

Delete  
 Change  
 No Activity

NFIRS -1  
 Basic

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

Census Tract **0306** - **01**

Street address  
 Intersection  
 In front of  
 Rear of  
 Adjacent to  
 Directions

**1325** **ARKWRIGHT** **ST**  
 Number/Milepost Prefix Street or Highway Street Type Suffix

**SAINT PAUL** **MN** **55130**  
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

**C Incident Type \***  
**111** Building fire  
 Incident Type

**E1 Date & Times** Midnight is 0000  
 Check boxes if dates are the same as Alarm ALARM always required  
 Date. Alarm \* **11** **23** **2013** **13:48:34**  
 Month Day Year Hr Min Sec

**E2 Shift & Alarms**  
 Local Option  
**A** **01** **D3**  
 Shift or Alarms District Platoon

**D Aid Given or Received\***  
 1  Mutual aid received  
 2  Automatic aid recv.  
 3  Mutual aid given  
 4  Automatic aid given  
 5  Other aid given  
 N  None

Their FDID Their State  
 Their Incident Number

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

Controlled  
 Arrival \* **11** **23** **2013** **13:54:14**  
 ARRIVAL required, unless canceled or did not arrive  
 CONTROLLED Optional, Except for wildland fires  
 Last Unit Cleared  
 Last Unit Cleared **11** **23** **2013** **18:16:20**  
 LAST UNIT CLEARED, required except for wildland fires

**F Actions Taken \***  
**11** Extinguishment by fire  
 Primary Action Taken (1)  
 Additional Action Taken (2)  
 Additional Action Taken (3)

**G1 Resources \***  
 Check this box and skip this section if an Apparatus or Personnel form is used.  
 Apparatus Personnel  
 Suppression **0015**  
 EMS  
 Other  
 Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses & Values**  
 LOSSES: Required for all fires if known. Optional for non fires. None  
 Property \$ **100,000**  
 Contents \$ **050,000**  
 PRE-INCIDENT VALUE: optional  
 Property \$ **000,000**  
 Contents \$ **000,000**

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

**H1\* Casualties**  None  
 Deaths Injuries  
 Fire Service  
 Civilian  
**H2 Detector**  
 Required for Confined Fires.  
 1  Detector alerted occupants  
 2  Detector did not alert them  
 U  Unknown

**H3 Hazardous Materials Release**  
 N  None  
 1  Natural Gas: slow leak, no evaluation or HazMat actions  
 2  Propane gas: <21 lb. tank (as in home BBQ grill)  
 3  Gasoline: vehicle fuel tank or portable container  
 4  Kerosene: fuel burning equipment or portable storage  
 5  Diesel fuel/fuel oil: vehicle fuel tank or portable  
 6  Household solvents: home/office spill, cleanup only  
 7  Motor oil: from engine or portable container  
 8  Paint: from paint cans totaling < 55 gallons  
 0  Other: Special HazMat actions required or spill > 55gal., please complete the HazMat form

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

**J Property Use\* Structures**

341 <input type="checkbox"/> Clinic, clinic type infirmary	539 <input type="checkbox"/> Household goods, sales, repairs
342 <input type="checkbox"/> Doctor/dentist office	579 <input type="checkbox"/> Motor vehicle/boat sales/repair
361 <input type="checkbox"/> Prison or jail, not juvenile	571 <input type="checkbox"/> Gas or service station
419 <input checked="" type="checkbox"/> 1-or 2-family dwelling	599 <input type="checkbox"/> Business office
429 <input type="checkbox"/> Multi-family dwelling	615 <input type="checkbox"/> Electric generating plant
439 <input type="checkbox"/> Rooming/boarding house	629 <input type="checkbox"/> Laboratory/science lab
449 <input type="checkbox"/> Commercial hotel or motel	700 <input type="checkbox"/> Manufacturing plant
459 <input type="checkbox"/> Residential, board and care	819 <input type="checkbox"/> Livestock/poultry storage (barn)
464 <input type="checkbox"/> Dormitory/barracks	882 <input type="checkbox"/> Non-residential parking garage
519 <input type="checkbox"/> Food and beverage sales	891 <input type="checkbox"/> Warehouse
936 <input type="checkbox"/> Vacant lot	981 <input type="checkbox"/> Construction site
938 <input type="checkbox"/> Graded/care for plot of land	984 <input type="checkbox"/> Industrial plant yard
946 <input type="checkbox"/> Lake, river, stream	
951 <input type="checkbox"/> Railroad right of way	
960 <input type="checkbox"/> Other street	
961 <input type="checkbox"/> Highway/divided highway	
962 <input type="checkbox"/> Residential street/driveway	

