

A FDID: State: Incident Date: MM DD YYYY Station: Incident Number: Exposure: **NFIRS-1 Basic**

B Location Type Street address Intersection In front of 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.

666 MINNEHAHA Ave W
SAINT PAUL MN 55104
City State Zip Code

Census Tract: 0324 - 00

Directions: Cross Street, Directions or National Grid, as applicable

C Incident Type Building fire

D Aid Given or Received

1 Mutual aid received

2 Automatic aid received

3 Mutual aid given

4 Automatic aid given

5 Other aid given

N None

E1 Dates and Times (Midnight is 0000)

Alarm: Month Day Year Hour Min Sec

Arrival: Month Day Year Hour Min Sec

Controlled:

Last Unit Cleared: Month Day Year Hour Min Sec

E2 Shifts and Alarms

Local Option: Shift or Platoon: Alarms: District:

E3 Special Studies

Local Option: Special Study ID#: Special Study Value:

F Actions Taken

Extinguishment by fire service personnel

Primary Action Taken (1): Search

Additional Action Taken (2): Refer to proper authority

Additional Action Taken (3):

G1 Resources

Check this box and test this block if an Apparatus or Personnel Module is used.

Suppression: Apparatus Personnel

EMS:

Other:

Check box if resources counts include aid received resources.

G2 Estimated Dollar Losses and Values

LOSSES: Required for all fires if known. Optional for non-fires. None

Property \$

Contents \$

PRE-INCIDENT VALUE: Optional

Property \$

Contents \$

Completed Modules

Fire-2

Structure Fire-3

Civilian Fire Cas.-4

Fire Service Cas.-5

EMS-6

HazMat-7

WildLand Fire-8

Apparatus-9

Personnel-10

Arson-11

H1 Casualties None

| | Death | Injury |
|--------------|--------------------------------|--------------------------------|
| Fire Service | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Civilian | <input type="text" value="0"/> | <input type="text" value="0"/> |

H2 Detector

Required for confined fires.

1 Detector alerted occupants

2 Detector did not alert occupants

U Unknown

H3 Hazardous Materials Release

0 Special HazMat actions required or spill >= 55 gal.

1 Natural gas: slow leak, no evac. or HazMat actions

2 Propane gas - Less than a 21 lb. tank

3 Gasoline - vehicle fuel tank or portable container

4 Kerosene - fuel-burning equipment/portable storage

5 Diesel fuel/fuel oil - vehicle fuel tank/portable

6 Household/office solvent or chemical spill

7 Motor oil - from engine or portable container

8 Paint - spills less than 55 gallons

N None

I Mixed Use Property

00 Mixed use, other

10 Assembly use

20 Educational use

33 Medical use

40 Residential use

51 Row of stores

53 Enclosed mall

58 Business and residential use

59 Office use

60 Industrial use

63 Military use

65 Farm use

NN Not mixed use

B Property Details

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

B2 Buildings not involved
Number of buildings involved

B3 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 box for each code entered.

On-site material (1)

On-site material (2)

On-site material (3)

On-Site Materials Storage Use

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

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

D Ignition

D1
Area of fire origin

D2
Heat Source

D3
Item first ignited

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

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

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

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

| | | | |
|---|--|--|---|
| 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 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 | I2 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 | I3 Building Height <small>Count the roof as part of the highest story.</small> <input type="text" value="1"/> <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="2"/> , <input type="text" value="500"/> <small>Total square feet</small> OR <input type="text" value=""/> BY <input type="text" value=""/> <small>Length in feet Width in feet</small> |
|---|--|--|---|

| | | |
|---|---|--|
| 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 <input checked="" type="checkbox"/> Confined to building of origin 5 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" value=""/> Number of stories w/minor damage (1 to 24% flame damage) <input type="text" value="1"/> Number of stories w/significant damage (25 to 49% flame damage) <input type="text" value="1"/> Number of stories w/heavy damage (50 to 74% flame damage) <input type="text" value=""/> Number of stories w/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 First Ignited (Block D4, Fire Module) OR if unable to determine.</small> K1 <input type="text" value="20"/> Furniture, utensils, other <small>Item contributing most to flame spread</small> K2 <input type="text" value="70"/> Fabric, textile, fur, other <small>Type of material contributing most to flame spread</small> <small>Required only if item contributing code is 06 or <70</small> |
|---|---|--|

| | | |
|--|---|--|
| 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <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 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 |
|--|---|--|

