

A FDID * 62210 State * MN Incident Date * 12 18 2009 Station 14 Incident Number * 09-0032448 Exposure * 000 Delete Change No Activity NFIRS -1 Basic

B Location* 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 0325 - 00

Street address 922 THOMAS AVE
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection In front of Rear of Adjacent to Directions

SAINT PAUL MN 55104
 Apt./Suite/Room City State Zip Code

Gross street or directions, as applicable

C Incident Type *
111 Building fire
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm Date. ALARM always required
 Alarm * 12 18 2009 02:28:48
 Month Day Year Hr Min Sec

E2 Shift & Alarms Local Option
B 01 D1
 Shift or Alarms District Platoon

D Aid Given or Received*

1 Mutual aid received
 2 Automatic aid recv.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None

Their FDID Their State
 Their Incident Number

ARRIVAL required, unless canceled or did not arrive
 Arrival * 12 18 2009 02:32:52
 Month Day Year Hr Min Sec

CONTROLLED Optional, Except for wildland fires
 Controlled

LAST UNIT CLEARED, required except for wildland fires
 Last Unit 12 18 2009 05:14:28
 Cleared

E3 Special Studies Local Option
 Special Study ID# Special Study Value

F Actions Taken *

11 Extinguishment by fire
 Primary Action Taken (1)

12 Salvage & overhaul
 Additional Action Taken (2)

51 Ventilate
 Additional Action Taken (3)

G1 Resources *

Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus 0013 Personnel
 Suppression EMS Other

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 \$ 240 000
 Contents \$ 000 000

PRE-INCIDENT VALUE: Optional
 Property \$ 000 000
 Contents \$ 000 000

Completed Modules

Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1* Casualties None
 Deaths Injuries
 Fire Service
 Civilian

H2 Detector Required for Confined Fires.
 Detector alerted occupants
 Detector did not alert them
 Unknown

H3 Hazardous Materials Release

None
 1 Natural Gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21 lb. tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling < 55 gallons
 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

Not Mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Bus. & Residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 Other mixed use

J Property Use* Structures

131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school or kindergarten
 215 High school or junior high
 241 College, adult education
 311 Care facility for the aged
 331 Hospital

341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1-or 2-family dwelling
 429 Multi-family dwelling
 439 Rooming/boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales

539 Household goods, sales, repairs
 579 Motor vehicle/boat sales/repair
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 629 Laboratory/science lab
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

Outside

124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field

936 Vacant lot
 938 Graded/care for plot of land
 946 Lake, river, stream
 951 Railroad right of way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway

981 Construction site
 984 Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box.
 Property Use 511
Convenience store
 NFIRS-1 Revision 03/11/99

A FDID 62210 * State MN * Incident Date 12 18 2009 * Station 14 Incident Number 09-0032448 * Exposure 000 * Delete Change No Activity **NFIRS -2 Fire**

B Property Details

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

B2 001 Buildings not involved
 Number of buildings involved

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

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 or more boxes for each code entered.

On-site material (1) NNN None

On-site material (2) _____

On-site material (3) _____

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

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D Ignition

D1 50 Service facilities,
 Area of fire origin *

D2 UU Undetermined
 Heat source *

D3 UU Undetermined
 Item first ignited * 1 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 box if this is an exposure report. Skip to section G

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

UU Undetermined None
 Factor Contributing To Ignition (1)

_____ None
 Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 Asleep None
 2 Possibly impaired by alcohol or drugs
 3 Unattended person
 4 Possibly mental disabled
 5 Physically Disabled
 6 Multiple persons involved