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

Lookup and enter a Property Use code only if you have NOT checked a Property Use box.  
 Property Use **419**  
**1 or 2 family dwelling**  
 NFIRS-1 Revision 03/11/99

**A** FDID \* 62210 State \* MN Incident Date \* MM 11 DD 23 YYYY 2013 Station 07 Incident Number \* 13-0034597 Exposure \* 000  Delete  Change  No Activity **NFIRS -2 Fire**

**B Property Details**

**B1** 0001  Not Residential  
*Estimated Number of residential living units in building of origin whether or not all units became involved*

**B2** 001  Buildings not involved  
*Number of buildings involved*

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

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

Enter up to three codes. Check one or more boxes for each code entered.

NNN None  
 On-site material (1)

                       
 On-site material (2)

                       
 On-site material (3)

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

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

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

**D Ignition**

**D1** 26 Laundry area, wash  
*Area of fire origin \**

**D2** 12 Radiated, conducted  
*Heat source \**

**D3** 94 Dust, fiber, lint,  
*Item first ignited \**  Check Box if fire spread was confined to object of origin

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

**E1 Cause of Ignition**  Check box if this is an exposure report. Skip to section G

1  Intentional  
 2  Unintentional  
 3  Failure of equipment or heat source  
 4  Act of nature  
 5  Cause under investigation  
 U  Cause undetermined after investigation

**E2 Factors Contributing To Ignition**  None

55 Failure to clean  
 Factor Contributing To Ignition (1)

                       
 Factor Contributing To Ignition (2)

**E3 Human Factors Contributing To Ignition** Check all applicable boxes

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

7  Age was a factor  
 Estimated age of person involved           

1  Male 2  Female

**F1 Equipment Involved In Ignition**  None If Equipment was not involved, Skip to Section G

813 Washer/dryer  
 Equipment Involved

Brand           

Model           

Serial #           

Year           

**F2 Equipment Power** 11 Electrical  
 Equipment Power Source

**F3 Equipment Portability**

1  Portable  
 2  Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

**G Fire Suppression Factors** Enter up to three codes.  None

                       
 Fire suppression factor (1)

                       
 Fire suppression factor (2)

                       
 Fire suppression factor (3)

**H1 Mobile Property Involved**  None

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

**H2 Mobile Property Type & Make**

                       
 Mobile property type

                       
 Mobile property make

**Local Use**  Pre-Fire Plan Available  
 Some of the information presented in this report may be based upon reports from other Agencies

Arson report attached  
 Police report attached  
 Coroner report attached  
 Other reports attached

