

**B Location\***  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 0315 - 00

Street address 897 JESSIE ST  
 Number/Milepost Prefix Street or Highway Street Type Suffix  
 Intersection  
 In front of SAINT PAUL MN 55130  
 Rear of Apt./Suite/Room City State Zip Code  
 Adjacent to  
 Directions  
 Cross street or directions, as applicable

**C Incident Type \***  
 111 Building fire  
 Incident Type

**D Aid Given or Received\***

1  Mutual aid received  
 2  Automatic aid recv.  
 3  Mutual aid given  
 4  Automatic aid given  
 5  Other aid given  
 N  None

Their FDID Their State  
 Their Incident Number

**E1 Date & Times** Midnight is 0000

Check boxes if dates are the same as Alarm Date.  
 ALARM always required  
 Alarm \* 03 18 2014 17:00:52  
 ARRIVAL required, unless canceled or did not arrive  
 Arrival \* 03 18 2014 17:04:18  
 CONTROLLED Optional, Except for wildland fires  
 Controlled  
 LAST UNIT CLEARED, required except for wildland fires  
 Last Unit Cleared 03 18 2014 19:03:34

**E2 Shift & Alarms** Local Option  
 C 01 D3  
 Shift or Alarms District Platoon

**E3 Special Studies** Local Option  
 Special Study ID# Special Study Value

**F Actions Taken \***

11 Extinguishment by fire  
 Primary Action Taken (1)

12 Salvage & overhaul  
 Additional Action Taken (2)

51 Ventilate  
 Additional Action Taken (3)

**G1 Resources \***

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

Apparatus Personnel  
 Suppression 0013  
 EMS  
 Other  
 Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses & Values**

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

Property \$ 077,000  
 Contents \$ 058,000  
 PRE-INCIDENT VALUE: optional  
 Property \$ 000,000  
 Contents \$ 000,000

**Completed Modules**

Fire-2  
 Structure-3  
 Civil Fire Cas.-4  
 Fire Serv. Cas.-5  
 EMS-6  
 HazMat-7  
 Wildland Fire-8  
 Apparatus-9  
 Personnel-10  
 Arson-11

**H1\* Casualties**  None  
 Deaths Injuries  
 Fire Service  
 Civilian  
**H2 Detector**  
 Required for Confined Fires.  
 1  Detector alerted occupants  
 2  Detector did not alert them  
 U  Unknown

**H3 Hazardous Materials Release**

N  None

1  Natural Gas: slow leak, no evacuation or HazMat actions  
 2  Propane gas: <21 lb. tank (as in home BBQ grill)  
 3  Gasoline: vehicle fuel tank or portable container  
 4  Kerosene: fuel burning equipment or portable storage  
 5  Diesel fuel/fuel oil: vehicle fuel tank or portable  
 6  Household solvents: home/office spill, cleanup only  
 7  Motor oil: from engine or portable container  
 8  Paint: from paint cans totaling < 55 gallons  
 0  Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

**I Mixed Use Property**

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

**J Property Use\*** Structures

341  Clinic, clinic type infirmary 539  Household goods, sales, repairs  
 342  Doctor/dentist office 579  Motor vehicle/boat sales/repair  
 361  Prison or jail, not juvenile 571  Gas or service station  
 419  1-or 2-family dwelling 599  Business office  
 429  Multi-family dwelling 615  Electric generating plant  
 439  Rooming/boarding house 629  Laboratory/science lab  
 449  Commercial hotel or motel 700  Manufacturing plant  
 459  Residential, board and care 819  Livestock/poultry storage (barn)  
 464  Dormitory/barracks 882  Non-residential parking garage  
 519  Food and beverage sales 891  Warehouse

Outside

124  Playground or park 936  Vacant lot 981  Construction site  
 655  Crops or orchard 938  Graded/care for plot of land 984  Industrial plant yard  
 669  Forest (timberland) 946  Lake, river, stream  
 807  Outdoor storage area 951  Railroad right of way  
 919  Dump or sanitary landfill 960  Other street  
 931  Open land or field 961  Highway/divided highway  
 962  Residential street/driveway

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:  
 Property Use 419  
 1 or 2 family dwelling  
 NFIRS-1 Revision 03/11/99

