



CITY OF SAINT PAUL  
Christopher B. Coleman, Mayor

645 Randolph Avenue Telephone: 651-224-7811  
Saint Paul, MN 55102 Facsimile: 651-228-6255

October 18, 2016

*Thank you!*

ATTN: MARCUS BROWN

Dear Mr. Brown:

In response to your request for a copy of the fire report for 642 Fuller Avenue I am sending you Information Disclosure Form (IDR) #18676.

Please print the IDR form and send that to me, with your check for **\$2.50** (please make your check payable to the **City of Saint Paul**). Once I have received the form and your check, I will send you the report(s) and a receipt. Please address your envelope to the Saint Paul Fire Department, Attention: Shannon U. at the above address.

If you have any questions, I am available between 7:30 a.m. and 4:00 p.m. at (651)228-6264.

Sincerely,

*Shannon Urhammer*

Shannon Urhammer  
Office Assistant IV – Fire Investigations

Enclosure

SAINT PAUL FIRE DEPARTMENT  
INFORMATION DISCLOSURE REQUEST & COPY CALCULATION FORM

1. DATE OF REQUEST Oct. 2010

2. REQUESTER NAME (Last, First, M): *Not required if data is public.*  
Brown Marcus

3. ADDRESS: *Not required if data is public.*  
MBTOYMR@EMAC.COM

5. REQUESTER SIGNATURE: *Not required if data is public.*  
Leia - 388-1984

6. PHONE: *Not required if data is public.*  
Leia - 388-1984

4. DESCRIPTION OF THE INFORMATION REQUESTED including date and location if applicable:  
copy of investigation report for Leia Fuller, 9-27-10, # 10-33104

REQUESTER NOTE:

- Request Frequency for Private Data on individuals: After you have been shown the data and informed of its meaning, the data need not be disclosed to you six months thereafter unless a dispute or action is pending or additional data on you has been collected.
- You may be required to pay the actual costs of making, certifying and/or compiling the copies of information requested.

B. DEPARTMENT/DIVISION COMPLETE

7. REQUEST HANDLED BY/DIVISION  
Investigation

8. REQUEST TYPE  
 In person  
 E-mail  
 Phone  
 Denied  
 Approved in part (explain in 12)  
 Authorized Signatures: Obanos Liberman

9. REQUESTED BY  
 Subject of the data  
 Not the subject of data

10. THE INFORMATION REQUESTED IS CLASSIFIED  
 PUBLIC  
 PRIVATE  
 CONFIDENTIAL  
 NON-PUBLIC  
 PROTECTED  
 NON-PUBLIC

11. REQUEST  Approved  
 Denied

12. REMARKS/COMMENTS (If requested data is classified so as to deny access to the requester, cite authority or reason. Also enter any other remarks/comments appropriate.)

13. Picture Identification for Private Data  
 MN Driver's License  
 MN Picture ID  
 Other

C. DEPARTMENT/DIVISION COMPLETE WHEN FEES ARE ASSESSED (Complete Photocopy line only for FLAT RATE of 25 cents a page)

1. Labor: 20 mins (# of Hours) X 10 (Hourly Rate)

2. Photocopy: 1.55 (# of Hours) X 10 (Photocopy Rate)

3. Mailing costs: \_\_\_\_\_

4. Publication Printing Cost: \_\_\_\_\_

Other costs describe: (To include computer time, programming time, copy machine time, labels, photos, CD's, etc. and any other costs not listed above.)

ESTIMATED COST (Only necessary for Prepaid)	ACTUAL COST
	2.50

There is no charge for release of public/private data if the documents being released total five (5) pages or less.