7 Age was a factor
 Estimated age of person involved _____

1 Male 2 Female

F1 Equipment Involved In Ignition

None If Equipment was not involved, Skip to Section G

_____ Equipment Involved

Brand _____

Model _____

Serial # _____

Year _____

F2 Equipment Power

_____ Equipment Power Source

F3 Equipment Portability

1 Portable
 2 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. None

_____ Fire suppression factor (1)

_____ Fire suppression factor (2)

_____ Fire suppression factor (3)

H1 Mobile Property Involved

None

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

_____ Mobile property model

_____ Year

_____ License Plate Number _____ State _____ VIN Number _____

H2 Mobile Property Type & Make

_____ Mobile property type

_____ Mobile property make

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

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 <u>001</u> Total number of stories at or above grade <u>001</u> Total number of stories below grade	I4 Main Floor Size* NFIRS-3 Structure Fire <u> </u> , <u>001</u> , <u>000</u> Total square feet OR <u> </u> , <u> </u> BY <u> </u> , <u> </u> Length in feet Width in feet
J1 Fire Origin * <u>001</u> <input checked="" type="checkbox"/> Below Grade Story of fire origin	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <u> </u> Number of stories w/ minor damage (1 to 24% flame damage) <u> </u> Number of stories w/ significant damage (25 to 49% flame damage) <u> </u> Number of stories w/ heavy damage (50 to 74% flame damage) <u> </u> 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 <u> </u> <u> </u> Item contributing most to flame spread K2 <u> </u> <u> </u> 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 checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * (In area of the fire) N <input checked="" type="checkbox"/> None Present — Skip to section M 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input 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	M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	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
M4 Number of Sprinkler Heads Operating Required if system operated <u> </u> Number of sprinkler heads operating			

K1 Person/Entity Involved Local Option Business name (if applicable) **THOMAS CONVENIENT STORE/DELI** Area Code **651** - Phone Number **645** - **8538**

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

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

Number **922** Prefix **THOMAS** Street or Highway **AVE** Street Type Suffix

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

State **MN** Zip Code **55104**

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

K2 Owner Same as person involved? Then check this box and skip The rest of this section. Local Option Business name (if Applicable) **763** - **788** - **0233**

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

Mr., Ms., Mrs. First Name **ABDUL** MI Last Name **TEL** Suffix

Number **4456** Prefix **VAN BUREN** Street or Highway **AVE** Street Type Suffix

Post Office Box **COLUMBIA HEIGHTS** Apt./Suite/Room City

State **MN** Zip Code **55421**

L Remarks Local Option

ENGINE #18 FOUND FIRE BURNING IN THE BASEMENT OF A GROCERY STORE. ENGINE #5 AND ENGINE #18 EACH PULLED HOSE LINE. ENGINE #22 PULLED WATER SUPPLY TO ENGINE #18. ENGINE #5 ALSO HAD WATER SUPPLY. LADDER #18 PUT UP GROUND LADDERS. NO ONE WAS IN THE BUILDING. WINDOWS WERE BROKE TO HELP VENTILATE. BOARD-UP WAS CALLED. XCEL ENERGY WAS CALLED. FIRE INVESTIGATOR NOVAK ON SCENE. FIRE WAS PUT OUT WITH FOAM WHICH TOOK ABOUT 1 HOUR TO BRING FIRE UNDER CONTROL.

L Authorization

8591 **GUERIN, DINO P** **150** **C1** **12** **19** **2009**
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. **8591** **GUERIN, DINO P** **150** **C1** **12** **19** **2009**
 Member making report ID Signature Position or rank Assignment Month Day Year

INCIDENT DISPOSITION

REMINDER: All information on this form is for fire department use only.

ALL MEDIA inquiries are to be directed to the Fire Marshal at 651-315-5689 or the Deputy Fire Chief at 651-228-6214.

