

A FDID: 62210 State: MN Incident Date: MM 10 DD 09 YYYY 2016 Station: 07 Incident Number: SPFD161009034770 Exposure: 0 **NFIRS-1 Basic**

B Location Type
 Street address
 Intersection: 612 WELLS St
 In front of: SAINT PAUL MN 55130
 Rear of: _____
 Adjacent to: _____
 Directions: _____
 US National Grid: _____

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
 None

E1 Dates and Times
 Alarm: 10/09/2016 00:38:35
 Arrival: 10/09/2016 00:43:22
 Controlled: _____
 Last Unit Cleared: 10/09/2016 03:52:07

E2 Shifts and Alarms
 Local Option: A Shift or Platoon, 1 Alarms, D3 District

E3 Special Studies
 Local Option: _____, Special Study ID#: _____, Special Study Value: _____

F Actions Taken
 11 Extinguishment by fire service personnel
 12 Salvage & overhaul
 51 Ventilate

G1 Resources
 Check this box and test this block if an Apparatus or Personnel Module is used.
 Suppression: 11 Apparatus, 0 Personnel
 EMS: 1 Apparatus, 0 Personnel
 Other: 2 Apparatus, 0 Personnel

G2 Estimated Dollar Losses and Values
 Property \$: 68,800
 Contents \$: 0
 PRE-INCIDENT VALUE: Property \$ _____, Contents \$ _____

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

H1 Casualties None
 Death: 0, Injury: 0
 Fire Service: 0, Civilian: 0

H2 Detector
 1 Detector alerted occupants
 2 Detector did not alert occupants
 U Unknown

H3 Hazardous Materials Release
 0 Special HazMat actions required or spill >= 55 gal.
 1 Natural gas: slow leak, no evac. or HazMat actions
 2 Propane gas - Less than a 21 lb. tank
 3 Gasoline - vehicle fuel tank or portable container
 4 Kerosene - fuel-burning equipment/portable storage
 5 Diesel fuel/diesel 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

Mixed Use Property
 00 Mixed use, other
 10 Assembly use
 20 Educational use
 30 Medical use
 40 Residential use
 50 Row of stores
 53 Enclosed mall
 58 Business and residential use
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 NN Not mixed use

B Property Details

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

B2 Buildings not involved
Number of buildings involved

B3 , 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 box for each code entered.

| | |
|-------------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <small>On-site material (1)</small> | |
| <input type="text"/> | <input type="text"/> |
| <small>On-site material (2)</small> | |
| <input type="text"/> | <input type="text"/> |
| <small>On-site material (3)</small> | |

On-Site Materials Storage Use

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

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

D Ignition

D1
Area of fire origin

D2
Heat Source

D3
Item first ignited

D4
Type of material first ignited

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

Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition
Check all applicable boxes None

1 Asleep

2 Possibly impaired by alcohol or drugs

3 Unattended or unsupervised person

4 Possibly mentally disabled

5 Physically disabled

6 Multiple persons involved

7 Age was a factor

N None

Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved in Ignition

None If equipment was not involved, skip to Section G

Equipment Involved

Brand

Serial

Model

Year

F2 Equipment Power Source

Equipment Power Source

F3 Equipment Portability

1 Portable

2 Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

G Fire Suppression Factors 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

License Plate Number State VIN

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Year

Local Use

Pre-Fire Plan Available

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

Arson report attached

Police report attached

Coroner report attached

Other reports attached

A 62210 MN 10 09 2016 07 SPFD161009034770 0
FDID State Incident Date Station Incident Number Exposure