TOTAL CHARGES	\$ <u>2.50 (AD)</u>
Preparer Name:	<u>Obanos</u>
Date Released:	<u>10-25-10</u>

a. \_\_\_\_\_  
b. \_\_\_\_\_

**A** FDID: 62210 State: MN Incident Date: MM 09 DD 27 YYYY 2016 Station: 08 Incident Number: SPFD160927033164 Exposure: 0 **NFIRS-1 Basic**

**B Location Type**  
 Street address  
 Intersection: 642 FULLER Ave N  
 In front of: SAINT PAUL MN 55104  
 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.  
Census Tract: 0335 - 00  
Number/Airport Prefix Street or Highway Street Type Suffix  
City State Zip Code  
Cross Street, Freeways or National Grid, as applicable

**C Incident Type**: 111 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**  
 Alarm: Month 08 Day 27 Year 2016 Hour 13:05:04  
 Arrival: Month 09 Day 27 Year 2016 Hour 13:07:55  
 Controlled: \_\_\_\_\_  
 Last Unit Cleared: Month 09 Day 27 Year 2016 Hour 16:21:39  
Check boxes if dates are the same as Alarm Date.  
Month ALWAYS always required  
ARRIVAL required, unless enroute or did not arrive  
CONTROLLED optional, except for wildland fires  
LAST UNIT CLEARED, required except for wildland fires  
**E2 Shifts and Alarms**  
 Local Option: A 1 D2  
 Shift or Platoon: \_\_\_\_\_ 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): 51 Ventilate  
 Additional Action Taken (2): 12 Salvage & overhaul  
 Additional Action Taken (3): \_\_\_\_\_  
**G1 Resources**  
 Check this box and test this block if an Apparatus or Personnel Module is used.  
 Apparatus: Suppression 9 EMS 1 Other 1  
 Personnel: 0 0 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 \$ 25,000  
 Contents \$ 10,000  
 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 0	0
Civilian 0	0

**H2 Detector**  
 1 Required for captioned fires. 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 evap. 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 stores  
 51 Enclosed mall  
 52 Business and residential use  
 53 Office use  
 60 Industrial use  
 63 Military use  
 65 Farm use  
 NN Not mixed use

A 62210 MN 09 27 2016 08 SPFD160927033164 0  
 FOLD State Incident Date Station Incident Number Exposure

**B Property Details**

B1 1 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    |    |     None  
 Less than one acre  
 Acres burned (outside area)

**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 24 Cooking area, kitchen  
 Area of fire origin

D2 13 Electrical arcing  
 Heat Source

D3 17 Structural member or framing  
 Item first ignited

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

D4 62 Round timber, including round posts, poles  
 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**

30 Electrical failure, malfunction, other  
 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**  None

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 Pro-Fire Plan Available**

Some of the information presented by this report may be based upon reports from other agencies:

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

<b>1 Structure Type</b> <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	<b>2 Building Status</b> 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	<b>3 Building Height</b> <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>	<b>4 Main Floor Size</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <small>Total square feet</small> OR <input type="text" value=""/> <input type="text" value="40"/> BY <input type="text" value=""/> <input type="text" value="25"/> <small>Length in feet Width in feet</small>
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<b>J1 Fire Origin</b> <input type="text" value="1"/> <small>Relevé Grade</small> <small>Story of fire origin</small>	<b>J2 Fire Spread</b> <small>If fire spread was confined to object of origin, do not check a box (of Block D3, Fire Module).</small> <input type="checkbox"/> Confined to object of origin <input type="checkbox"/> Confined to room of origin <input checked="" type="checkbox"/> Confined to floor of origin <input type="checkbox"/> Confined to building of origin <input type="checkbox"/> Beyond building of origin	<b>J3 Number of Stories Damaged by Flame</b> <small>Count the roof as part of the highest story.</small> <input type="text" value=""/> <small>Number of stories w/minor damage (1 to 24% flame damage)</small> <input type="text" value=""/> <small>Number of stories w/significant damage (25 to 49% flame damage)</small> <input type="text" value=""/> <small>Number of stories w/heavy damage (50 to 74% flame damage)</small> <input type="text" value="1"/> <small>Number of stories w/extreme damage (75 to 100% flame damage)</small>	<b>K Type of Material Contributing Most to Flame Spread</b> <small>Check if no flame spread OR if same as material first ignited (Block D4, Fire Module) OR if unable to determine.</small> <b>K1</b> <input type="text" value=""/> <small>Item contributing most to flame spread</small> <b>K2</b> <input type="text" value=""/> <small>Type of material contributing most to flame spread</small> <small>Required only if item contributing code is 00 or &lt;10</small>
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<b>L1 Presence of Detectors</b> <small>(On area of the fire)</small> <input checked="" type="checkbox"/> Present <input type="checkbox"/> None present <input type="checkbox"/> Undetermined	<b>L2 Detector Type</b> <input type="checkbox"/> Detector type, other <input checked="" 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	<b>L3 Detector Power Supply</b> <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 checked="" type="checkbox"/> Undetermined
<b>L4 Detector Operation</b> <input type="checkbox"/> Fire too small to activate detector <input type="checkbox"/> Detector operated <input type="checkbox"/> Detector failed to operate <input checked="" type="checkbox"/> Undetermined	<b>L5 Detector Effectiveness</b> <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	<b>L6 Detector Failure Reason</b> <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

