

REPORT NUMBER 0-015 794 DATE OF REPORT 06-16-00 TIME 0900  
 TIME OF OFFENSE: From Date 06-13-00 Time 0105 To Date - Time -  
 HOW REPORTED: ( ) 1-Dispatch ( ) 2-Phone (  ) 3-Investigation ( ) 4-View ( ) 5-Other  
 CONFIDENTIAL (Y/N) N YES - LIMITED RELEASE WITH OUT INVESTIGATOR'S AUTHORITY  
 Supy Review \_\_\_\_\_  
 Data Entry \_\_\_\_\_  
 CID \_\_\_\_\_  
 NCIC Entry \_\_\_\_\_  
 NCIC Cancel \_\_\_\_\_  
 Oper Code \_\_\_\_\_

TITLE OF INVESTIGATION	CODE	CITATION NUMBER
1 <u>Arson 2<sup>o</sup></u>	<u>20112</u>	<u>0</u>
2		
3		
4		

LOCATION: Address 5017 Bardstown Rd. CITY Lou. ZIP 40291  
 PRA 047 DISTRICT B WAS SPOUSE ABUSE INVOLVED? (Y/N) N CHILD ABUSE? (Y/N) N ARREST MADE? (Y/N) N

ARSON CODE 0972 AMOUNT OF LOSS FROM ARSON \$ 1.75 Million [Initial Report is Fire Report/Arson Squad will update]

STATUS OF CASE: ( ) 10-Cleared By Arrest ( ) 11-Cleared By Summons // CLEARED BY EXCEPTION: ( ) 20-Death of Perpetrator  
 ( ) 21-Prosecution Declined ( ) 22-Extradition Declined ( ) 23-Victim will not Cooperate [Perpetrator must be known]  
 ( ) 24-Juvenile in Custody ( ) 25-Adult in Custody // ( ) 70-Case Unfounded ( ) 30-Investigation Closed not Cleared  
 (  ) 40-Open/Active ( ) 41-Open/Inactive DATE ACTION TAKEN \_\_\_\_\_ INVESTIGATING OFFICER \_\_\_\_\_ (CODE NUM)

WAS CRIME ANALYSIS USED IN INVESTIGATION OF CASE? (Y/N) N LINK INQUIRY MADE? (Y/N) N NCIC HIT? (Y/N) N

TYPE AREA: ( ) 1-Inside/Rural ( ) 2-Outside/Rural (  ) 3-Inside/Urban ( ) 4-Outside Urban  
 OCCURRED AT/IN: ( ) 1-Victim's Car ( ) 2-Victim's Business ( ) 3-Victim's Home (  ) 4-Victim's Property  
 ( ) 5-Offender's Car ( ) 6-Offender's Business ( ) 7-Offender's Home ( ) 8-Offender's Property  
 ( ) 9-Other // LIGHTING ( ) 1-Good (  ) 2-Poor ( ) 3-N/A ( ) 4-Other  
 DATA ENTRY CODE [ \_\_\_\_\_ ]

VICTIM DATA Are the Victim and Complainant the Same? ( ) Yes (  ) No  
 NAME (L,F,M) Heart of Fire Church Sex \_\_\_\_\_ RACE \_\_\_\_\_ DOB \_\_\_\_\_ HGT \_\_\_\_\_ WGT \_\_\_\_\_  
 Address 5017 Bardstown Rd. City Louisville STATE KY ZIP 40291  
 Home Phone 491-3587 Occupation \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
 EMPLOYER ADDRESS \_\_\_\_\_ WORKING HOURS \_\_\_\_\_ EMP PHONE \_\_\_\_\_  
 Ky Resident ( ) 1-Full Time ( ) 2-Part Time ( ) 3-Other  
 Martial Status ( ) S-Single ( ) M-Married ( ) D-Divorced  
 DATA ENTRY CODE [ \_\_\_\_\_ ]

