



Saint Paul Fire Department
645 Randolph Avenue
Saint Paul, MN 55102
(651) 224-7811

NFIRS-1 Basic

A

62210	MN	10	26	2019	Station #8 (08)	SPFD191026041262	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract:
0317.01

☒ Street Address

☐ Intersection

☐ In Front Of

☐ Rear Of

☐ Adjacent To

☐ Directions

☐ US National Grid

1064		BUSH	AVE-Avenue	
Number	Prefix	Street or Highway	Street Type	Suffix

	Saint Paul	MN	55106
Apt./Suite/Room	City	State	Zip Code

Cross Street

C

Incident Type

111-Building fire

E1 Dates and Times

Alarm 10 26 2019 07:07

Arrival 10 26 2019 07:08

Controlled

Last Unit Cleared 10 26 2019 11:49

E2 Shifts and Alarms

B 1 D1

Shift or Alarms District
Platoon

D

Aid Given Or Received

☐ 1 Mutual Aid Received

☐ 2 Auto. Aid Received

☐ 3 Mutual Aid Given

☐ 4 Auto. Aid Given

☐ 5 Other Aid Given

☒ None

Their FDID

Their State

Their Incident Number

E3 Special Studies

ID#

Value

F Actions Taken

11-Extinguishment by fire service personnel

Primary Action Taken

12-Salvage & overhaul

Additional Action Taken

82-Notify other agencies.

Additional Action Taken

G1 Resources

☒ Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	14	0
EMS	3	0
Other	1	0

☐ Resource counts include aid received resources.

G2 Estimated Dollar Losses and Values

Losses: Required for all fires if known. Optional for all non-fires. None

Property: \$ 70,000.00

Contents: \$ 30,000.00

Pre-Incident Values: Optional None

Property: \$ 76,800.00

Contents: \$ 40,000.00

NFIRS-2 Fire

A

62210	MN	10	26	2019	Station #8 (08)	SPFD191026041262	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B

Property Details

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

B2 ☐ Buildings Not Involved
Number of buildings involved

B3 ☒ None ☐ Less than 1 acre
Acres burned (outside fires)

C

On-Site Materials
Or Products

On-Site Materials
Storage Use

D

Ignition

D1
Area of Fire Origin

D2
Heat Source

D3
Item First Ignited

D4
Type of Material First Ignited

E1

Cause of Ignition

☐ 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

E3

Human Factors Contributing to Ignition

Check all applicable boxes
☐ None
☐ 1 - Asleep
☐ 2 - Possibly impaired by alcohol or drugs
☐ 3 - Unattended person
☐ 4 - Possibly Mentally Disabled
☐ 5 - Physically Disabled
☐ 6 - Multiple Persons Involved
☐ 7 - Age Was A Factor
Estimated Age of Person Involved
☐ Male ☐ Female

F1

Equipment Involved In Ignition

☒ None
☐ Equipment Involved
Brand
Model
Serial #
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.

G

Fire Suppression Factors

H1

Mobile Property Involved

☐ 1 - Not involved in ignition, but burned
☐ 2 - Involved in ignition, but did not burn
☐ 3 - Involved in ignition and burned
☒ None

H2

Mobile Property Type and Make

Mobile Property Type

Mobile Property Make

Local Use

☐ Pre-Fire Plan Available
☐ Arson Report Attached
☐ Police Report Attached
☐ Coroner Report Attached
☐ Other Reports Attached