<b>M1 Presence of Automatic Extinguishing System</b> <input type="checkbox"/> Present <input type="checkbox"/> Partial System Present <input checked="" type="checkbox"/> None Present <input type="checkbox"/> Undetermined	<b>M2 Type of Automatic Extinguishing System</b> <small>Required if fire was within designed range of AEE</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	<b>M3 Operation of Automatic Extinguishing System</b> <small>Required if fire was within designed range</small> <input type="checkbox"/> Operation of AEE, 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
<b>M3 Number of Sprinkler Heads Operating</b> <small>Required if system operated</small> <input type="text" value=""/> <small>Number of sprinkler heads operating</small>	<b>M6 Reason for Automatic Extinguishing System Failure</b> <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		344 Clinic, clinic-type infirmary		628 Laboratory or science laboratory	
410	1 or 2 family dwelling	611	Doctor, dentist or oral surgeon office	619	Ck, poultry storage
311	24-hour care Nursing homes, 4 or more persons	612	Electric-generating plant	700	Manufacturing, processing
241	Adult education center, college classroom	213	Elementary school, including kindergarten	579	Motor vehicle or boat sales, services, repair
182	Bar or nightclub	619	Food and beverage sales, grocery store	429	Multifamily dwelling
404	Baracks, dormitory	215	High school/junior high school/middle school	882	Parking garage, general vehicle
439	Boarding/rooming house, residential hotels	331	Hospital - medical or psychiatric	460	Residential board and care
509	Business office	449	Hotel/motel, commercial	181	Restaurant or cafeteria
131	Church, mosque, synagogue, temple, chapel	539	Household goods, sales, repairs	671	Service station, gas station
		381	Jail, prison (not juvenile)	891	Warehouse
<b>Outside</b>		984	Industrial plant yard - area	980	Street, other
081	Construction site	946	Lake, river, stream	938	Vacant lot
855	Crops or orchard	931	Open land or field		
910	Dump, sanitary landfill	807	Outside material storage area		
606	Forest, timberland, woodland	124	Playground		
938	Graded and cared-for plots of land	951	Railroad right-of-way		
081	Highway or divided highway	952	Residential street, road or residential driveway		

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

Property Use Code:

Property Use Description:

**K1 Person/Entity Involved**

Local Option:

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

Business Name (if Applicable):

Area Code:  Phone Number:

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:

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

Business Name (if Applicable):

Area Code:  Phone Number:

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**

Officer in charge ID:  Signature:

Member Making report ID:  Signature:

Position or rank:  Assignment:

Month:  Day:  Year:

**L Remarks**

Local Option:

A CALL WAS RECEIVED BY A PASSER-BY OF SMOKE COMING FROM A HOUSE. ON ARRIVAL, ENGINE #18'S CREW SAW SMOKE EMITTING FROM THE FIRST FLOOR WINDOWS AND THE ATTIC VENTS. THEY PULLED A HAND-LINE AND HAD TO FORCE ENTRY THROUGH THE FRONT DOOR. THEY THEN WENT TO THE FIRST FLOOR TO EXTINGUISH THE FIRE. THEY WERE SUPPLIED BY ENGINE #8'S RIG WHO ALSO PULLED A BACK-UP LINE. LADDER #8'S CREW CONDUCTED THE PRIMARY SEARCH WHICH WAS "ALL CLEAR". EVENTUALLY "ALL CLEAR" ON ALL FLOORS WAS REPORTED.