                                  
 Mobile property model Year

                                  
 License Plate Number State VIN Number

<b>I1 Structure Type *</b> If fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	<b>I2 Building Status *</b> 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>I3 Building * Height</b> Count the ROOF as part of the highest story <input type="text" value="001"/> <small>Total number of stories at or above grade</small>  <input type="text" value="001"/> <small>Total number of stories below grade</small>	<b>I4 Main Floor Size*</b> <input type="text"/> , <input style="width: 40px;" type="text" value="001"/> , <input style="width: 40px;" type="text" value="000"/> <small>Total square feet</small>  OR <input type="text"/> , <input style="width: 40px;" type="text" value="025"/> BY <input type="text"/> , <input style="width: 40px;" type="text" value="040"/> <small>Length in feet                      Width in feet</small>	NFIRS-3 Structure Fire	
<b>J1 Fire Origin *</b> <input type="text" value="001"/> <small>Story of fire origin</small> <input checked="" type="checkbox"/> Below Grade	<b>J3 Number of Stories Damaged By Flame</b> Count the ROOF as part of the highest story <input type="text"/> Number of stories w/ minor damage (1 to 24% flame damage) <input type="text"/> Number of stories w/ significant damage (25 to 49% flame damage) <input type="text"/> Number of stories w/ heavy damage (50 to 74% flame damage) <input type="text"/> Number of stories w/ extreme damage (75 to 100% flame damage)	<b>K Material Contributing Most To Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine <b>Skip To Section L</b>  <b>K1</b> <input type="text"/> <input type="text"/> <small>Item contributing most to flame spread</small>  <b>K2</b> <input type="text"/> <input type="text"/> <small>Type of material contributing most of flame spread      Required only if item contributing code is 00 or &lt;70</small>			
<b>J2 Fire Spread *</b> 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	<b>L1 Presence of Detectors *</b> <small>(In area of the fire)</small> N <input checked="" type="checkbox"/> None Present <input type="text" value="Skip to section M"/> 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined	<b>L3 Detector Power Supply</b> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	<b>L5 Detector Effectiveness</b> Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined		
<b>L2 Detector Type</b> 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	<b>L4 Detector Operation</b> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	<b>L6 Detector Failure Reason</b> Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined			
<b>M1 Presence of Automatic Extinguishment System *</b> N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present <input type="text" value="Complete rest of Section M"/>	<b>M2 Type of Automatic Extinguishment System *</b> Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO <sub>2</sub> ) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	<b>M3 Automatic Extinguishment System Operation</b> Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>M5 Automatic Extinguishment System Failure Reason</b> Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined		
		<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated <input type="text"/> <small>Number of sprinkler heads operating</small>	NFIRS-3 Revision 01/19/99		

**K1 Person/Entity Involved**  Local Option  Business name (if applicable)  850 - 212 - 8898 Area Code Phone Number

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

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

1325 Number  ARKWRIGHT Prefix Street or Highway  ST Street Type  Suffix

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

MN 55130 State Zip Code

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

**K2 Owner**  Same as person involved? Then check this box and skip The rest of this section.  Local Option  Business name (if Applicable)  651 - 497 - 6060 Area Code Phone Number

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

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

1345 Number  FARRINGTON Prefix Street or Highway  ST Street Type  Suffix

Post Office Box  109 Apt./Suite/Room  SAINT PAUL City

MN 55117 State Zip Code

**L Remarks**  
Local Option

FIRE PERSONNEL RESPONDED TO A REPORT OF A DWELLING FIRE INSIDE THE WALK-OUT BASEMENT. ENGINE #4 ASSUMED COMMAND AND COMPLETED A 360 CHECK OF THE OUTSIDE OF THE HOME, WHILE THE CREW USED A HAND-LINE TO ATTACK THE FIRE IN THE BASEMENT AND COMPLETED A WATER SUPPLY TO SQUAD #1. SQUAD #1 USED A HAND-LINE TO BACK-UP ENGINE #4 AND COMPLETED A PRIMARY SEARCH OF THE BASEMENT BUT DID NOT FIND ANY VICTIMS.

ENGINE #7 USED A HAND-LINE OFF ENGINE #4 TO ATTACK THE FIRE ON THE FIRST FLOOR AND COMPLETED THEIR SEARCH BUT DID NOT FIND ANY VICTIMS. ENGINE #8 USED A HAND-LINE TO BACK-UP ENGINE #7 ON THE FIRST FLOOR AND CHECKED THE ATTIC BUT DID NOT FIND ANY FIRE EXTENSION. ENGINE #22 COMPLETED A WATER SUPPLY TO ENGINE #8 AND STOOD-BY AS SAFETY CREW.