| | | |
|---|--|--|
| 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 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> Operation of AES, other 0 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" value=""/> <small>Number of sprinkler heads operating</small> | M5 Reason for Automatic Extinguishing System Failure <small>Required if system failed or not effective</small> 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 |
|---|--|--|

| 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 |
| | | 361 | Jail, prison (not juvenile) | 891 | Warehouse |
| | | 984 | Industrial plant yard - area | 960 | Street, other |
| Outside | | 946 | Lake, river, stream | 936 | Vacant lot |
| 981 | Construction site | 931 | Open land or field | | |
| 655 | Crops or orchard | 807 | Outside material storage area | | |
| 919 | Dump, sanitary landfill | 124 | Playground | | |
| 669 | Forest, timberland, woodland | 951 | Railroad right-of-way | | |
| 938 | Graded and cared-for plots of land | 962 | Residential street, road or residential driveway | | |
| 961 | Highway or divided highway | | | | |

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

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

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: **651** Phone Number: **235** - **9840**

Mr., Ms., Mrs. First Name MI Last Name Suffix
STEVE **THOA**

Number Prefix Street or Highway Street Type Suffix
666 **MINNEHAHA** **AVE** **W**

Post Office Box Apt./Suite/Room City
MN **55104** **-** **SAINT PAUL**

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.

Business Name (if Applicable): _____ Area Code: **651** Phone Number: **238** - **2859**

Mr., Ms., Mrs. First Name MI Last Name Suffix
PETER **VANG**

Number Prefix Street or Highway Street Type Suffix
2092 **ORANGE** **AVE** **E**

Post Office Box Apt./Suite/Room City
MN **55102** **-** **SAINT PAUL**

State Zip Code

M Authorization

| | | | | | | |
|-------------------------|---------------|------------------|------------|-------|-----|------|
| 4885 | Michael Gaede | DC | C2 | 05 | 17 | 2016 |
| Officer in charge ID | Signature | Position or rank | Assignment | Month | Day | Year |
| 4885 | Michael Gaede | DC | C2 | 05 | 17 | 2016 |
| Member Making report ID | Signature | Position or rank | Assignment | Month | Day | Year |

L Remarks

Local Option:

FIRE AND RESCUE CREWS WERE DISPATCHED TO A DWELLING FIRE. THE DWELLING WAS A SINGLE FAMILY DWELLING THAT HAD BEEN CONVERTED INTO AN UP AND DOWN DUPLEX. THE FIRST ARRIVING COMPANY, ENGINE #18, FOUND HEAVY FIRE COMING FROM THE FRONT PORCH AND EXTENDING INTO THE FIRST AND SECOND FLOOR UNITS. BACK-UP FIRE INVESTIGATOR JENKINS BELIEVES THAT THE FIRE STARTED ON THE FRONT PORCH AREA.

FIRE CREWS MADE A QUICK HIT ON THE FLAMES ON THE EXTERIOR ON THE NORTHWEST CORNER AND THEN MADE AN INTERIOR ATTACK. THE FIRE ON FLOORS 1 AND 2 WERE QUICKLY EXTINGUISHED. SEARCHES WERE COMPLETED AND NO VICTIMS WERE FOUND. THERE WAS AN EXTENSIVE AMOUNT OF OVERHAUL NEEDED TO ENSURE THAT ALL FIRE WAS EXTINGUISHED FROM CONCEALED SPACES. THE FIRE DID NOT EXTEND INTO THE ATTIC.