Person reporting if Not Victim (Must be completed if Victim is a Business) Name Paster Danny Johnson  
 Sex M Race W DOB 10-18-60 Address 275 Beechwood Cir City/State/ZIP Mt. Wash Ky Phone 538-0877  
 VICTIM TYPE: ( ) 1-Business ( ) 2-Bank ( ) 3-Government ( ) 4-Individual (  ) 5-Religious Group ( ) 6-Society ( ) 7-Other ( ) 8-Unk  
 EXTENT OF INJURY TO VICTIM: (  ) 1-None ( ) 2-Broken Bones ( ) 3-Severe Cuts ( ) 4-Other Major injury ( ) 5-Death  
 ( ) 6-Minor Injury ( ) 7-Loss of Teeth ( ) 8-Possible Internal Injuries ( ) 9-Unconscious  
 HOW SUSTAINED: WA 1-Accidental/Medical Attention ( ) 2-Accidental/No Medical Attention ( ) 3-Self Inflicted/Medical Attn  
 ( ) 4-Self Inflicted/No Medical Attention ( ) 5-Aggressive Act/Medical Attention  
 ( ) 6-Aggressive Act/No Medical Attn ( ) 7-Unknown/Medical Attn ( ) 8-Unknown No Medical Attn  
 DATA ENTRY CODE [ \_\_\_\_\_ ]