LADDER #7 RAISED THEIR LADDER TO THE ROOF AND CUT TWO LARGE HOLES FOR SMOKE VENTILATION. I ARRIVED TO TAKE OVER DIVISION CHARLIE IN THE REAR OF THE HOUSE. LADDER #22 COMPLETED VENTILATION AND OVERHAUL WITHIN THE BASEMENT IN THE REAR. SQUAD #3 STOOD-BY IN STAGING. MEDIC #18 AND REGIONS DOCTOR ON SCENE STOOD-BY FOR SAFETY BUT NO VICTIMS WERE FOUND.

FIRE INVESTIGATOR KROEGER INTERVIEWED THE OWNER AND OCCUPANTS OF THE HOME. I RECEIVED AN ALL CLEAR OF SEARCHES AT 1408 HOURS AND A SAFETY CHECK WAS COMPLETED AT 1411 HOURS. FIRE MARSHAL ZACCARD WAS INTERVIEWED BY THE MEDIA.

I REQUESTED RED CROSS FOR THREE ADULTS AND A BOARD-UP CREW FOR 16 WINDOWS AND 3 DOORS. I HELD A FIRE REVIEW BEHIND ENGINE #4 AND REQUESTED SAINT PAUL POLICE STAND-BY WITH OCCUPANTS UNTIL RED CROSS ARRIVED.

A FIRE PACKET WAS OFFERED TO THE OWNER BUT HE STATED THE HOME WAS IN FORECLOSURE AND HAD NO INSURANCE.

**L Authorization**

1892 Officer in charge ID  JADWINSKI, STANLEY J Signature  150 Position or rank  C3 Assignment  11 Month  23 Day  2013 Year

Check Box if same as Officer in charge.  1892 Member making report ID  JADWINSKI, STANLEY J Signature  150 Position or rank  C3 Assignment  11 Month  23 Day  2013 Year

# Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	13-34597	DATE OF INCIDENT: 11-23-2013	
TIME OF INCIDENT:	1348 hours	POLICE CASE #: N/A	
INVESTIGATOR (S):	Brian Kroeger		
INCIDENT ADDRESS:	1325 Arkwright Street, 55106		
OCCUPANT NAME:	Florence Matedi	PHONE: 850-212-8898	
OWNER NAME:	Jacob Matedi	PHONE: 651-497-6060	
ADDRESS OF OWNER:	1345 Farrington Street, Apartment #109, Saint Paul, MN 55117		
PROPERTY DAMAGED:	Single Family Dwelling	AREA OF ORIGIN: Laundry Room	
DAMAGE ESTIMATE:	Building \$100,000	Vehicle \$	Other (Describe) \$
VALUE:	Building \$113,700	Vehicle \$	Other (Describe) \$
Damage Estimate CONTENTS ONLY:	\$50,000		
INJURY/DEATH (if yes, explain)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
SMOKE DETECTOR/SPRINKLER INFORMATION:	Smoke Detector Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Detector Functioning: <input type="checkbox"/> Yes <input checked="" 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		
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:	The Fire Department was called to a report of a dwelling fire. On arrival, Engine #4 found a house with a walkout basement fully involved in fire. Crews extinguished the fire and performed ventilation and overhaul. All occupants had self-evacuated. The house sustained substantial fire damage. The resident reports starting the dryer and going to take a shower. Her daughter came home, smelled smoke, saw a fire in the laundry room, and alerted the other people in the house. Based on fire patterns and interviews, it is my opinion the fire began behind the dryer near the vent. The first material ignited was dryer lint or clothes. The ignition source was heat from the dryer. Lack of dryer maintenance brought these items together. The classification of fire cause is accidental.		
DISPOSITION:	<input type="checkbox"/> E-mail only <input type="checkbox"/> Hold Scene until approved <input type="checkbox"/> DO NOT DEMOLISH until approved <input checked="" type="checkbox"/> Scene Released <input type="checkbox"/> Analysis of Evidence Pending <input checked="" type="checkbox"/> Report to Follow		