THE UTILITIES WERE SECURED FOR CREW SAFETY AND XCEL WAS ON SCENE AS WELL TO PERFORM THEIR INSPECTION POST FIRE CONTROL.

A FAMILY DOG WAS TAKEN FROM THE HOUSE AND CPR WAS PERFORMED BUT THE DOG WAS NOT VIABLE. THE HOME WAS NOT HABITABLE AND RED CROSS WAS ALSO CALLED TO ASSIST THE OCCUPANT OF THE HOME. THE LANDLORD WAS ALSO CONTACTED TO SECURE THE HOUSE POST FIRE OPERATIONS.

WE ARE UNSURE IF ANY DETECTORS WERE SOUNDING ON OUR ARRIVAL, BUT IT APPEARS THEY WERE NOT AS NONE OF THE CREWS RECALL HEARING ONE SOUNDING. NO INJURIES WERE REPORTED. FIRE INVESTIGATOR BLANK STAYED ON SCENE UNTIL THE OCCUPANT ARRIVED.

# Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	16-33164	DATE OF INCIDENT: 09-27-2016	
TIME OF INCIDENT:	1304 Hours	POLICE CASE #: N/A	
INVESTIGATOR(s):	J. Blank		
INCIDENT ADDRESS:	642 Fuller Avenue, Saint Paul, MN 55104		
OCCUPANT NAME:	Dawn M. Stewart	PHONE: 952-452-6693	
OWNER NAME:	Four Seasons Properties, LLC	PHONE: 612-388-1984	
ADDRESS OF OWNER:	10423 Inver Grove Trail, Inver Grove Heights, MN 55077		
PROPERTY DAMAGED:	Single Family Dwelling	AREA OF ORIGIN: North Kitchen Wall	
DAMAGE ESTIMATE:	Building \$25,000	Vehicle \$	Other (Describe) \$
VALUE:	Building \$37,800	Vehicle \$	Other (Describe) \$
Damage Estimate CONTENTS ONLY:	\$10,000		
INJURY/DEATH (if yes, explain)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes One large dog was found during a search of the dwelling and removed from the residence. The dog was determined to be dead. Firefighters found the dog in the living room behind a couch.		
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown C.O Detector Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 smoke coming from the windows of a dwelling by a passer-by. Firefighters arrived to find smoke coming from the roof, forced entry, and quickly extinguished a kitchen fire. The occupant, who was not at home at the time, stated that there was nothing plugged in on the countertop next to the area of origin and denies any problems with the electric. The ignition source was probably electrical energy. The first fuel ignited was wood. The action that brought these items together was probably due to an electrical arc. 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: 16-33164

DATE: 09/27/2016

TIME: 1305 HOURS

ADDRESS: 642 FULLER AVENUE

INSURANCE CO: UNKNOWN

DAMAGE ESTIMATE: \$35,000

**SYNOPSIS:** On Tuesday, September 27, 2016, at approximately 1305 hours, the Saint Paul Fire Department responded to a report of smoke coming from the windows of a dwelling. The location of the incident was 642 Fuller Avenue. Upon the arrival of the fire department, firefighters stretched hand-lines and quickly extinguished the fire. Upon my arrival, fire extinguishment and search and rescue were underway. The origin of the fire appeared to be in the wall of the kitchen on the first floor. The classification of fire cause is accidental.

**PEOPLE:** Property Owner, MARCUS A. BROWN, 10423 Inver Grove Trail, Inver Grove Heights, MN 55077, 612-388-1984.

Occupant, DAWN M. STEWART, 642 Fuller Avenue, 55104, 952-452-6683, DOB 11/04/1975.