<b>TYPE OF PREMISE:</b> <input type="checkbox"/> Air/Bus Terminal -A1 <input type="checkbox"/> Apartment -C4 <input type="checkbox"/> Bank S&L -A2 <input type="checkbox"/> Bar Club -A3 <input checked="" type="checkbox"/> Church -A4 Commercial /Office Bldg -A5 <input type="checkbox"/> Construction Site-A6 <input type="checkbox"/> Conv Store -A7 <input type="checkbox"/> Dept Discount -A8 <input type="checkbox"/> Drug Store Dr Office/Hospital -A9 <input type="checkbox"/> Dwelling -B8 <input type="checkbox"/> Field/Woods -A0 <input type="checkbox"/> Gas Station -C2 <input type="checkbox"/> Government /Public Bldg -B1 <input type="checkbox"/> Grocery -B2 <input type="checkbox"/> Hwy/Roadway -B3 <input type="checkbox"/> Hotel/Motel -B4 <input type="checkbox"/> Liquor Store -B6 <input type="checkbox"/> Parking Lot -B7 <input type="checkbox"/> Restaurant -C3 <input type="checkbox"/> School -B9 <input type="checkbox"/> Speciality Store -B0 <input type="checkbox"/> Waterway -B5 <input type="checkbox"/> Other -C1	<b>OBJECT OF ATTACK</b> <input type="checkbox"/> Storage Area -E9 <input type="checkbox"/> Other Area -E3 <input type="checkbox"/> Bank Official -F0 <input type="checkbox"/> Child of Offender-X5 <input type="checkbox"/> Child[Other] -F7 <input type="checkbox"/> Government Official -F1 <input type="checkbox"/> Handicapped Pers -F2 <input type="checkbox"/> Medical Pers -F3 <input type="checkbox"/> Messenger/ Courier -F4 <input checked="" type="checkbox"/> Military Pers -F5 <input checked="" type="checkbox"/> Minority(Racial) -F6 <input type="checkbox"/> Police Officer Injured -F8 <input type="checkbox"/> Police Officer Killed -X2 <input type="checkbox"/> Religious Figure -F9 <input type="checkbox"/> Spouse -X4 <input type="checkbox"/> Other Individual because of status-X3	<b>METHOD OF ENTRY</b> <input type="checkbox"/> Body Force - H1 <input type="checkbox"/> Glass Broken -H5 <input type="checkbox"/> Glass Cut -H6 <input type="checkbox"/> Hid on Premise -H7 <input type="checkbox"/> Lock Drilled or Punched -H9 <input type="checkbox"/> Opened/Unlocked Portal -H0 <input type="checkbox"/> Pried Opened -V2 <input type="checkbox"/> Screen Cut -V3 <input type="checkbox"/> Window/Door Removed -V4 <input type="checkbox"/> Other -V5 <input checked="" type="checkbox"/> Unknown -V6	<b>WEAPON/TOOL USED</b> (continued) <input type="checkbox"/> Shotgun - J7 <input type="checkbox"/> Strongarm - J0 <input type="checkbox"/> Other Firearm - J8 <input type="checkbox"/> Other Weapon - J9 <input type="checkbox"/> Bolt Cutters - L2 <input type="checkbox"/> Brick/Rock - L1 <input type="checkbox"/> Burning Bar - K0 <input type="checkbox"/> Channel Locks - K1 <input type="checkbox"/> Drill - K2 <input type="checkbox"/> Glass Cutter - K3 <input type="checkbox"/> Hammer - K4 <input type="checkbox"/> Hammer/Sledge - K5 <input type="checkbox"/> Lock Pick - L3 <input type="checkbox"/> Power Tool - K6 <input type="checkbox"/> Pry Tool - K7 <input type="checkbox"/> Saw - K8 <input type="checkbox"/> Other Tool - K9	<b>OVERT ACTS</b> <input type="checkbox"/> Accomplice - M1 <input type="checkbox"/> Alarm Disabled - M2 <input type="checkbox"/> Drugs Demanded - M3 <input type="checkbox"/> Fingerprints Removed - M4 <input checked="" type="checkbox"/> Fire Covered Crime - M5 <input type="checkbox"/> Funeral Burglary - M6 <input type="checkbox"/> Gloves Worn - M7 <input type="checkbox"/> Item left at Scene - M8 <input checked="" type="checkbox"/> Malicious Damage - M9 <input type="checkbox"/> Mask Worn - M0 <input type="checkbox"/> Note Used - N1 <input type="checkbox"/> Phone Disabled - N2 <input type="checkbox"/> Pillow Used - N3 <input type="checkbox"/> Shots fired - N4 <input type="checkbox"/> Victim Assault during theft- N5 <input type="checkbox"/> Sexual Assault during theft- N6 <input type="checkbox"/> Victim on Premise during Burglary-N7 <input type="checkbox"/> Victim Threatened -N8 <input type="checkbox"/> Victim bound -N9 <input type="checkbox"/> Victim out of town -N0