Mobile Property Model

Year

State

License Plate Number

VIN

NFIRS-3 Structure Fire

I1 Structure Type <input checked="" type="checkbox"/> 1 - Enclosed Building <input type="checkbox"/> 2 - Portable/Mobile Structure <input type="checkbox"/> 3 - Open Structure <input type="checkbox"/> 4 - Air-Supported Structure <input type="checkbox"/> 5 - Tent <input type="checkbox"/> 6 - Open Platform <input type="checkbox"/> 7 - Underground Structure <input type="checkbox"/> 8 - Connective Structure <input type="checkbox"/> 0 - Other	I2 Building Status <input type="checkbox"/> 1 - Under Construction <input checked="" type="checkbox"/> 2 - In Normal Use <input type="checkbox"/> 3 - Idle, Not Routinely Used <input type="checkbox"/> 4 - Under Major Renovation <input type="checkbox"/> 5 - Vacant and Secured <input type="checkbox"/> 6 - Vacant and Unsecured <input type="checkbox"/> 7 - Being Demolished <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	I3 Building Height <div style="border: 1px solid black; width: 30px; text-align: center; margin: 0 auto;">2</div> Number of Stories At/Above Grade <div style="border: 1px solid black; width: 30px; text-align: center; margin: 0 auto;">1</div> Number of Stories Below Grade
I4 Main Floor Size <div style="border: 1px solid black; width: 100px; text-align: center; margin: 0 auto;">2000</div> Total Square Feet OR <div style="display: flex; justify-content: space-around; align-items: center; margin: 0 auto;"> <div style="border: 1px solid black; width: 50px; height: 20px;"></div> BY <div style="border: 1px solid black; width: 50px; height: 20px;"></div> </div> Length (ft) X Width (ft)		

J1 Fire Origin <div style="border: 1px solid black; width: 30px; text-align: center; margin: 0 auto;">2</div> Below Grade Story of Fire Origin	J3 Number of Stories Damaged By Flame <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> Number of Stories w/Minor Damage (1-24%) <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> Number of Stories w/Significant Damage (25-49%) <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> Number of Stories w/Heavy Damage (50-74%) <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> Number of Stories w/Extreme Damage (75-100%) *Count the roof as part of the highest story	K Type of Material Contributing Most to Flame Spread K1 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Item Contributing Most to Flame Spread K2 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Type of Material Contributing Most To Flame Spread
J2 Fire Spread <input type="checkbox"/> 1 - Confined to Object of Origin <input type="checkbox"/> 2 - Confined to Room of Origin <input type="checkbox"/> 3 - Confined to Floor of Origin <input checked="" type="checkbox"/> 4 - Confined to Building of Origin <input type="checkbox"/> 5 - Beyond Building of Origin		

L1 Presence of Detectors <input type="checkbox"/> N - None Present <input checked="" type="checkbox"/> 1 - Present <input type="checkbox"/> U - Undetermined	L3 Detector Power Supply <input type="checkbox"/> 1 - Battery Only <input type="checkbox"/> 2 - Hardwire Only <input type="checkbox"/> 3 - Plug-In <input type="checkbox"/> 4 - Hardwire With Battery <input type="checkbox"/> 5 - Plug-In With Battery <input type="checkbox"/> 6 - Mechanical <input type="checkbox"/> 7 - Multiple Detectors & Power Supplies <input type="checkbox"/> 0 - Other <input checked="" type="checkbox"/> U - Undetermined	L5 Detector Effectiveness <input type="checkbox"/> 1 - Alerted Occupants, Occupants Responded <input checked="" type="checkbox"/> 2 - Alerted Occupants, Occupants Failed to Respond <input type="checkbox"/> 3 - There Were No Occupants <input type="checkbox"/> 4 - Failed to Alert Occupants <input type="checkbox"/> U - Undetermined
L2 Detector Type <input checked="" type="checkbox"/> 1 - Smoke <input type="checkbox"/> 2 - Heat <input type="checkbox"/> 3 - Combination of Smoke and Heat <input type="checkbox"/> 4 - Sprinkler, Water Flow Detection <input type="checkbox"/> 5 - More Than One Type Present <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	L4 Detector Operation <input type="checkbox"/> 1 - Fire Too Small To Activate <input checked="" type="checkbox"/> 2 - Operated <input type="checkbox"/> 3 - Failed To Operate <input type="checkbox"/> U - Undetermined	L6 Detector Failure Reason <input type="checkbox"/> 1 - Power Failure, Shutoff, or Disconnect <input type="checkbox"/> 2 - Improper Installation or Placement <input type="checkbox"/> 3 - Defective <input type="checkbox"/> 4 - Lack of Maintenance, Dirty <input type="checkbox"/> 5 - Battery Missing or Disconnected <input type="checkbox"/> 6 - Battery Discharged or Dead <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined

M1 Presence of Automatic Extinguishing System <input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input type="checkbox"/> U - Undetermined	M3 Operation of Automatic Extinguishing System <input type="checkbox"/> 1 - Operated/Effective <input type="checkbox"/> 2 - Operated/Not Effective <input type="checkbox"/> 3 - Fire Too Small To Activate <input type="checkbox"/> 4 - Failed To Operate <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined Required if fire was within designed range	M5 Reason for Automatic Extinguishing System Failure <input type="checkbox"/> 1 - System Shut Off <input type="checkbox"/> 2 - Not Enough Agent Discharged <input type="checkbox"/> 3 - Agent Discharged But Did Not Reach Fire <input type="checkbox"/> 4 - Wrong Type of System <input type="checkbox"/> 5 - Fire Not In Area Protected <input type="checkbox"/> 6 - System Components Damaged <input type="checkbox"/> 7 - Lack of Maintenance <input type="checkbox"/> 8 - Manual Intervention <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined Required if system failed or not effective
M2 Type of Automatic Extinguishing System <input type="checkbox"/> 1 - Wet-Pipe Sprinkler <input type="checkbox"/> 2 - Dry-Pipe Sprinkler <input type="checkbox"/> 3 - Other Sprinkler System <input type="checkbox"/> 4 - Dry Chemical System <input type="checkbox"/> 5 - Foam System <input type="checkbox"/> 6 - Halogen-Type System <input type="checkbox"/> 7 - Carbon Dioxide System <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined Required if fire was within designed range of AES	M4 Number of Sprinkler Heads Operating <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Required if system operated	

Completed Modules <input type="checkbox"/> 2 - Fire <input type="checkbox"/> 3 - Structure Fire <input type="checkbox"/> 4 - Civilian Fire Cas. <input type="checkbox"/> 5 - Fire Service Cas. <input type="checkbox"/> 6 - EMS <input type="checkbox"/> 7 - HazMat <input type="checkbox"/> 8 - Wildland Fire <input type="checkbox"/> 9 - Apparatus <input type="checkbox"/> 10 - Personnel <input type="checkbox"/> 11 - Arson	H1 Casualties <input checked="" type="checkbox"/> None <div style="display: flex; justify-content: space-around;"> <div>Deaths</div> <div>Injuries</div> </div> <div style="display: flex; justify-content: space-around;"> <div>Fire Service <input type="text" value="0"/></div> <div><input type="text" value="0"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Civilian <input type="text" value="0"/></div> <div><input type="text" value="0"/></div> </div>	H3 Hazardous Materials Release <input type="checkbox"/> 1 - Natural Gas <input type="checkbox"/> 2 - Propane Gas <input type="checkbox"/> 3 - Gasoline <input type="checkbox"/> 4 - Kerosene <input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil <input type="checkbox"/> 6 - Household Solvents <input type="checkbox"/> 7 - Motor Oil <input type="checkbox"/> 8 - Paint <input type="checkbox"/> 0 - Other <input checked="" type="checkbox"/> None	I Mixed Use Property <input type="checkbox"/> Not Mixed <input type="checkbox"/> 10 - Assembly Use <input type="checkbox"/> 20 - Education Use <input type="checkbox"/> 33 - Medical Use <input type="checkbox"/> 40 - Residential Use <input type="checkbox"/> 51 - Row Of Stores <input type="checkbox"/> 53 - Enclosed Mall <input type="checkbox"/> 58 - Business and Residential <input type="checkbox"/> 59 - Office Use <input type="checkbox"/> 60 - Industrial Use <input type="checkbox"/> 63 - Military Use <input type="checkbox"/> 65 - Farm Use <input type="checkbox"/> 00 - Other Mixed Use
	H2 Detector Required for Confined Fires <input type="checkbox"/> 1 - Detector Alerted Occupants <input type="checkbox"/> 2 - Detector Did Not Alert Them <input type="checkbox"/> 3 - Unknown		