Witness/9-1-1 Caller,

**BACKGROUND:** I received notification of the fire via the Communications Center at approximately 1311 hours. I responded to the incident scene and arrived at approximately 1317 hours. Engine #18 was the first arriving fire department vehicle. At the time of my arrival, fire extinguishment and search and rescue were underway. At the time of the fire, the visibility was mostly cloudy, the temperature was approximately 50°F, and the winds were out of the northwest at approximately 16 miles per hour.

**PROPERTY DESCRIPTION:** The fire damaged structure is a 1 1/2 story single-family dwelling. The foundation is concrete block. The exterior walls were covered with aluminum siding. The structure has a pitched roof covered with asphalt shingles. The interior walls were covered with plaster and lath. The structure measures approximately 25 feet wide by 40 feet deep. The structure faces north and the structure runs north to south.

**EXTERIOR EXAMINATION:** Visual examination of the north side of the structure revealed no signs of smoke or fire damage. The front door was forced open by firefighters to gain access to the structure. Firefighters opened several windows on the north side of the structure to assist in ventilation.

Observations of the east side of the structure showed no signs of smoke or fire damage. The gas meter was located on the east side of the structure and appeared in good condition with no signs of smoke or fire damage. The gas meter was found in the "off" position and it was determined that the meter was turned off by firefighters.



Inspection of the south side of the structure revealed the back door was found in the closed but unlocked position. A window located on the first floor was broken out by firefighters during firefighting efforts and showed smoke staining on the window glass with a small amount of smoke staining located on the upper portion of the window frame. A second floor window was found in the open position and had been opened by firefighters to aid in ventilation. There was no other smoke or fire damage visible on the south side of the structure. Located on the grass on the exterior south side of the structure were numerous discarded cigarettes approximately five feet outside of the rear door.

Located to the west of the window on the first floor was the electric meter. The meter appeared in good condition with no signs of smoke or fire damage. Examination of the conduit that ran from the electric meter upwards, towards the weather-head appeared in good condition with no signs of damage. Observations of the weather-head showed no signs of smoke or fire damage and there were no signs of arcing on the wires coming into the weather-head.

Observations of the alley located behind the residence showed that firefighters had strung electrical tape in the alley blocking access to a portion of the alley on both ends. Stringing caution tape across the alley in this manner is consistent with blocking access due to a problem in the area of the alley, many times due to downed wires. In checking the prior incident tab on my computer located inside the Fire Investigation vehicle revealed that firefighters had responded to this address the previous evening for arcing wires. There were signs of a large split in a tree located in the backyard of this address and it appeared that there may have been contact between one of the tree's larger upper limbs and the primary wires located in the alley.

Inspection of the tree limb in the wires above, in the alley, did not show signs of smoke or fire damage. Investigation of the trunk of the tree showed no signs of smoke or fire damage. Investigation of the grass leading to the structure from the base of the tree showed no signs of smoke or fire damage.

On the west side of the structure I observed smoke staining to the glass of a first floor window closest to the south end of the structure. There was no other smoke or fire damage to this side of the structure.

**INTERIOR EXAMINATION:** Investigation of the interior of the structure started at the back door and moved towards the west which led into the kitchen. Observations of the north wall of the kitchen, closest to the east, revealed a stove. Inspection of the stove revealed that the knob to the oven was turned towards the left and there was a partially melted knob that controlled the left rear burner. Inspection of the stove top did not reveal any pots or pans on top of the stove.

On the left side of the stove there was burning along the side of the unit extending downwards from the stove top approximately two to three feet. Burn patterns along the wall and cabinets were inconsistent with a fire starting on top of the stove. The oven showed no signs of smoke or fire damage. Investigation of the gas line that supplied the stove showed that the flexible gas connector showed no signs of smoke or fire damage and was found in the "on" position at the valve. Inspection of the wall behind the stove showed no signs of smoke or fire damage in the area of the flexible gas line. There was a vector pattern of soot damage located behind the stove towards the left side that indicated the fire did not come from behind the stove but from an area to the left of the stove.