Saint Paul Fire Department FIRE INCIDENT DISPOSITION



| | | | |
|---|---|-----------------------------|---------------------|
| INCIDENT NUMBER: | 16-15695 | DATE OF INCIDENT: 5/16/2016 | |
| TIME OF INCIDENT: | 0239 hours | POLICE CASE #: | |
| INVESTIGATOR(s): | G. Jenkins | | |
| INCIDENT ADDRESS: | 666 Minnehaha Avenue West, 55104 | | |
| OCCUPANT NAME: | Steve Thoa DOB 06/03/1964 | PHONE: 651-235-9840 | |
| OWNER NAME: | Peter Vang | PHONE: 651-238-2859 | |
| ADDRESS OF OWNER: | 2092 Orange Avenue East, Saint Paul, MN 55119 | | |
| PROPERTY DAMAGED: | Duplex | AREA OF ORIGIN: Porch | |
| DAMAGE ESTIMATE: | Building \$40,000 | Vehicle \$ | Other (Describe) \$ |
| VALUE: | Building \$52,800 | Vehicle \$ | Other (Describe) \$ |
| Damage Estimate CONTENTS ONLY: | \$10,000 | | |
| 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 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 checked="" 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 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 checked="" type="checkbox"/> Undetermined <input type="checkbox"/> Under Investigation | | |
| SYNOPSIS: | The fire department was called to a report of a dwelling fire. Crews arrived to find fire showing from the northwest corner of the porch. The residents in the home awoke to the sound of the smoke alarms and a smoke filled house. The residents fled the home and made sure everyone was safe. The fire originated on the porch in the area of a television, PlayStation 4, and a space heater. All of these items were plugged into a power strip and the resident is unsure if the electrical equipment was on, but he was sure the heater was off. The other residents in the home stated that he sometimes forgets to turn the heater off. There was a problem with the outlets on the porch, one was not operational, but this outlet was not in the area of fire origin. With all known causes ruled out, this fire has been ruled undetermined/under investigation. | | |
| DISPOSITION: | <input type="checkbox"/> E-mail only <input type="checkbox"/> Hold Scene until approved <input type="checkbox"/> DO NOT DEMOLISH until approved <input type="checkbox"/> Scene Released <input type="checkbox"/> Analysis of Evidence Pending <input checked="" type="checkbox"/> Report to Follow | | |

FIRE INVESTIGATION REPORT

INCIDENT NO: 16-15695 DATE: 05/16/2016 TIME: 0237 HOURS
ADDRESS: 666 MINNEHAHA AVENUE WEST INSURANCE CO: UNKNOWN
DAMAGE ESTIMATE: \$50,000 CN#: 16-094-995

SYNOPSIS: On Monday, May 16, 2016, at approximately 0237 hours, the Saint Paul Fire Department was called to a report of a dwelling fire. The location of the incident was 666 Minnehaha Avenue West. Upon the fire department's arrival, Engine #18's crew found what appeared to be fire shown from the northeast corner of the dwelling's porch. Crews extinguished the fire and performed overhaul. Investigation revealed the fire appeared to have started in the northeast corner of the porch. The first materials ignited were common household furnishings. The ignition source was unknown. The classification of fire cause is undetermined.

PEOPLE: Property Owner, PETER VANG, 2092 Orange Avenue East, Saint Paul, 55102, 651-238-2859.

Occupant, STEVUE THOA, 666 Minnehaha Avenue West, 651-235-9840, DOB 06/03/1964.

Occupant, VANG THAO, 666 Minnehaha Avenue West, 651-424-9112, DOB 03/27/1988.

Occupant, SENG THAO, 666 Minnehaha Avenue West, 651-363-5282, DOB 01/31/1990.

Occupant, PANOU YANG, 666 Minnehaha Avenue West, 651-363-5256, DOB 06/21/1994.

Occupant/Juvenile,

Occupant/Juvenile,

BACKGROUND: I received notification of the fire via the Communications Center at approximately 0244 hours. I responded to the incident scene and arrived at approximately 0256 hours. Fire extinguishment was still underway upon my arrival. The occupants were all out of the structure, and no injuries were reported. Weather conditions were fair skies with northwest winds at approximately 9 mph. The air temperature was approximately 45° Fahrenheit.

PROPERTY DESCRIPTION: The structure is a one and a half story, single-family dwelling of wood framed construction with aluminum siding. The house measures approximately 30 feet wide by 60 feet deep. The address side faces north and the house runs north to south.

EXTERIOR EXAMINATION: Visual inspection of the exterior found:

North: This is where the majority of the fire damage was located. On the first floor, there were two double windows hung on either side of an entry door. On the second floor, there were three small windows. The fire was located in the northwest corner of the porch, on the first floor. The fire broke the windows and extended up the outside of the building causing charring and burning of the soffit, siding, and moldings around the windows. There was smoke damage above the entry door along with some minor charring. The window located to the east sustained heavy smoke damage above and was broke away due to the heat of the fire.

East: There were two large double hung windows on the first floor. There was no fire or smoke damage around or above these windows. The second floor has one double hung window with no damage around it as well. Toward the back of this side was an access door for the first floor. There was heavy smoke damage above this door. The gas meter is located on this side of the building toward the front of the house.

South: There are three windows along the first floor and a large amount of trash on this side of the house. The occupants also keep three small ducks and chickens in a pen in this area. There was also an exterior stairway that led to the second floor for the resident that lives in the second unit. There is an access door to the second unit located at the top of the stairway. There was no apparent fire or smoke damage on this side of the home.

