

# Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	16-01103	DATE OF INCIDENT: 01-10-2016	
TIME OF INCIDENT:	1411 hours	POLICE CASE #: N/A	
INVESTIGATOR(s):	J. Novak		
INCIDENT ADDRESS:	889 Desoto Street, 55130		
OCCUPANT NAME:	Ford Ross Vacant	PHONE:	
OWNER NAME:	Foua Yang	PHONE:	
ADDRESS OF OWNER:	2739 Chippewa Avenue, North Saint Paul, MN 55109-1709		
PROPERTY DAMAGED:	2001 Chevrolet Tahoe Duplex	AREA OF ORIGIN: Underneath the vehicle	
DAMAGE ESTIMATE:	Building \$161,900	Vehicle \$5,000	Other (Describe) \$
VALUE:	Building \$161,900	Vehicle \$5,000	Other (Describe) \$
Damage Estimate CONTENTS ONLY:	\$30,000		
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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 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 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 duplex fire with heavy fire showing from the rear. Upon closer examination crews found an SUV burning behind the house. The burning vehicle had caught the west side of the duplex on fire. The fire then extended into the attic and burned and collapsed the roof. The fire was caused by a friend of the vehicle owner who was working on the gas tank and had dropped the tank, causing gas to leak out. He then took a break to warm up and got in his own car and was smoking when the car he was working on started on fire. The first fuel ignited was gasoline vapors. The ignition source was a spark from a running motor or a flame or match from lighting a cigarette. The classification of cause is accidental. The house appeared to be vacant and possibly owned by the bank.		
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		

**A** FDID: 62210 State: MN Incident Date: 01/10/2016 Station: 07 Incident Number: SPFD160110001103 Exposure: 0 **NFIRS-1 Basic**

**B Location Type**  
 Street address: 889 DESOTO  
 Intersection: 889 St  
 In front of: Saint Paul MN 55130  
 Rear of: [ ]  
 Adjacent to: [ ]  
 Directions: [ ]  
 US National Grid: [ ]

**C Incident Type**: 131 Passenger vehicle fire  
**D Aid Given or Received**  
 1 Mutual aid received [ ]  
 2 Automatic aid received [ ]  
 3 Mutual aid given [ ]  
 4 Automatic aid given [ ]  
 5 Other aid given [ ]  
 N  None

**E1 Dates and Times**  
 Alarm: 01/10/2016 14:12:16  
 Arrival: 01/10/2016 14:15:16  
 Controlled: [ ]  
 Last Unit Cleared: 01/10/2016 18:07:29

**E2 Shifts and Alarms**  
 Local Option: C, 2, D3  
 Shift or Flatoon: [ ]  
 Alarms: [ ]  
 District: [ ]

**E3 Special Studies**  
 Local Option: [ ]  
 Special Study ID#: [ ]  
 Special Study Value: [ ]

**F Actions Taken**: 11 Extinguishment by fire service personnel  
 Primary Action Taken (1): [ ]

**G1 Resources**  
 Check this box and test the block for Apparatus or Personnel Module use.  
 Suppression: 13 Apparatus, 0 Personnel  
 EMS: 1 Apparatus, 0 Personnel  
 Other: 2 Apparatus, 0 Personnel

**G2 Estimated Dollar Losses and Values**  
 LOSSES: Property \$ 5,000, Contents \$ 0  
 PRE-INCIDENT VALUE: 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**  
 Fire Service: 0  
 Civilian: 0  
**H2 Detector**  
 1 Detector alerted occupants  
 2 Detector did not alert occupants  
 U Unknown

**H3 Hazardous Materials Release**  
 None  
 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 - front engine or portable container  
 8 Paint - spills less than 65 gallons  
 N None

**I Mixed Use Property**  
 00 Mixed use, other  
 10 Assembly use  
 20 Educational use  
 30 Medical use  
 40 Residential use  
 50 Row of stores  
 51 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** 2 Not Residential  
Estimate number of residential living units in building of origin whether or not all units became involved

**B2** 1 Buildings not involved  
Number of buildings involved

**B3** 1 1  None  Less than one acre  
Acres burned (outside fees)

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

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

On-site material (1)                     

On-site material (2)                     

On-site material (3)                     

**On-Site Materials Storage Use**

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

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

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

**D Ignition**

**D1** 36 Exterior, exposed surface  
Area of the origin

**D2** 60 Heat from other open flame or smoking materials, other  
Heat Source

**D3** 62 Flammable liquid/gas - In/from engine or burner  
Item first ignited

**D4** 23 Gasolins  
Type of material first ignited

Check box if fire spread was localized to object of origin.  
 Required only if item first ignited code is 09 or <73

**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**

11 Abandoned or discarded materials or products  
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**

None 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.

