

A FDID: State: Incident Date: MM DD YYYY Station: Incident Number: Exposure: **NFIRS-1 Basic**

B Location Type
 Street address
 Intersection:
 In front of:
 Rear of:
 Adjacent to:
 Directions:
 US National Grid:

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: -

Number/Airport: Prefix: Street Type: Suffix:

Apt./Suite/Room: City: State: Zip Code:

Cross Street, Directions or National Grid, as applicable

C Incident Type Building fire

D Aid Given or Received

1 Mutual aid received

2 Automatic aid received

3 Mutual aid given

4 Automatic aid given

5 Other aid given

N None

E1 Dates and Times Midnight is 0000

Alarm: Month Day Year Hour Min Sec

Arrival: ARRIVAL required, unless canceled or did not arrive Month Day Year Hour Min Sec

Controlled: CONTROLLED optional, except for wildland fires

Last Unit Cleared: LAST UNIT CLEARED, required except for wildland fires Month Day Year Hour Min Sec

E2 Shifts and Alarms

Local Option: Shift of Platoon: Alarms: District:

E3 Special Studies

Local Option: Special Study ID#: Special Study Value:

F Actions Taken

11 Extinguishment by fire service personnel

Primary Action Taken (1): Ventilate

Additional Action Taken (2): Salvage & overhaul

Additional Action Taken (3):

G1 Resources

Check this box and test this block if an Apparatus or Personnel Module is used.

Suppression: Apparatus Personnel

EMS:

Other:

Check box if resources counts include aid received resources.

G2 Estimated Dollar Losses and Values

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

Property \$

Contents \$

PRE-INCIDENT VALUE: Optional

Property \$

Contents \$

Completed Modules

Fire-2

Structure Fire-3

Civilian Fire Cas.-4

Fire Service Cas.-5

EMS-6

HazMat-7

WildLand Fire-8

Apparatus-9

Personnel-10

Arson-11

H1 Casualties None

	Death	Injury
Fire Service	<input type="text" value="0"/>	<input type="text" value="0"/>
Civilian	<input type="text" value="0"/>	<input type="text" value="0"/>

H2 Detector

1 Required for confined fires. Detector alerted occupants

2 Detector did not alert occupants

U Unknown

H3 Hazardous Materials Release

0 Special HazMat actions required or spill >= 55 gal.

1 Natural gas: slow leak, no evac. or HazMat actions

2 Propane gas - Less than a 21 lb. tank

3 Gasoline - vehicle fuel tank or portable container

4 Kerosene - fuel-burning equipment/portable storage

5 Diesel fuel/fuel oil - vehicle fuel tank/portable

6 Household/office solvent or chemical spill

7 Motor oil - from engine or portable container

8 Paint - spills less than 55 gallons

N None

I Mixed Use Property

00 Mixed use, other

10 Assembly use

20 Educational use

33 Medical use

40 Residential use

51 Row of stores

53 Enclosed mall

58 Business and residential use

59 Office use

60 Industrial use

63 Military use

65 Farm use

NN Not mixed use

B Property Details

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

B2 Buildings not involved
Number of buildings involved

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

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

Enter up to three codes. Check one box for each code entered.

On-site material (1)

On-site material (2)

On-site material (3)

On-Site Materials Storage Use

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

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

D Ignition

D1 Heating room or area, water heater area
Area of fire origin

D2 Electrical arcing
Heat Source

D3 Electrical wire, cable insulation
Item first ignited

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

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

E1 Cause of Ignition
Check this box if this is an exposure report

0 Cause, other (System generated code only, not used for data entry)

1 Intentional

2 Unintentional

3 Failure of equipment or heat source

4 Act of nature

5 Cause under investigation

U Cause undetermined after investigation

E2 Factors Contributing to Ignition

Electrical failure, malfunction, other
Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition

