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|-----------------------------|----------------------------|-------------------------------|-----------------------------|------------------------------|--|------------------------------|--------------------------------|
| 62210 <small>FID</small> | MN <small>State</small> | 01 25 <small>MM DD</small> | 2017 <small>YYYY</small> | 08 <small>Station</small> | SPFD170125003038 <small>Incident Number</small> | 0 <small>Exposure</small> | NFIRS-1 Basic |
|-----------------------------|----------------------------|-------------------------------|-----------------------------|------------------------------|--|------------------------------|--------------------------------|

B Location Type Census Tract **0313** - **00**

Street address 970 **WOODBRIDGE** St

Intersection Number/Milepost Prefix Street or Highway Street Type Suffix

In front of SAINT PAUL MN 55117

Rear of Apt./Suite/Room City State Zip Code

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.

Cross Street, Directions or National Grid, as applicable

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---------------|------------------|----------------|------------------|----------------|---------------|---------------|---------|-----------|-----------|-------------|-----------|-----------|-----------|------------|--|--|--|--|--|--|-------------------|-----------|-----------|-------------|-----------|-----------|-----------|--|
| <p>C Incident Type 111 Building fire</p> <p>D Aid Given or Received</p> <p>1 Mutual aid received</p> <p>2 Automatic aid received</p> <p>3 Mutual aid given</p> <p>4 Automatic aid given</p> <p>5 Other aid given</p> <p>N <input checked="" type="checkbox"/> None</p> | <p>E1 Dates and Times Midnight is 0000</p> <p>Check boxes if dates are the same as Alarm Date.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Alarm</td> <td>Month 01</td> <td>Day 25</td> <td>Year 2017</td> <td>Hour 01</td> <td>Min 50</td> <td>Sec 31</td> </tr> <tr> <td>Arrival</td> <td>01</td> <td>25</td> <td>2017</td> <td>01</td> <td>52</td> <td>16</td> </tr> <tr> <td>Controlled</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last Unit Cleared</td> <td>01</td> <td>25</td> <td>2017</td> <td>04</td> <td>56</td> <td>16</td> </tr> </table> | Alarm | Month 01 | Day 25 | Year 2017 | Hour 01 | Min 50 | Sec 31 | Arrival | 01 | 25 | 2017 | 01 | 52 | 16 | Controlled | | | | | | | Last Unit Cleared | 01 | 25 | 2017 | 04 | 56 | 16 | <p>E2 Shifts and Alarms</p> <p>Local Option C 1 D2</p> <p>Shift or Platoon Alarms District</p> <p>E3 Special Studies</p> <p>Local Option _____</p> <p>Special Study ID# _____ Special Study Value _____</p> |
| Alarm | Month 01 | Day 25 | Year 2017 | Hour 01 | Min 50 | Sec 31 | | | | | | | | | | | | | | | | | | | | | | | | |
| Arrival | 01 | 25 | 2017 | 01 | 52 | 16 | | | | | | | | | | | | | | | | | | | | | | | | |
| Controlled | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Unit Cleared | 01 | 25 | 2017 | 04 | 56 | 16 | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | |
|--|---|--------------------|---------------------|--------------------|-----|----------|----------|-------|----------|----------|---|
| <p>F Actions Taken</p> <p>11 Extinguishment by fire service personnel</p> <p>Primary Action Taken (1) 20 Search & rescue, other</p> <p>Additional Action Taken (2) 12 Salvage & overhaul</p> <p>Additional Action Taken (3) _____</p> | <p>G1 Resources</p> <p><input checked="" type="checkbox"/> Check this box and test this block if an Apparatus or Personnel Module is used.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Suppression</td> <td>Apparatus 11</td> <td>Personnel 0</td> </tr> <tr> <td>EMS</td> <td>1</td> <td>0</td> </tr> <tr> <td>Other</td> <td>2</td> <td>0</td> </tr> </table> <p><small>Check box if resources counts include aid received resources.</small></p> | Suppression | Apparatus 11 | Personnel 0 | EMS | 1 | 0 | Other | 2 | 0 | <p>G2 Estimated Dollar Losses and Values</p> <p>LOSSES: <small>Required for all fires if known. Optional for non-fires.</small> None</p> <p>Property \$ 60,700</p> <p>Contents \$ 5,000</p> <p>PRE-INCIDENT VALUE: <small>Optional</small></p> <p>Property \$ _____</p> <p>Contents \$ _____</p> |
| Suppression | Apparatus 11 | Personnel 0 | | | | | | | | | |
| EMS | 1 | 0 | | | | | | | | | |
| Other | 2 | 0 | | | | | | | | | |