**A** FDID \* 62210 State \* MN Incident Date \* MM 03 DD 18 YYYY 2014 Station 07 Incident Number \* 14-0008121 Exposure \* 000  Delete  Change  No Activity **NFIRS -2 Fire**

**B Property Details**

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

**B2** 001  Buildings not involved  
Number of buildings involved

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

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

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

NNN None  
On-site material (1)

           
On-site material (2)

           
On-site material (3)

1  Bulk storage or warehousing  
2  Processing or manufacturing  
3  Packaged goods for sale  
4  Repair or service

1  Bulk storage or warehousing  
2  Processing or manufacturing  
3  Packaged goods for sale  
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2  Processing or manufacturing  
3  Packaged goods for sale  
4  Repair or service

**D Ignition**

**D1** 24 Cooking area, kitchen  
Area of fire origin \*

**D2** 10 Heat from powered  
Heat source \*

**D3** 76 Cooking materials,  
Item first ignited \* 1  Check Box if fire spread was confined to object of origin

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

**E1 Cause of Ignition**

Check box if this is an exposure report. Skip to section G

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

**E2 Factors Contributing To Ignition**

53 Equipment  None  
Factor Contributing To Ignition (1)

           
Factor Contributing To Ignition (2)

**E3 Human Factors Contributing To Ignition**

Check all applicable boxes

1  Asleep  None  
2  Possibly impaired by alcohol or drugs  
3  Unattended person  
4  Possibly mental disabled  
5  Physically Disabled  
6  Multiple persons involved

7  Age was a factor  
Estimated age of person involved     

1  Male 2  Female

**F1 Equipment Involved In Ignition**

None If Equipment was not involved, Skip to Section G

600 Kitchen & cooking  
Equipment Involved

Brand       
Model       
Serial #       
Year     

**F2 Equipment Power**

11 Electrical  
Equipment Power Source

**F3 Equipment Portability**

1  Portable  
2  Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

**G Fire Suppression Factors**

Enter up to three codes.  None

NNN None  
Fire suppression factor (1)

           
Fire suppression factor (2)

           
Fire suppression factor (3)

**H1 Mobile Property Involved**

None

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

           
Mobile property model Year

                
License Plate Number State VIN Number

**H2 Mobile Property Type & Make**

           
Mobile property type

           
Mobile property make

**Local Use**

Pre-Fire Plan Available  
Some of the information presented in this report may be based upon reports from other Agencies

Arson report attached  
 Police report attached  
 Coroner report attached  
 Other reports attached

NFIRS-2 Revision 01/19/99

<b>I1 Structure Type *</b> If Fire was In enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	<b>I2 Building Status *</b> 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>I3 Building * Height</b> Count the ROOF as part of the highest story [ 002 ] <small>Total number of stories at or above grade</small>  [ 001 ] <small>Total number of stories below grade</small>	<b>I4 Main Floor Size*</b> <div style="border: 1px solid black; padding: 2px; width: fit-content; float: right;">NFIRS-3 Structure Fire</div> [ ] , [ 001 ] , [ 350 ] <small>Total square feet</small>  OR  [ ] , [ 030 ] BY [ ] , [ 045 ] <small>Length in feet                      Width in feet</small>
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<b>J1 Fire Origin *</b> [ 001 ] <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	<b>J3 Number of Stories Damaged By Flame</b> Count the ROOF as part of the highest story [ ] Number of stories w/ minor damage (1 to 24% flame damage) [ ] Number of stories w/ significant damage (25 to 49% flame damage) [ ] Number of stories w/ heavy damage (50 to 74% flame damage) [ ] Number of stories w/ extreme damage (75 to 100% flame damage)	<b>K Material Contributing Most To Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine <span style="float: right;">Skip To Section L</span>  <b>K1</b> [ ] [ ] <small>Item contributing most to flame spread</small>  <b>K2</b> [ ] [ ] <small>Type of material contributing most of flame spread      Required only if item contributing code is 00 or &lt;70</small>
<b>J2 Fire Spread *</b> 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		

<b>L1 Presence of Detectors *</b> <small>(In area of the fire)</small> N <input type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px; font-size: small;">Skip to section M</span> 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	<b>L3 Detector Power Supply</b> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input checked="" type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	<b>L5 Detector Effectiveness</b> Required if detector operated 1 <input checked="" type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
<b>L2 Detector Type</b> 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	<b>L4 Detector Operation</b> 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	<b>L6 Detector Failure Reason</b> Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined

<b>M1 Presence of Automatic Extinguishment System *</b> N <input checked="" type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px; font-size: small;">Complete rest of Section M</span> 1 <input type="checkbox"/> Present	<b>M3 Automatic Extinguishment System Operation</b> Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>M5 Automatic Extinguishment System Failure Reason</b> Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined
<b>M2 Type of Automatic Extinguishment System *</b> Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO <sub>2</sub> ) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated [ ] <small>Number of sprinkler heads operating</small>	

NFIRS-3 Revision 01/19/99

**K1 Person/Entity Involved**  Local Option  Business name (if applicable)  651 -  434 -  5949 Area Code Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs.  BOWANDA  MI  JILES  Suffix

897  JESSIE  ST  Suffix

Post Office Box  Apt./Suite/Room  SAINT PAUL City

MN  55130 -  State Zip Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

**K2 Owner**  Same as person involved? Then check this box and skip the rest of this section.  612 -  919 -  6917 Area Code Phone Number

Local Option  Business name (if Applicable)

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs.  CLARA  MI  GALLAGHER  Suffix

26785  FREMONT  DR  Suffix

Post Office Box  Apt./Suite/Room  ZIMMERMAN City

MN  55398 -  State Zip Code

**L Remarks**  Local Option

FIRE IN A RESIDENCE STARTED WHEN THE RESIDENT STARTED COOKING FOOD ON THE STOVE TOP AND THEN FELL ASLEEP. THE SMOKE ALARM WOKE HER UP. THE FIRE DESTROYED MOST OF THE FIRST FLOOR AND EXTENDED TO A FOUR SEASON PORCH. FIRE CREWS EXTINGUISHED THE FIRE, VENTILATED THE PROPERTY, AND PREFORMED SALVAGE AND OVERHAUL. FIRE INVESTIGATOR KROEGER ON SCENE.

**L Authorization**

9161  KATZ, ANTHONY J  150  C3  03  20  2014  
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if  same as Officer in charge.  9161  KATZ, ANTHONY J  150  C3  03  20  2014  
Member making report ID Signature Position or rank Assignment Month Day Year

# Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	14-08121	DATE OF INCIDENT: 03-18-2014	
TIME OF INCIDENT:	1700 hours	POLICE CASE #: N/A	
INVESTIGATOR(s):	Brian Kroeger		
INCIDENT ADDRESS:	897 Jessie Street, 55130		
OCCUPANT NAME:	Jaysha Jiles Bowanda Jiles	PHONE: 651-434-5949	
OWNER NAME:	Clara Gallagher	PHONE: 612-919-6917	
ADDRESS OF OWNER:	26785 Fremont Drive, Zimmerman, MN 55398		
PROPERTY DAMAGED:	Single Family Dwelling	AREA OF ORIGIN: Kitchen	
DAMAGE ESTIMATE:	Building \$75,000	Vehicle \$	Other (Describe) \$
VALUE:	Building \$96,000	Vehicle \$	Other (Describe) \$
Damage Estimate CONTENTS ONLY:	\$50,000		
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 Fire Department was called to a reported kitchen fire. On arrival, crews found a kitchen fire that had extended and caused significant damage to the house. The resident was asleep while cooking, heard the smoke alarms sounding, and then saw flames in the kitchen. Crews extinguished the fire and performed overhaul. The house is not habitable. The ignition source was heat from the stovetop burners. The first material ignited was oil. Unattended cooking brought these items together. 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: 14-08121                      DATE: 03/18/2014                      TIME: 1700 HOURS

ADDRESS: 897 JESSIE STREET    INSURANCE CO: SAFECO

DAMAGE ESTIMATE: \$134,000

**SYNOPSIS:** On Tuesday, March 18, 2014, at 1700 hours, the Saint Paul Fire Department responded to a reported kitchen fire. The location of the incident was 897 Jessie Street. On arrival, Squad #1 and Engine #4 found a kitchen fire that had extended to a rear porch and caused significant damage throughout the house. Fire personnel extinguished the fire, checked for fire extension, and performed overhaul operations. The house was not habitable after the fire. There were no reported injuries. The ignition source was heat from the stovetop burners. The first material ignited was cooking oil. Unattended cooking brought these items together. The classification of fire cause is accidental.