| | | | |
|--|--|--|---|
| I1 Structure Type <small>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</small> 0 Structure type, other 1 <input checked="" type="checkbox"/> Enclosed building 2 Fixed portable or mobile structure 3 Open structure 4 Air-supported structure 5 Tent 6 Open platform 7 Underground structure work area 8 Testing 9 Connective structure | I2 Building Status 0 Building status, other 1 Under construction 2 In normal use 3 Idle, not routinely used 4 Under major renovation 5 <input checked="" type="checkbox"/> Vacant and secured 6 Vacant and unsecured 7 Being demolished U Undetermined | I3 Building Height <small>Count the roof as part of the highest story.</small> Total number of stories at or above grade: <input type="text" value="1"/> Total number of stories below grade: <input type="text" value="1"/> | I4 Main Floor Size Total square feet: <input type="text" value=""/> Length in feet: <input type="text" value="40"/> BY Width in feet: <input type="text" value="25"/> OR |
|--|--|--|---|

| | | |
|---|--|--|
| J1 Fire Origin <input type="text" value="1"/> Below Grade <small>Story of fire origin</small> J2 Fire Spread <small>If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module).</small> 1 Confined to object of origin 2 Confined to room of origin 3 Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 Beyond building of origin | J3 Number of Stories Damaged by Flame <small>Count the roof as part of the highest story.</small> Number of stories w/minor damage (1 to 24% flame damage): <input type="text" value=""/> Number of stories w/significant damage (25 to 49% flame damage): <input type="text" value=""/> Number of stories w/heavy damage (50 to 74% flame damage): <input type="text" value=""/> Number of stories w/extreme damage (75 to 100% flame damage): <input type="text" value="1"/> | K Type of Material Contributing Most to Flame Spread <small>Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.</small> K1 <input type="text" value="10"/> Structural component or finish, other <small>Item contributing most to flame spread</small> K2 <input type="text" value="60"/> Wood or paper, processed, other <small>Type of material contributing most to flame spread Required only if item contributing code is 00 or <70</small> |
|---|--|--|

| | | |
|--|---|--|
| L1 Presence of Detectors 1 <input checked="" type="checkbox"/> Present N None present U Undetermined L2 Detector Type 0 Detector type, other 1 Smoke 2 Heat 3 Combination smoke and heat in a single unit 4 Sprinkler, water flow detection 5 More than one type present U <input checked="" type="checkbox"/> Undetermined | L3 Detector Power Supply 0 Detector power supply, other 1 Battery only 2 Hardwire only 3 Plug-in 4 Hardwire with battery backup 5 Plug-in with battery backup 6 Mechanical 7 Multiple detectors and power supplies U <input checked="" type="checkbox"/> Undetermined L4 Detector Operation 1 Fire too small to activate detector 2 Detector operated 3 <input checked="" type="checkbox"/> Detector failed to operate U Undetermined | L5 Detector Effectiveness <small>Required if detector operated</small> 1 Detector alerted occupants, occupants responded 2 Detector alerted occupants, occupants failed to respond 3 There were no occupants 4 Detector failed to alert occupants U Undetermined L6 Detector Failure Reason <small>Required if detector failed to operate</small> 0 Detector failure reason, other 1 Power failure, hardwired det. shut off, disconnect 2 Improper installation or placement of detector 3 Defective detector 4 Lack of maintenance, includes not cleaning 5 Battery missing or disconnected 6 Battery discharged or dead U <input checked="" type="checkbox"/> Undetermined |
|--|---|--|

| | | |
|---|--|--|
| M1 Presence of Automatic Extinguishing System 1 Present 2 Partial System Present N <input checked="" type="checkbox"/> None Present U Undetermined M2 Type of Automatic Extinguishing System <small>Required if fire was within designed range of AES</small> Special hazard system, other 1 Wet-pipe sprinkler system 2 Dry-pipe sprinkler system 3 Other sprinkler system 4 Dry chemical system 5 Foam system 6 Halogen-type system 7 Carbon dioxide system U Undetermined | M3 Operation of Automatic Extinguishing System <small>Required if fire was within designed range</small> Operation of AES, other 1 System operated and was effective 2 System operated and was not effective 3 Fire too small to activate system 4 System did not operate U Undetermined M3 Number of Sprinkler Heads Operating <small>Required if system operated</small> <input type="text" value=""/> <small>Number of sprinkler heads operating</small> | M5 Reason for Automatic Extinguishing System Failure <small>Required if system failed or not effective</small> Reason system not effective, other 1 System shut off 2 Not enough agent discharged to control the fire 3 Agent discharged, but did not reach the fire 4 Inappropriate system for the type of fire 5 Fire not in area protected by the system 6 System components damaged 7 Lack of maintenance, including corrosion or heads painted 8 Manual intervention defeated the system U Undetermined |
|---|--|--|