112 Roof collapse  
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

**H2 Mobile Property Type and Make**

11 Automobile, passenger car, ambulance, race car  
Mobile property type

CH Chevrolet  
Mobile property make

TAHOE  
Mobile property model

2001  
Year

590 BDC MN  
License Plate Number State VIN

**Local Use**

Pre-Fire Plan Available  
 Some of the information presented in this report may be based upon reports from other agencies;  
 Anson report attached  
 Police report attached  
 Coroner report attached  
 Other reports attached

L Remarks  
Local Option

FIRE PERSONNEL RESPONDED TO A REPORT OF A DUPLEX FIRE. ENGINE #4'S CREW ARRIVED ON SCENE FIRST AND FOUND A CAR ON FIRE ON THE CHARLIE SIDE OF THE STRUCTURE WITH FIRE EXTENDING TO THE CHARLIE WALL. ENGINE #4'S CREW EXTINGUISHED THE CAR FIRE AND MADE ENTRY AND LATER (AFTER THE FIRE WENT TO DEFENSIVE MODE) USED A 1 3/4" LINE TO EXTINGUISH FLAMES FROM THE OUTSIDE.

SQUAD #1'S CREW FOUND HEAVY FIRE IN THE ATTIC AND MADE AN INTERIOR ATTACK IN THE ATTIC UNTIL THEY RAN OUT OF AIR. THEY THEN EXITED THE STRUCTURE. ENGINE #17'S CREW GOT A WATER SUPPLY AND SUPPLIED LADDER #8'S CREW AND BACKED UP SQUAD #1'S CREW. LADDER #8'S CREW PUT UP THEIR AERIAL, OPENED UP THE CEILING TO THE ATTIC, AND GOT A PRIMARY SEARCH COMPLETED THROUGHOUT.

WHEN THE FIRE WENT TO DEFENSIVE MODE LADDER #8'S CREW USED THEIR MASTER STREAM AND A 2 1/2" LINE ON THE BRAVO SIDE TO EXTINGUISH THE INTERIOR FIRE FROM A DEFENSIVE POSITION. SQUAD #3'S CREW WAS RIT TEAM AND PLACED LADDERS TO THE 2ND FLOOR AND WHEN THE EVENT WENT DEFENSIVE MODE USED A 1 3/4" LINE FROM THE OUTSIDE TO EXTINGUISH THE FIRE ON THE INTERIOR ALPHA SIDE.

ENGINE #7'S CREW GOT A WATER SUPPLY AND SUPPLIED ENGINE #4'S CREW AND FOLLOWED UP ENGINE #17'S CREW AS A THIRD LINE.

DIFFICULTY GETTING INTO THE STRUCTURE, BREACHING THE CEILING, AND INTERIOR ATTIC WALLS WHICH SERVED AS A BARRIER PREVENTED CREWS FROM GAINING THE NEEDED ACCESS IN TIME TO EXTINGUISH THE FIRE BEFORE THE STRUCTURAL INTEGRITY OF THE ROOF BECAME TOO DANGEROUS TO MAINTAIN INTERIOR OPERATIONS. THE EVENT WAS FORCED TO GO DEFENSIVE.

LADDER #7'S CREW USED A 2 1/2" LINE ON THE CHARLIE SIDE TO EXTINGUISH INTERIOR FIRE FROM A DEFENSIVE POSITION. ENGINE #5'S CREW ASSISTED WITH EXTERIOR OPERATIONS. ENGINE #15'S CREW HELPED TO RELAY A WATER SUPPLY TO THE SCENE AND ASSISTED WITH DEFENSIVE OPERATIONS AS NEEDED. ENGINE #8'S CREW ASSISTED WITH WATER SUPPLY.

FIRE INVESTIGATOR NOVAK ON SCENE FOR FULL INVESTIGATION.