**PEOPLE:** Property Owner, CLARA GALLAGHER, 26785 Fremont Drive, Zimmerman, Minnesota, 55398, 612-919-6917.

Occupant, BOWANDA JILES, 897 Jessie Street, 55130, 651-434-5949, DOB 10/16/1962.

Occupant, JAYSHA JILES, 897 Jessie Street, 55130, 651-434-5949, DOB 04/21/1995.

**BACKGROUND:** I heard the initial dispatch of companies over the air at approximately 1700 hours. I responded to the incident scene and arrived at approximately 1717 hours. Crews had completed primary searches and fire knockdown prior to my arrival and were checking for extension, ventilating, and performing overhaul when I arrived. One resident was with a neighbor and the other had been notified and was en route. I remained on the scene until approximately 1845 hours, at which time board up crews and the residents were on the scene. Weather conditions were overcast, winds were out of the north/northeast at 16 mph, and the air temperature was 36° Fahrenheit with a wind chill estimated at 26° Fahrenheit. It began to snow about the time I left the scene.

**PROPERTY DESCRIPTION:** The structure is a story and a half single family dwelling covered in metal siding. The structure was built in 1889. The address side faces east and the house is on the southwest corner of Jessie Street and York Avenue with a fenced yard and a garage facing York Avenue. There are single-story porches on the front and rear of the structure. The electric drop and meter are on the south wall near the rear. The gas meter is on the north wall near the front. The second floor contains a bedroom in the front, on the east side, and a bathroom in the northwest corner. The first floor has a bedroom in the southeast corner, a living room/dining room on the north side, a small pass-through room to the south of the dining room, and a kitchen in the northwest corner.

The stairs to the basement run south off the kitchen; there is a hallway that runs south from the kitchen to the upstairs stairway (between the stairway and rear porch). The rear porch has a separate stairway to the basement with a separate exterior door. The basement has a bathroom and laundry room under the kitchen.

**EXTERIOR EXAMINATION:** Visual inspection of the exterior noted light smoke damage above the east-facing second floor window. The window was broken. There was light smoke damage above the first-floor windows that face south. The rearmost of these windows was broken. The north side of the house showed heavy smoke and fire damage above the rearmost first-floor window, which extended upward and rearward. The rearmost two windows were broken. The west rear second floor window had smoke damage above it and was broken.

The rear porch showed heavy fire damage. There are two doorways into the porch; one facing north and one facing west in the center of the wall. The siding and backing were burned down to ground level on the north side of the west exterior porch wall and the northwest corner.

**INTERIOR EXAMINATION:** Visual inspection of the interior found substantial smoke damage throughout the second floor, especially in the bathroom. The basement had water damage but little fire or smoke damage. An operating smoke detector was found near the bottom of the basement steps. The basement appliances appeared intact.

The first floor rooms all had substantial smoke damage, somewhat lighter in the bedroom on that level. Damage was approximately three feet from floor level in the living room and closer to the floor in parts of the dining room. The dining room had significant heat damage to its contents, and charring to the door frame leading to the kitchen. The small pass-through room had smoke and light heat damage. The rear porch showed heavy fire damage with blackening and charring down to floor level in most areas. The doorway to the kitchen was heavily charred.

The kitchen showed the greatest fire damage of any room although crews had overhauled the room down to the wall studs by the time I was able to access it. The doorways and the cabinetry near the stove suffered heavy charring.

**INTERVIEWS:** Occupant, JAYSHA JILES, was interviewed on the scene on Tuesday, March 18, 2014, and she stated the following:

- She lives at the address with her mother, BOWANDA JILES.
- Her mother was not home at the time of the fire.
- She was cooking french fries on the right front burner of the stove.

- She fell asleep.
- She woke up to smoke alarms sounding.
- She went into the kitchen and saw flames and smoke.
- She ran outside and called 9-1-1.
- There have been no problems with the appliances to her knowledge.
- They have not had any prior fires at this address.
- Her mother, BOWANDA JILES, does smoke in the house.

Property Owner, CLARA GALLAGHER, was interviewed by telephone on Tuesday, March 18, 2014, and she stated the following:

- She has owned the house for about 18 years.
- In that time, she has used it as a rental, although her son did live there for a while.