FIRE INVESTIGATION REPORT

INCIDENT NO: 13-34597                      DATE: 11/23/2013                      TIME: 1348 HOURS

ADDRESS: 1325 ARKWRIGHT ST                      INSURANCE CO: NONE

DAMAGE ESTIMATE: \$150,000

**SYNOPSIS:** On Saturday, November 23, 2013, at 1348 hours, the Saint Paul Fire Department responded to a report of a single-family dwelling fire. The location of the incident was 1325 Arkwright Street. On arrival, Engine #4 found a house with a walk-out basement fully involved in fire. Crews extinguished the fire and performed ventilation and overhaul. All occupants had self-evacuated. Based on fire patterns and interviews, it is my opinion the fire began behind the dryer near the vent. The first material ignited was dryer lint or clothes. The ignition source was heat from the dryer. Lack of dryer maintenance brought these factors together. The classification of fire cause is accidental.

**PEOPLE:** Property Owner, JACOB M. MATEDI, 1345 Farrington Street, 55117, 651-497-6060, DOB 06/19/1952.

Occupant, FLORENCE H. MATEDI, 1325 Arkwright Street, 55130, 850-212-8898, DOB 07/13/1957.

Occupant, TATA MATEDI, 1325 Arkwright Street, 55130, 850-212-8898, DOB 06/23/1987.

Occupant, IMMANUEL MATEDI, 1325 Arkwright Street, 55130, 850-212-8898, DOB 04/15/1991.

**BACKGROUND:** I received notification of the fire via the Communications Center at 1348 hours. I responded to the incident scene and arrived at approximately 1355 hours. The weather conditions were clear skies with calm winds, and the outside temperature was approximately 20° Fahrenheit. Fire extinguishment was in progress with active fire conditions at the time of my arrival. Substantial overhaul was performed due to the extent of fire damage.

**PROPERTY DESCRIPTION:** The structure is a one story, wood framed, single family dwelling with a walk-out basement underneath a deck on side "C." The building measures approximately 25 feet deep by 40 feet wide. The address side faces east. There is a small two-car garage off the B/C corner, which was not damaged in the fire.

**EXTERIOR EXAMINATION:** Visual inspection of the exterior found that the windows had all been broken out during firefighting operations. There were a number of items surrounding the structure; a chest freezer, piano, window air conditioning units, etc., particularly on side B and to some degree on side C. The eaves and upper portions of the exterior walls had some

charring due to fire and smoke damage. Crews had ventilated the roof above the living room with an approximately 4 foot by 4 foot hole.

**INTERIOR EXAMINATION:** Visual inspection of the interior noted heavy fire and smoke damage throughout. The first floor of the structure contains a living room, a kitchen/dining room area, a bathroom, and three bedrooms. The dining room has sliding doors that open onto the deck on side C. The bedroom in the A/B corner had smoke damage. The door to that room was closed and locked and was forced during firefighting operations. The bedroom in the B/C corner had suffered heavier smoke damage. The bedroom facing side A and the bathroom, facing side C, had heavy smoke damage, extending down to the floor in each case.

The hallway, kitchen, dining room, and living room all had very heavy fire and smoke damage, with contents, cabinetry, walls, and ceilings being extensively damaged or destroyed. The hollow-core door to the basement was burned through at the top with fire impingement from the basement side.

