

MM DD YYYY
 62210 MN 01 31 2014 07 14-0003208 000
 FDID * State * Incident Date * Station Incident Number * Exposure *
 Delete Change No Activity
 NFIRS -1 Basic

B Location*
 Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for wildland fires. Census Tract 0315 - 00
 Street address
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions
 750 JESSIE ST
 Number/Milepost Prefix Street or Highway Street Type Suffix
 1 SAINT PAUL MN 55130
 Apt./Suite/Room City State Zip Code
 Cross street or directions, as applicable

C Incident Type *
 111 Building fire
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm Date.
 ALARM always required
 Alarm * 01 31 2014 05:24:47
 Month Day Year Hr Min Sec
 ARRIVAL required, unless canceled or did not arrive

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

D Aid Given or Received*
 1 Mutual aid received
 2 Automatic aid recvd.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None
 Their FDID Their State
 Their Incident Number

E3 Special Studies Local Option
 Special Study ID# Special Study Value
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 X Cleared 01 31 2014 08:54:24
 Check box if resource counts include aid received resources.

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

G1 Resources *
 Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus Personnel
 Suppression 0013
 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 \$ 050,000
 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 evacuation 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
 131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school or kindergarten
 215 High school or junior high
 241 College, adult education
 311 Care facility for the aged
 331 Hospital
 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/boarding 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 419
 1 or 2 family dwelling
 NFIRS-1 Revision 03/11/99

A FDID * 62210 State * MN Incident Date * MM 01 DD 31 YYYY 2014 Station 07 Incident Number * 14-0003208 Exposure * 000 Delete Change No Activity **NFIRS -2 Fire**

B Property Details

B1 0002 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 or Products None Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved

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

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 24 Cooking area, kitchen
Area of fire origin *

D2 13 Electrical arcing
Heat source *

D3 81 Electrical wire, cable
Item first ignited * 1 was confined to object of origin Check Box if fire spread

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

33 Short-circuit arc None
Factor Contributing To Ignition (1)

_____ None
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

217 Outlet, receptacle
Equipment Involved

Brand _____
Model _____
Serial # _____
Year _____

F2 Equipment Power

11 Electrical
Equipment Power Source

F3 Equipment Portability

1 Portable
2 Stationary

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

G Fire Suppression Factors

Enter up to three codes. None

_____ Fire suppression factor (1)
_____ Fire suppression factor (2)
_____ Fire suppression factor (3)

H1 Mobile Property Involved

None

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

_____ Year _____
Noble property model

_____ State _____ VIN Number _____
License Plate 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* [] , [001] , [800] Total square feet OR [] , [060] BY [] , [030] Length in feet Width in feet | NFIRS-3 Structure Fire |
|--|--|--|---|------------------------------|

| | | |
|---|---|--|
| J1 Fire Origin * [002] <input type="checkbox"/> Below Grade Story of fire origin | 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) [] 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 [] [] Item contributing most to flame spread K2 [] [] Type of material contributing most of flame spread Required only if item contributing code is 00 or <70 |
| J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input checked="" type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin | | |

| | | |
|--|--|--|
| L1 Presence of Detectors * (In area of the fire) 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 checked="" type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined | L5 Detector Effectiveness Required if detector operated 1 <input checked="" type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined |
| L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input checked="" 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 AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO 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 [] Number of sprinkler heads operating | |

K1 Person/Entity Involved Local Option Business name (if applicable) 612 - 810 - 1318
 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 CLAIRE A COENEN Suffix

750 JESSIE ST
 Number Prefix Street or Highway Street Type Suffix

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

MN 55130 -
 State Zip Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-18) 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) 612 - 354 - 0807
 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 RICKY MI BAKER Suffix

750 JESSIE ST
 Number Prefix Street or Highway Street Type Suffix

Post Office Box 1 SAINT PAUL
 Apt./Suite/Room City

MN 55130 -
 State Zip Code

L Remarks
 Local Option

REPORT OF A SECOND FLOOR KITCHEN FIRE. THE OCCUPANT WOKE UP WHEN HER TV WENT OFF AND SHE NOTICED HER LIGHTS IN HER KITCHEN HAD STOPPED WORKING. THE OCCUPANT ALSO HEARD NOISES COMING FROM INSIDE THE KITCHEN WALL, SO SHE STRUCK THE WALL. THAT IS WHEN SHE NOTICED SMOKE AND FLAMES EMITTING FROM THE WALL AND CEILING.

