

Delete
 Change
 No Activity

NFIRS -1
 Basic

A FDID * 62210 State * MN Incident Date * 06/01/2014 Station 07 Incident Number * 14-0016167 Exposure * 000

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.

B Location* Census Tract 0306 - 01

Street address
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions

1426 DESOTO ST
 Number/Milepost Prefix Street or Highway Street Type Suffix

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

Cross street or directions, as applicable

C Incident Type * 111 Building fire
 Incident Type

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

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm
 ALARM always required
 Date. Alarm * 06/01/2014 08:03:24
 ARRIVAL required, unless canceled or did not arrive
 Arrival * 06/01/2014 08:10:20
 CONTROLLED Optional, Except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared 06/01/2014 09:40:38

E2 Shift & Alarms Local Option
A 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)

12 Salvage & overhaul
 Additional Action Taken (2)

52 Forcible entry
 Additional Action Taken (3)

G1 Resources *

Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel
 Suppression 0014
 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 \$ 144,000
 Contents \$ 000,000
 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

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

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

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/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 * 06 01 2014 Station 07 Incident Number * 14-0016167 Exposure * 000 Delete Change No Activity **NFIRS -2 Fire**

B Property Details

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

B2 001 Buildings not involved
Number of buildings involved

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

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

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

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 71 Substructure area or
Area of fire origin *

D2 60 Heat from other open
Heat source *

D3 UU Undetermined
Item first ignited * 1 Check Box if fire spread was confined to object of origin

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

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

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

E2 Factors Contributing To Ignition None

UU Undetermined
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

_____ None
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

NNN None
Fire suppression factor (1)

_____ None
Fire suppression factor (2)

_____ None
Fire suppression factor (3)

H1 Mobile Property Involved None

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

H2 Mobile Property Type & Make

_____ None
Mobile property type

_____ None
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

_____ None
Mobile property model Year _____

_____ None
License Plate Number State VIN Number

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 [001] Total number of stories at or above grade [001] Total number of stories below grade	I4 Main Floor Size* <div style="border: 1px solid black; padding: 2px; float: right; font-size: small;">NFIRS-3 Structure Fire</div> [] , [001] , [626] Total square feet <p style="text-align: center; font-weight: bold;">OR</p> [] , [] BY [] , [] Length in feet Width in feet
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J1 Fire Origin * [001] <input checked="" 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 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 * (In area of the fire) N <input checked="" type="checkbox"/> None Present Skip to section M 1 <input 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 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 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 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) _____ 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 _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

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) **OCWEN LOAN SERVICING LLC** 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 _____ MI _____ Last Name _____ Suffix _____

Number **1100** Prefix _____ Street or Highway **VIRGINIA** Street Type **DR** Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City **FORT WASHINGTON**

State **PA** Zip Code **19034**

L Remarks Local Option

SQUAD #1 RESPONDED TO A FIRE IN THE BASEMENT OF A VACANT HOME. SQUAD #1 AND ENGINE #4 PULLED A HAND-LINE TO EXTINGUISH THE FIRE. ENGINE #17 PROVIDED THE WATER SUPPLY. LADDER #7 AND LADDER #22 ASSISTED WITH VENTILATION AND REMOVING BOARDS THAT WERE COVERING THE WINDOWS OF THE VACANT HOME.

FIRE INVESTIGATOR BLANK WAS ON SCENE INVESTIGATING. XCEL RESPONDED AND LOCKED GAS METER. BOARD-UP WAS ALSO CALLED FOR THREE WINDOWS AND TWO DOORS.

L Authorization

Officer in charge ID **8591** Signature **GUERIN, DINO P** Position or rank **150** Assignment **C3** Month **06** Day **01** Year **2014**

Check Box if same as Officer in charge. Member making report ID **8591** Signature **GUERIN, DINO P** Position or rank **150** Assignment **C3** Month **06** Day **01** Year **2014**

Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	14-16167	DATE OF INCIDENT: 06-01-2014	
TIME OF INCIDENT:	0803 Hours	POLICE CASE #: N/A	
INVESTIGATOR(s):	Blank, J		
INCIDENT ADDRESS:	1426 Desoto Street, Saint Paul, MN 55130		
OCCUPANT NAME:	Unoccupied	PHONE:	
OWNER NAME:	Ocwen Loan Servicing Llc	PHONE: none listed	
ADDRESS OF OWNER:	1100 Virginia Drive, Fort Washington, PA 19034		
PROPERTY DAMAGED:	Single Family Dwelling	AREA OF ORIGIN: Closet of Lower Level Northwest Bedroom	
DAMAGE ESTIMATE:	Building \$144,000	Vehicle \$n/a	Other (Describe) \$n/a
VALUE:	Building \$143,000	Vehicle \$n/a	Other (Describe) \$n/a
Damage Estimate CONTENTS ONLY:	\$		
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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Incendiary <input type="checkbox"/> Child (under 10 years old) <input type="checkbox"/> Natural <input type="checkbox"/> Undetermined <input checked="" type="checkbox"/> Under Investigation		
SYNOPSIS:	<p>The Fire Department was called to a report of smoke coming from the eves of an abandoned dwelling. Upon arrival firefighters found smoke coming from the dwelling and quickly stretched hoselines and extinguished a fire located in the basement. The rear door of the house was unlocked. Interior examination showed signs of copper theft from several rooms. The gas to the structure was in the off position but Xcel Energy found that the dwelling was still supplied with electricity. Xcel Energy disconnected the power to the building. Evidence was collected for analysis. Interviews will need to be conducted. This fire remains under investigation.</p>		
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: 14-16167 DATE: 06/01/2014 TIME: 0803 HOURS
ADDRESS: 1426 DESOTO STREET INSURANCE CO: UNKNOWN
DAMAGE ESTIMATE: \$144,000 CN#: 14-111-314

SYNOPSIS: On Sunday, June 1, 2014, at approximately 0803 hours, the Saint Paul Fire Department responded to a report of smoke coming from the roof of a dwelling. The location of the incident was 1426 Desoto Street. Upon the fire department's arrival, fire suppression personnel stretched hose lines and quickly extinguished a fire located in a lower level bedroom. The source of ignition was an open flame. The first fuel ignited was common combustible materials located along the east wall of the closet or an ignitable liquid. The act that brought these items together was a purposeful human act. The classification of cause is incendiary.

PEOPLE: Property Owner, OCWEN LOAN SERVICING LLC, 1100 Virginia Drive, Fort Washington, PA 19034.

9-1-1 Caller.

Neighbor, MICHAEL J WILLIAMS, 462 Arlington Avenue East, Saint Paul, Minnesota 55106, DOB 07/29/1962, 651-776-3161.

Neighbor, DANA EDGELL, 1426 Desoto Street, Saint Paul, Minnesota 55106.

BACKGROUND: I received notification of the fire via the Communications Center at approximately 0803 hours. I responded to the incident scene and arrived at approximately 0815 hours. Engine #17 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 was overcast, the temperature was approximately 64 degrees Fahrenheit, and the winds were approximately 6 miles per hour out of the south-southwest.

PROPERTY DESCRIPTION: The fire-damaged structure is a two-story split-level dwelling. The foundation is made of poured cement. The exterior walls are covered with wood siding. The structure has a pitched roof with asphalt shingles. The interior walls are covered with drywall. The structure measures approximately 35 feet wide by 25 feet deep. The front of the structure faces west and the structure runs west to east.

EXTERIOR EXAMINATION: Visual inspection of the west side of the building's exterior found no smoke and fire damage. The front door was boarded up upon arrival of fire suppression personnel. The front lower level window to the south of the front door was partially

broken and unlocked when firefighters arrived. The other windows on this side of the structure were intact upon the arrival of firefighters.

Examination of the south side of the building showed no fire damage but there was smoke damage visible on the attic ventilation grate at the peak of the roof. The gas meter appeared in good condition with no fire damage. The meter valve was found in the "off" position by firefighters and it was noted that there was no lock applied by the gas company.

Observations of the rear of the structure showed no signs of smoke or fire damage. Two of the rear windows had been previously boarded-up and the remaining window to the south of the back door was intact. The back door was unlocked, but closed upon arrival of firefighters.

Inspection of the north side of the structure revealed no fire damage and a small amount of smoke damage visible around the attic vent grate at the peak of the roof. The electric drop was intact and appeared in good condition. Xcel Energy personnel disconnected the electric meter during the fire. There did not appear to be any smoke or fire damage around the meter.

INTERIOR EXAMINATION: Examination of the upper level living room showed no signs of fire damage and light smoke damage throughout. The kitchen suffered light smoke damage and had no fire damage. Observations of the stove, microwave oven, and refrigerator revealed no signs of fire damage. The upper level hallway sustained light smoke damage and no fire damage. Both upper level bedrooms and the bathroom suffered light smoke damage and no fire damage. There were holes in the wall in the bathroom below the sink where copper pipes had been removed.

Examination of the attic area revealed heavy smoke damage but no fire damage.

