <small>Required if fire was within designed range</small> Operation of AES, other 0 <input type="checkbox"/> System operated and was effective 1 <input type="checkbox"/> System operated and was not effective 2 <input type="checkbox"/> Fire too small to activate system 3 <input type="checkbox"/> System did not operate 4 <input type="checkbox"/> Undetermined M3 Number of Sprinkler Heads Operating <small>Required if system operated</small> <input type="text"/> Number of sprinkler heads operating	M5 Reason for Automatic Extinguishing System Failure <small>Required if system failed or not effective</small> Reason system not effective, other 0 <input type="checkbox"/> System shut off 1 <input type="checkbox"/> Not enough agent discharged to control the fire 2 <input type="checkbox"/> Agent discharged, but did not reach the fire 3 <input type="checkbox"/> Inappropriate system for the type of fire 4 <input type="checkbox"/> Fire not in area protected by the system 5 <input type="checkbox"/> System components damaged 6 <input type="checkbox"/> Lack of maintenance, including corrosion or heads painted 7 <input type="checkbox"/> Manual intervention defeated the system 8 <input type="checkbox"/> Undetermined
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J Property Use Structures		
419	X	1 or 2 family dwelling
311		24-hour care Nursing homes, 4 or more persons
241		Adult education center, college classroom
162		Bar or nightclub
464		Barracks, dormitory
439		Boarding/rooming house, residential hotels
599		Business office
131		Church, mosque, synagogue, temple, chapel
341		Clinic, clinic-type infirmary
342		Doctor, dentist or oral surgeon office
615		Electric-generating plant
213		Elementary school, including kindergarten
519		Food and beverage sales, grocery store
215		High school/junior high school/middle school
331		Hospital - medical or psychiatric
449		Hotel/motel, commercial
539		Household goods, sales, repairs
361		Jail, prison (not juvenile)
629		Laboratory or science laboratory
819		Livestock, poultry storage
700		Manufacturing, processing
579		Motor vehicle or boat sales, services, repair
429		Multifamily dwelling
882		Parking garage, general vehicle
459		Residential board and care
161		Restaurant or cafeteria
571		Service station, gas station
891		Warehouse
984		Industrial plant yard - area
946		Lake, river, stream
931		Open land or field
807		Outside material storage area
124		Playground
951		Railroad right-of-way
962		Residential street, road or residential driveway
960		Street, other
936		Vacant lot

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

Property Use Code
 Property Use Description

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: MI: Last Name: Suffix:

Number: Prefix: Street or Highway: Street Type: Suffix:

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

State: Zip Code:

K2 Owner

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

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

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

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

Number: Prefix: Street or Highway: Street Type: Suffix:

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

State: Zip Code:

M Authorization

<input type="text" value="6740"/>	<input type="text" value="Scott Case"/>	<input type="text" value="DC"/>	<input type="text" value="C3"/>	<input type="text" value="01"/>	<input type="text" value="09"/>	<input type="text" value="2017"/>
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
<input type="text" value="6740"/>	<input type="text" value="Scott Case"/>	<input type="text" value="DC"/>	<input type="text" value="C3"/>	<input type="text" value="01"/>	<input type="text" value="09"/>	<input type="text" value="2017"/>
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year

L Remarks

Local Option:

ENGINE #15'S CREW AND ENGINE #6'S CREW ARRIVED ON SCENE AND FOUND A FULLY INVOLVED ATTACHED GARAGE FIRE INPINGING ON THE MAIN HOUSE. LADDER #10'S CREW PUT UP THEIR AERIEL LADDER. ENGINE #10'S CREW AND SQUAD #3'S CREW ATTACKED THE HOUSE FIRE ON THE FIRST FLOOR. ENGINE #15'S CREW AND ENGINE #6'S CREW ATTACKED THE GARAGE FIRE. ENGINE #15'S CREW BALANCED THE ALARM COMPANIES. THERE WAS EXTENSION TO THE CHARLIE SIDE OF THE STRUCTURE FROM THE BASEMENT TO THE THIRD FLOOR ATTIC WITH EXTENSIVE OVERHAUL AND EXTERIOR DAMAGE TO THE DELTA SIDE OF THE BRAVO EXPOSURE. FIRE INVESTIGATOR NOVAK ON SCENE FOR FULL INVESTIGATION.