ENGINE #4 ARRIVED ON SCENE, COMPLETED A WALK AROUND, AND DIRECTED IN COMING COMPANIES. THEY USED A HOSE LINE TO ATTACK THE FIRE IN THE KITCHEN AND ON THE SECOND FLOOR IN THE REAR. I ASSUMED COMMAND FROM ENGINE #4 AND REQUESTED XCEL GAS AND ELECTRIC.

SQUAD #1 PARKED IN THE REAR, USED A HOSE LINE TO BACK UP ENGINE #4, AND COMPLETED THE SEARCH OF THE SECOND FLOOR BUT DID NOT FIND ANY VICTIMS. ENGINE #17 CONNECTED A WATER SUPPLY TO ENGINE #4 AND USED A SECOND HOSE LINE TO PUT THE FIRE OUT IN THE ATTIC ABOVE THE KITCHEN. LADDER #7 RAISED GROUND LADDERS AND PROVIDED LIGHTS AND FANS FOR SMOKE. THEY ALSO RAISED THE LADDER TO THE ROOF TO CUT SMOKE VENTILATION HOLES IN THE ROOF.

STAND BY SAFETY CREWS WERE DISTRICT CHIEF #2, ENGINE #8, LADDER #8, SQUAD #3, MEDIC #8, AND MEDIC #22. DISTRICT CHIEF #2 WAS ASSIGNED DIVISION C IN THE REAR. MEDIC #22'S CREW ASSISTED COMMANDER. SQUAD #1 REPORTED THE FIRE OUT IN THE ATTIC AT 0548 HOURS. SAFETY CHECKS WERE COMPLETED EVERY 15 MINUTES. PRIMARY SEARCH OF THE BUILDING COMPLETED AT 0550 HOURS.

I REQUESTED BOARD UP FOR FOUR WINDOWS AND VENTILATION HOLES. THE OWNER CALLED RED CROSS. SALVAGE AND OVERHAUL OPERATIONS WERE COMPLETED. A FIRE REVIEW WILL BE HELD LATER.

FIRE INVESTIGATOR BLANK ON SCENE FOR FURTHER INVESTIGATION.

L Authorization

1892 JADWINSKI, STANLEY J 150 C3 02 01 2014
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if 1892 JADWINSKI, STANLEY J 150 C3 02 01 2014
 same as Officer Member making report ID Signature Position or rank Assignment Month Day Year in charge.

Saint Paul Fire Department FIRE INCIDENT DISPOSITION



| | | | |
|--|--|-----------------------------------|------------------------|
| INCIDENT NUMBER: | 14-03208 | DATE OF INCIDENT: 01-31-2014 | |
| TIME OF INCIDENT: | 0524 Hours | POLICE CASE #: N/A | |
| INVESTIGATOR(s): | Blank, J | | |
| INCIDENT ADDRESS: | 750 Jessie Street, Apartment #2, 55130 | | |
| OCCUPANT NAME: | Claire E Coenen | PHONE: 612-810-1318 | |
| OWNER NAME: | Ricky L Baker | PHONE: 612-354-0807 | |
| ADDRESS OF OWNER: | 750 Jessie Street, Apartment #1, 55130 | | |
| PROPERTY DAMAGED: | Up/Down Duplex | AREA OF ORIGIN: East Kitchen Wall | |
| DAMAGE ESTIMATE: | Building \$50,000 | Vehicle \$n/a | Other (Describe) \$n/a |
| VALUE: | Building \$151,000 | Vehicle \$n/a | Other (Describe) \$n/a |
| Damage Estimate CONTENTS ONLY: | \$10,000 | | |
| INJURY/DEATH (if yes, explain) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| SMOKE DETECTOR, SPRINKLER, and CARBON MONOXIDE INFORMATION: | Smoke Detector Present: <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| FIRE CAUSE CLASSIFICATION: | <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Juvenile/Incendiary <input type="checkbox"/> Incendiary <input type="checkbox"/> Child (under 10 years old) <input type="checkbox"/> Natural <input type="checkbox"/> Undetermined <input type="checkbox"/> Under Investigation | | |
| SYNOPSIS: | The Fire Department was called to a report of a kitchen fire. Upon arrival the fire was venting out of the second floor door on the south side of the house. Crews stretched hoselines and extinguished the fire. The occupant in the upstairs Unit #2 reports waking up when she noticed her TV was off as well as the lights in the kitchen. She then noticed sounds coming from inside the kitchen wall. After banging on the wall, smoke and then fire emitted from the wall at the ceiling level. The occupant denies any electrical problems or burning candles. Examination revealed a mostly destroyed electrical outlet attached to the wiring in the kitchen wall (area of origin). No other ignition sources in the area were present. The ignition source is a high resistance electrical connection. The first fuel ignited is the insulation on the wiring. The action that brought these items together was a loose wire connection. The classification of 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: 14-03208