West: Along the first floor there are three windows and an entrance door that lead to a stair well, which is used to access the second floor. The second floor has several smaller windows. There is fire damage toward the front of the building that wrapped around to this side from the north side of the building. It is mostly heat damage from the intensity of the fire that extended up to the second floor and burned away the soffits and damaged the siding.

INTERIOR EXAMINATION: Visual inspection of the interior revealed:

Front Porch: The area of origin was located in this area in the northwest corner. The porch was split into two sides. The side to the west was used as a sleeping room. There was a couch along the south wall, an entertainment center in the northwest corner that had a television, a PlayStation 4, a DVD player, and a space heater next to it. The room was divided by a sheet hung from the ceiling. The porch to the east was used for miscellaneous storage, such as, fishing equipment. The fire was located in this room and there was heavy charring to the west. The ceiling was burned away throughout the entire area. The walls were also had heavily charred and contained fire damage. The door to the interior of the structure was charred on the porch side and was intact.

Living Room: There was a burned out couch on the south wall and a small corner cupboard in the northwest corner of the room. This room was used as a sleeping room for two of the children in the house. There was evidence of blankets and sleeping materials on the floor. The room also contained several burned out chairs along the wall. There was heavy fire damage in this room. Most of the plaster had calcified and in several spots had fallen from the walls. The furnishings in this room had mostly burned away, leaving just the frames. There were some bedding materials on the floor.

Front Bedroom: This room had a couch along the eastern wall made up as a bed. There was also a make shift bed made up on the floor. There was a closet that ran along the southern part of the room. The northern half of the room was taken up by mostly baby accessories, such as; a crib, diapers, formula, clothes, and toys. There was smoke damage to most of the things in this room, but very little charring. The smoke demarcation line was half way down the wall.

Back Bedroom: This room had a double bed along the southern wall with a large television in front of the bed. There was a table that acted as a desk on the eastern wall. A closet was located in the northern part of this room. There was no charring or direct fire damage in this room. There was a good deal of smoke damage and the smoke demarcation line was half way down the wall.

Kitchen: The kitchen contained a small table in the southern part of the room. The sink, stove, and cabinets ran along the northern wall. There was trash on the floor along with empty bottles of soda and empty cans of beer. There was smoke damage throughout this room, with the smoke demarcation line about three quarters of the way down the wall.

Back Entry and Bathroom: The entry area in the back of the house was full of trash and storage items. The house keeping in this room was poor. The bathroom was located to the east of the rear entry and had toiletries lying on the floor and was unkempt. The shower, toilet, and sink were all on the northern wall. There was smoke damage throughout this room.

Basement: The washer and dryer were kept in this room. The residents also kept a chicken in the basement.

Second floor: This unit was not furnished very well. There was only a bed and several chairs. It was well kept. There was light smoke damage throughout the apartment. In the northeast ceiling corner there was some minor extension from the fire on the first floor. The damage was held to the attic area and knee walls in the northeast bedroom.

INTERVIEWS: Occupant, STEVUE THOA, was interviewed at the scene on Monday, May 16, 2016, and he stated:

- I was awakened by the smoke detector sounding.
- I went around and woke everyone up and got them out of the house.

Occupant, VANG THAO, was interviewed at the scene on Monday, May 16, 2016, and he stated:

- I stored a TV, PlayStation, DVD player, a space heater on the porch where the fire started.
- I had them plugged into a plug strip.
- I have had problems with the outlets in this part of the house
- Most of the time I stay with my girlfriend.
- I am 100 percent sure that the space heater was off.
- I am not having any problems with anyone and no one is mad at me.
- My brother, SENG and I, used to be members of the Asian Crips but we are no longer active with the gang.

Occupant/Juvenile, _____ was interviewed at the scene on Monday, May 16, 2016, and she stated:

- I awoke up to the sound of the smoke detector.
- My brother, VANG, sometimes forgets to turn his space heater off.

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 interviews conducted, and fire patterns of both movement and intensity observed it is my opinion the fire began in the northeast corner of the front porch. There is one possible fire cause that cannot be eliminated which is an electrical malfunction. Due to the degree of damage to the electrical wiring in the area of origin and the damage to the electrical components, it is not possible to completely eliminate an electrical malfunction as a possible ignition source. For these reasons, the ignition source and the first materials ignited cannot be determined. The classification of fire cause is undetermined with the most probable cause accidental. This concludes my investigation and report.

G. Jenkins, Back-up Fire Investigator, B Shift, 5/17/2016

GJ/su



A handwritten signature, possibly 'G. Jenkins', is written in black ink. To the right of the signature, the date '3-25-16' is written in a similar cursive style.