| | | |
|---|--|---|
| J Property Use Structures 419 <input checked="" type="checkbox"/> 1 or 2 family dwelling 311 24-hour care Nursing homes, 4 or more persons 241 Adult education center, college classroom 162 Bar or nightclub 464 Barracks, dormitory 439 Boarding/rooming house, residential hotels 599 Business office 131 Church, mosque, synagogue, temple, chapel | 341 Clinic, clinic-type infirmary | 629 Laboratory or science laboratory |
| | 342 Doctor, dentist or oral surgeon office | 819 Livestock, poultry storage |
| | 615 Electric-generating plant | 700 Manufacturing, processing |
| | 213 Elementary school, including kindergarten | 579 Motor vehicle or boat sales, services, repair |
| | 519 Food and beverage sales, grocery store | 429 Multifamily dwelling |
| | 215 High school/junior high school/middle school | 882 Parking garage, general vehicle |
| | 331 Hospital - medical or psychiatric | 459 Residential board and care |
| | 449 Hotel/motel, commercial | 161 Restaurant or cafeteria |
| | 539 Household goods, sales, repairs | 571 Service station, gas station |
| | 361 Jail, prison (not juvenile) | 891 Warehouse |

| | | |
|--|--|-------------------|
| Outside 981 Construction site 655 Crops or orchard 619 Dump, sanitary landfill 669 Forest, timberland, woodland 938 Graded and cared-for plots of land 961 Highway or divided highway | 984 Industrial plant yard - area | 960 Street, other |
| | 948 Lake, river, stream | 935 Vacant lot |
| | 931 Open land or field | |
| | 807 Outside material storage area | |
| | 124 Playground | |
| | 951 Railroad right-of-way | |
| | 982 Residential street, road or residential driveway | |

Look up and enter a Property Use code and description only if you have NOT checked a Property Use Box. Property Use Code: 419
Property Use Description: 1 or 2 family dwelling

K1 Person/Entity Involved

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

Business Name (if Applicable): _____ Area Code: _____ 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 B). Then skip the three duplicate address lines.

Business Name (if Applicable): _____ Area Code: 763 Phone Number: 755 1542

Mr., Ms., Mrs. First Name: MARJORIE MI: E Last Name: KISCH Suffix: _____

Number: 510 Prefix: _____ Street or Highway: 115TH Street Type: AVE Suffix: NW

Post Office Box: _____ Apt./Suite/Room: _____ City: COON RAPIDS

State: MN Zip Code: 55448

M Authorization

| | | | | | | |
|-------------------------|-----------------|------------------|------------|-------|-----|------|
| 7225 | Daniel Moriarty | DC | C3 | 10 | 10 | 2016 |
| Officer in charge ID | Signature | Position or rank | Assignment | Month | Day | Year |
| 7225 | Daniel Moriarty | DC | C3 | 10 | 10 | 2016 |
| Member Making report ID | Signature | Position or rank | Assignment | Month | Day | Year |

L Remarks
Local Option

ENGINE #17'S CREW WAS INITIALLY SENT ALONE FOR SMOKE IN THE AREA. ENGINE #17'S CREW FOUND A DWELLING FIRE AT 612 WELLS AND CALLED FOR A FULL ASSIGNMENT OF FIRE COMPANIES TO RESPOND.