A	FDID: <input type="text" value="62210"/>	State: <input type="text" value="MN"/>	MIA: <input type="text" value="01"/>	DD: <input type="text" value="07"/>	YYYY: <input type="text" value="2017"/>	Station: <input type="text" value="07"/>	Incident Number: <input type="text" value="SPFD170107000763"/>	Exposure: <input type="text" value="1"/>	NFIRS-1 Basic
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B	Location Type <input checked="" type="checkbox"/> Street address Intersection: <input type="text" value="162"/> <input type="text" value="STEVENS"/> <input type="text" value="St"/> <input type="text" value="W"/> In front of: <input type="text" value="SAINT PAUL"/> <input type="text" value="MN"/> <input type="text" value="55107"/> <input type="text" value="-"/> Rear of: <input type="text" value="Apt./Suite/Room"/> <input type="text" value="City"/> <input type="text" value="State"/> <input type="text" value="Zip Code"/> Adjacent to: _____ Directions: _____ US National Grid: _____	Census Tract: <input type="text" value="0371"/> - <input type="text" value="00"/>		
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C Incident Type	E1 Dates and Times	E2 Shifts and Alarms
<input type="text" value="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 <input checked="" type="checkbox"/> None	Check boxes if dates are the same as Alarm Date. Alarm: Month <input type="text" value="01"/> Day <input type="text" value="07"/> Year <input type="text" value="2017"/> Hour <input type="text" value="06"/> Min <input type="text" value="04"/> Sec <input type="text" value="47"/> Arrival: Month <input type="text" value="01"/> Day <input type="text" value="07"/> Year <input type="text" value="2017"/> Hour <input type="text" value="06"/> Min <input type="text" value="08"/> Sec <input type="text" value="31"/> Controlled: _____ Last Unit Cleared: Month <input type="text" value="01"/> Day <input type="text" value="07"/> Year <input type="text" value="2017"/> Hour <input type="text" value="09"/> Min <input type="text" value="39"/> Sec <input type="text" value="01"/>	Local Option: <input type="text" value="B"/> Shift or Platoon: <input type="text" value="1"/> Alarms: <input type="text" value="D2"/> District: _____ E3 Special Studies Local Option: _____ Special Study ID#: _____ Special Study Value: _____

F Actions Taken	G1 Resources	G2 Estimated Dollar Losses and Values
11 <input type="text" value="1"/> Extinguishment by fire service personnel 12 <input type="text" value="1"/> Salvage & overhaul 51 <input type="text" value="1"/> Ventilate	Check box if resources counts include aid received resources. Suppression: Apparatus <input type="text" value="15"/> Personnel <input type="text" value="0"/> EMS: <input type="text" value="1"/> <input type="text" value="0"/> Other: <input type="text" value="3"/> <input type="text" value="0"/>	LOSSES: Required for all fires if known. Colored for non-fires. None Property \$ <input type="text" value="5,000"/> Contents \$ <input type="text" value="0"/> X PRE-INCIDENT VALUE: Optional Property \$ _____ Contents \$ _____

Completed Modules	H1 Casualties	H3 Hazardous Materials Release	I Mixed Use Property
<input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 WildLand Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 Arson-11	<input checked="" type="checkbox"/> None Death: Fire Service <input type="text" value="0"/> Civilian <input type="text" value="0"/> Injury: Fire Service <input type="text" value="0"/> Civilian <input type="text" value="0"/> H2 Detector 1 Required for confined fires. Detector alerted occupants 2 Detector did not alert occupants U Unknown	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	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 80 Industrial use 63 Military use 65 Farm use NN Not mixed use

B Property Details

B1 1 Not Residential
Estimate number of residential living units in building of origin whether or not all units became involved

B2 0 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.