Check all applicable boxes None

1 Asleep

2 Possibly impaired by alcohol or drugs

3 Unattended or unsupervised person

4 Possibly mentally disabled

5 Physically disabled

6 Multiple persons involved

7 Age was a factor

N None

Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved in Ignition

None If equipment was not involved, skip to Section G

Equipment Involved Brand

Serial

Model

Year

F2 Equipment Power Source

Equipment Power Source

F3 Equipment Portability

1 Portable

2 Stationary

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

G Fire Suppression Factors

None

Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved

1 Not involved in ignition, but burned

2 Involved in ignition, but did not itself burn

3 Involved in ignition and burned

Mobile property model

License Plate Number State VIN

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Year

Local Use Pre-Fire Plan Available

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

Arson report attached

Police report attached

Coroner report attached

Other reports attached

<p>J1 Structure Type If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. Structure type, other</p> <p>0 Structure type, other</p> <p>1 <input checked="" type="checkbox"/> Enclosed building</p> <p>2 Fixed portable or mobile structure</p> <p>3 Open structure</p> <p>4 Air-supported structure</p> <p>5 Tent</p> <p>6 Open platform</p> <p>7 Underground structure work area</p> <p>70 Testing</p> <p>8 Connective structure</p>	<p>J2 Building Status Building status, other</p> <p>0 Under construction</p> <p>1 <input checked="" type="checkbox"/> In normal use</p> <p>2 Idle, not routinely used</p> <p>3 Under major renovation</p> <p>4 Vacant and secured</p> <p>5 Vacant and unsecured</p> <p>6 Being demolished</p> <p>U Undetermined</p>	<p>J3 Building Height Count the roof as part of the highest story.</p> <p><input type="text" value="3"/> Total number of stories at or above grade</p> <p><input type="text" value="1"/> Total number of stories below grade</p>	<p>J4 Main Floor Size</p> <p>Total square feet</p> <p>Length in feet <input type="text" value="148"/> BY <input type="text" value="55"/> Width in feet</p> <p>OR</p>
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<p>J1 Fire Origin <input type="text" value="1"/> <input checked="" type="checkbox"/> Below Grade</p> <p>Story of fire origin</p> <p>J2 Fire Spread If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module). Confined to object of origin</p> <p>1 Confined to object of origin</p> <p>2 <input checked="" type="checkbox"/> Confined to room of origin</p> <p>3 Confined to floor of origin</p> <p>4 Confined to building of origin</p> <p>5 Beyond building of origin</p>	<p>J3 Number of Stories Damaged by Flame Count the roof as part of the highest story.</p> <p><input type="text" value="1"/> Number of stories with minor damage (1 to 24% flame damage)</p> <p><input type="text"/> Number of stories with significant damage (25 to 49% flame damage)</p> <p><input type="text"/> Number of stories with heavy damage (50 to 74% flame damage)</p> <p><input type="text"/> Number of stories with severe damage (75 to 100% flame damage)</p>	<p>K Type of Material Contributing Most to Flame Spread Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.</p> <p>K1 <input type="text" value="81"/> Electrical wire, cable insulation Item contributing most to flame spread</p> <p>K2 <input type="text"/> <input type="text"/> Type of material contributing most to flame spread Required only if Item contributing code is 00 or <70</p>
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<p>L1 Presence of Detectors (In area of the fire)</p> <p>1 <input checked="" type="checkbox"/> Present</p> <p>N None present</p> <p>U Undetermined</p> <p>L2 Detector Type</p> <p>0 Detector type, other</p> <p>1 Smoke</p> <p>2 Heat</p> <p>3 Combination smoke and heat in a single unit</p> <p>4 Sprinkler, water flow detection</p> <p>5 More than one type present</p> <p>U <input checked="" type="checkbox"/> Undetermined</p>	<p>L3 Detector Power Supply</p> <p>0 Detector power supply, other</p> <p>1 Battery only</p> <p>2 Hardwire only</p> <p>3 Plug-in</p> <p>4 Hardwire with battery backup</p> <p>5 Plug-in with battery