ENGINE #17'S CREW PULLED A PRE-CONNECTED HOSE LINE. SQUAD #1'S CREW PULLED A BACK-UP HOSE LINE. ENGINE #4'S CREW SECURED A WATER SUPPLY. LADDER #7'S CREW WAS ASSIGNED PRIMARY SEARCH RESPONSIBILITIES. ENGINE #7'S CREW WAS INITIALLY R.I.T. I ASSUMED COMMAND AND DISTRICT CHIEF #1 ASSUMED SAFETY COMMAND. LADDER #22'S CREW TOOK OVER FOR ENGINE #7'S CREW AS R.I.T. BECAUSE ENGINE #7'S CREW WAS REASSIGNED. SQUAD #2'S CREW WAS TASKED TO SECOND FLOOR EXTENSION. MEDIC #22'S CREW AND ENGINE #9'S CREW REMAINED STAGED FOR THE INCIDENT.

THE MAIN BODY OF THE FIRE WAS QUICKLY EXTINGUISHED WITH EXTENSIVE OVERHAUL NEEDED TO FULLY EXTINGUISH THE FIRE. PRIMARY AND SECONDARY SEARCHES WERE DONE ON ALL FLOORS WITH AN ALL CLEAR FOUND. UTILITIES SECURED AND BOARD-UP CALLED. THIS WAS A VACANT HOME. NO INJURIES REPORTED. FIRE INVESTIGATOR BLANK ON SCENE FOR ORIGIN AND CAUSE INVESTIGATION.

Saint Paul Fire Department FIRE INCIDENT DISPOSITION



| | | | |
|---|---|------------------------------------|---------------------|
| INCIDENT NUMBER: | 16-34770 | DATE OF INCIDENT: 10-09-2016 | |
| TIME OF INCIDENT: | 0038 Hours | POLICE CASE #: 16-207-131 | |
| INVESTIGATOR(s): | J. Blank | | |
| INCIDENT ADDRESS: | 612 Wells Street, Saint Paul, MN 55130 | | |
| OCCUPANT NAME: | Unoccupied | PHONE: n/a | |
| OWNER NAME: | Marjorie E. Kisch | PHONE: 763-755-1542 | |
| ADDRESS OF OWNER: | 510 115th Ave Northwest, Coon Rapids, MN 55448 | | |
| PROPERTY DAMAGED: | Single Family Dwelling | AREA OF ORIGIN: Basement Staircase | |
| DAMAGE ESTIMATE: | Building \$68,800 | Vehicle \$ | Other (Describe) \$ |
| VALUE: | Building \$68,800 | Vehicle \$ | Other (Describe) \$ |
| Damage Estimate CONTENTS ONLY: | \$0 | | |
| INJURY/DEATH (if yes, explain) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| SMOKE DETECTOR, SPRINKLER, and CARBON MONOXIDE INFORMATION: | Smoke Detector Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Detector Functioning: <input 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 C.O Detector Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| FIRE CAUSE CLASSIFICATION: | <input type="checkbox"/> Accidental <input type="checkbox"/> Juvenile/Incendiary <input checked="" 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 smoke odor and smoke in the area. Firefighters discovered smoke coming from the roof of a vacant dwelling and balanced the assignment. Firefighters found fire on the first floor, basement stairs, and the stairs leading to the second floor burned out. The basement door was found unlocked. There were no witnesses to interview. The ignition source was probably an open flamed device. The first fuel ignited was possibly an ignitable liquid. The action that brought these items together was an intentional human act. The classification of fire cause is incendiary. | | |
| 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: 16-34770 DATE: 10/09/2016 TIME: 0038 HOURS
ADDRESS: 612 WELLS STREET INSURANCE CO: UNKNOWN
DAMAGE ESTIMATE: \$68,800 CN#: 16-207-131

SYNOPSIS: On Sunday, October 9, 2016, at approximately 0038 hours, the Saint Paul Fire Department responded to a report of smoke in the area. Firefighters arrived and found smoke coming from the eaves of a dwelling and called for additional resources for a dwelling fire. The location of the incident was 612 Wells Street. Upon the arrival of the fire department, firefighters stretched hand-lines and extinguished the fire. Upon my arrival, fire extinguishment and search and rescue were underway. The origin the fire appeared to be on the basement staircase leading to the first floor kitchen. The classification of fire cause is incendiary.

