

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

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

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: Month Day Year Hour Min Sec
 Controlled: _____
 Last Unit Cleared: Month Day Year Hour Min Sec

E2 Shifts and Alarms
 Local Option: Shift or Platoon: Alarms: District

E3 Special Studies
 Local Option: _____
 Special Study ID#: _____
 Special Study Value: _____

F Actions Taken
 11 Extinguishment by fire service personnel
 21 Search
 12 Salvage & overhaul

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 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 Acres burned (outside fires) None Less than one acre

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

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

<input type="text"/>	<input type="text"/>	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
<small>On-site material (1)</small>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	1 Bulk storage or warehousing 2 Processing or manufacturing 3 Packaged goods for sale 4 Repair or service N None U Undetermined
<small>On-site material (2)</small>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	1 Bulk storage or warehousing 2 Processing or manufacturing 3 Packaged goods for sale 4 Repair or service N None U Undetermined
<small>On-site material (3)</small>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

D Ignition

D1 Common room, den, family room, living room, lounge
Area of fire origin

D2 Candle
Heat Source

D3 Multiple items first ignited
Item first ignited

D4
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

Abandoned or discarded materials or products
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
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
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

Mobile property type

Mobile property make

Year

License Plate Number State VIN

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

J1 Structure Type <small>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</small> Structure type, other 0 <input type="checkbox"/> Enclosed building 1 <input checked="" type="checkbox"/> Fixed portable or mobile structure 2 <input type="checkbox"/> Open structure 3 <input type="checkbox"/> Air-supported structure 4 <input type="checkbox"/> Tent 5 <input type="checkbox"/> Open platform 6 <input type="checkbox"/> Underground structure work area 7 <input type="checkbox"/> Testing 8 <input type="checkbox"/> Connective structure	J2 Building Status Building status, other 0 <input type="checkbox"/> Under construction 1 <input checked="" type="checkbox"/> In normal use 2 <input type="checkbox"/> Idle, not routinely used 3 <input type="checkbox"/> Under major renovation 4 <input type="checkbox"/> Vacant and secured 5 <input type="checkbox"/> Vacant and unsecured 6 <input type="checkbox"/> Being demolished 7 <input type="checkbox"/> Undetermined	J3 Building Height <small>Count the roof as part of the highest story.</small> Total number of stories at or above grade <input type="text" value="1"/> <small>Total number of stories below grade</small> <input type="text" value="1"/>	J4 Main Floor Size Total square feet <input type="text" value="1"/> <input type="text" value="520"/> OR Length in feet <input type="text"/> BY Width in feet <input type="text"/>
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J1 Fire Origin <input type="text" value="1"/> Below Grade <small>Story of fire origin</small> J2 Fire Spread <small>If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module), Confined to object of origin</small> 1 <input type="checkbox"/> Confined to room of origin 2 <input type="checkbox"/> Confined to floor of origin 3 <input checked="" type="checkbox"/> Confined to building of origin 4 <input type="checkbox"/> Beyond building of origin	J3 Number of Stories Damaged by Flame <small>Count the roof as part of the highest story.</small> Number of stories with minor damage (1 to 24% flame damage) <input type="text" value="1"/> Number of stories with significant damage (25 to 49% flame damage) <input type="text" value="0"/> Number of stories with heavy damage (50 to 74% flame damage) <input type="text" value="0"/> Number of stories with extreme damage (75 to 100% flame damage) <input type="text" value="0"/>	K Type of Material Contributing Most to Flame Spread <input checked="" type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. K1 <input type="text"/> <input type="text"/> <small>Item contributing most to flame spread</small> K2 <input type="text"/> <input type="text"/> <small>Type of material contributing most to flame spread</small> <small>Required only if item contributing code is 00 or <70</small>