The basement level is a full walk-out with sliding doors on the C side underneath a deck. The D side of the basement contained a family room. That room had miscellaneous items in it, including a sofa sleeper and exercise equipment. The family room received heavy fire and smoke damage. The circuit breaker panel for the structure was in this room on the A side wall. A number of the breakers were tripped but there was no identification for circuits. There was a space heater near the sofa sleeper which did not appear to be plugged into an outlet. There was a wall-mounted electric heater in the family room on side C of the house. The room received significant smoke and fire damage, extending down to approximately two feet from the floor in most of the room. The family room has a hallway towards the C side that leads to a bathroom facing the C side and a bedroom on the B/C corner. The bathroom had suffered heavy smoke damage. The basement bedroom had suffered lighter smoke damage. The fire had begun to burn through the back of the bedroom closet that abuts the laundry room.

There are a set of center stairs with the basement landing in the center of the A side. The stairs and stairwell were heavily charred throughout.

The A/B corner of the basement contains a laundry room as well as the furnace and water heater. The ductwork for the furnace and water heater was distorted by exposure to fire conditions. Neither appliance appeared to be the origin of the fire.

Wall studs throughout the entire room were heavily charred. The washer was below a small window on the B side, and fire crews reported that there was a chest freezer on the outside of the house placed up against this window. The washer was plugged in and empty. The plug was melted from the heat of the fire but no arcing or shorting was evident. The gas dryer was against the A side wall next to the washer. It was placed on a solid pallet with fire damage to the center-

rear of the pallet near the vent exhaust. The gas line to the dryer was intact. The dryer contained a small amount of charred clothing. The lint screen was present. The dryer originally appeared to have been vented with a plastic vent hose which melted during the fire. Remnants of the vent hose wire coil were found behind the dryer.

**INTERVIEWS:** Occupant, FLORENCE H. MATEDI, was interviewed on Saturday, November 23, 2013, at the scene and stated:

- She was doing laundry and had put some clothes in the dryer when she went upstairs to take a shower.
- Her daughter came in and told her there was a fire.
- She evacuated the structure with her daughter at that time.
- There is a door to the laundry room at the bottom of the stairs and it is normally closed.
- She cannot recall any problems with the appliances or electrical system.
- No one smokes in the house.
- The house has been in foreclosure for some time and she does not have insurance.
- She has lived there for approximately 16 years.
- She lives with her daughter, TATA, and her son, IMMANUEL, who is not at home today, and two other adults who are renting rooms.

**Occupant, TATA MATEDI, was interviewed on Saturday, November 23, 2013, at the scene and stated:**

- She came home and smelled smoke.
- She went downstairs and found the door to the laundry room was partially closed.
- Looking in the laundry room, she saw flames in the corner, behind the dryer.
- She went upstairs and alerted her mother and they evacuated the structure.
- She called 9-1-1 to report the fire.



Property Owner, JACOB M. MATEDI, was interviewed on Saturday, November 23, 2013, over the telephone and stated:

- They purchased the house in November of 1999.
- They have been behind in the payments for some time and the house has been in foreclosure for "several years."
- They filed for bankruptcy several months ago.
- They do not have insurance.

