

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 0316 - 00

Street address Intersection In front of Rear of Adjacent to Directions

865 YORK AVE SAINT PAUL MN 55106

Number/Milepost Prefix Street or Highway Street Type Suffix Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

C Incident Type * 111 Building fire

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

E1 Date & Times Midnight is 0000

Check boxes if dates are the same as Alarm Date. ALARM always required

Alarm * 11 27 2012 10:25:50

ARRIVAL required, unless canceled or did not arrive

Arrival * 11 27 2012 10:28:38

CONTROLLED Optional, except for wildland fires

Controlled

LAST UNIT CLEARED, required except for wildland fires

Last Unit Cleared 11 27 2012 14:49:47

E2 Shift & Alarms Local Option

B 01 D3

Shift or Alarms District Platoon

E3 Special Studies Local Option

Special Study ID# Special Study Value

F Actions Taken *

11 Extinguishment by fire
Primary Action Taken (1)

51 Ventilate
Additional Action Taken (2)

21 Search
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 \$ 070,000

Contents \$ 010,000

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 Clinic, clinic type infirmary
342 Doctor/dentist office
361 Prison or jail, not juvenile
419 1-or 2-family dwelling
429 Multi-family dwelling
439 Rooming/boardng house
449 Commercial hotel or motel
459 Residential, board and care
464 Dormitory/barracks
519 Food and beverage sales

539 Household goods, sales, repairs
579 Motor vehicle/boat sales/repair
571 Gas or service station
599 Business office
615 Electric generating plant
629 Laboratory/science lab
700 Manufacturing plant
819 Livestock/poultry storage (barn)
882 Non-residential parking garage
891 Warehouse

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

936 Vacant lot
938 Graded/care for plot of land
946 Lake, river, stream
951 Railroad right of way
960 Other street
961 Highway/divided highway
962 Residential street/driveway

981 Construction site
984 Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 429

Multifamily dwelling

A	62210 FDID *	MN State *	MM 11 DD 27 Incident Date *	YYYY 2012	07 Station	12-0033187 Incident Number *	000 Exposure *	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -2 Fire
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B Property Details

B1 0003 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
 Acres burned (outside fires) Less than one acre

C On-Site Materials None or Products
 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.

On-site material (1): NNN None

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 70 Structural area, Other
 Area of fire origin *

D2 UU Undetermined
 Heat source *

D3 99 Multiple items first
 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

UU Undetermined None
 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

Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power

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

Mobile property model

Year

License Plate Number State VIN Number

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

I1 Structure Type * 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	I2 Building Status * 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	I3 Building * Height Count the ROOF as part of the highest story _____ 002 _____ <small>Total number of stories at or above grade</small> _____ 001 _____ <small>Total number of stories below grade</small>	I4 Main Floor Size* NFIRS-3 Structure Fire _____ , _____ 001 _____ , _____ 200 _____ <small>Total square feet</small> OR _____ , _____ 050 BY _____ , _____ 024 _____ <small>Length in feet Width in feet</small>
J1 Fire Origin * _____ 001 _____ <small>Story of fire origin</small> <input checked="" type="checkbox"/> Below Grade	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story _____ Number of stories w/ minor damage (1 to 24% flame damage) _____ 002 _____ 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)	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 _____ <small>Item contributing most to flame spread</small> K2 _____ <small>Type of material contributing most of flame spread Required only if item contributing code is 00 or <70</small>	
J2 Fire Spread * 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	L1 Presence of Detectors * <small>(In area of the fire)</small> N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 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 checked="" type="checkbox"/> Undetermined	L5 Detector Effectiveness 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 checked="" type="checkbox"/> Undetermined
L2 Detector Type 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	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	L6 Detector Failure Reason 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	
M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present Complete rest of Section M 1 <input type="checkbox"/> Present	M3 Automatic Extinguishment System Operation 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	M5 Automatic Extinguishment System Failure Reason 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 NFIRS-3 Revision 01/19/99	
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AFS 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 ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined		M4 Number of Sprinkler Heads Operating Required if system operated _____ <small>Number of sprinkler heads operating</small>	

K1 Person/Entity Involved Local Option Business name (if applicable) 612 - 219 - 9879 Area Code Phone Number

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

Mr.,Ms., Mrs. First Name RODGERICK J THOMAS MI Last Name Suffix

Number 865 Prefix YORK Street or Highway AVE Street Type Suffix

Post Office Box Apt./Suite/Room 2 SAINT PAUL City

State MN Zip Code 55106 -

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 - 356 - 5061 Area Code Phone Number

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

Mr.,Ms., Mrs. First Name EDWARD D BERTGES MI Last Name Suffix

Number 4119 Prefix WHITE BEAR Street or Highway PKY Street Type Suffix

Post Office Box Apt./Suite/Room WHITE BEAR LAKE City

State MN Zip Code 55110 -

L Remarks Local Option

CREWS FOUND A FIRE IN THE BASEMENT. COMPANIES ATTACKED FIRE AND OPENED UP WALLS AND VENTILATED ON ALL FLOORS BECAUSE OF BALLOON CONSTRUCTION. FIRE INVESTIGATOR DURAIN ON SCENE.