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L1 Presence of Detectors <small>(In area of the fire)</small> 1 <input checked="" type="checkbox"/> Present N <input type="checkbox"/> None present U <input type="checkbox"/> Undetermined L2 Detector Type 0 <input type="checkbox"/> Detector type, other 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke and heat in a single unit 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than one type present U <input checked="" type="checkbox"/> Undetermined	L3 Detector Power Supply 0 <input type="checkbox"/> Detector power supply, other 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 backup 5 <input type="checkbox"/> Plug-in with battery backup 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors and power supplies U <input checked="" type="checkbox"/> Undetermined L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate detector 2 <input checked="" type="checkbox"/> Detector operated 3 <input type="checkbox"/> Detector failed to operate U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness <small>Required if detector operated</small> 1 <input checked="" type="checkbox"/> Detector alerted occupants, occupants responded 2 <input type="checkbox"/> Detector alerted occupants, occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Detector failed to alert occupants U <input type="checkbox"/> Undetermined L6 Detector Failure Reason <small>Required if detector failed to operate</small> 0 <input type="checkbox"/> Detector failure reason, other 1 <input type="checkbox"/> Power failure, hardwired det. shut off, disconnect 2 <input type="checkbox"/> Improper installation or placement of detector 3 <input type="checkbox"/> Defective detector 4 <input type="checkbox"/> Lack of maintenance, includes not cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead U <input type="checkbox"/> Undetermined
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M1 Presence of Automatic Extinguishing System 1 <input type="checkbox"/> Present 2 <input type="checkbox"/> Partial System Present N <input checked="" type="checkbox"/> None Present U <input type="checkbox"/> Undetermined M2 Type of Automatic Extinguishing System <small>Required if fire was within designed range of AES</small> 0 <input type="checkbox"/> Special hazard system, other 1 <input type="checkbox"/> Wet-pipe sprinkler system 2 <input type="checkbox"/> Dry-pipe sprinkler system 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 system U <input type="checkbox"/> Undetermined	M3 Operation of Automatic Extinguishing System <small>Required if fire was within designed range</small> Operation of AES, other 0 <input type="checkbox"/> System operated and was effective 1 <input type="checkbox"/> System operated and was not effective 2 <input type="checkbox"/> Fire too small to activate system 3 <input type="checkbox"/> System did not operate 4 <input type="checkbox"/> Undetermined M3 Number of Sprinkler Heads Operating <small>Required if system operated</small> <input type="text"/> <small>Number of sprinkler heads operating</small>	M5 Reason for Automatic Extinguishing System Failure <small>Required if system failed or not effective</small> Reason system not effective, other 0 <input type="checkbox"/> System shut off 1 <input type="checkbox"/> Not enough agent discharged to control the fire 2 <input type="checkbox"/> Agent discharged, but did not reach the fire 3 <input type="checkbox"/> Inappropriate system for the type of fire 4 <input type="checkbox"/> Fire not in area protected by the system 5 <input type="checkbox"/> System components damaged 6 <input type="checkbox"/> Lack of maintenance, including corrosion or heads painted 7 <input type="checkbox"/> Manual intervention defeated the system U <input type="checkbox"/> Undetermined
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J Property Use Structures		
419	X 1 or 2 family dwelling	
311	24-hour care Nursing homes, 4 or more persons	
241	Adult education center, college classroom	
162	Bar or nightclub	
464	Barracks, dormitory	
439	Boarding/rooming house, residential hotels	
599	Business office	
131	Church, mosque, synagogue, temple, chapel	
341	Clinic, clinic-type infirmary	
342	Doctor, dentist or oral surgeon office	
615	Electric-generating plant	
213	Elementary school, including kindergarten	
519	Food and beverage sales, grocery store	
215	High school/junior high school/middle school	
331	Hospital - medical or psychiatric	
449	Hotel/motel, commercial	
539	Household goods, sales, repairs	
361	Jail, prison (not juvenile)	
629	Laboratory or science laboratory	
819	Livestock, poultry storage	
700	Manufacturing, processing	
579	Motor vehicle or boat sales, services, repair	
429	Multifamily dwelling	
882	Parking garage, general vehicle	
459	Residential board and care	
161	Restaurant or cafeteria	
571	Service station, gas station	
891	Warehouse	
984	Industrial plant yard - area	
946	Lake, river, stream	
931	Open land or field	
807	Outside material storage area	
124	Playground	
951	Railroad right-of-way	
962	Residential street, road or residential driveway	
960	Street, other	
936	Vacant lot	

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

Property Use Code
 Property Use Description

K1 Person/Entity Involved

Local Option

Check this box if same address as Incident Location (Section B). Then skip the three 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 three 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