backup</p> <p>6 Mechanical</p> <p>7 Multiple detectors and power supplies</p> <p>U <input checked="" type="checkbox"/> Undetermined</p> <p>L4 Detector Operation</p> <p>1 Fire too small to activate detector</p> <p>2 <input checked="" type="checkbox"/> Detector operated</p> <p>3 Detector failed to operate</p> <p>U Undetermined</p>	<p>L5 Detector Effectiveness Required if detector operated</p> <p>1 Detector alerted occupants, occupants responded</p> <p>2 Detector alerted occupants, occupants failed to respond</p> <p>3 There were no occupants</p> <p>4 Detector failed to alert occupants</p> <p>U <input checked="" type="checkbox"/> Undetermined</p> <p>L6 Detector Failure Reason Required if detector failed to operate Detector failure reason, other</p> <p>0 Power failure, hardwired det. shut off, disconnect</p> <p>1 Improper installation or placement of detector</p> <p>2 Defective detector</p> <p>3 Lack of maintenance, includes not cleaning</p> <p>4 Battery missing or disconnected</p> <p>5 Battery discharged or dead</p> <p>U Undetermined</p>
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<p>M1 Presence of Automatic Extinguishing System</p> <p>1 Present</p> <p>2 Partial System Present</p> <p>N <input checked="" type="checkbox"/> None Present</p> <p>U Undetermined</p> <p>M2 Type of Automatic Extinguishing System Required if fire was within designed range of AES Special hazard system, other</p> <p>0 Special hazard system, other</p> <p>1 Wet-pipe sprinkler system</p> <p>2 Dry-pipe sprinkler system</p> <p>3 Other sprinkler system</p> <p>4 Dry chemical system</p> <p>5 Foam system</p> <p>6 Halogen-type system</p> <p>7 Carbon dioxide system</p> <p>U Undetermined</p>	<p>M3 Operation of Automatic Extinguishing System Required if fire was within designed range Operation of AES, other</p> <p>0 Operation of AES, other</p> <p>1 System operated and was effective</p> <p>2 System operated and was not effective</p> <p>3 Fire too small to activate system</p> <p>4 System did not operate</p> <p>U Undetermined</p> <p>M3 Number of Sprinkler Heads Operating Required if system operated</p> <p><input type="text"/> Number of sprinkler heads operating</p>	<p>M5 Reason for Automatic Extinguishing System Failure Required if system failed or not effective Reason system not effective, other</p> <p>0 Reason system not effective, other</p> <p>1 System shut off</p> <p>2 Not enough agent discharged to control the fire</p> <p>3 Agent discharged, but did not reach the fire</p> <p>4 Inappropriate system for the type of fire</p> <p>5 Fire not in area protected by the system</p> <p>6 System components damaged</p> <p>7 Lack of maintenance, including corrosion or heads painted</p> <p>8 Manual intervention defeated the system</p> <p>U Undetermined</p>
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J Property Use Structures					
419	1 or 2 family dwelling	341	Clinic, clinic-type infirmary	629	Laboratory or science laboratory
311	24-hour care Nursing homes, 4 or more persons	342	Doctor, dentist or oral surgeon office	819	Livestock, poultry storage
241	Adult education center, college classroom	615	Electric-generating plant	700	Manufacturing, processing
102	Bar or nightclub	213	Elementary school, including kindergarten	579	Motor vehicle or boat sales, services, repair
464	Barracks, dormitory	519	Food and beverage sales, grocery store	429	Multifamily dwelling
439	Boarding/rooming house, residential hotels	215	High school/junior high school/middle school	882	Parking garage, general vehicle
599	Business office	331	Hospital - medical or psychiatric	459	Residential board and care
131	Church, mosque, synagogue, temple, chapel	449	Hotel/motel, commercial	161	Restaurant or cafeteria
		539	Household goods, sales, repairs	571	Service station, gas station
		361	Jail, prison (not juvenile)	891	Warehouse
		984	Industrial plant yard - area	960	Street, other
981	Construction site	946	Lake, river, stream	936	Vacant lot
655	Crops or orchard	931	Open land or field		
919	Dump, sanitary landfill	807	Outside material storage area		
669	Forest, timberland, woodland	124	Playground		
938	Graded and cared-for plots of land	951	Railroad right-of-way		
961	Highway or divided highway	982	Residential street, road or residential driveway		