FIRE KNOCKED DOWN, BUT EXTENSIVE OVERHAUL NEEDED. WE CALLED XCEL GAS AND WE SHUT OFF METERS. OCCUPANT HAD CALLED RED CROSS ON HER OWN BEFORE FIRE WAS OUT.

L Authorization

9730 LECUYER, FLOYD F 150 C3 11 27 2012
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. 9730 LECUYER, FLOYD F 150 C3 11 27 2012
 Member making report ID Signature Position or rank Assignment Month Day Year

Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	12-33187	DATE OF INCIDENT: 11-27-2012	
TIME OF INCIDENT:	1025 hours	POLICE CASE #: 12-279-516	
INVESTIGATOR (s):	Duraine		
INCIDENT ADDRESS:	865 York Ave		
OCCUPANT NAME:	Angela Jones	PHONE: 612-219-9879	
OWNER NAME:		PHONE: 651-356-5061	
ADDRESS OF OWNER:	Edward D Bertges/Edward D Bertges Jr 4119 White Bear Pkwy St Paul MN 55110-7614		
PROPERTY DAMAGED:	Tri-Plex	AREA OF ORIGIN: Basement	
DAMAGE ESTIMATE:	Building \$70,000	Vehicle	Other (Describe)
VALUE:	Building \$166,100	Vehicle	Other (Describe)
Damage Estimate CONTENTS ONLY:	\$10,000		
INJURY/DEATH (if yes, explain)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
SMOKE DETECTOR/ SPRINKLER INFORMATION:	Smoke Detector Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Detector Functioning: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Sprinkler System Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Sprinkler Heads activated: <input type="checkbox"/> Yes # <input type="checkbox"/> No <input type="checkbox"/> Unknown		
FIRE CAUSE CLASSIFICATION:	<input type="checkbox"/> Accidental <input type="checkbox"/> Juvenile/Incendiary <input type="checkbox"/> Incendiary <input type="checkbox"/> Child (under 10 years old) <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Undetermined <input checked="" type="checkbox"/> Under Investigation		
SYNOPSIS:	The fire Department was called by a resident for smoke in an apartment. On the fire department's arrival they found a fire burning in the basement of a two story tri-plex. The fire extended into a wall and into Apartment #2, located on the 1st floor. Investigation revealed the fire started within a storage unit in the basement. None of the occupants claimed to have been in that area for several days. It appears the entry door leading to the basement was secure at the time of the fire. A fire debris sample was collected.		
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 checked="" type="checkbox"/> Analysis of Evidence Pending <input checked="" type="checkbox"/> Report to Follow		

FIRE INVESTIGATION REPORT

INCIDENT NO: 12-33187 DATE: 11/27/2012 TIME: 1025 HOURS
ADDRESS: 865 YORK AVENUE INSURANCE CO: STATE FARM
DAMAGE ESTIMATE: \$80,000 CN#: 12-279-516

SYNOPSIS: On Tuesday, November 27, 2012, at 1025 hours the Saint Paul Fire Department responded to a report of a house fire. The location of the incident was 865 York Avenue. Upon the fire department's arrival they found a fire burning in the basement of two story tri-plex. Investigation revealed the fire started in a storage unit located in the southwest corner of the basement. The storage unit was mostly void of contents but contained a set of dressers. A fire debris sample was collected from within the storage unit. The classification of fire cause is undetermined.

PEOPLE: Property Owner, EDWARD DONALD BERTGES, 4119 White Bear Parkway, White Bear Lake, Minnesota, 55110, (H)651-356-5061, DOB 09/20/1976.

Occupant, RODGERICK J THOMAS, 865 York Avenue, Apartment #2, (cell)612-219-9879, DOB 06/03/1977.

Occupant, ANGELA LORRAINE JONES, 865 York Avenue, Apartment #2, (cell)612-219-9879, DOB 04/18/1977.

Occupant, RAYMOND K WALKER, 865 York Avenue, Apartment #3, (H)651-380-9850, DOB 11/10/1986.

Occupant, KIMBERLY MARIE PARHAM, 865 York Avenue, Apartment #1, (H)651-493-2400, DOB 04/19/1975.

BACKGROUND: I received notification of the fire via the Communications Center. I responded to the incident scene to begin my investigation and arrived at approximately 1043 hours. At the time of my arrival the fire was being extinguished and companies were beginning salvage and overhaul operations.