J Property Use Structures		
419	1 or 2 family dwelling	341 Clinic, clinic-type infirmary
411	24-hour care Nursing homes, 4 or more persons	342 Doctor, dentist or oral surgeon office
241	Adult education center, college classroom	615 Electric-generating plant
162	Bar or nightclub	213 Elementary school, including kindergarten
484	Barracks, dormitory	519 Food and beverage sales, grocery store
439	Boarding/rooming houses, residential hotels	215 High school/junior high school/middle school
599	Business office	331 Hospital - medical or psychiatric
131	Church, mosque, synagogue, temple, chapel	449 Hotel/motel, commercial
		539 Household goods, sales, repairs
		361 Jail, prison (not juvenile)
		884 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
		982 Residential street, road or residential driveway
		629 Laboratory or science laboratory
		619 Livestock, poultry storage
		700 Manufacturing, processing
		579 Motor vehicle or boat sales, services, repair
		429 Multifamily dwelling
		682 Parking garage, general vehicle
		459 Residential board and care
		161 Restaurant or cafeteria
		571 Service station, gas station
		891 Warehouse
		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: **962**  
Residential street, road or residential driveway  
Property Use Description

**K1 Person/Entity Involved**

Local Option:  Business Name (if Applicable): \_\_\_\_\_ Area Code: **612** Phone Number: **998-2948**

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

Mr., Ms., Mrs. **FORD** First Name **L** Last Name **ROSS** MI  
 Number Prefix Street or Highway Street Type Suffix  
 Post Office Box Apt./Suite/Room City  
 Not Applicable  
 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: **612** Phone Number: **236-7487**

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

Mr., Ms., Mrs. **MYRION** First Name **T** Last Name **PERDUE** MI  
**618** Number Prefix **MINNEHAHA** Street or Highway **AVE** Street Type **E** Suffix  
 Post Office Box Apt./Suite/Room City  
**2** **Saint Paul**  
**MN** State **55130** Zip Code

**M Authorization**

8461	John Mentzos	DC	C3	01	10	2016
Office in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
8461	John Mentzos	DC	C3	01	10	2016
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year

**A**         **NFIRS-1**  
Basic

FIDB State Incident Date Station Incident Number Exposure

**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 NFIRS-1 Form in Section 5, "Alternative Location Specification." Use only for wildland fire.

Number/Zip  Prefix  Street Type  Suffix  Census Tract  -

Apt./Bldg./Room  City  State  Zip Code  -

Check box, if 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

None

**E1** Dates and Times

Month  Day  Year  Hour  Min  Sec  Midnight is 0000

Alarm  Arrival  Controlled  Last Unit Cleared

Check boxes if dates are the same as Alarm Date.

ARRIVAL required, unless cancelled or did not arrive

CONTROLLED optional, except for wildland fires

LAST UNIT CLEARED, required except for wildland fires

**E2** Shifts and Alarms

Local Option

Shift or Period / 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)

**G1** Resources

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

Suppression	Apparatus	Personnel
EMS <input type="text" value="1"/>	<input type="text" value="13"/>	<input type="text" value="0"/>
Other <input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

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.-6

EMS-6

HazMat-7

WildLand Fire-8

Apparatus-9

Personnel-10

Avion-11

**H1** Casualties

Fire Service

Civilian

**H2** Detector

Required for confined fires.

1 Detector alerted occupants

2 Detector did not alert occupants

U Unknown

None

**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

30 Medical use

40 Residential use

50 Row of storage

53 Enclosed mail

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  
Estimated number of unoccupied living units in building of origin, whether or not all units became involved

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

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

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

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

On-site material (1)

On-site material (2)

On-site material (3)

**On-Site Materials Storage Use**

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

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

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

**D Ignition**

**D1**    
Area of fire origin

**D2**    
Heat Source

**D3**    
Item first ignited

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

**D4**    
Type of material first ignited Required only if item first ignited code is 00 or 470

**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**  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

**H2 Mobile Property Type and Make**

Mobile property type

Mobile property make

Year

License Plate Number State VIN

**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

<b>I1 Structure Type</b> If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. Structure type, other	<b>I2 Building Status</b> Building status, other	<b>I3 Building Height</b> Count the roof as part of the highest story. Total number of stories at or above grade Total number of stories below grade	<b>I4 Main Floor Size</b> Total square feet Length in feet BY Width in feet
0 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	0 Building status, other 1 Under construction 2 In normal use 3 Idle, not routinely used 4 Under major renovation 5 <input checked="" type="checkbox"/> Vacant and secured 6 Vacant and unsecured 7 Being demolished U Undetermined	3 1	2   152 OR BY