| | | | | | | | | | | | | |
|---|---|----------|-------|--------|--------------|----------|----------|----------|----------|----------|--|---|
| <p>Completed Modules</p> <p><input checked="" type="checkbox"/> Fire-2</p> <p><input checked="" type="checkbox"/> Structure Fire-3</p> <p>Civilian Fire Cas.-4</p> <p>Fire Service Cas.-5</p> <p>EMS-6</p> <p>HazMat-7</p> <p>WildLand Fire-8</p> <p><input checked="" type="checkbox"/> Apparatus-9</p> <p><input checked="" type="checkbox"/> Personnel-10</p> <p>Arson-11</p> | <p>H1 Casualties <input checked="" type="checkbox"/> None</p> <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> <p>H2 Detector</p> <p>1 <small>Required for confined fires.</small> Detector alerted occupants</p> <p>2 Detector did not alert occupants</p> <p>U Unknown</p> | | Death | Injury | Fire Service | 0 | 0 | Civilian | 0 | 0 | <p>H3 Hazardous Materials Release</p> <p>0 Special HazMat actions required or spill >= 55 gal.</p> <p>1 Natural gas: slow leak, no evac. or HazMat actions</p> <p>2 Propane gas - Less than a 21 lb. tank</p> <p>3 Gasoline - vehicle fuel tank or portable container</p> <p>4 Kerosene - fuel-burning equipment/portable storage</p> <p>5 Diesel fuel/fuel oil - vehicle fuel tank/portable</p> <p>6 Household/office solvent or chemical spill</p> <p>7 Motor oil - from engine or portable container</p> <p>8 Paint - spills less than 55 gallons</p> <p>N None</p> | <p>I Mixed Use Property</p> <p>00 Mixed use, other</p> <p>10 Assembly use</p> <p>20 Educational use</p> <p>33 Medical use</p> <p>40 Residential use</p> <p>51 Row of stores</p> <p>53 Enclosed mail</p> <p>58 Business and residential use</p> <p>59 Office use</p> <p>60 Industrial use</p> <p>63 Military use</p> <p>65 Farm use</p> <p>NN Not mixed use</p> |
| | Death | Injury | | | | | | | | | | |
| Fire Service | 0 | 0 | | | | | | | | | | |
| Civilian | 0 | 0 | | | | | | | | | | |

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**
Acres burned (outside fires) 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 box for each code entered.

| | | |
|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | 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 |
| <input type="text"/> | <input type="text"/> | |
| <input type="text"/> | <input type="text"/> | |

On-site material (1)

On-site material (2)

On-site material (3)

D Ignition

D1
Area of fire origin

D2
Heat Source

D3
Item first ignited

D4 **Check box if fire spread was confined to object of origin.**
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
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

Year

H2 Mobile Property Type and 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

| | | | |
|--|---|--|---|
| I1 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 <input checked="" type="checkbox"/> Enclosed building <input type="checkbox"/> Fixed portable or mobile structure <input type="checkbox"/> Open structure <input type="checkbox"/> Air-supported structure <input type="checkbox"/> Tent <input type="checkbox"/> Open platform <input type="checkbox"/> Underground structure work area <input type="checkbox"/> Testing <input type="checkbox"/> Connective structure | I2 Building Status Building status, other <input type="checkbox"/> Under construction <input checked="" type="checkbox"/> In normal use <input type="checkbox"/> Idle, not routinely used <input type="checkbox"/> Under major renovation <input type="checkbox"/> Vacant and secured <input type="checkbox"/> Vacant and unsecured <input type="checkbox"/> Being demolished <input type="checkbox"/> Undetermined | I3 Building Height <small>Count the roof as part of the highest story.</small> <input type="text" value="2"/> <small>Total number of stories at or above grade</small> <input type="text" value="1"/> <small>Total number of stories below grade</small> | I4 Main Floor Size <input type="text" value="1"/> <input type="text" value="500"/> <small>Total square feet</small> OR <input type="text"/> BY <input type="text"/> <small>Length in feet Width in feet</small> |
|--|---|--|---|