J Property Use <input type="checkbox"/> None Structures <input type="checkbox"/> 131 Church, Place of Worship <input type="checkbox"/> 161 Restaurant or Cafeteria <input type="checkbox"/> 162 Bar/Tavern or Nightclub <input type="checkbox"/> 213 Elementary School, Kindergarten <input type="checkbox"/> 215 High School, Junior High <input type="checkbox"/> 241 College, Adult Education <input type="checkbox"/> 311 Nursing Home <input type="checkbox"/> 331 Hospital	<input type="checkbox"/> 341 Clinic, Clinic-Type Infirmary <input type="checkbox"/> 342 Doctor/Dentist Office <input type="checkbox"/> 361 Prison or Jail, Not Juvenile <input type="checkbox"/> 419 <input checked="" type="checkbox"/> 1- or 2-Family Dwelling <input type="checkbox"/> 429 MultiFamily Dwelling <input type="checkbox"/> 439 Rooming/Boarding House <input type="checkbox"/> 449 Commerical Hotel or Motel <input type="checkbox"/> 459 Residential, Board and Care <input type="checkbox"/> 464 Dormitory/Barracks <input type="checkbox"/> 519 Food and Beverage Sales	<input type="checkbox"/> 539 Household Goods, Sales, Repairs <input type="checkbox"/> 571 Gas or Service Station <input type="checkbox"/> 579 Motor Vehicle/Boat Sales/Repairs <input type="checkbox"/> 599 Business Office <input type="checkbox"/> 615 Electric-Generating Plant <input type="checkbox"/> 629 Laboratory/Science Laboratory <input type="checkbox"/> 700 Manufacturing Plant <input type="checkbox"/> 819 Livestock/Poultry Storage (Barn) <input type="checkbox"/> 882 Non-Residential Parking Garage <input type="checkbox"/> 891 Warehouse
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Outside <input type="checkbox"/> 124 Playground or Park <input type="checkbox"/> 655 Crops or Orchard <input type="checkbox"/> 669 Forest (Timberland) <input type="checkbox"/> 807 Outdoor Storage Area <input type="checkbox"/> 919 Dump or Sanitary Landfill <input type="checkbox"/> 931 Open Land or Field <input type="checkbox"/> 936 Vacant Lot	<input type="checkbox"/> 938 Graded/Cared for Plot of Land <input type="checkbox"/> 946 Lake, River, Stream <input type="checkbox"/> 951 Railroad Right-of-Way <input type="checkbox"/> 960 Other Street <input type="checkbox"/> 961 Highway/Divided Highway <input type="checkbox"/> 962 Residential Street/Driveway <input type="checkbox"/> 981 Construction Site <input type="checkbox"/> 984 Industrial Plant Yard	Property Use: <input style="width: 150px;" type="text"/> Description Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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K2				
Owner	<input type="text" value="Owner and Occupant"/>	<input type="text" value="6515039546"/>		
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number	
<input type="text" value=""/>	<input type="text" value="TARA"/>	<input type="text" value="L"/>	<input type="text" value="BOLLMAN"/>	<input type="text" value=""/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
<input type="text" value="1064"/>	<input type="text" value=""/>	<input type="text" value="BUSH"/>	<input type="text" value="AVE-Avenue"/>	<input type="text" value=""/>
Number	Prefix	Street or Highway	Street Type	Suffix
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="Saint Paul"/>	<input type="text" value=""/>	<input type="text" value=""/>
Post Office Box	Apt./Suite/Room	City		
<input type="text" value="MN"/>	<input type="text" value="55106"/>			
State	Zip Code			