**PHOTOGRAPHS/SKETCH:** Digital photographs were taken and a sketch will be provided.

**EVIDENCE:** No evidence was collected.

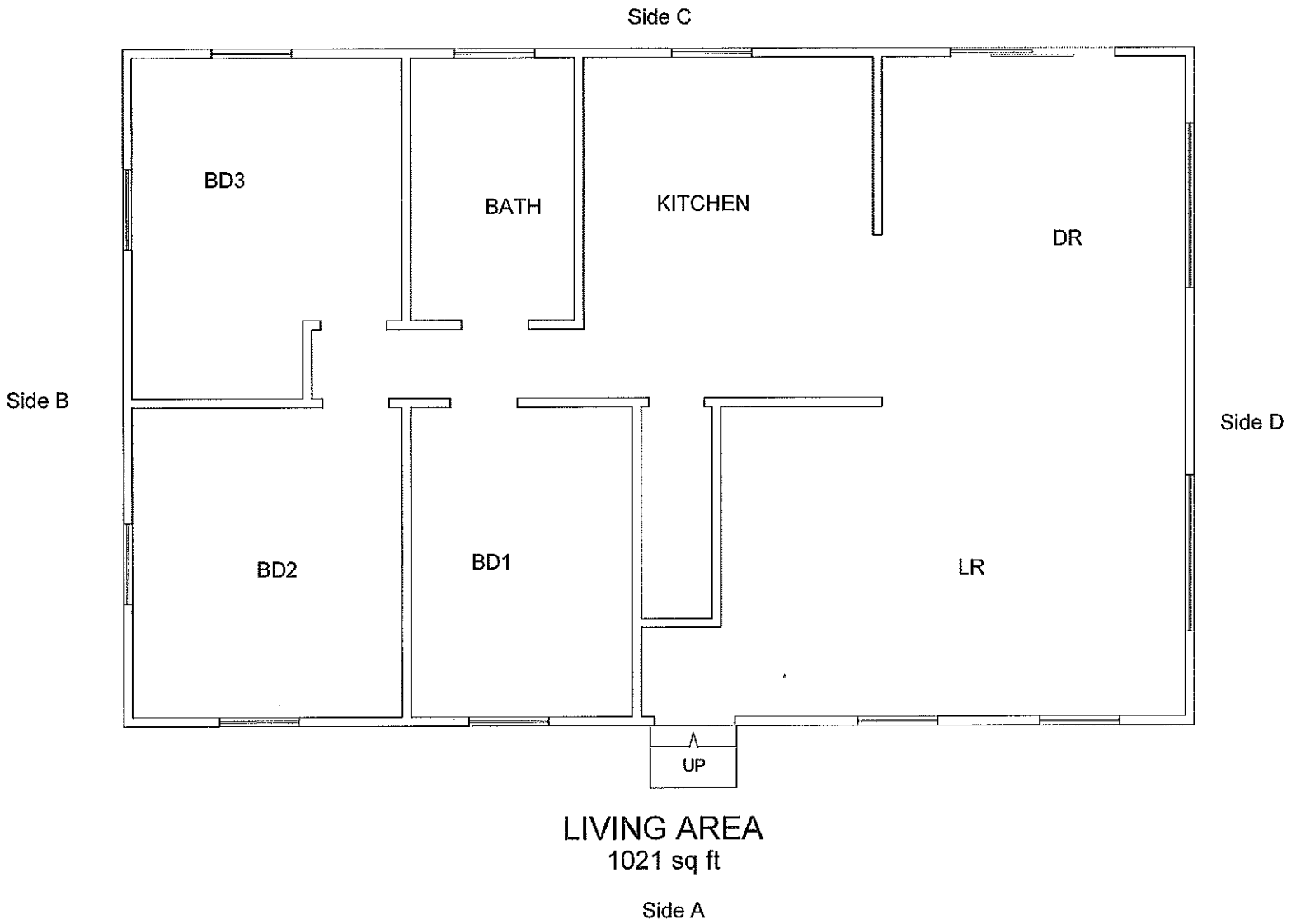
**CONCLUSION:** After examination of the fire scene and the interviews conducted with the residents, it is my opinion the fire began in the vent exhaust of the dryer or in the clothes in the dryer. The fire appears to have spread through the laundry room, then into the stairwell and family room, then burned through the door at the top of the stairs and travelled into the kitchen/dining room/living room areas. The first material ignited was dryer lint or possibly clothes. The ignition source was heat from the dryer. Lack of dryer maintenance brought these factors together. The classification of fire cause is accidental. This concludes my investigation and report.

B. Kroeger, Fire Investigator, C Shift, November 27, 2013

BK/su

A handwritten signature in cursive script, appearing to read "Brian Kroeger", with a long horizontal flourish extending to the right.

# Plan of First Floor 1325 Arkwright



# Plan Basement 1325 Arkwright