INCIDENT NUMBER:	932448	DATE OF INCIDENT:	12-18-09
TIME OF INCIDENT:	0228 hours	POLICE CASE #:	na
INVESTIGATOR(s):	Novak		
INCIDENT ADDRESS:	922 Thomas Ave		
OCCUPANT:	Thomas Convenient store and deli	PHONE:	651-645-8538
OWNER:	Abdul Tel/Naifha Wraidat	PHONE:	763-788-0233 sons cell 763-442-8542
ADDRESS:	4456 Van Buren Ave Columbia Hts MN		
PROPERTY DAMAGED:	Commercial Store		
DAMAGE ESTIMATE Contents:	90,000	AREA OF ORIGIN:	basement furnace room
DAMAGE ESTIMATE Building:	150,000		
BUILDING VALUE:	227800		
INJURY/DEATH (if yes, explain):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
SMOKE DETECTOR/SPRINKLER INFORMATION:	Smoke Detector Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Detector Functioning: <input type="checkbox"/> Functioning <input type="checkbox"/> Not Functioning <input type="checkbox"/> Unknown Sprinkler System Present: <input type="checkbox"/> Yes <input type="checkbox"/> No Sprinkler Heads activated: <input type="checkbox"/> Yes <input type="checkbox"/> No How Many heads:		
FIRE CAUSE:	<input type="checkbox"/> Accidental <input type="checkbox"/> Incendiary <input checked="" type="checkbox"/> Undetermined <input checked="" type="checkbox"/> Under Investigation <input type="checkbox"/> Negligent <input type="checkbox"/> Juvenile/Incendiary <input type="checkbox"/> Child (under 10 years old)		
SYNOPSIS:	One story commercial building occupied as a convenience store and deli. Heavy smoke showing upon arrival. Large hole found in floor in center of store. Investigation revealed fire started somewhere in furnace room . Fire appears to have started high in room. Owner has had no problems, no one mad. Due to sagging floors and shelving upstairs above hole, i am unable to further investigate until shevles are removed. I will be coordinating investigation with insurance company. All doors found secure upon arrival. Board secured building.		

	<p>On 12-29-09 I responded with insurance investigators to the scene. We removed shelves from the floor above the area of fire origin. We examined the area of origin, the ceiling of the furnace room. Electrical engineer ruled out electrical problem. We were unable to rule out furnace or arson as possible causes. At this point in time this investigator sees nothing to indicate arson, but the will leave this fire as undetermined.</p>
DISPOSITION:	<ul style="list-style-type: none"><input type="checkbox"/> E-mail only<input type="checkbox"/> Narrative written<input checked="" type="checkbox"/> Report to Follow<input type="checkbox"/> Cleared by Arrest<input type="checkbox"/> Analysis of Evidence Pending<input checked="" type="checkbox"/> On-going Investigative Status<input checked="" type="checkbox"/> Hold Scene<input checked="" type="checkbox"/> Scene Released

FIRE INVESTIGATION REPORT

INCIDENT NO: 932448 DATE: 12/18/2009 TIME: 0228 HOURS

ADDRESS: 922 THOMAS AVE INSURANCE CO: UNKNOWN

DAMAGE ESTIMATE: \$300,000 CN#: 10-007-764

SYNOPSIS: On Friday, December 18, 2009, at 0228 hours the Saint Paul Fire Department responded to a report of a fire in a commercial building. The location of the incident was 922 Thomas Avenue. Upon the fire department's arrival they found heavy smoke coming from the building. The first floor was sagging and there was a hole found in the floor. Crews entered the basement and extinguished the fire around the furnace room. Investigation revealed the fire started in the furnace near the ceiling. At this time I am unable to eliminate the furnace or a possible arson fire as possible causes. This incident is undetermined.

PEOPLE: Property Owner, ABDUL ABRAHAM TEL, 4456 Van Buren Street Northeast, Columbia Heights, Minnesota, 55421, 763-788-0233, DOB 08/26/1951.

Owner's Son, ADAM ABDUL TEL, 4456 Van Buren Street Northeast, Columbia Heights, Minnesota, 55421, (cell)763-442-8542, DOB 07/13/1986.

BACKGROUND: I received notification of the fire via the Communications Center. I responded to the incident scene to begin my investigation. At the time of my arrival fire crews were attempting to extinguish the fire and heavy smoke was still coming from the building.

PROPERTY DESCRIPTION: The structure is a large, block constructed, one story commercial building containing a convenience store. The building contained a flat roof. The building ran north to south in length. The front of the store faces north.