L Remarks:

FIRE CREWS RESPONDED TO A REPORT OF A DWELLING FIRE. UPON THEIR ARRIVAL, LADDER #7'S CREW FOUND A FIRE BURNING IN THE ATTIC SPACE. THEY PULLED A HOSE LINE FOR FIRE ATTACK AND REPORTED HEAVY FIRE SHOWING IN THE ATTIC/ROOF AREA ON MULTIPLE SIDES. SQUAD #1'S CREW PULLED A BACK-UP HOSE LINE AND ENGINE #4'S CREW ASSISTED ON THE SECOND FLOOR. AN EXTRA SQUAD AND MEDIC RIG WERE REQUESTED.

ENGINE #17'S CREW GAINED A WATER SUPPLY FOR ENGINE #4'S CREW AND ASSISTED SQUAD #1'S CREW WITH THEIRS, SAME HYDRANT. ENGINE #9'S CREW GAINED A SECOND WATER SUPPLY. I ARRIVED AND TOOK COMMAND. LADDER #24'S CREW WAS ASSIGNED R.I.T. AND LADDER #7'S CREW LADDERS THE ROOF. PRIMARY AND SECONDARY SEARCHES WERE CONDUCTED BY SQUAD #1'S CREW AND ENGINE #17'S CREW WITH AN ALL CLEAR DECLARED.

DISTRICT CHIEF 31 WAS ASSIGNED SAFETY AND EMS COORDINATOR (CAR50) WAS ASSIGNED EMS GROUP. ENGINE #8'S CREW WENT TO THE BASEMENT FOR A REPORT AND PRIMARY AND SECONDARY SEARCHES. ANOTHER ENGINE WAS REQUESTED DUE TO COMMITTED RESOURCES.

MULTIPLE GROUND LADDERS WERE PLACED FOR EGRESS AND ROOF ACCESS ALONG WITH VENTILATION.

CREWS WERE ROTATED THROUGH REHAB AND RECYCLED BACK INTO FIRE SUPPRESSION DUTIES. THE AIR TRAILER WAS CALLED FOR BOTTLES.

D.S.I. WAS CONTACTED FOR STRUCTURE STABILITY CONCERNS AND BOARD-UP FOR SECURITY. BACK-UP FIRE INVESTIGATOR (CAR20) TWEED WAS ON SCENE FOR FIRE CAUSE INVESTIGATION.

M Authorization

1516	Rodriguez, Arthur	C2	DC	10/27/2019
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
1516	Rodriguez, Arthur	C2	DC	10/27/2019
Member Making Report ID	Signature	Position or Rank	Assignment	Date