<b>J1 Fire Origin</b> Below Grade Story of fire origin	<b>J3 Number of Stories Damaged by Flame</b> Count the roof as part of the highest story. Number of stories w/minor damage (1 to 24% flame damage) Number of stories w/significant damage (25 to 49% flame damage) Number of stories w/heavy damage (50 to 74% flame damage) Number of stories w/extreme damage (75 to 100% flame damage)	<b>K Type of Material Contributing Most to Flame Spread</b> Check if by flame spread OR if same as material. First (circle) Block D4, Fire Module) OR if unable to determine. Non-contributing most to flame spread Type of material contributing most to flame spread Required only if item contributing code is 00 or 01
1 <b>J2 Fire Spread</b> If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module). Confined to object of origin	1 2 3 4 5 <input checked="" type="checkbox"/> Beyond building of origin	K1 12 Exterior sidewall covering, surface, finish K2 41 Plastic

<b>L1 Presence of Detectors</b> (In area of fire) Present None present U <input checked="" type="checkbox"/> Undetermined	<b>L2 Detector Type</b> Detector type, other Smoke Heat Combination smoke and heat in a single unit Sprinkler, water flow detection More than one type present Undetermined	<b>L3 Detector Power Supply</b> Detector power supply, other Battery only Hardwire only Plug-in Hardwire with battery backup Plug-in with battery backup Mechanical Multiple detectors and power supplies Undetermined	<b>L4 Detector Operation</b> Fire too small to activate detector Detector operated Detector failed to operate Undetermined	<b>L5 Detector Effectiveness</b> Required if detector operated Detector alerted occupants, occupants responded Detector alerted occupants, occupants failed to respond There were no occupants Detector failed to alert occupants Undetermined	<b>L6 Detector Failure Reason</b> Required if detector failed to operate Detector failure reason, other Power failure, hardwired det. shut off, disconnect Improper installation or placement of detector Defective detector Lack of maintenance, includes not cleaning Battery missing or disconnected Battery discharged or dead Undetermined
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<b>M1 Presence of Automatic Extinguishing System</b> Present Partial System Present N <input checked="" type="checkbox"/> None Present U Undetermined	<b>M2 Type of Automatic Extinguishing System</b> Required if fire was within designed range of AES Special hazard system, other Wet-pipe sprinkler system Dry-pipe sprinkler system Other sprinkler system Dry chemical system Foam system Halogen-type system Carbon dioxide system Undetermined	<b>M3 Operation of Automatic Extinguishing System</b> Required if fire was within designed range Operation of AES, other System operated and was effective System operated and was not effective Fire too small to activate system System did not operate Undetermined	<b>M3 Number of Sprinkler Heads Operating</b> Required if system operated Number of sprinkler heads operating	<b>M5 Reason for Automatic Extinguishing System Failure</b> Required if system failed or not effective Reason system not effective, other System shut off Not enough agent discharged to control the fire Agent discharged, but did not reach the fire Inappropriate system for the type of fire Fire not in area protected by the system System components damaged Lack of maintenance, including corrosion or heads painted Manual intervention defeated the system Undetermined
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J Property Use Structures		
419	X 1 or 2 family dwelling	341 Clinic, clinic-type infirmary
311	24-hour care Nursing homes, 4 or more persons	342 Doctor, dentist or oral surgeon office
241	Adult education center, college classroom	615 Electric-generating plant
187	Bar or nightclub	213 Elementary school, including kindergarten
464	Barracks, dormitory	619 Food and beverage sales, grocery store
428	Boarding/rooming house, residential hotels	215 High school/junior high school/middle school
599	Business office	331 Hospital - medical or psychiatric
131	Church, mosque, synagogue, temple, chapel	449 Hotel/motel, commercial
		539 Household goods, sales, repairs
		385 Jail, prison (not juvenile)
		984 Industrial plant yard - area
		946 Lake, river, stream
		931 Open land or field
		807 Outside material storage area
		124 Playground
		651 Railroad right-of-way
		962 Residential street, road or residential driveway
		629 Laboratory or science laboratory
		619 Livestock, poultry storage
		700 Manufacturing, processing
		579 Motor vehicle or boat sales, services, repair
		429 Multifamily dwelling
		682 Parking garage, general vehicle
		469 Residential board and care
		161 Restaurant or cafeteria
		571 Service station, gas station
		691 Warehouse
		960 Street, other
		936 Vacant lot