| | | |
|--|---|--|
| J1 Fire Origin <input type="text" value="2"/> 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 <input type="checkbox"/> Confined to room of origin <input type="checkbox"/> Confined to floor of origin <input checked="" type="checkbox"/> Confined to building of origin <input type="checkbox"/> Beyond building of origin | J3 Number of Stories Damaged by Flame <small>Count the roof as part of the highest story.</small> <input type="text"/> Number of stories with minor damage (1 to 24% flame damage) <input type="text" value="1"/> Number of stories with significant damage (25 to 49% flame damage) <input type="text"/> Number of stories with heavy damage (50 to 74% flame damage) <input type="text" value="1"/> Number of stories with extreme damage (75 to 100% flame damage) | K Type of Material Contributing Most to Flame Spread <small>Check if no flame spread OR if same as Material Fire Ignited (Block D4, Fire Module) OR if unable to determine.</small> K1 <input type="text"/> <small>Item contributing most to flame spread</small> K2 <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> |
|--|---|--|

| | | |
|---|--|---|
| L1 Presence of Detectors <small>(In area of the fire)</small> <input type="checkbox"/> Present <input type="checkbox"/> None present <input checked="" type="checkbox"/> Undetermined L2 Detector Type <input type="checkbox"/> Detector type, other <input type="checkbox"/> Smoke <input type="checkbox"/> Heat <input type="checkbox"/> Combination smoke and heat in a single unit <input type="checkbox"/> Sprinkler, water flow detection <input type="checkbox"/> More than one type present <input type="checkbox"/> Undetermined | L3 Detector Power Supply <input type="checkbox"/> Detector power supply, other <input type="checkbox"/> Battery only <input type="checkbox"/> Hardwire only <input type="checkbox"/> Plug-in <input type="checkbox"/> Hardwire with battery backup <input type="checkbox"/> Plug-in with battery backup <input type="checkbox"/> Mechanical <input type="checkbox"/> Multiple detectors and power supplies <input type="checkbox"/> Undetermined L4 Detector Operation <input type="checkbox"/> Fire too small to activate detector <input type="checkbox"/> Detector operated <input type="checkbox"/> Detector failed to operate <input type="checkbox"/> Undetermined | L5 Detector Effectiveness <small>Required if detector operated</small> <input type="checkbox"/> Detector alerted occupants, occupants responded <input type="checkbox"/> Detector alerted occupants, occupants failed to respond <input type="checkbox"/> There were no occupants <input type="checkbox"/> Detector failed to alert occupants <input type="checkbox"/> Undetermined L6 Detector Failure Reason <small>Required if detector failed to operate</small> <input type="checkbox"/> Detector failure reason, other <input type="checkbox"/> Power failure, hardwired det. shut off, disconnect <input type="checkbox"/> Improper installation or placement of detector <input type="checkbox"/> Defective detector <input type="checkbox"/> Lack of maintenance, includes not cleaning <input type="checkbox"/> Battery missing or disconnected <input type="checkbox"/> Battery discharged or dead <input type="checkbox"/> Undetermined |
|---|--|---|

| | | |
|---|---|--|
| M1 Presence of Automatic Extinguishing System <input type="checkbox"/> Present <input type="checkbox"/> Partial System Present <input checked="" type="checkbox"/> None Present <input type="checkbox"/> Undetermined M2 Type of Automatic Extinguishing System <small>Required if fire was within designed range of AES</small> <input type="checkbox"/> Special hazard system, other <input type="checkbox"/> Wet-pipe sprinkler system <input type="checkbox"/> Dry-pipe sprinkler system <input type="checkbox"/> Other sprinkler system <input type="checkbox"/> Dry chemical system <input type="checkbox"/> Foam system <input type="checkbox"/> Halogen-type system <input type="checkbox"/> Carbon dioxide system <input type="checkbox"/> Undetermined | M3 Operation of Automatic Extinguishing System <small>Required if fire was within designed range</small> <input type="checkbox"/> Operation of AES, other <input type="checkbox"/> System operated and was effective <input type="checkbox"/> System operated and was not effective <input type="checkbox"/> Fire too small to activate system <input type="checkbox"/> System did not operate <input type="checkbox"/> 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> <input type="checkbox"/> Reason system not effective, other <input type="checkbox"/> System shut off <input type="checkbox"/> Not enough agent discharged to control the fire <input type="checkbox"/> Agent discharged, but did not reach the fire <input type="checkbox"/> Inappropriate system for the type of fire <input type="checkbox"/> Fire not in area protected by the system <input type="checkbox"/> System components damaged <input type="checkbox"/> Lack of maintenance, including corrosion or heads painted <input type="checkbox"/> Manual intervention defeated the system <input type="checkbox"/> Undetermined |
|---|---|--|