PEOPLE: Property Owner, MARJORIE E. KISCH, 510 115th Avenue Northwest, Coon Rapids, MN 55448, 763-755-1542.

Witness/9-1-1 Caller, BOB PARKER, 651-428-7625.

BACKGROUND: I received notification of the fire via the Communications Center at approximately 0048 hours. I responded to the incident scene and arrived at approximately 0053 hours. Engine #17 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 clear, the temperature was approximately 39° F, and the winds were calm.

PROPERTY DESCRIPTION: The fire damaged structure is a 1 1/2 story single-family dwelling. The foundation is sand stone. The exterior walls are covered with asbestos siding. The structure has a pitched roof covered with asphalt shingles. The interior walls were covered with plaster and lath. The structure measures approximately 20 feet wide by 50 feet deep. The structure faces north and the structure runs north to south.

EXTERIOR EXAMINATION: Visual examination of the north side of structure revealed heavy smoke venting from the front door which was determined to be opened by firefighters.

Observations of the east side of the structure revealed smoke venting from the roofline from the second floor extending all the way to the rear the structure. The gas meter was on the east side of the structure and was found in the open position and turned off by firefighters. The gas meter appeared in good condition and showed no signs of smoke or fire damage.

Inspection of the south side of structure showed heavy smoke venting from a first floor and a second floor window. The electric meter was located on the south side of the structure and appeared in good condition with no signs of smoke or fire damage. The conduit that ran from the

electric meter upwards towards the weather-head appeared in good condition with no signs of smoke or fire damage. There was a wooden Bilco type door built over a descending staircase that led to the basement door. The basement door knob appeared to have damage to it before I witnessed a firefighter kick in the door without first checking to see if the door was locked.

Examination of the west side of the structure revealed heavy smoke venting from the rear porch door. This door was forced open by firefighters during fire suppression efforts. Fire was visible on the west side of the structure along the lower roofline towards the rear. Later in the fire event there was fire visible along the roofline where the second floor wall met the lower roofline peak. Observations of the upper roofline revealed heavy smoke pushing from the eaves.

INTERIOR EXAMINATION: I made my initial entry into the structure through the front door which was located on the north side of the structure. Inspection of the door lock revealed that the door was found in the locked position and it was determined through questioning that firefighters had kicked in the door to gain access. Located to the south, beyond the front foyer, was a room that led towards the kitchen at the back of the house. Fire damage was visible on the south wall of this room indicating the fire had vented from the kitchen into this room. There was no furniture in this room however there were signs of some remodeling work being done.

A front room located to the east of the front door was empty with the exception of beer cans strewn about on the floor. Also located on the floor were paint rollers and other items indicative of some remodel work. There was no furniture in this room. This room suffered no fire damage but did suffer extensive smoke damage from the ceiling level down to the floor level.

Inspection of the kitchen which was located on the first floor in the southwest corner of the structure revealed heavy fire damage. The door along the west wall of the kitchen was found in the closed and locked position by first responding firefighters. The door was forced open by firefighters to gain access to the kitchen fire. Observations of the ceiling beams revealed heavier fire damage located on the north end of the room as compared to the south end of the room.

Examining the lower portions of the kitchen cabinets located on the west side of the room revealed minor heat damage and the lower portions of the walls on the east side of the room showed heavy fire damage. Inspection of the stove indicated that although it suffered fire damage to the very upper portion of the stove that was in line with a heat layer, the lower portion of the stove and the burners all suffered uniform damage that was inconsistent with the origin of the fire. All of the knobs on the stove were found in the off position and the plastic knobs were still intact.

Observations of the refrigerator, which was located closer to the north end of the room, found that it had suffered heavy fire damage on its north side as compared to its south.

A staircase that went to the second floor was located on the east side of the kitchen. The staircase suffered heavy fire damage consistent with a layer of hot gas and flame impinging upon the open staircase opening. At the level of the hot gas layer, the stairs were burned out leading towards the second floor.