DATE: 01/31/2014

TIME: 0524 HOURS

ADDRESS: 750 JESSIE STREET

INSURANCE CO: AMERICAN FAMILY

DAMAGE ESTIMATE: \$60,000

SYNOPSIS: On Friday, January 31, 2014, at approximately 0524 hours, the Saint Paul Fire Department responded to a report of a kitchen fire. The location of the incident was 750 Jessie Street, Apartment #2. Upon the fire department's arrival, fire suppression personnel stretched hose lines and quickly extinguished a fire in the kitchen of the upstairs unit. The source of ignition was a high resistance electrical connection. The first fuel ignited was the insulation on the wiring. The action that brought these items together was a loose wire connection. The classification of fire cause is accidental.

PEOPLE: Property Owner/Occupant RICKY L BAKER, 750 Jessie Street, Apartment #1, 55130, 612-354-0807, DOB 09/11/1959.

Occupant, CLAIRE A COENEN, 750 Jessie Street, Apartment #2, 55130, 612-810-1318, DOB 07/14/1958.

BACKGROUND: I received notification of the fire via the Communications Center at approximately 0524 hours. I responded to the incident scene and arrived at approximately 0541 hours. Engine #4 was the first arriving fire department vehicle. At the time of my arrival, fire extinguishment and checking for extension were underway. At the time of the fire, the visibility outside was clear, the temperature was approximately -17 degrees Fahrenheit, and the winds were calm.

PROPERTY DESCRIPTION: The fire-damaged structure is a two and a half-story up and down duplex. The foundation is made of fieldstone. The exterior walls are covered with vinyl siding. The structure has a pitched roof with asphalt shingles. The interior walls are covered with wood paneling. The structure measures approximately 30 feet wide by 60 feet deep. The front of the structure faces west and the structure runs west to east.

EXTERIOR EXAMINATION: Visual inspection of the building's west side revealed the front door. Examination of the west and north sides of the structure found there were no signs of smoke or fire damage.

The east side of the building showed signs of soot staining that ran down the vinyl siding from the side closest to the south wall. There was no fire damage visible. The roof over the southeast corner of the structure showed signs of freshly melted snow.

The electric meters were located on the east side of the building and did not appear to have suffered any damage due to the fire. The electric weatherhead and service drop appeared in good condition with no visible damage sustained.

The south side of the structure showed signs of soot damage that ran down from the outside porch stairs that led to the upstairs unit. The roof that covered the exterior staircase on the south side of the structure suffered heavy fire and smoke damage to its underside with a small amount of fire damage to the vinyl siding to the west of the porch roof. The window to the west of the second floor south side entry was broken by fire suppression personnel during suppression efforts. Two gas meters were located on the south side of the structure and were turned off by firefighters.

INTERIOR EXAMINATION: Observation of the first floor revealed no signs of smoke or fire damage. There was a small amount of water damage in the area of the kitchen as a result of firefighting operations. Both the front door on the west side of the unit and the side door on the south side of the structure did not appear damaged.

Inspection of the stairs leading to the basement showed no signs of smoke or fire damage. Examination of the water heater, washer, dryer, and furnace appeared in good condition and indicated no signs of smoke or fire damage. Examination of the fuse box for the lower unit revealed no burnt fuses. The fuse box for the upstairs unit showed a 20 AMP and 30 AMP burnt fuses. There was no labeling for the fuse panel for the upper unit. Both fuse boxes had their main fuse pulled by firefighters during suppression efforts. Neither fuse box showed signs of smoke or fire damage.

Observation of the stairs leading to the attic space showed light smoke damage and no signs of fire damage. There was a smoke detector visible lying on the staircase leading to the attic that had not sounded during the fire. The attic space showed signs of smoke and fire damage in the southeast corner. Fire suppression personnel performed overhaul in this area to remove charred blown-in insulation. The fire damage in this area appeared to come from below due to charring on the underside of the blown-in insulation and no damage to the topside of the blown-in insulation. The interior of the attic roof suffered charring in the southeast corner.

Examination of the front interior stairs leading to the second floor unit revealed no smoke or fire damage. The locks on the door at the top of the staircase appeared intact and undamaged. Investigation of the second floor front bedroom located on the west side of the unit had the door shut during the fire. There was a smoke detector located in the front bedroom that did not sound during the fire. The room suffered no smoke or fire damage. The bedroom on the north side of the unit suffered light smoke damage and no fire damage.