Examination of the stairway leading to the lower level showed signs of moderate smoke damage and no fire damage. The storage space beneath the staircase leading to the lower level did not suffer any smoke or fire damage indicating the door to this area was closed during the fire.

The lower level family room sustained heavy smoke damage from the ceiling level down to approximately the three-foot level above the floor. There was no fire damage in the family room.

Inspection of the lower level bathroom showed smoke damage from the ceiling level down to approximately the three-foot level above the floor. There were holes knocked into the wall below the sink where the copper water pipes had been removed. There was no fire damage in the bathroom.

Observations of the laundry room revealed smoke damage from the ceiling level down to approximately the three-foot level above the floor. The clothes washer, clothes dryer, furnace, and water heater appeared in good condition with no signs of fire damage. The copper piping was missing to the utility sink. The electric panel had no fire damage. Firefighters turned off the main breaker. Breaker #3 was found in the tripped position and it appears that this breaker covers the lower level bedroom. There was no fire damage to the laundry room.

Investigation of the lower level bedroom showed that the door was missing to the room. The smoke damage directly outside the door to this bedroom was heavier than in other areas of the house. The south wall of the bedroom suffered heavy smoke damage from the ceiling level down to approximately the two-foot level above the floor. The electrical outlet located on the south wall showed no signs of fire damage. Observations of the west wall of the bedroom showed a window that had been broken out by firefighters.

Examination of the electrical wall outlet located on the west wall of the lower level bedroom showed signs of heat damage, but no signs of fire damage. Inspection of the north wall of the bedroom revealed heavy smoke damage to the wall. The smoke damage descended from the ceiling level down to approximately the three-foot level nearest the west wall of the room.

There was a closet on the east side of the room. Where the closet was located the heavy smoke damage on the north wall extended from the ceiling level down to approximately the two-foot level and lighter smoke damage extended to the floor level. The outlet located on the north wall of the room did not suffer any fire damage, but did sustain heat damage. Inspection of the east wall of the room showed a vector pattern that was visible coming from the closet that had no doors on it. Along the vector patterns there were areas of clean burn above the area of the smoke vector patterns.

Located within the closet were a recessed light and a ceiling mounted light switch. Examination of the recessed light revealed no signs of fire damage coming from within the light fixture or the electrical box that it was attached to. Inspection of the light switch showed that it was intact and did not show signs that there was any missing mass. The back wall of the closet was charred more heavily on the north side of the east wall than the south side of the east wall. The north wall of the closet suffered the heaviest damage at the floor level in the northwest corner.

Examination of the carpet and carpet padding in this northwest corner of the closet revealed heavy burning at the floor level.

INTERVIEWS: 9-1-1 Caller, [REDACTED], stated by phone on Sunday, June 1, 2014:

- I didn't see or hear anything before the fire.
- My roommate was out walking her dog in the alley behind our house and saw smoke coming from the eaves and told me to call 9-1-1.
- There haven't been any problems at the house.

Neighbor, MICHAEL J WILLIAMS, stated in person on Sunday, June 1, 2014:

- I saw a Mexican male here at about 7:00 a.m.
- He's been here the past couple of days.
- There has been a lot of foot traffic at this abandoned house the last few weeks.
- The people come to the house and knock on the front door and then cut between the houses and go in the back door.
- I didn't see or hear anything before the fire today.
- There was a man on the front porch with a long gun a few days ago.

Neighbor, DANA EDGELL, stated in person on 6/3/2014:

- I didn't see or hear anything before the fire.
- There have been a lot of people entering the house the past couple of weeks.
- There was a guy that was on the porch yesterday that just sat there like he lived there even though the house is abandoned.
- The people that come to the house sometimes ride children's bikes.
- It looks like Mexican and Hmong males in their 20s and 30s that come here.

PHOTOGRAPHS/SKETCH: Digital photographs were taken.

EVIDENCE: Two samples were collected and sent to the BCA Lab for analysis.

Item #1: Burned carpet and pad from left side of closet, lower level, northwest bedroom

Item #2: Control sample of carpet and pad, right side of closet, lower level, northwest bedroom

CONCLUSION: After examination of the fire scene and fire patterns of both movement and intensity, it is my opinion this fire originated in the closet of the lower level bedroom. The probable source of ignition was an open flame. The first fuel ignited was either common combustible materials located in the closet or an ignitable liquid. The act that brought these items together was a purposeful human act. The classification of cause is incendiary. This report will be submitted to the Saint Paul Police Department for further investigation. This concludes my investigation and report.

J. Blank, Fire Investigator, A Shift, 6-23-2014

JB/su