| 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 |
| 593 | 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) | 891 | Warehouse |
| Outside | | 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 | 807 | Outside material storage area | | |
| 689 | Forest, timberland, woodland | 124 | Playground | | |
| 938 | Graded and cared-for plots of land | 951 | Railroad right-of-way | | |
| 981 | 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: **419**
 1 or 2 family dwelling
 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 lines 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

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: **651** Phone Number: **216** - **1172**

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

M Authorization

| | | | | | | |
|-------------------------|---------------|------------------|------------|-------|-----|------|
| 4885 | Michael Gaede | DC | C2 | 01 | 26 | 2017 |
| Officer in charge ID | Signature | Position or rank | Assignment | Month | Day | Year |
| 4885 | Michael Gaede | DC | C2 | 01 | 26 | 2017 |
| Member Making report ID | Signature | Position or rank | Assignment | Month | Day | Year |

L Remarks

FIRE AND RESCUE CREWS RESPONDED TO THE REPORT OF A STRUCTURE FIRE WITH FLAMES SEEN BURNING THROUGH THE ROOF. THE INITIAL ARRIVING FIRE UNITS RECOGNIZED THIS AS DEFENSIVE FIRE CONDITIONS AND IMMEDIATELY STARTED EXTINGUISHMENT EFFORTS FROM THE OUTSIDE. THE FIRE HAD BURNED THROUGH THE ROOF PRIOR TO THE ARRIVAL OF THE FIRE DEPARTMENT. IT WAS REPORTED THAT THERE WERE NO VICTIMS IN THE DWELLING AND IT WAS A VACANT STRUCTURE. WATER SUPPLIES WERE ESTABLISHED AND MASTER STREAM OPERATIONS BEGAN.

THE MAIN BODY OF FIRE WAS ON THE SECOND FLOOR WITH EXTENSION TO THE FIRST FLOOR. AFTER THE FIRE WAS EXTINGUISHED, A SMALL CREW WAS SENT IN TO CONFIRM THAT THERE WERE NO VICTIMS AND FOR FINAL EXTINGUISHMENT OF ANY HOT SPOTS.

XCEL POWER AND ELECTRIC ARRIVED ON SCENE AND DISCONNECTED BOTH GAS AND POWER. BOARD-UP ARRIVED AND SECURED THE DWELLING. FIRE INVESTIGATOR ASPNES HAS DETERMINED THAT THE CAUSE IS "UNDER INVESTIGATION."

Saint Paul Fire Department FIRE INCIDENT DISPOSITION



| | | | | |
|---|--|--|--|---|
| INCIDENT NUMBER: | 17-03038 | DATE OF INCIDENT: | 01/25/2017 | |
| TIME OF INCIDENT: | 0150 hours | POLICE CASE #: | 17-017-481 | |
| INVESTIGATOR(s): | M. Aspnes and B. Ricketson | | | |
| INCIDENT ADDRESS: | 970 Woodbridge Street, Saint Paul, MN 55117 | | | |
| OCCUPANT NAME: | Unknown | PHONE: | Unknown | |
| OWNER NAME: | Chai Vang & Xia Lee | PHONE: | 651-216-1172 | |
| ADDRESS OF OWNER: | 970 Woodbridge Street, Saint Paul, MN 55117 | | | |
| PROPERTY DAMAGED: | Single family dwelling | AREA OF ORIGIN: | Second floor living space | |
| DAMAGE ESTIMATE: | Building \$60,700 | Vehicle \$ | Other (Describe) \$ | |
| VALUE: | Building \$60,700 | Vehicle \$ | Other (Describe) \$ | |
| Damage Estimate CONTENTS ONLY: | \$5,000 | | | |
| 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 type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" 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 type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unknown |
| FIRE CAUSE CLASSIFICATION: | <input 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 checked="" type="checkbox"/> Under Investigation | | | |
| SYNOPSIS: | <p>The fire department was dispatched for a reported dwelling fire with flames seen. Firefighters arrived to find a single-family dwelling with heavy fire on the second floor, as well as the stairwell to the second floor. Firefighters extinguished the fire and performed overhaul. A 9-1-1 caller reports that the previous residents moved out of the building approximately 1 week prior to this fire. Very few belongings remained in the building and it appeared vacant. It is unknown if power was still present in the building. Heavy fire damage mainly to the second floor with some minor extension to the first floor via the stairway. Conditions on the second floor reached flashover and also involved some structural collapse. Due to extensive water applied during suppression and the severity of fire damage, no clear point of origin could be determined. The ignition source is unknown. The first fuel ignited is unknown. The classification of fire cause at this time is "under investigation".</p> | | | |
| 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 | | |