**K1 Person/Entity Involved**

Local Option:  **612** - **998** - **2948**  
 Area Code Phone Number

Business Name (if Applicable): \_\_\_\_\_

Mr., Ms., Mrs. First Name: **FORD** Initial: **L** Last Name: **ROSS** Suffix: \_\_\_\_\_

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

Post Office Box: **Not Applicable** Apt./Suite/Room City: \_\_\_\_\_

State Zip Code: **Not Applicable** - \_\_\_\_\_

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

Local Option:  **612** - **998** - **2948**  
 Area Code Phone Number

Business Name (if Applicable): \_\_\_\_\_

Mr., Ms., Mrs. First Name: **FOUA** Initial: **L** Last Name: **YANG** Suffix: \_\_\_\_\_

Number Prefix Street or Highway Street Type Suffix: **2739** **CHIPPEWA** **AVE**

Post Office Box: **Not Applicable** Apt./Suite/Room City: **Saint Paul**

State Zip Code: **MN** **55109** - \_\_\_\_\_

**M Authorization**

Officer in charge ID: **8461** Signature: **John Mentzos** Position or rank: **DC** Assignment: **C3** Month: **01** Day: **10** Year: **2016**

Member making report ID: **8461** Signature: **John Mentzos** Position or rank: **DC** Assignment: **C3** Month: **01** Day: **10** Year: **2016**

**L Remarks**

Local Option:

SEE ORIGINAL REPORT.



**VEHICLE EXAMINATION:** Visual inspection of the vehicle found the most extensive damage was underneath the vehicle as well as around the rear end. The vehicle was on jacks at the time of the fire incident. Tools were observed underneath the vehicle and a tire was situated underneath the gas tank of the vehicle.

**EXPOSURE PROPERTY EXAMINATION:** Visual inspection of the building exterior found that on the east side, on the third floor, at the attic dormer there were flames emitting out the front. On the north side, the only damage was found on the third floor at the attic dormer where flames were coming out from the peak. The roof of the structure had collapsed. On the west side, the main fire damage extended downwards to the ground where the vehicle was located. Inspection of the south side I observed low fire damage towards the southwest corner.

**INTERVIEWS:** Witness, FORD LUNICE ROSS, stated on scene:

- He was working on the vehicle in the driveway behind the house for a friend.
- He was attempting to drop the gas tank in order to replace the fuel pump.
- He took a break and went and sat in his vehicle (not the one that was on fire) to warm up, listen to the Viking's game, and to have a cigarette.
- A short time later he realized the vehicle that he had been working on was on fire.
- He drove his vehicle away from the burning vehicle.
- He is unsure how the fire started.

I observed there was burning to the side of Mr. ROSS's vehicle engine hood. His hat and jacket were also melted.

**Vehicle Owner, MYRION TINNEL PERDUE, stated:**

- The vehicle had stopped running and the fuel pump is bad.
- He had the vehicle towed to the city and is having his friend, FORD, work on the vehicle.
- The house on the property where FORD was working on the vehicle is vacant.
- He and FORD used to know the owners who lived at the property, but he believes the property went back to the bank.

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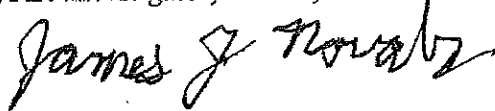
**PHOTOGRAPHS:** Digital photographs were taken.

**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 the fire originated underneath the vehicle. The first material ignited appeared to be gasoline fumes. The ignition source was either a match from MR. FORD smoking or an electrical spark while working on the vehicle or static electricity. The action that brought these items together was either smoking or maintenance work being done on the vehicle. The classification of fire cause is accidental. This concludes my investigation and report.

J. Novak, Fire Investigator, B Shift, 01/10/2016

JJN/su

A handwritten signature in black ink that reads "James J. Novak". The signature is written in a cursive style with a large initial "J".