In the living room area, which was located to the west of the kitchen, there was moderate smoke damage and no fire damage. On the east side of the second floor unit there was a bathroom that contained a large whirlpool tub. Inspection of this room revealed moderate smoke damage and no fire damage.

Investigation of the kitchen showed the most smoke and fire damage in the building. Along the north wall of the kitchen there was moderate smoke damage down to approximately the four-foot level. The gas stove appeared in good condition with no fire damage. The west wall of the kitchen revealed heavy smoke damage down to approximately the four-foot level. The refrigerator appeared in good condition with no fire damage. The south wall of the kitchen revealed heavy charring on the exit door leading to the exterior staircase from the top of the doorframe to approximately the four-foot level. The window located to the west of the south kitchen door also suffered heavy charring from the ceiling level down to approximately the four-foot level above the floor.

Examination of the east wall of the kitchen showed the heaviest fire damage in the kitchen. The kitchen wall cabinets located along the east wall had lighter fire charring to the north and increasing fire charring moving from north to the south. Located behind the kitchen cabinets, along the east wall, there was charring in a stud channel that went from the ceiling level and extended all the way to approximately six inches above the floor level. Vector patterns to the right and left of this stud channel showed that the fire originated within this wall cavity. This stud channel suffered the heaviest charring compared to the stud channels on either side.

Inspection of the stud channel revealed complete burn through towards the bottom of the stud channel. Visible through the complete burn area was PVC piping that showed burning on the side closest to the stud channel and no burning on the side away from the stud channel. Examination of the space behind the stud channel showed no fire damage to the rest of the interior space located behind the whirlpool tub space.

Investigation within the heavily charred stud space revealed metal covered Romex wiring and knob and tube wiring. Investigation to locate the plug that should have been located at approximately the two-foot level showed that the electrical outlet was missing from the stud channel. Examination of the wiring located in the stud channel revealed that a very small part of the electrical outlet box was still attached to the Romex wiring, but the rest of the electrical box was missing. Inspection of the Romex wiring showed that metal had spattered on the parts of the remaining outlet and Romex wiring.

INTERVIEWS: Property Owner/Occupant, RICKY L BAKER, stated in person on 01/31/2014:

- I haven't had any electrical problems with the house.

- I've owned the house for a long time.
- We had a history of a raccoon in the wall on the west side of the house last year.
- I have American Family Insurance.

Occupant, CLAIRE A COENEN, stated in person on 01/31/2014:

- My granddaughter and I were sleeping in the living room.
- I woke up when I noticed the TV wasn't on anymore.
- I noticed that the lights in the kitchen were off also.
- There was no smoke or fire visible at this time.
- I heard what I thought was a scratching noise coming from inside the east kitchen wall around the area of the countertop.
- I pounded on the wall because I thought it might be a mouse.
- Smoke came out of the wall where it meets the ceiling after I pounded on the wall.
- Then a small amount of fire came out where the smoke had been.
- I filled a pan with water and put the fire out.
- The smoke increased and then more fire came out at the ceiling level.
- I told my granddaughter to go downstairs to the neighbors to call 9-1-1 because my cell phone was out of minutes.
- I then exited the house.
- The smoke alarm in the front bedroom on the west side of the house never sounded.
- I had my front bedroom door shut to conserve heat and that's the only smoke detector up here.
- I don't have any renter's insurance.

- I'm the only one who regularly lives here.
- My granddaughter stays here sometimes while she goes to college.
- The shelving that is located between the kitchen cabinets and the south door of the house had a coffee pot and cell phone sitting on it.
- The coffee pot and cell phone weren't plugged in.

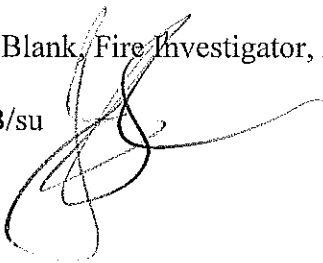
PHOTOGRAPHS/SKETCH: Digital photographs were taken.

EVIDENCE: No evidence was collected.

CONCLUSION: After examination of the fire scene and investigation of fire patterns of both movement and intensity, it is my opinion this fire originated in the east wall of the kitchen in the upstairs unit. All other competent ignition sources have been eliminated. The source of ignition was a high resistance electrical connection. The first fuel ignited was insulation on the wiring. The action that brought these items together was a loose wire connection. The classification of cause is accidental. This investigation is considered closed.

J. Blank, Fire Investigator, A Shift, 2-3-2014

JB/su

A handwritten signature in black ink, appearing to be 'JB', with a long, sweeping flourish extending to the right.