Located to the west of the stove was a collapsed and burned countertop and burned base cabinet. The wall above and behind this area of fire damage was burning and this burning had extended through the plaster and lath and exposed the plaster and lath on the interior of the wall. The fire damage appeared to travel from the exterior south side of the wall to the interior of the wall towards the north. Investigation of possible ignition sources in this area revealed flexible conduit connected to an electrical outlet box. In the area of the heaviest fire damage there was another smaller wire that was not in conduit.

Inspection of the outlet box showed heavy damage to the backside of the electric box as well as the bottom. Located within the electric box was what appeared to be a ground fault circuit interrupter outlet. There was heavy damage to the outlet located within the box.

Moving away from the kitchen into the living room which ran towards the front of the house showed lesser amounts of smoke damage and no fire damage. The remainder of the first floor contained a moderate amount of smoke damage throughout and no fire damage. A large dog was found deceased during the primary search of the residence behind a couch in the living room. The dog was removed from the residence and placed in the backyard with a blanket placed over the animal.

Access to the second floor was via a staircase that was located towards the southern end of the living room that ran from east to west. A green electric extension cord ran up the stairs from a plug that was plugged into an outlet on the first floor. This green electric extension cord was plugged into a portable air-conditioner that was found on the floor and in the "off" position.

Investigation of the second floor bedroom revealed light to moderate smoke damage throughout and no fire damage. Firefighters opened up a large hole in the knee wall on the west side of the bedroom wall to check for fire extension in the knee wall space. A smoke detector located on a table along the west wall was found with the 9V battery sitting next to it. Examination of the alarm horn on the exterior of the detector showed no signs of soot agglomeration, which is consistent with the detector not sounding during the fire.

The stairs to the basement were located just inside the back door and went from west to east into the basement. Observations of the basement revealed no fire damage and only light smoke damage throughout. Inspection of the clothes washer and dryer showed no signs of smoke or fire damage and appeared in good condition. Observations of the furnace showed no signs of smoke or fire damage and appeared in good condition. Inspection of the water heater showed no signs of smoke or fire damage and appeared in good condition.

The electric panel was located along the south wall of the basement next to the west wall. Inspection of the electric panel showed no signs of smoke or fire damage. Firefighters shut off the main breaker at the top of the panel during firefighting operations. There was one breaker tripped on the electric panel. This breaker was located on the right side of the panel and was the very top breaker. The tripped breaker was marked as #2, a 20 amp breaker and was identified as belonging to one of the kitchen receptacles. Observations of the wires and conduit located above the electric panel showed no signs of smoke or fire damage or arcing.

**INTERVIEW:** Occupant, DAWN M. STEWART, stated in person on Tuesday, September 27, 2016:

- My husband and I left for work this morning and no one has been home since.
- I didn't have anything plugged in on the countertop in the area of the stove.
- Last night there was arcing and sparking on the power lines in the alley.
- We called 9-1-1 and talked to the firefighters who said there shouldn't be any problems and that this was pretty common.
- We didn't hear or see or smell any smoke or fire this morning.
- We haven't had any electrical problems in the house.
- I don't think anyone from Xcel Energy came to look at the wires in the alley last night or this morning.
- I did not use the stove this morning and didn't leave anything turned on near it.

**PHOTOGRAPHS/SKETCH:** Digital photographs were taken.

**EVIDENCE:** No evidence was collected.

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**CONCLUSION:** After examination of the fire scene and fire patterns of both movement and intensity observed, as well as the interview conducted, my conclusion is this fire originated in the kitchen to the west of the kitchen stove. Investigation revealed only one ignition source in the area of origin. The ignition source was probably an electrical arc from an outlet located to the left of the stove. The first fuel ignited was probably combustible wood located around the electrical box. The action that brought these items together was probably due to an electrical arc within the electric box. The classification of fire cause is accidental. This concludes my investigation and report.

J. Blank, Fire Investigator, A Shift, 10/04/2016

JB/su