Saint Paul Fire Department

FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	19-41262	DATE OF INCIDENT: 10/26/2019																					
TIME OF INCIDENT:	0707 hours	POLICE CASE #: N/A																					
INVESTIGATOR(s):	J. Tweed																						
INCIDENT ADDRESS:	1064 Bush Avenue, Saint Paul, MN 55106																						
OCCUPANT NAME:	Tara L. Bollman	PHONE: 651-503-9546																					
OWNER NAME:	Tara L. Bollman	PHONE: 651-503-9546																					
ADDRESS OF OWNER:	1064 Bush Avenue, Saint Paul, MN 55106																						
PROPERTY DAMAGED:	Single Family Dwelling	AREA OF ORIGIN: Second floor bathroom ceiling																					
DAMAGE ESTIMATE:	Building \$70,000	Vehicle \$	Other (Describe) \$																				
VALUE:	Building \$76,800	Vehicle \$	Other (Describe) \$																				
Damage Estimate CONTENTS ONLY:	\$30,000																						
INJURY/DEATH (if yes, explain)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes																						
SMOKE DETECTOR, SPRINKLER, and CARBON MONOXIDE INFORMATION:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Smoke Detector Present:</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td>Detector Functioning:</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td>Sprinkler System Present:</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td>Sprinkler Heads activated:</td> <td><input type="checkbox"/> Yes #</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td>C.O Detector Present:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Unknown</td> </tr> </table>			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 checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	C.O Detector Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown
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FIRE CAUSE CLASSIFICATION:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Incendiary <input type="checkbox"/> Natural <input type="checkbox"/> Under Investigation </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Juvenile/Incendiary <input type="checkbox"/> Child (under 10 years old) <input type="checkbox"/> Undetermined </td> </tr> </table>			<input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Incendiary <input type="checkbox"/> Natural <input type="checkbox"/> Under Investigation	<input type="checkbox"/> Juvenile/Incendiary <input type="checkbox"/> Child (under 10 years old) <input type="checkbox"/> Undetermined																		
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SYNOPSIS:	<p>The Fire Department was called to a house fire. Firefighters arrived to find flames showing from the attic of a 2 1/2 story single family dwelling. Firefighters performed extinguishment and overhaul. Interviews conducted on scene with occupants revealed loss of power in the second floor bathroom and adjacent bedroom the night previous. One of the occupants investigated the electrical panel in the basement to see if any fuses were tripped and they were not. Investigation revealed deep charring and mass loss to the structural members surrounding the second floor bathroom fan exhaust. Mass loss and melting of the fan motor housing and plastic cover plate were observed. The ignition source was most likely excessive mechanical heat (friction) or electrical energy. The first fuel ignited was most likely insulation housing. The action that brought these items together was most likely an electrical malfunction. The classification of fire cause is accidental.</p>																						
DISPOSITION:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> E-mail only <input type="checkbox"/> DO NOT DEMOLISH until approved <input type="checkbox"/> Analysis of Evidence Pending </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Hold Scene until approved <input checked="" type="checkbox"/> Scene Released <input checked="" type="checkbox"/> Report to Follow </td> </tr> </table>			<input type="checkbox"/> E-mail only <input type="checkbox"/> DO NOT DEMOLISH until approved <input type="checkbox"/> Analysis of Evidence Pending	<input type="checkbox"/> Hold Scene until approved <input checked="" type="checkbox"/> Scene Released <input checked="" type="checkbox"/> Report to Follow																		
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FIRE INVESTIGATION REPORT

INCIDENT NO: 19-41262

DATE: 10/26/2019

TIME: 0707 HOURS

ADDRESS: 1064 BUSH AVENUE

INSURANCE CO: UNKNOWN

DAMAGE ESTIMATE: \$100,000

SYNOPSIS: On Saturday, October 26, 2019, at approximately 0707 hours, the Saint Paul Fire Department was called to a report of a dwelling fire. The location of the incident was 1064 Bush Avenue. Upon the fire department's arrival, Ladder #7's crew found what appeared to be an attic fire in a two and a half story, wood framed, single family dwelling. Fire crews extinguished the fire and performed overhaul. Investigation revealed the fire appeared to have started in the upstairs bathroom ceiling and then traveled into the attic space above. The first materials ignited were most likely insulation. The ignition source was most likely either excessive mechanical heat [friction] or electrical energy. The action that brought these items together was most likely due to an electrical malfunction. The classification of fire cause is accidental.

PEOPLE: Property Owner/Occupant, TARA L. BOLLMAN, 1064 Bush Avenue, Saint Paul, MN 55106, 651-503-9546 DOB 08/04/1984.

Occupant, DANIEL WECKMAN, 1064 Bush Avenue, Saint Paul, MN 55106, 651-503-9547, DOB 06/03/1987.

Occupant, ANTHONY J. GUERTIN, 1064 Bush Avenue, Saint Paul, MN 55106, 651-300-7270, DOB 07/28/1987.