<u> </u> On-site material (1)	<u> </u>	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
<u> </u> On-site material (2)	<u> </u>	
<u> </u> On-site material (3)	<u> </u>	

D Ignition

D1 76 Wall surface: exterior
Area of fire origin

D2 84 Conducted heat from another fire
Heat Source

D3 99 Multiple items first ignited
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

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 None

Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition
Check all applicable boxes

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

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

 MN
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

J1 Structure Type <small>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</small> Structure type, other 1 <input checked="" type="checkbox"/> Enclosed building 2 Fixed portable or mobile structure 3 Open structure 4 Air-supported structure 5 Tent 6 Open platform 7 Underground structure work area 70 Testing 8 Connective structure	J2 Building Status Building status, other 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	J3 Building Height <small>Count the roof as part of the highest story.</small> Total number of stories at or above grade: <input type="text" value="1"/> Total number of stories below grade: <input type="text" value="1"/>	J4 Main Floor Size <small>Total square feet</small> <input type="text" value="1"/> <input type="text" value="056"/> <small>Length in feet</small> BY <small>Width in feet</small> <input type="text" value="OR"/>
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J1 Fire Origin <input type="text" value="1"/> Below Grade <small>Story of fire origin</small> J2 Fire Spread <small>If fire spread was confined to object of origin, do not check a box (ref. block D3, Fire Module).</small> 1 Confined to object of origin 2 Confined to room of origin 3 Confined to floor of origin 4 Confined to building of origin 5 <input checked="" type="checkbox"/> Beyond building of origin	J3 Number of Stories Damaged by Flame <small>Count the roof as part of the highest story.</small> Number of stories 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): <input type="text"/>	K Type of Material Contributing Most to Flame Spread <small>Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.</small> K1 <input type="text"/> <input type="text"/> <small>Item contributing most to flame spread</small> K2 <input type="text"/> <input type="text"/> <small>Type of material contributing most to flame spread</small> <small>Required only if item contributing code is 00 or <70</small>
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L1 Presence of Detectors <small>(in area of the fire)</small> 1 Present N None present U <input checked="" type="checkbox"/> Undetermined L2 Detector Type 0 Detector type, other 1 Smoke 2 Heat 3 Combination smoke and heat in a single unit 4 Sprinkler, water flow detection 5 More than one type present U Undetermined	L3 Detector Power Supply 0 Detector power supply, other 1 Battery only 2 Hardwire only 3 Plug-in 4 Hardwire with battery backup 5 Plug-in with battery backup 6 Mechanical 7 Multiple detectors and power supplies U Undetermined L4 Detector Operation 1 Fire too small to activate detector 2 Detector operated 3 Detector failed to operate U Undetermined	L5 Detector Effectiveness <small>Required if detector operated</small> 1 Detector alerted occupants, occupants responded 2 Detector alerted occupants, occupants failed to respond 3 There were no occupants 4 Detector failed to alert occupants U Undetermined L6 Detector Failure Reason <small>Required if detector failed to operate</small> 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
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M1 Presence of Automatic Extinguishing System 1 Present 2 Partial System Present N <input checked="" type="checkbox"/> None Present U Undetermined M2 Type of Automatic Extinguishing System <small>Required if fire was within designed range of AES</small> 0 Special hazard system, other 1 Wet-pipe sprinkler system 2 Dry-pipe sprinkler system 3 Other sprinkler system 4 Dry chemical system 5 Foam system 6 Halogen-type system 7 Carbon dioxide system U Undetermined	M3 Operation of Automatic Extinguishing System <small>Required if fire was within designed range</small> 0 Operation of AES, other 1 System operated and was effective 2 System operated and was not effective 3 Fire too small to activate system 4 System did not operate U Undetermined M3 Number of Sprinkler Heads Operating <small>Required if system operated</small> <input type="text"/> <small>Number of sprinkler heads operating</small>	M5 Reason for Automatic Extinguishing System Failure <small>Required if system failed or not effective</small> 0 Reason system not effective, other 1 System shut off 2 Not enough agent discharged to control the fire 3 Agent discharged, but did not reach the fire 4 Inappropriate system for the type of fire 5 Fire not in area protected by the system 6 System components damaged 7 Lack of maintenance, including corrosion or heads painted 8 Manual intervention defeated the system U Undetermined
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J Property Use Structures					
419	<input checked="" type="checkbox"/> 1 or 2 family dwelling	341	Clinic, clinic-type infirmary	629	Laboratory or science laboratory
311	24-hour care Nursing homes, 4 or more persons	342	Doctor, dentist or oral surgeon office	819	Livestock, poultry storage
241	Adult education center, college classroom	615	Electric-generating plant	700	Manufacturing, processing
162	Bar or nightclub	213	Elementary school, including kindergarten	579	Motor vehicle or boat sales, services, repair
464	Barracks, dormitory	519	Food and beverage sales, grocery store	429	Multifamily dwelling
439	Boarding/rooming house, residential hotels	215	High school/junior high school/middle school	882	Parking garage, general vehicle
599	Business office	331	Hospital - medical or psychiatric	459	Residential board and care
131	Church, mosque, synagogue, temple, chapel	449	Hotel/motel, commercial	161	Restaurant or cafeteria
		539	Household goods, sales, repairs	571	Service station, gas station
		381	Jail, prison (not juvenile)	801	Warehouse
		984	Industrial plant yard - area	960	Street, other
981	Construction site	946	Lake, river, stream	936	Vacant lot
655	Crops or orchard	931	Open land or field		
919	Dump, sanitary landfill	607	Outside material storage area		
689	Forest, timberland, woodland	124	Playground		
938	Graded and cared-for plots of land	951	Railroad right-of-way		
961	Highway or divided highway	982	Residential street, road or residential driveway		