M Authorization

Officer in charge ID Signature Position or rank Assignment Month Day Year

Member Making report ID Signature Position or rank Assignment Month Day Year

L Remarks

Local Option

THE FIRE DEPARTMENT WAS CALLED TO THE SCENE BY AN OCCUPANT REPORTING SMOKE IN HER HOME. ENGINE #24'S CREW ARRIVED TO FIND SMOKE COMING FROM THE EAVES. ENGINE #24'S CREW ADVANCED A 1 3/4" PRE-CONNECTED HOSE LINE TO THE FIRST FLOOR AND BASEMENT FOR FIRE EXTINGUISHMENT. ENGINE #17'S CREW LAYED A SUPPLY LINE TO ENGINE #24 AND ENGINE #9 RELAY PUMPED FROM THE HYDRANT. ENGINE #17'S CREW THEN ADVANCED A 1 3/4" HAND LINE TO BACK-UP ENGINE #24'S CREW. LADDER #24'S CREW PERFORMED A PRIMARY SEARCH ON THE FIRST FLOOR AND ENGINE #17'S CREW PERFORMED A PRIMARY SEARCH IN THE BASEMENT. SQUAD #1'S CREW SHUT OFF THE GAS, PERFORMED A SECONDARY SEARCH ON THE FIRST FLOOR, AND CHECKED THE ATTIC FOR EXTENSION. ENGINE #17'S CREW PERFORMED A SECONDARY SEARCH IN THE BASEMENT AND SECURED THE ELECTRIC SERVICE AT THE BREAKER PANEL. SECONDARY SEARCHES WERE ALSO PERFORMED WITH NEGATIVE FINDINGS ON ALL FLOORS.

XCEL WAS CALLED TO THE SCENE. XCEL LOCKED OUT THE GAS AND REMOVED THE METER TO THE HOME. BOARD-UP WAS CALLED FOR FOUR BASEMENT WINDOWS WHICH WERE BROKEN TO FACILITATE FIRE ATTACK AND VENTILATION. BACK-UP FIRE INVESTIGATOR MOKOSSO DETERMINED THE CAUSE OF THE FIRE TO BE A CANDLE LEFT BURNING ON A HUTCH IN THE LIVING ROOM. THE SINGLE OCCUPANT WAS TRANSPORTED BY THE FIRE INVESTIGATOR TO HER EX-HUSBAND'S HOME FOR THE NIGHT. THE BOARD-UP COMPANY ARRIVED ON SCENE AND COMMAND WAS TERMINATED.

Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	17-01483	DATE OF INCIDENT: 01-12-2017	
TIME OF INCIDENT:	2328 hours	POLICE CASE #: N/A	
INVESTIGATOR(s):	R. Mokosso		
INCIDENT ADDRESS:	1872 Nevada Avenue East, Saint Paul, MN 55119		
OCCUPANT NAME:	Elizabeth J. Carlson	PHONE: 651-746-9439	
OWNER NAME:	Tadiwos A. Gebeyehu Miliite T. Gebremichael	PHONE: 651-263-2192	
ADDRESS OF OWNER:	14266 Ailesbury Court, Rosemount, MN 55068-2900		
PROPERTY DAMAGED:	Single Family Dwelling	AREA OF ORIGIN: Living Room	
DAMAGE ESTIMATE:	Building \$40,000	Vehicle \$	Other (Describe) \$
VALUE:	Building \$112,200	Vehicle \$	Other (Describe) \$
Damage Estimate CONTENTS ONLY:	\$8,000		
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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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:	<p>The Saint Paul Fire Department was called to a report of smoke in a house. Firefighters arrived to find a fire on the main floor of the house, with extension to the basement through the floor. The occupant had left for work at about 0530 hours and her daughter left for school at about 0645 hours. Neither had been home until the occupant came home at about 2328 hours. The occupant opened the back door, saw smoke, heard the smoke detectors sounding, and called 9-1-1. The ignition source was a candle left burning on a hutch in the living room. In addition the occupant was a smoker. The occupant stated she stored extinguished cigarette butts in a bag in one of the drawers of the hutch. The first fuels ignited were the hutch made of wood and ordinary combustible materials inside the hutch. The action that brought these items together was an unattended open flame of a burning candle. The classification of fire cause is accidental.</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: 17-01483 DATE: 01/12/2017 TIME: 2328 HOURS

ADDRESS: 1872 NEVADA AVENUE EAST INSURANCE CO: STATE FARM

DAMAGE ESTIMATE: \$48,000

SYNOPSIS: On Thursday, January 12, 2017, at approximately 2328 hours, the Saint Paul Fire Department was called to a report of a structure fire. The location of the incident was 1872 Nevada Avenue East. Upon the fire department's arrival, Ladder #24's crew found smoke and flames on the main floor in the living room. Crews extinguished the fire and performed overhaul. Investigation revealed the fire appeared to have started in a hutch located on the south wall in the living room and extended to the floor below and the wall behind. The greatest area of charring and fire damage was on the south wall and the floor below the hutch. Smoke, heat, and soot heavily damaged the other areas of the house. The classification of fire cause is accidental.