PROPERTY DESCRIPTION: The structure is a two story, wood framed, tri-plex containing a basement. The exterior of the home contained slate siding and the interior walls contained lath and plaster. The building measured approximately 24 feet by 50 feet and ran south to north in length. The front of the structure faces south. There were three apartments; two on the first floor and one on the second floor.

EXTERIOR EXAMINATION: Visual inspection of the exterior noted no obvious fire damage. There was a small amount of smoke staining above the first floor windows.

INTERIOR EXAMINATION: Visual inspection of the second floor noted Apartment #3 did not contain any fire damage. However, minor smoke damage was observed throughout. There were also several holes in the wall due to extinguishment and overhaul operations.

Examination of the first floor noted two separate apartments. Apartment #2 was on the west side of the structure. Apartment #2 did not suffer any fire damage, however minor smoke damage was visible throughout. Upon entering Apartment #2 from the south side of the structure I encountered the living room. A partial wall separated the living room from the dining room. Charring was noted on the partial wall on the west side of the divide. Charring was noted from floor level upwards to the ceiling. The charring and fire had extended from the basement up into this partial wall. Fire damage stopped at the ceiling, fire stop level.

The entry way into the basement was located in the rear of the structure, north side. The entry way door for the basement was a common door leading to a small entry way. Once inside the entry way the stairwell for the second floor was located on the east side. The stairwell to the basement was directly ahead and to the west of the entry way was the entrance into the kitchen for Apartment #2.

At the base of the stairwell leading to the basement on the west side, there was a laundry room. Minimal fire damage was observed within this room. There were four circuit panels located on the north wall. The first panel to the east was labeled "house". There was one tripped circuit in this panel labeled "basement, outside lights". The adjacent panel to the west was labeled Panel #3. Within this second panel there were three circuits in the tripped position. One of the circuits was labeled "furnace", one was labeled "living room outlets/lights", and the third was labeled "bedrooms". There were two tripped circuits in the third panel to the west, which was labeled Panel #2. The first tripped circuit was labeled "living room/bedroom" and the second tripped circuit was labeled "living room". The last circuit panel, labeled Panel #1, contained 17 circuits and 9 of those circuits were tripped.

To the south of the basement laundry room there was a storage room. A furnace and hot water heater were located in the storage room. Both of these appliances appeared to be in normal operating condition and did not appear to have contributed to the fire. On the north wall of the storage room there was a common wall with the second storage room to the south. A hole had been opened up in this wall by fire personnel during fire extinguishment. There was a small amount of spray painted graffiti on the west cinder block wall.

Approximately eight feet in front of the basement stair landing there was an entrance into a larger common area. This common room measured approximately 21 feet by 18 feet. From the center of the room east there was a small amount of contents. The heating duct work had fallen from the ceiling due to the fire and was leaning against the east wall.

To the west there were three storage lockers. The first locker was located in the center of the room and adjacent to the west wall. This locker measured approximately six feet by seven feet. The door to the locker was in the open position. A desk was positioned against the door and was half inside the locker and half out of the locker. The portion of the door above the desk had been consumed by the fire. A rolled up rug was located on top of the desk and continued west resting on top of a small wooden file cabinet. The rug was heavily charred. The portion of the door behind the desk was mostly protected and clean. The locker walls displayed heavy charring throughout. The desk displayed minimal damage on the east end. The front drawers and top were heavily charred. The back of the wooden filing cabinet was mostly consumed. The front was moderately charred. There were no other items within the storage locker.

The two and a half foot section of wall to the north of the entrance door leading to the storage room containing the storage lockers was consumed down to its base. A V pattern was present from this point. This fire origin was within the storage locker. A large amount of electrical wiring was running through the ceiling space above the locker.

A heavily heat damaged electrical box was attached to the center of the ceiling. There was heavy charring noted to the joist on which the electrical box had been attached. All wiring was void of insulation. The west wall of the storage area consisted of concrete block. A small window was near the top of the wall and entered into a crawl space. Minor fire extension was noted into the space. The ceiling was unfinished and heavy charring was noted between the joist spaces and ran from within the locker across the room to the east wall. Fire damage diminished with distance from the storage locker.

South of the effected storage locker there were two separate storage lockers. Both of these lockers contained minimal contents and displayed minor heat damage.

INTERVIEWS: Occupant, RAYMOND K WALKER, stated:

- He and his girlfriend had left to go to Red Wing, Minnesota, on November 26 at approximately 11:00 p.m.
- He was not in the basement before he left.
- The back door leading to the basement is usually locked.
- He has nothing in the storage area.

Occupant, KIMBERLY MARIE PARHAM, stated:

- She left the house around 10:00 a.m. this morning.