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

Property Use
Code
Property Use Description

K1 Person/Entity Involved

Local Option Business Name (if Applicable)

Area Code Phone Number

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

Number Prefix Street or Highway Street Type Suffix

City

Post Office Box
State Zip Code

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

Local Option Business Name (if Applicable)

Area Code Phone Number

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

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

Number Prefix Street or Highway Street Type Suffix

City

Post Office Box
State Zip Code

M Authorization

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

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

L Remarks

Local Option

SEE ORIGINAL NARRATIVE.

Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	17-00763	DATE OF INCIDENT: 01-07-2017	
TIME OF INCIDENT:	0604 hours	POLICE CASE #: N/A	
INVESTIGATOR(S):	J. Novak		
INCIDENT ADDRESS:	164 Stevens Street West, Saint Paul, MN 55107 162 Stevens Street West, Saint Paul, MN 55107		
OCCUPANT NAME:	Markaus Smith	PHONE: 651-307-3553	
OWNER NAME:	Superior Dvlpmt Inc Jeanne M. Becker	PHONE: Unknown 651-221-0194	
ADDRESS OF OWNER:	474 Minnehaha Avenue West, Saint Paul MN 55103-1523 162 Stevens Street West, Saint Paul, MN 55107		
PROPERTY DAMAGED:	Garage/House/Vehicle House	AREA OF ORIGIN: Garage northeast corner	
DAMAGE ESTIMATE:	Building \$200,000 \$5,000	Vehicle \$25,000	Other (Describe) \$
VALUE:	Building \$122,100 \$81,100	Vehicle \$25,000	Other (Describe) \$
Damage Estimate CONTENTS ONLY:	\$50,000 \$0		
INJURY/DEATH (if yes, explain)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
SMOKE DETECTOR, SPRINKLER, and CARBON MONOXIDE INFORMATION:	Smoke Detector Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Detector Functioning: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Sprinkler System Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Sprinkler Heads activated: <input type="checkbox"/> Yes # <input 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 crews responded to a report of a house fire. Upon their arrival, they found an attached two-car garage fully involved extending into the house and the adjacent house. Upon extinguishment, the origin of the fire was determined to be in the northeast corner of the garage where the occupants stated there was a small metal pail for cigarettes. Eight people were inside the house at the time of the fire. There were no injuries reported. Investigation revealed that one of the guests had been smoking in the garage approximately 45 minutes to one hour prior to the fire. The pail was located next to recycling and mattresses. The fire was also first seen towards the northeast corner of the garage. The ignition source was a discarded cigarette. The first material ignited was other cigarettes then recyclables and mattresses. The action that brought them together was an occupant discarding a cigarette. The classification of fire cause is accidental.		
DISPOSITION:	<input type="checkbox"/> E-mail only <input type="checkbox"/> Hold Scene until approved		

<input type="checkbox"/>	DO NOT DEMOLISH until approved	<input checked="" type="checkbox"/>	Scene Released
<input type="checkbox"/>	Analysis of Evidence Pending	<input checked="" type="checkbox"/>	Report to Follow

DFSS Form #141 (12/19/2013)

FIRE INVESTIGATION REPORT

INCIDENT NO: 17-00763

DATE: 01/07/2017

TIME: 0604 HOURS

ADDRESS: 164 STEVENS ST W
162 STEVENS ST W

INSURANCE CO: UNKNOWN (owners)
NONE (occupants)