<b>OBJECT OF ATTACK</b> <input type="checkbox"/> Dwelling -D1 <input type="checkbox"/> Mailbox -D2 <input type="checkbox"/> Golf Course -D3 <input type="checkbox"/> Government Bldg -D4 <input type="checkbox"/> Monument/Statue -D5 <input type="checkbox"/> Park Property -D6 <input checked="" type="checkbox"/> Religious Struct-D7 <input type="checkbox"/> Street Lights -D8 <input type="checkbox"/> Structure[Other]-D9 <input type="checkbox"/> Vehicle -D0 <input type="checkbox"/> Other Property -X1 <input type="checkbox"/> Basement -E1 <input type="checkbox"/> Bedroom -E0 <input type="checkbox"/> Dining Room -E2 <input type="checkbox"/> Family Room -E4 <input type="checkbox"/> Garage/Car Port -E5 <input type="checkbox"/> Kitchen -E6 <input type="checkbox"/> Living Room -E7 <input type="checkbox"/> Safe/Vault -E8	<b>POINT OF ENTRY</b> <input checked="" type="checkbox"/> Door - 1 <input type="checkbox"/> Sliding Door - 2 <input type="checkbox"/> Ventilator - 3 <input type="checkbox"/> Wall - 4 <input type="checkbox"/> Window - 5 <input type="checkbox"/> Unknown - 6 <input type="checkbox"/> Other - 7	<b>TYPE OF COERCION</b> [Extortion/Blackmail] <input type="checkbox"/> Misuse of Authority - 1 <input type="checkbox"/> Threat of Force- 2 <input type="checkbox"/> Threat of Harmed Reputation or Prosecution - 3 <input checked="" type="checkbox"/> Other Coercion - 4	<b>CIRCUMSTANCES OF DEATH</b> [Negligent Manslaughter] <input type="checkbox"/> Child playing with Weapon - 1 <input checked="" type="checkbox"/> Cleaning Gun - 2 <input type="checkbox"/> Hunting Accident - 3 <input checked="" type="checkbox"/> Negligent Use of Weapon - 4 <input type="checkbox"/> Vehicle Negligence - 5	<b>WEATHER</b> <input type="checkbox"/> Clear - 1 <input type="checkbox"/> Cloudy - 2 <input type="checkbox"/> Rain - 3 <input type="checkbox"/> Snow - 4 <input type="checkbox"/> Other - 5 <input type="checkbox"/> Unknown - 6
	<b>LOCATION OF ENTRY</b> <input type="checkbox"/> Adjacent Bldg - 1 <input type="checkbox"/> Basement - 2 <input type="checkbox"/> Front - 3 <input type="checkbox"/> Garage - 4 <input checked="" type="checkbox"/> Rear - 5 <input type="checkbox"/> Floor - 6 <input type="checkbox"/> Roof - 7 <input type="checkbox"/> Side - 8 <input type="checkbox"/> Unk - 9 <input type="checkbox"/> Other - 0	<b>OFFENSE INVOLVED:</b> <input type="checkbox"/> Use of Alcohol -5 <input type="checkbox"/> Use of Drugs -6 <input type="checkbox"/> Computer -7	<b>CIRCUMSTANCES OF DEATH</b> [Justified Homicide] <input type="checkbox"/> Attacking Police Officer - 6 <input type="checkbox"/> Attacking Police Officer killed by Third Person - 7 <input type="checkbox"/> Attacking Civilian-8 <input type="checkbox"/> Fleeing Crime -9 <input type="checkbox"/> Committing Crime- 10 <input type="checkbox"/> Resisting Arrest- 11 <input type="checkbox"/> Other -12	
	<b>Data Entry Code</b> [ _____ ]	<b>AGGRAVATE ASSAULT CIRCUMSTANCES</b> <input type="checkbox"/> Argument -1 <input type="checkbox"/> Gangland -2 <input type="checkbox"/> Juvenile Gang -3 <input type="checkbox"/> Lover Quarrel -4 <input checked="" type="checkbox"/> Other Felony -5	<b>POINT OF DEPARTURE FROM CRIME SCENE</b> <input type="checkbox"/> Front - 1 <input type="checkbox"/> Rear - 2 <input type="checkbox"/> Roof - 3 <input type="checkbox"/> Side - 4 <input type="checkbox"/> Unk - 6	
	<b>Data Entry Code</b> [ _____ ]	<b>WEAPON/TOOL USED</b> <input checked="" type="checkbox"/> Automatic - X8 <input type="checkbox"/> Blunt Object - J2 <input type="checkbox"/> Explosive - J3 <input type="checkbox"/> Knife - J4 <input type="checkbox"/> Revolver - J5 <input type="checkbox"/> Rifle - J6 <input type="checkbox"/> Semi-Auto - J1		