Occupant/Juvenile,

BACKGROUND: I received notification of the fire via the Communications Center at approximately 0707 hours. I responded to the incident scene and arrived at approximately 0719 hours. Fire extinguishment was still underway upon my arrival. The occupants were all out of the structure and no injuries were reported. Weather conditions were fair skies with southeast winds at approximately 8 mph. The air temperature was approximately 43° Fahrenheit.

PROPERTY DESCRIPTION: The structure is a 2 ½ story, single-family dwelling of wood framed construction with exterior vinyl siding. The house measures approximately 25 feet wide by 40 feet deep. The address side faces north and the house runs north to south.

EXTERIOR EXAMINATION: Visual inspection of the north facing third floor exterior wall found fire and smoke damage to three attic window frames and the trim surrounding those window openings. This damage was on the upper portions of the center window and on the top right top corner of the eastern most window and the top of the western most window.

Fire damage and loss of mass to the siding from the top of the attic windows to the peak of the roof was observed. Fire damage and compromise of the upper and lower windowpanes was detected. Heat and smoke damage to the soffit on the underside of the north-facing peak measured approximately six feet on both sides of the peak. Fire and heat damage to the fascia, starting at the peak of the roof and continuing down to the east and west measured approximately six feet in each direction.

Window glass on the easternmost window for the second floor north-facing window was broken due to firefighting efforts. Six sections of vinyl siding on the north facing exterior wall were removed by fire department personnel for inspection to check for fire extension. A ventilation hole, measuring approximately two feet wide by five feet long, was cut into the eastern side of the second floor north facing exterior wall.

The westernmost second floor window glass was removed for ventilation purposes. Fire, smoke, and heat damage to the east facing attic window casing was observed. Fire and heat damage to the siding, soffit, and fascia on the east facing exterior wall, approximately two feet below the attic window, extended to the peak roofline.

A ventilation hole was cut into the south facing roof and measured approximately three feet by three feet, and was positioned approximately twelve feet down from the midline of the peak of the roof. No damage or signs of forcible entry on the exterior south facing door were visible.

Fire and heat damage on the exterior west facing wall, starting at approximately the top of the second floor windows, extended to the roof peak and included siding, soffit, fascia, and complete window frame and glass. No signs of forcible entry to the two exterior west facing entrance doors.

No damage to the rear of the structure was found. The electrical meter was located on the south exterior wall. The gas meter was located on east facing exterior wall.

INTERIOR EXAMINATION: Visual inspection of the interior revealed no evidence of forcible entry to the exterior door facing west. Minimal smoke damage was observed within the entryway on the first floor.

The kitchen is located on the first floor in the southwest corner of the dwelling. The exterior door to the kitchen, upon inspection, revealed no evidence of forcible entry. No evidence of smoke or heat damage to the walls or ceiling of the kitchen area was observed. There was no evidence of heat or fire damage to the stove or the refrigerator. There was water damage to the first floor due to firefighting operations. No heat or smoke damage within the laundry room, located off the kitchen on the first floor, was found. There was no fire or heat damage to the first

floor living room area. The first floor bathroom is located on the east side of the home and I found this room sustained minimal smoke damage.

The basement stairs were located in the first floor bathroom. The basement revealed no smoke or heat damage. Water damage within the basement was found due to fire extinguishment efforts. The home's electrical panel was located and no individual breakers were tripped. The main breaker was turned off by fire companies on scene. No damage was found to the electrical box. The home's HVAC unit was located in the basement and no evidence of fire or heat damage to the unit was found.

Examination of the front sitting room, located on the northwest end of first floor, revealed no smoke or fire damage to the walls or ceiling. The porch area was located on the north side of the home and revealed no smoke or heat damage. Examination of the exterior door to the front porch revealed no forcible entry.

The stairwell to the second floor sustained water damage due to firefighting efforts. The second floor hallway revealed no heat or smoke damage to the walls or ceiling, but water damage to the floor in the hallway was observed. The east facing drywall in second floor hallway was removed for inspection.