DAMAGE ESTIMATE: \$225,000 (house/garage/vehicle-164)
\$5,000 (exposure house-162)

SYNOPSIS: On Saturday, January 7, 2017, at approximately 0604 hours, the Saint Paul Fire Department responded to a report of a garage fire. The location of the incident was 164 Stevens Street West. Upon the fire department's arrival, they found a two-car attached garage fully involved with fire extending to attached house and the neighboring house. Investigation revealed the fire originated within the interior of the attached garage at 164 Stevens Street West in the northeast corner. A visitor to the property had been smoking approximately 30 minutes prior to the fire and had placed their cigarette in an almost full metal container adjacent to a recycling bin in the northeast corner of the attached garage. The classification of fire cause is accidental.

PEOPLE: Property Owner (164 Stevens St W), SUPERIOR DEVELOPMENT, INC., 474 Minnehaha Avenue West, Saint Paul, MN 55103, unknown phone number.

Occupant, MARKAUS BRADFORD SMITH, 164 Stevens Street West, 55107, 651-307-3553, DOB 10/17/1994.

Occupant, MATTHEW GREGORY CASSIN, 164 Stevens Street West, 55107, 651-398-9856, DOB 12/23/1994.

Occupant, MICHAEL JOSEPH MIX, 164 Stevens Street West, 55107, 612-709-8205, DOB 08/17/1995.

Occupant, ARMAND RANDALL HAYNE, 164 Stevens Street West, 55107, 651-331-0347, DOB 08/13/1995.

Visitor/Occupant, ANDREW GEORGE LABATTE, no permanent address or phone number, DOB 12/15/1990.

Exposure Property Owner/Occupant, JEANNE M. BECKER, 162 Stevens Street West, 55107, 651-221-0194.

BACKGROUND: I received notification of the fire via the Communications Center at approximately 0604 hours. I responded to the incident scene and arrived at approximately 0617 hours. At the time of my arrival fire personnel were extinguishing the fire within the garage and house. The temperature at the time of the incident was approximately 25°F and calm winds. Weather was not a factor in the ignition of this fire.

PROPERTY DESCRIPTION: The fire damaged property is a large two-story single family dwelling with an attached two-car garage. The exterior of the building contained vinyl siding. The structure ran north to south in length and the front of the structure faces north. The attached garage is located on the south side of the house and the garage also runs north to south length and faces west.

EXPOSURE PROPERTY DESCRIPTION: The fire damaged property at 162 Stevens Street West is a single family dwelling. The exterior of the dwelling contained steel siding.

EXTERIOR EXAMINATION: Visual inspection of the buildings at 164 Stevens Street West found that the house's north side was intact with very little damage; only smoke staining coming out the front door along with smoke stained windows. On the east side of the house the entire garage was extensively damaged by the fire. The fire burned along the east wall, travelling north damaging the home at 162 Stevens Street West. Examination of the west side of the house found heat and flame damage coming out of the living room and dining room windows. On the south side of the house there was damage to the siding from the garage fire extending into the interior of the house and up into the attic area.

Examination of the garage found there was extensive damage to the entire garage. The roof had partially collapsed inwards.

EXPOSURE EXAMINATION: Visual inspection of the exterior of the home at 162 Stevens Street West found scorching to their steel siding. There was no interior damage sustained to this house.

INTERIOR EXAMINATION: Visual inspection of the garage interior found a 2017 Mazda 6. This vehicle was extensively burned within the interior and on the exterior. This vehicle is a total loss.

Observations within the interior northeast corner of the garage I found the worst and most extensive fire damage. The steps leading into the home in this corner were mostly burned away as was the adjacent wall for the house. The fire extended into the home's kitchen and then into the living room, spreading throughout the main floor.

Inspection of the home's basement found no fire damage, only light smoke and water damage. The appliances in the basement were examined. I have eliminated the water heater, washer, dryer, boiler, and electrical panel to be possible ignition sources for the fire due to their location in relation to the origin of the fire as well as none of them sustained any fire damage.

On the second floor of the home I found extensive smoke damage throughout with some heat damage due to burning in the southeast corner.