Look up and enter a Property Use code and description only if you have NOT checked a Property Use Box.

Property Use Code: **429**

Property Use Description: **Multifamily dwelling**

K1 Person/Entity Involved

Local Option

Check this box if same address as incident location (Section B). Then skip the lines duplicate address lines.

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

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

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

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

State: _____ Zip Code: _____

K2 Owner Same as person involved? Then check this box and skip the rest of this block.

Local Option

Check this box if same address as incident location (Section B). Then skip the lines duplicate address lines.

Business Name (if Applicable): _____ Area Code: **612** Phone Number: **226** - **8699**

Mr., Ms., Mrs. First Name: **PAWANKUMAR** MI: _____ Last Name: **HIMRAJ** Suffix: _____

Number: **9329** Prefix: _____ Street or Highway: **BALSAM FIR** Street Type: **AVE** Suffix: **N**

Post Office Box: _____ Apt./Suite/Room: _____ City: **BROOKLYN PARK**

State: **MN** Zip Code: **55443**

M Authorization

Officer in charge ID: **4318** Signature: **Greg Duren** Position or rank: **DC** Assignment: **C3** Month: **11** Day: **13** Year: **2017**

Member Making report ID: **4318** Signature: **Greg Duren** Position or rank: **DC** Assignment: **C3** Month: **11** Day: **13** Year: **2017**

L Remarks

Local Option

THE FIRE DEPARTMENT RESPONDED TO 1032 DULUTH STREET FOR A FIRE IN A BOILER ROOM. ON ARRIVAL, ENGINE #7'S CAPTAIN REPORTED A BUILDING MANAGER/MAINTENANCE WORKER SPECIFIED A FIRE IN THE BOILER ROOM AND DIRECTED THE FIRE COMPANY TO THAT LOCATION. ENGINE #7'S CREW EXTINGUISHED AN ELECTRICAL FIRE IN THE BOILER ROOM WITH A LIGHT WATER EXTINGUISHER AND CO2 EXTINGUISHERS AND STARTED OVERHAUL. LADDER #7'S CREW CONDUCTED VENTILATION AND SECURED UTILITIES. SQUAD #1'S CREW ESTABLISHED INCIDENT LIGHTING, CONDUCTED OVERHAUL, AND SEARCHED FOR FIRE EXTENSION.

DISTRICT CHIEF #2 ARRIVED ON SCENE AND ASSUMED COMMAND. I ARRIVED ON SCENE AND TOOK OVER COMMAND FROM DISTRICT CHIEF #2 APPROXIMATELY 10 MINUTES AFTER ARRIVAL.

ENGINE #9'S CREW ESTABLISHED A WATER SUPPLY TO ENGINE #7. ENGINE #17'S CREW SEARCHED THE BUILDING AND ENGINE #4'S CREW WAS INITIAL RAPID INTERVENTION TEAM (RIT). FIRE INVESTIGATOR LARSON INVESTIGATED INCIDENT.

XCEL ENERGY PERSONNEL DISCONNECTED THE ELECTRIC POWER AND SECURED AND TAGGED THE GAS METER. RED CROSS REPRESENTATIVES ARRIVED ON SCENE TO ASSIST BUILDING OCCUPANTS WITH TEMPORARY RELOCATION. IN ADDITION, THE SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTION (DSI) WAS ALSO NOTIFIED TO ASSIST AT INCIDENT AND WAS EN ROUTE TO SCENE. THE INCIDENT WAS THEN TURNED OVER TO THE BUILDING OWNER AND RED CROSS.

Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	17-40639	DATE OF INCIDENT: 11/13/2017	
TIME OF INCIDENT:	0916 hours	POLICE CASE #: N/A	
INVESTIGATOR(s):	J. Larson		
INCIDENT ADDRESS:	1032 Duluth Street, Saint Paul, MN 55106		
OCCUPANT NAME:	N/A	PHONE: N/A	
OWNER NAME:	Pawankumar Himraj Dhaneshwarie Himraj	PHONE: 612-226-8699 612-384-8699	
ADDRESS OF OWNER:	9329 Balsam Fir Avenue North, Brooklyn Park, MN 55443-1798		
PROPERTY DAMAGED:	Apartment Building	AREA OF ORIGIN: Boiler room	
DAMAGE ESTIMATE:	Building \$80,000	Vehicle \$	Other (Describe) \$
VALUE:	Building \$1,004,200	Vehicle \$	Other (Describe) \$
Damage Estimate CONTENTS ONLY:	\$30,000		
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 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 checked="" type="checkbox"/> Yes <input 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:	Saint Paul Fire Department crews were dispatched for a report of a fire in the laundry room. Fire companies arrived to find nothing showing from the exterior and heavy smoke in the boiler room. Fire companies extinguished a fire in the boiler room coming from the electrical meters and overhauled. The ignition source was most likely heat from an electrical current. The first fuel ignited was most likely wiring and components of the electrical meter. The act that brought these two together was a malfunction of the electrical meter. The classification of fire 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: 17-40639 DATE: 11/13/2017 TIME: 0916 HOURS

ADDRESS: 1032 DULUTH STREET INSURANCE CO: UNKNOWN

DAMAGE ESTIMATE: \$110,000

SYNOPSIS: On Monday, November 13, 2017, at approximately 0916 hours, the Saint Paul Fire Department was dispatched for a report of a fire in a laundry room. The location of the incident was 1032 Duluth Street. Fire companies arrived to find nothing showing from the exterior but heavy smoke inside the boiler room. Fire companies extinguished and overhauled the fire in the boiler room which was coming from the electrical meters. Investigation revealed the ignition source was most likely heat from an electrical current. The first fuel ignited was most likely wiring and components of the electrical meter. The act that brought these two items together was a malfunction of the electrical meter. The classification of fire cause is accidental.