A small bedroom on the south side of the second floor revealed no smoke or heat damage to the walls or ceiling. Water damage and ceiling damage due to firefighting efforts was found. A second bedroom was located on the west side of the second floor and this bedroom revealed no heat, smoke, or fire damage. The knee wall, ceiling, and west wall were removed for fire inspection, as well as the ceiling near the entry to this bedroom to obtain access to the attic area.

There was a third small bedroom located at the end of the second floor hallway and that room revealed no heat or smoke damage to the walls or ceiling. Water damage to the floors and walls along with the ceiling was observed.

The home's master bedroom was located on the second floor in the northwest corner and this room revealed no smoke or heat damage to the walls or ceiling. The master bedroom ceiling was removed along with the northwest corner wall.

There was a bathroom on the second floor located on the eastern side and the bathroom sustained no heat or smoke damage to the walls or drywall of the ceiling. Investigation of the ceiling exhaust fan revealed fire damage and loss of mass to the corner of the exhaust fan cover. Examination of the fan motor revealed loss of mass to the corner of the fan motor's protective covering along with heat and smoke damage to the motor components.

Examination of the attic area revealed extensive fire and heat damage to the structural members of the ceiling, walls, and floorboards. The northwest corner of the attic area sustained the least amount of fire damage with charring and loss of mass to the vertical support beams traveling from the lower ends of the floorboards upwards and towards the east side of the attic with more fire damage and loss of mass.

Inspection of the east end of the attic revealed deep charring and loss of mass to the walls and ceiling structural members. The floor beams on the east end of the attic sustained fire and heat damage with loss of mass to the inner half of the beam over the upstairs bathroom.

On the opposite beam to the west, there was fire and heat damage with loss of mass on the inner east facing floor beam. Upon examination, it was discovered that the exhaust fan motor was contained within these two beams. The area of origin of the fire was most likely in the ceiling of the upstairs bathroom between the ceiling and floorboards directly above the exhaust fan motor.

INTERVIEWS: Property Owner/Occupant, TARA L. BOLLMANN, was interviewed at the scene on Saturday, October 26, 2019, at approximately 0730 hours and she stated:

- I heard something like mice, up in the attic area.
- The attic is latched and nothing is up there.
- DANIEL WECKMAN came into the room and said, "Tara, the house is on fire!"
- I had work done on the house less than a year ago and they put it [the upstairs bathroom exhaust fan] in.

Occupant, DANIEL WECKMAN, was interviewed at the scene on Saturday, October 26, 2019, at approximately 0745 hours and he stated:

- Last night I was using the exhaust fan in the upstairs bathroom and the power went out.
- I checked the breakers and there wasn't any popped.

Occupant, ANTHONY J. GUERTIN, was interviewed at the scene on Saturday, October 26, 2019, and he stated:

- Danny woke us up

Occupant/Juvenile, _____ s interviewed at the scene on Saturday, October 26, 2019, at approximately 0750 hours and she stated:

- The power went off last night.

PHOTOGRAPHS/SKETCH: Digital photographs were taken.

EVIDENCE: No evidence was collected. All possible evidence was left on scene for examination by an insurance company representative.

CONCLUSION: After examination of the fire scene and the interviews conducted, and fire patterns of both movement and intensity observed it is my opinion the fire began in the exhaust fan motor housing located in the upstairs bathroom. Fire traveled through the void spaces between the ceiling and floorboards of the attic and then spread through the attic and flashover occurred when the windows of the attic failed. The ignition source was a most likely either excessive mechanical heat [friction] or electrical energy. All other competent ignition sources have been eliminated. The first fuel/material ignited was most likely insulation. The action that brought these items together was most likely due to an electrical malfunction. The classification of fire cause is accidental. This concludes my investigation and report.

J. Tweed, Back-Up Fire Investigator, B Shift, 11/13/2019

JT/su

A handwritten signature in black ink, appearing to read "John A. Tweed". The signature is fluid and cursive, with a large, sweeping initial "J".