INTERVIEWS: Occupant, MARKAUS BRADFORD SMITH, was interviewed and he stated:

- I arrived home at about 4:00 p.m.
- I parked in the street.
- I was talking and drinking with ANDREW last night.
- I smoked a cigarette and put my cigarette on the front step.
- ANDREW had smoked a cigarette while we were in the garage.
- I have lived here about a year or so.
- I do not have any renter's insurance.
- We have had some electrical problems in the house but none in the garage.
- The only thing plugged in and running in the garage would have been the garage door opener.
- The cigarette butts are put in a small blue metal pail that is right outside the house, in the garage, next to the steps and the recycling bin.
- I live here with three other people.
- We have our girlfriends over a lot.
- At the time of the fire I think there were eight people in the house.

Visitor/Occupant, ANDREW GEORGE LABATTE, was interviewed and stated:

- I am homeless and have been staying here on the couch for about the last month.

- I have been up and drinking and smoking all night.
- I smoked my last cigarette in the garage.
- I put my cigarette in the pail.
- I was inside the house talking to MARKAUS when I smelled smoke.
- I then saw a fire through the bay window outside at the garage.
- I never heard a smoke detector sounding.
- The lights in the house were out.
- I believe that my cigarette may have caused the fire and I feel bad.
- The fire was right where the cigarette pail is located.

Occupant, MATTHEW GREGORY CASSIN, was interviewed and stated:

- I have lived here just over a year.
- I have no renter's insurance.
- I got home last night about 5:00 p.m.
- I went to bed at around 1:30 a.m.
- I woke up when I heard people yelling.
- When I woke up I heard a smoke detector sounding.
- I cannot think of any electrical problems that would cause a fire.
- No one has done any painting or staining in the house.
- My vehicle is a 2017 Mazda 6, it is brand new, and I have not had any problems with the car.
- The garage door was closed.

- I cannot think of anything that would have caused the fire except for smoking.
- The cigarette pail is right next to the recycling bin and a mattress that is in the garage.
- When I came out of the house I saw a fire burning right where we smoke in the garage.
- I took a video and photos of the fire as it was burning.

Occupant, MICHAEL JOSEPH MIX, was interviewed and stated:

- I have lived here over a year.
- I have no renter's insurance.
- I got home last night about 6:00 p.m.
- I made some food and then went upstairs with my girlfriend.
- I woke up at about 5:45 a.m. to get ready for work.
- I was getting ready when I heard yelling and then someone yelled, "Fire".
- I looked outside and saw a fire burning in the corner of the garage.
- I was last in the garage when I came home from work last night.
- I don't know of any electrical problems in the garage.
- The house has had some electrical problems with faulty wires, but nothing in the garage.
- The only thing plugged in and running in the garage would have been the garage door opener.
- I quit smoking January 1 (2017).
- The smoke detectors were sounding.
- No one has done any painting, staining, welding, or soldering.
- I cannot think of anyone that is mad at us.

Occupant, ARMAND RANDALL HAYNE, was interviewed and he stated:

- I have lived here over a year and I do not have any renter's insurance.
- I got home at about 3:30 p.m. and then left to go get some food.
- I smoked a cigarette out front.
- When we smoke we use a blue metal container in the garage to put our butts in.
- The last time I was in the garage was at about 9:00 p.m.
- No one has done any painting, staining, welding, or soldering and I do not know of any electrical problems in the garage.
- I learned about the fire when I heard people yelling and the alarms sounding.
- I saw the fire through the windows.
- I cannot think of anyone mad at us.
- I believe there were eight people in the house last night.

After the interviews were completed I concentrated my investigation in the northeast corner of the garage. I was unable to find any remnants of the blue metal container of cigarette butts, but I did notice the most severe burning was in this area.

PHOTOGRAPHS: Digital photographs were taken.

EVIDENCE: No evidence was collected.

CONCLUSION: After examination of the fire scene and the interviews conducted it is my opinion based on my education, background, and experience as well as fire patterns of both movement and intensity that this fire originated within the interior northeast corner of the garage. All competent ignition sources have been eliminated except for a discarded cigarette butt into a full metal container of cigarette butts. The first material ignited was discarded cigarette butts and then nearby materials within the recycling container. The action that brought these items together was a discarded cigarette. The classification of fire cause is accidental. This concludes my investigation and report. This concludes my investigation and report.

J. Novak, Fire Investigator, B Shift, 01/10/2017

JJN/su