PEOPLE: Property Owner, PAWANKUMAR HIMRAJ, 9329 Balsam Fir Avenue North, Brooklyn Park, MN 55443, 612-226-8699.

Property Owner, DHANESHWARIE HIMRAJ, 9329 Balsam Fir Avenue North, Brooklyn Park, MN 55443, 612-226-8699.

Building Caretaker, TIMOTHY G. BURKHART, 1032 Duluth Street, Apartment #210, Saint Paul, MN 55106, 651-404-3086, DOB 11/27/1963.

BACKGROUND: I received notification of the fire via the Communications Center at approximately 0916 hours. I responded to the incident scene and arrived at approximately 0925 hours. Upon my arrival, fire companies were actively extinguishing the fire on a wall of electrical meters in the boiler room. Weather conditions were sunny with winds out of the south at approximately 6 mph and a temperature of approximately 30° Fahrenheit.

PROPERTY DESCRIPTION: The structure was a large three-story, multi-family apartment building. The structure contained a rubber membrane/aggregate flat roof and brick exterior. The property measured approximately 55 feet wide and 142 feet deep and the address side faced south, with the structure running west to east. The gas utilities entered the building on the north side, in the center of the structure, and the electrical feed entered from underground on the north side, centrally located.

EXTERIOR EXAMINATION: Visual inspection of the exterior found no evidence of smoke or fire damage. Fire crews had entering the structure through a door located on the north central side of the structure.

INTERIOR EXAMINATION: Entrance to the structure was made through the north facing doorway under exigent circumstances. Observations of all three floors of the building were performed and no evidence of heat or smoke damage was realized until entry was made into the of the storage room/laundry room. In this area, light smoke was found, with minimal staining around the doorway to the boiler room located in the north central portion of the structure. In the laundry/storage area, numerous electrical meters and breakers were observed. The main powered breaker consisted of two commercial 260 amp blade fuses which were found in the “on” position by fire personnel and then turned to the “off” position. No other breakers were moved during fire suppression or overhaul efforts.

Observations of the individual apartment electrical meters were made moving in the direction of north to south and top to bottom. It was determined that several individual unit breakers had been tripped as well as the building supply panel Main - Double Pull 80 amp tan CH which was found in the “off” position, which is also this breakers tripped position.

Unit breakers found in the tripped position are as follows: 109, 209, 208, 107, 211, 111, and 206. Eight individual unit electrical meters and their corresponding breakers were found in the boiler room. These meters were observed however, breaker positions were unable to be ascertained due to heat damage and loss of mass. Within this area, heavier oxidation of metal surfaces was observed near the meter closest to the floor and adjacent to the meters on the same wall outside the room. It appears through loss of mass of metal blade connectors, oxidation of metal components and loss of mass of breaker components in that the area of origin is located here.

INTERVIEW: Building Caretaker, TIM G. BURKHART, was interviewed on scene at the time of the incident and stated the following:

- I heard the fire alarms sound and began to walk the floors to investigate the source while talking with the emergency dispatcher.
- I came into the laundry and storage area and did not see smoke or fire until I opened the door to the boiler room.
- I observed active fire on the wall with the electrical meters in the boiler room and shut the door and left.

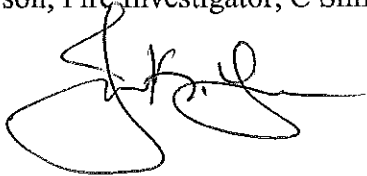
PHOTOGRAPHS/SKETCH: Digital photographs were taken.

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, fire patterns of both movement and intensity observed as well as the interview conducted on scene, it is my opinion the fire began in the northwest corner of the boiler room within the electrical meter located nearest the floor and adjacent to the meters outside the room. The ignition source was most likely electrical arcing energy. All other competent ignition sources in the area of origin have been eliminated. The first fuel/material ignited was most likely metals and plastics within the electrical supply. The action that brought these items together was most likely an overcurrent situation coupled with the failure of an electrical meter. The classification of fire cause is accidental. This concludes my investigation and report.

J. Larson, Fire Investigator, C Shift, 11/13/2017

JL/su

A handwritten signature in black ink, appearing to be 'J. Larson', written over the typed name 'JL/su'. The signature is stylized and cursive.