A doorway which was located along the east wall, closest to the north, led to a staircase which accessed the basement. This basement staircase ran from north to south along the east wall of the structure. The area in and around the doorway, leading to the staircase, suffered heavy fire damage. There was an area of inconsistent fire damage that was well below the floor level at the top of the staircase where hot gases and flames would have exited the kitchen door and risen up towards the second floor. This area of inconsistent fire damage extended down the staircase to approximately the third step above the basement floor below. There were also irregular burn patterns on the risers between the stair treads that was localized in the middle of the riser. Located towards the area where the stairs have a turn and start to head towards the west there was a metal can that was collected as evidence. In the area of the irregular fire damage on the stair risers there was no fire damage to the walls or other areas of the stair risers.

Access to the second floor was gained through an exterior ground ladder located on the west side of the structure due to the staircase being burned out from the fire. Inspection of the second floor revealed no fire damage but extensive smoke damage from the ceiling level all the way to the floor. The second floor was void of any furniture. The staircase that led to the second floor was located along the east wall of the structure, closest to the south end, and was burned out approximately two steps down from the second floor landing. Firefighters performed extensive overhaul in the ceiling and void space on the second floor to check for hidden fire that had traveled within the walls from the floor below.

Observations of the basement were made through the rear access Bilco door. Inspection of the door leading to the interior of the basement showed signs of forced entry on its exterior that appeared to be in addition to the door being kicked in by a firefighter. Examination of the door handle lock appeared to show that the door was in the unlocked position when it was kicked in. The door handle turned freely and the thumb lock button was in the unlocked position and when the thumb lock button was turned the handle would not rotate.

The stairs that led from the basement level towards the first floor level along the east wall of the basement closest to the south wall of the structure contained a large amount of fire debris. Smoke damage was visible along the basement wall extending from the floor above down to approximately six feet above the basement floor. Inspection of the basement stairs showed signs of fire damage along the handrail and wall that extended approximately two feet below the ceiling level of the basement.

After removing debris from the staircase there were signs of fire damage that continued down the stair treads approximately six feet below the ceiling with no corresponding damage to the wall or railing. Located in this area of fire damage was a container similar in shape to a metal bottle of charcoal lighter fluid. A photoionization detector determined that the container had contained a possible ignitable liquid and this container was gathered as evidence for testing at a lab.

Inspection of the rest of the basement showed no signs of fire damage and light to moderate smoke damage throughout. Observations of the water heater and furnace showed no signs of smoke or fire damage. Inspection of the clothes washer and dryer showed no signs of smoke or fire damage and appeared in good condition. Inspection of the electric panel showed no signs of smoke or fire damage on the exterior or interior of the panel. Observations of the wires leading to the electric panel from above showed no signs of smoke or fire damage or arcing. Numerous circuit breakers showed signs that they had tripped. The following circuit breakers had tripped: One, three, five, six, seven, nine, 10, 11, and 14. The main panel breaker switch was turned off by firefighters during fire suppression efforts. Not all of the breakers located in the panel were labeled on the door, but most of them referred to kitchen lighting and first floor outlets and second floor lighting.

INTERVIEWS: No interviews were conducted due the fact there was no one on scene to interview.

PHOTOGRAPHS/SKETCH: Digital photographs were taken.

EVIDENCE: The following piece of evidence was collected and packaged at the scene. This item was then transported back to the Saint Paul Fire Department headquarters building and placed inside the Fire Investigation's locked evidence locker. Saint Paul Police Sergeant CANDICE JONES was then notified of the evidence collected.

Item #1 - Square shaped and burned metal can recovered from the basement stairs

CONCLUSION: After examination of the fire scene and fire patterns of both movement and intensity observed my conclusion is this fire originated on the basement stairs. The ignition source was probably an open flamed device. The first fuel ignited was probably an ignitable liquid. The action that brought these items together was due to an intentional human act. The classification of fire cause is incendiary. This report will be forwarded to the Saint Paul Police Department. This concludes my investigation and report.

J. Blam, Fire Investigator, A Shift, 10/24/2016

JB/su