FIRE INVESTIGATION REPORT

INCIDENT NO: 17-03038

DATE: 01/25/2017

TIME: 0150 HOURS

ADDRESS: 970 WOODBRIDGE STREET

INSURANCE CO: UNKNOWN

DAMAGE ESTIMATE: \$65,700

CN#: 17-017-481

SYNOPSIS: On Wednesday, January 25, 2017, at approximately 0150 hours, the Saint Paul Fire Department was called to a report of a residential structure fire. The location of the incident was 970 Woodbridge Street. Upon the fire department's arrival, Ladder #22's crew found what appeared to be a one and a half story dwelling with a fully involved second floor with fire venting through the roof. Crews extinguished the fire and performed overhaul. Investigation revealed the fire appeared to have started somewhere on the second floor. Witnesses on scene stated that the home is vacant. The ignition source was probably an open flamed device. The first material ignited was possibly vapors from a flammable liquid or ordinary combustibles present in the building. The act that brought them together was probably an intentional human act. The classification of fire cause is undetermined.

PEOPLE: Property Owner/Occupant, CHAI VANG, 970 Woodbridge Street, Saint Paul, MN 55117, 651-216-1172, DOB unknown.

Other person/9-1-1 caller,

BACKGROUND: I received notification of the fire via the Communications Center at approximately 0150 hours. I responded to the incident scene and arrived at approximately 0202 hours. Fire extinguishment was in progress upon my arrival. The building was reported to be vacant and no occupants were found in the structure. Weather conditions were cloudy skies with light snow and north winds at approximately 7 mph. The air temperature was approximately 31° Fahrenheit.

Ladder #22's crew arrived to find a fully involved second floor with fire venting through the roof at the peak. Ladder #22's crew forced entry into the building at both the front and rear doors. The front door was locked, but the rear door was not tried prior to being forced, so it is unknown if there was any forced entry prior to fire department arrival. Due to heavy fire, Ladder #22's crew decided to switch to defensive operations, and deployed a high volume master stream into the second floor. Several other hose streams were used to flow water into the second floor. Eventually, entry was made into the dwelling after allowing the second floor to partially drain.

PROPERTY DESCRIPTION: The structure is a one and a half story, single family dwelling of wood framed construction with exterior vinyl siding. The building measured approximately 30 feet wide by 50 feet deep. The address side faced west and the building ran east to west. Smoke detectors were not present.

EXTERIOR EXAMINATION: Visual inspection of the west side revealed the main front entrance present in the center of the first floor, with intact windows on either side. Water was flowing from under the front door. Fire was visible venting from the second floor window, with significant heat and smoke damage to the siding starting from below the window sill and extending up to the eaves.

Visual inspection of the north side revealed five windows of various sizes on the first floor. Some of the windows were broken. The roof line extended down to the top of the first floor. No heat or fire damage was visible to the north side.

Examination of the east side revealed an entry door in the middle of the first floor with windows on either side. One broken window was present on the second floor. Heavy heat and smoke damage was present from the level of the first floor ceiling extending up to the peak of the roof. The power drop was present on the east side of the building just to the north of the rear entry door. The electric meter had been removed and a clear cover was in its place. The electric meter socket was under a secured blue tarp upon the fire department's arrival, indicating that the meter had probably been removed prior to the time of the fire and that the building was not energized at the time of the fire. It is unknown where the gas meter was located, but gas appliances were present inside the dwelling.