**PHOTOGRAPHS:** Digital photographs were taken. A sketch is included.

**EVIDENCE:** No evidence was collected.

**CONCLUSION:** After examination of the fire scene and the interviews conducted, it is my opinion this fire started on the kitchen stovetop due to unattended cooking. The cooking materials caught fire and eventually spread throughout the room and adjacent rooms. The fire extended to the rear porch and caused significant damage throughout the house. The ignition source was heat from the stovetop burners. The first material ignited was cooking oil. Unattended cooking brought these items together. The classification of fire cause is accidental. This concludes my investigation and report.

B. Kroeger, Fire Investigator, C Shift, March 18, 2014

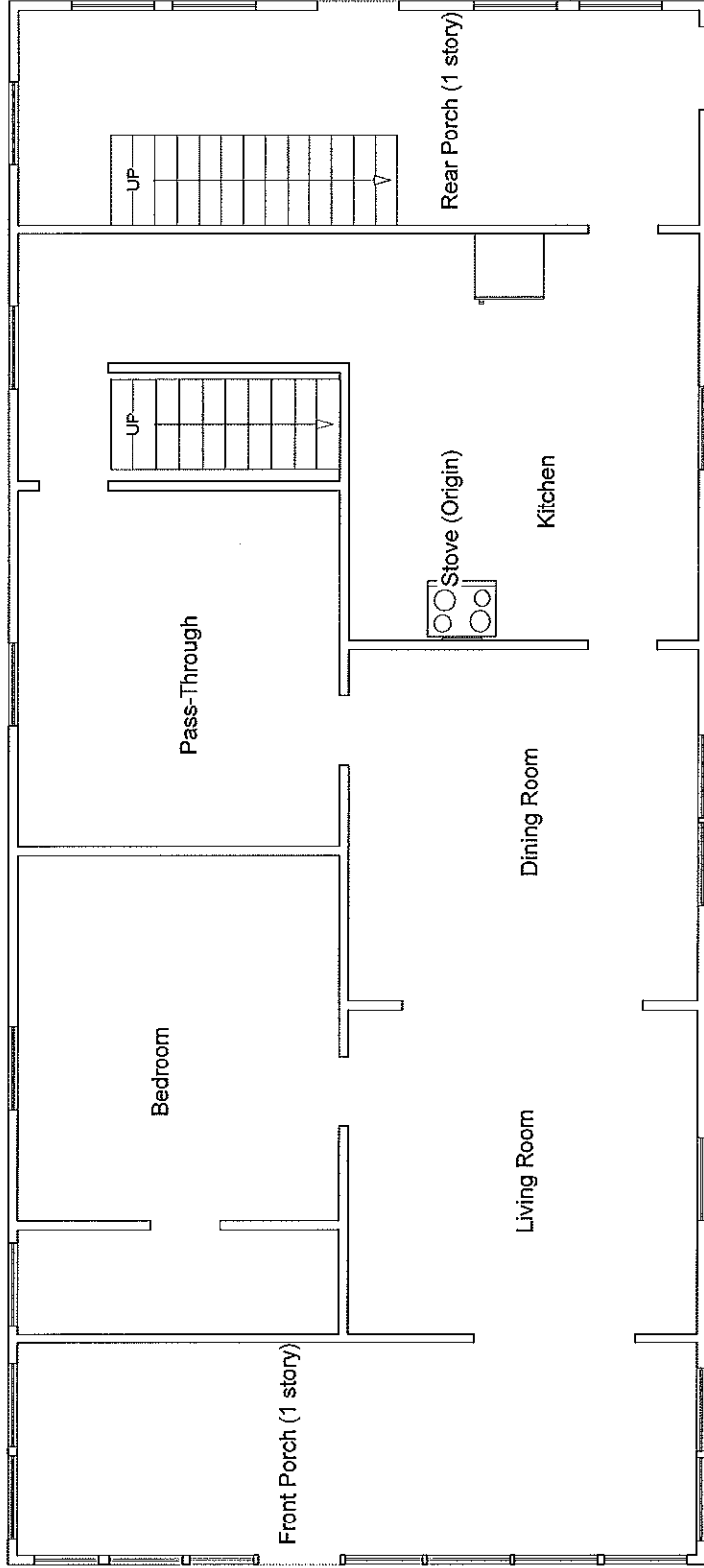
BK/su





897 Jessie Street  
#14-08121 March 18 2014  
Single Family Dwelling  
Kitchen Fire

South Not to Scale



East  
Address Side

West

North