EXTERIOR EXAMINATION: Visual inspection of the exterior noted no visible fire damage. Smoke staining was noted above several windows. Examination of the front doors showed signs of forced entry. Crews confirmed they forced the front door to gain access to the interior. Forced entry was also noted to the two rear doors; one on the first floor and one leading to the basement. The building was locked upon the fire department's arrival and all forced entry damage was caused by members of the fire department.

INTERIOR EXAMINATION: Visual inspection of the building interior noted extensive smoke damage throughout. The main fire damage was located in the center portion of the structure on the first floor. This is where the floor had collapsed and many of the stores shelves had slid into the hole.

Examination of the basement noted extensive smoke damage throughout. The main fire damage in the basement was found to be around the furnace room ceiling and hallway ceiling. The electrical panel was found in the southeast corner and I noted that numerous breakers were tripped. No fire damage was noted in this corner.

Due to the extensive damage sustained by the building, I was unable to complete a full investigation on the morning of the fire. I returned to the building several different times to conduct my investigation. During one of my visits I was met at the scene on Saturday, December 26, 2009, by ABDUL TEL. At that time he signed a consent search form for the property.

On Tuesday, December 29, 2009, I conducted an investigation of the property with MARK BISHOP of Prairieland Investigations, MATT WILBUR of Crane Engineering, and GARY HONG of On-site Engineering. We removed the debris from the shelves and the shelves were removed from the hole. The debris was then removed from the basement furnace room. We examined the furnace and the electrical wiring above. We determined there was nothing in the electrical that could have caused the fire. The furnace was found to be old and MATT WILBUR could not say for certain if there had been a gas leak at the furnace or a possible malfunction.

Most of the fire damage within the furnace room was high, with some localized low burning near the base of the furnace. This low burning could have been attributed to the debris falling off the shelves above, through the hole.

INTERVIEWS: Owner's Son, ADAM ABDUL TEL, stated:

- His father has owned the store for approximately one year, maybe a little longer.
- He works at his father's store part-time.
- The last time he worked was the night prior to the fire.
- He left the store at approximately 10:00 p.m.
- When he left that night he did not notice any problems.
- He believes there were three or four other people working that night.
- He does not smoke.

- There is no smoking allowed in the building.
- They locked the building when they left.
- They have not experienced any electrical problems.
- There have not been any problems with vandalism, burglary, or theft.
- He became aware of the fire by one of the neighbor's who called him and his father at home.
- Business has been doing very well.
- There are no financial problems.
- They have not had any problems with any of their employees.
- No one has been fired.
- The only items that would have been running were the furnace and water heater.
- He does not believe the video cameras work.
- There were no lights left on inside the store.
- They have not had any problems with the furnace.
- The electrical in the front part of the building had been re-wired by an electrician.
- There has been no service work done on the furnace.

Property Owner, ABDUL ABRAHAM TEL, stated:

- He has owned the property since August 2008.
- He built up the business and also remodeled over the summer, adding a deli.
- The remodel cost approximately \$70,000.
- He was working the night prior to the fire.

- He does not believe anyone had been in the basement the night prior to the fire.
- The doors going into the basement were locked.
- They have not had any problems with the furnace.
- They have not had any electrical problems.
- There are no flammable liquids stored in the basement.
- One of the times he came back to the property, after the fire, someone had gain accessed inside and had stolen numerous boxes of cigarettes and other items.

When I returned to the scene on December 29, 2009, I learned that someone had also gained access again to the property and had stolen more items from the store. I informed MR. ABDUL TEL that he should remove the cash machine from the property.

PHOTOGRAPHS: Digital photographs were taken.

EVIDENCE: No evidence was removed.

CONCLUSION: After examination of the fire scene and the interviews conducted it is my opinion based on the examination of fire patterns of both movement and intensity that the fire originated in the basement at ceiling level in the area directly above the furnace. At this time I am unable to eliminate a malfunction of the furnace or arson as possible causes for the fire. I believe that MR. TEL did not have anything to do with the ignition of this fire. This fire is undetermined. This investigation shall be referred to the Saint Paul Police Department for further follow-up. This concludes my investigation.

J. Novak, Fire Investigator, B Shift, 01/06/2010

JJN/su