PEOPLE: Property Owner, TADIWOS A. GEBEYEHU and MILIITE T, GEBREMICHAEL, 14266 Ailesbury Court, Rosemount, Minnesota 55068-2900, 651-263-2192.

Occupant, ELIZABETH J. CARLSON, 1872 Nevada Avenue East, Saint Paul 55119, 651-746-9439, DOB 11/10/1959.

BACKGROUND: I received notification of the fire via the Communications Center at approximately 2339 hours. I responded to the incident scene and arrived at approximately 2358 hours. The fire was extinguished prior to my arrival. The occupants were all out of the structure and there were no injuries. The air temperature was approximately 16 degrees Fahrenheit.

PROPERTY DESCRIPTION: The structure is a single story house of wood framed construction with exterior stucco siding. The house measures approximately 30 feet wide by 30 feet deep. The address side faces the north and there is a detached garage on the south side of the home.

EXTERIOR EXAMINATION: Visual inspection of the exterior found smoke and soot damage to the windows on the main floor and basement on all four sides of the building. No other exterior damage was found.

INTERIOR EXAMINATION: Visual inspection of the interior found heavy smoke and fire damage to the living room with a hole burned through the living floor. Smoke, heat, and soot damage was observed to the basement, southeast bedroom, southwest bedroom, kitchen, hallway, bathroom, and basement stairs.

The heaviest fire damage and charring was to the flooring, floor joists, and wall of the south area of the living room. The floor had been compromised by the fire and there was a hole burned through the living room floor directly below the hutch on the south wall. One floor joist had burned completely through and there was significant charring on the two adjacent floor joists.

The wall studs on the south wall sustained charring at the base of the wall. The heat damage on the wall studs diminished as they went upwards. The wall studs were clean with no visible signs of heat damage or charring on the other sides of the wall in the adjacent southeast bedroom. There was an outlet on the south living room wall directly behind the hutch. A portion of the outlet cover had melted with no visible signs of charring. The outlet on the other side of the wall in the adjacent southeast bedroom was completely intact. There were no electrical breakers tripped in the service panel. The immediate area around the hutch on the living room south wall was the area of origin.

INTERVIEW: Occupant, ELIZABETH J. CARLSON, was interviewed at the scene on Friday, January 13, 2017, at approximately 0005 hours and she stated:

- I rent the property and live here with my 16-year old daughter.
- I am a smoker and smoke in the house.
- I burn candles in the house regularly.
- I left for work at around 5:30 (a.m.) on Thursday (January 12) and returned at around 11:30 p.m.
- My daughter left for school at around 6:45 (a.m.) on Thursday (January 12) and did not return home because she went to her father's house after school.
- I smoked a cigarette in the house yesterday morning before leaving for work.
- I cleaned out the ashtrays yesterday morning and put the discarded cigarette butts into a bag to keep down the smell of smoke.
- I placed the bag of discarded cigarette butts from the ashtrays into a drawer of the hutch in the living room.
- I burn candles on a hutch shelf regularly and I think I may not have extinguished the candle when I left this morning.

- I entered through a locked door of the house around 11:30 (p.m.) and saw fire and smoke.
- I closed the door immediately and called 9-1-1.

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, the interview conducted, and fire patterns of both movement and intensity observed it is my opinion the fire began in the hutch that had been in the living room on the south wall and extended to the floor directly below. The greatest area of fire damage was the flooring, floor joists, and wall of the south area of the living room. The ignition source was most probably the open flame of an unattended candle. The first fuel/material ignited was combustible material on the hutch. The action that brought these items together was the homeowner leaving the candle burning when she left the home. The oxidant was normal atmospheric air. The classification of fire cause is accidental. This concludes my investigation and report.

R. Mokosso, Back-up Fire Investigator, B Shift, 01/13/2017

RM/su

A handwritten signature in black ink, appearing to be 'RM/su', with a long horizontal stroke extending to the right.