- She does not usually go into the basement.
- She was last in the basement sometime last week.
- When she left this morning she left through the front door.
- She did not see anything unusual when she left.
- She went to the Salvation Army to get a job ringing bells.
- She was not picked to ring bells so she ate lunch and came home.
- When she arrived home the fire department was at her house.

Occupant, RODGERICK J THOMAS, stated:

- His girlfriend had gone to the Rainbow store across the street this morning.
- Sometime while she was gone he heard a smoke detector sounding.
- When he looked around he saw smoke coming from the floor vents.
- He moved the couch that was in front of the vent and more smoke came out.
- He opened the front door and when he looked at the stairwell leading to the second floor he could see an orange glow through the cracks.
- He went back into the house and got his dog.
- He went out the back door.
- The common back door was locked when he left.
- The basement door does not lock.
- He does not usually go into the basement.
- He does not have any items stored in the basement.
- He can not think of any problems that have occurred at the house.

- The only way to get to the basement is through the back of his apartment.

Occupant, ANGELA LORRAINE JONES, stated:

- She does caretaking work for the owner.
- This morning her and her boyfriend went shopping.
- They got back to the house around 9:00 a.m.
- She dropped him off at the back door and he went inside.
- She went over to Rainbow to pick up a few items for breakfast.
- She came out of the store and could see the fire department at her house.
- She did not notice anything unusual this morning.
- She did not see anyone around the building.
- She does not usually go into the basement.

Property Owner, EDWARD DONALD BERTGES, stated:

- He has owned the property since 2008.
- The property is in good condition and they have not had any problems.
- KIMBERLY PARHAM is behind in her rent and he is in the process of evicting her.
- He has sent her a certified letter stating that she needs to vacate the property by the 31st.
- He was at the building over the weekend to fix a pilot light in one of the ovens.
- He did not see any problems in the basement at that time.
- He did not notice anything unusual.
- He has no idea what could have started the fire.

I re-interviewed Occupant, KIMBERLY MARIE PARHAM, and she stated:

- She stated she had gone to the Salvation Army because she is being evicted and was hoping to get some money to help pay the rent.
- She is not really worried about being evicted because the owner seems like a nice guy and she was hoping they could work something out.

While investigating the scene I had parked my Fire Investigation Van adjacent to the building in order to use the electrical cord reel from the van to light up the basement. When the owner arrived on the scene he parked directly behind my van. I was unable to back up. I looked for the owner but I was unable to locate him. I decided to see if the keys were inside his vehicle so I could back it out of the way. His vehicle is a white 2004 Chevrolet Tahoe and the door was not locked. When I opened his driver's door to look for the keys a strong smell of gasoline was detected. I looked back towards the back portion of the vehicle and discovered a red, two and a half gallon plastic gasoline container on its side. I photographed the gasoline container and closed the doors.

After photographing the vehicle and the gasoline container the owner came outside. The owner asked if there was anything I needed and I asked him to move his vehicle. I also informed him that I had looked inside of his vehicle to see if the keys were present so that I could move it and discovered the gasoline container. He stated the gasoline container was back there because his vehicle does not run properly and he sometimes runs out of gas.

I re-interviewed, Occupant, RODGERICK J THOMAS, and he stated:

- He had left the house around 7:00 a.m.
- When he and his girlfriend left they left through the back door.
- He is not sure if he locked the common back door or not.
- When he got home the back door was locked.
- The tenant on the second floor has a lot of unknown guests coming and going throughout the day.
- He went into the house through the back entry way.
- He did not smell any smoke when he went into the house.

- Went to his apartment and got on the computer.
- He was on the computer approximately 15 or 20 minutes when the smoke detector started sounding.
- He didn't smell smoke so he went over to the smoke detector and tried to reset it and that is when he saw black smoke coming from underneath the couch through a vent.

PHOTOGRAPHS: Digital photographs were taken.

EVIDENCE: One can of fire debris was collected from the interior of the storage locker located in the basement of the tri-plex and submitted to the BCA.

CONCLUSION: After investigation of the fire scene and the interviews conducted it is my opinion this fire originated within the storage room located near the center of the west basement wall. There were no ignition sources identified within the storage room. There was electrical wiring running through the ceiling area, but this fire is not consistent with an electrically started fire. This was a fast spreading fire with little contents within the room of origin. There was not a smoke odor present until there was heavy fire involvement. A working smoke detector was located in the basement. This fire is consistent with a fire assisted by an accelerant. Due to the fact that I am unable to completely eliminate the electrical wiring as a possible cause for this fire and without a positive sample for accelerants from the BCA, the classification of fire cause is undetermined. This concludes my report.

J. Duraine, Fire Investigator, A Shift, 11-29-2012

JD/su 