MO TRAIT RELATED TO OFFENSE \_\_\_\_\_ ( )

MO TRAIT RELATED TO OFFENSE \_\_\_\_\_ ( )

SOLVABILITY FACTORS ( )Witness ( )Named Subject ( )Suspect Known ( ) Suspect Described ( ) Suspect Previously Seen  
 Significant MO(Described Above) ( )Traceable Property ( )Limited Opportunity ( )Significant Evidence ( )Time Lapse



<b>JCPD Arson</b>	<b>Fire Investigation</b>	<b>Report# 0-015794</b>
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**INCIDENT**

<b>Address:</b> 5017 Bardstown Road	<b>Date:</b> 06-13-00	<b>Time:</b> 0106
<b>Property Description:</b>	Type: Commercial Property	

**OWNER / OCCUPANT**

<b>Owners Name:</b> Heart of Fire Church	<b>Phone No.</b> 491-3587
<b>Owners Address:</b> 5017 Bardstown Road	
<b>Occupants Name:</b> Danny R. Johnson	<b>Phone No.</b> 538-0877
<b>Occupants Address:</b> 275 Beechwood Circle, Mt. Washington, Ky	
<b>Doing Business As:</b> Heart of Fire Church	<b>Phone No.</b>

**NOTIFICATION**

<b>Date:</b> 06-13-00	<b>Time:</b> 0118	<b>Notified By:</b> Pager	
<b>Arrived At Scene</b>	<b>Date:</b> 06-13-00	<b>Time:</b> 0128	<b>Scene Secured (By Whom):</b> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> F.D.
<b>Authority To Enter</b>	<b>Emergency:</b> Fire Dept. on Scene	<b>Consent</b> <input type="checkbox"/> Verbal <input type="checkbox"/> Written	<b>Warrant:</b>  <b>Other:</b>
<b>Departed Scene</b>	<b>Date:</b> 06-16-00	<b>Time:</b> 1700	<b>Comments:</b> Released to Owner

**OTHER AGENCIES INVOLVED**

<b>Fire Dept.:</b> Fern Creek	<b>Incident No.:</b>	<b>Fire Run Sheet</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>Contact Person:</b> Chief Schmidt
<b>Police Dept.:</b>	<b>Report No.:</b>		<b>Contact Person:</b>
<b>Other / Insurance Company:</b> Bureau of Alcohol Tobacco and Firearms	<b>Case No.:</b>		<b>Contact Person:</b> Special Agents Jaraczski and King

**ESTIMATED LOSS**

\$ 1,000,000	<b>Estimated By:</b> Det. J. Richardson
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**REMARKS**

The ATF was notified because the involved structure was a church. The investigation is a joint effort involving the Jefferson County Police Department and the Bureau of Alcohol Tobacco and Firearms.

<b>RESPECTFULLY SUMMITTED BY:</b>	Detective J. Richardson
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JCPD ARSON

STRUCTURE FIRE

Report # 0-015794

EXTERIOR OBSERVATIONS

Flames and very heavy smoke were visible upon my arrival. Shortly afterwards, fire became visible through the roof and the entire structure appeared to be involved.

INTERIOR OBSERVATIONS

Severe fire damage throughout the structure with the exception of the southeast corner of the building. Most of the roof collapsed into the church.

HEATING SYSTEM

Type Gas forced furnaces	Location various
<b>Comments :</b> Due to the size of the structure it appeared that at least five separate furnaces were used to heat the building. Two units were located in the front portion of the structure while three were present towards the rear. All units were examined and were ruled out as possible fire causes.	

ELECTRICAL SERVICE

<input type="checkbox"/> Fuses <input checked="" type="checkbox"/> Breakers	Entry Location Front of structure- west wall	Panel Location Various. Electrical service panels were examined and ruled out as fire cause.
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OTHER HEATING EQUIPMENT

Type (s) NA	Location :
<b>Comments :</b>	

STRUCTURE CONTENTS

The building was used as a church, daycare and school and the contents were normal to occupancy. The contents also appeared to be in order.

AREA OF ORIGIN

The area of origin was determined to be the hallway which led from the center, rear entrance towards the middle of the building.





JCPD Arson

Structure Fire II

Report # 0-015794

**IGNITION SEQUENCE**

**Heat Source :** Unknown

**Material Ignited :** Heavy petroleum distillate

**Ignition Factor :** An accelerant was poured on the floor and ignited.

**If Equipment Involved**

**Make :**

**Model :**

**Serial No. :**

**Comments:**

Positive samples for a heavy petroleum distillate found in hallway.

**FIRE SPREAD**

**Materials :** False ceiling, floor joists, wooden structural members.

**Avenues :** Through false ceiling space, between floor joists into the attic space.

**Comments :**

The roof collapsed and caused fire to spread throughout the church.

**SMOKE SPREAD**

**Materials :**

**Avenues :**

**Comments :**

**DETERMINATION / REMARKS**

**Incendiary :** It appeared that the fire was caused by the pouring of an ignitable liquid in the east/rear hallway. Unknown person(s) then introduced a flame and started the fire.