Inspection of the south side revealed six windows of various sizes, as well as three basement windows. A few of the first floor windows were broken. The roof line extended to the first floor ceiling level. No smoke or heat damage was observed on the first floor siding.

The roof covering was asphalt shingles and the roof had significant mass loss and a partial collapse at the peak, next to the chimney. The collapsed portion of the roof is about half way between the west and east ends of the building.

INTERIOR EXAMINATION: Visual inspection of the basement interior revealed large amounts of suppression water leaking from the floor above and standing water approximately two to three feet deep. No heat or smoke damage was observed. The fuse panel on the east wall appeared to have no blown fuses. The furnace and water heater appeared to be undamaged by the fire. The washer and dryer in the basement also appeared undamaged by the fire. The basement had almost no contents other than appliances.

Examination of the first floor revealed smoke and heat damage at the ceiling level only. Significant suppression water was draining from the second floor above. The kitchen appliances appeared undamaged by fire. Minimal contents were present and the home appeared vacant. Only a small amount of time was spent on the first floor due to the large loading of the floor above by water as indicated by some sagging ceiling members.

The door located at the base of the stairs leading to the second floor showed significant heat and smoke damage, as well as mass loss to the top half indicating that a flashover condition was present in the area of the stairs. The lack of significant damage to the first floor indicated that the door was likely closed at the time of the fire.

The second floor ceiling/roof revealed a partial collapse in the center of the roof at the peak, adjacent to the chimney. There was a substantial amount of brick missing from the chimney presenting a collapse hazard. The entirety of the second floor exhibited significant mass loss to structural members throughout. Due to the large amount of damage, copious amounts of suppression water flowed into the second floor, and standing water at a depth of approximately six inches precluded determination of an exact area of origin. Inspection of electrical junction boxes and wires present on the second floor revealed no signs of arcing, indicating that the electricity was off at the time of the fire. This corresponds with the lack of an electrical meter as stated above.

INTERVIEWS: One neighbor on scene who left prior to providing any personal information stated that the home is vacant and that the occupants moved out approximately one week prior to the day of the fire. It is unknown if this person is the 911 caller (described below). No other persons were on scene to be interviewed. The phone number for the owner listed on the City of Saint Paul's STAMP website was called, but the voicemail message stated that the phone belonged to someone other than the listed owner, a SETH FRANKLIN.

The CAD notes stated that the 9-1-1 caller is a [REDACTED]. CAD notes stated that the caller believes the occupants moved out a week ago.

PHOTOGRAPHS/SKETCH: Digital photographs were taken.

EVIDENCE: No evidence was collected. All possible evidence was left on scene for examination by an insurance company representative.

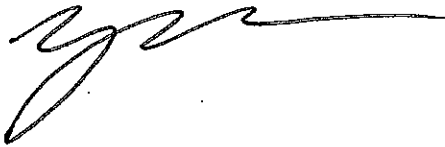
CONCLUSION: After examination of the fire scene and the interview conducted, and fire patterns of both movement and intensity observed it is my opinion the fire began somewhere on the second floor or at the stairwell leading to the second floor. The greatest area of mass loss was present at the roof peak near the chimney, however this was also the highest point of the roof and may have suffered more severe damage due to its location. The fact that the stairwell was also significantly heat damaged down to floor level indicated this area was a possible site for the origin, however significant radiant heat from above may have also produced this damage.

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The ignition source was probably an open flamed device, as the electricity appears to have been shut off at the time of the fire, no arcing was observed on electrical wires on the second floor, and there appeared to be no involvement of any of the appliances. However, the lack of witnesses on scene, the fact that the home appears vacant, and the significant amount of damage precludes the exclusion of other ignition sources. The first fuel/material ignited was possibly vapors from a flammable liquid or ordinary combustibles present inside the residence. The action that brought these items together was probably an intentional human act. The classification of fire cause is undetermined. This report will be submitted to the Saint Paul Police Department. This concludes my investigation and report.

M. Aspnes, Fire Investigator, C Shift, 02/19/2017

MA/su

A handwritten signature in black ink, appearing to be 'MA/su', written in a cursive style.