

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.

Street address **884** **MOUND** **ST**
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection
 In front of
 Rear of
 Adjacent to
 Directions

SAINT PAUL **MN** **55106**
 Apt./Suite/Room City State Zip Code

Census Tract **0344** - **00**

Cross street or directions, as applicable

C Incident Type *

111 Building fire

Incident Type

E1 Date & Times Midnight is 0000

Check boxes if dates are the same as Alarm Date. **ALARM** always required

Alarm * **03 20 2014 16:06:13**
 Month Day Year Hr Min Sec

Arrival * **03 20 2014 16:10:19**
 ARRIVAL required, unless canceled or did not arrive

Controlled
 CONTROLLED Optional, Except for wildland fires

Last Unit Cleared
 LAST UNIT CLEARED, required except for wildland fires

Cleared **03 20 2014 18:09:34**

E2 Shift & Alarms

Local Option

C 01 D3

Shift or Alarms District Platoon

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

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 **0012**

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 \$ **089,205**

Contents \$ **050,178**

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.

Detector alerted occupants
 Detector did not alert them
 Unknown

H3 Hazardous Materials Release

N None

1 Natural Gas: slow leak, no evaluation 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

131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school or kindergarten
 215 High school or junior high
 241 College, adult education
 311 Care facility for the aged
 331 Hospital

341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1-or 2-family dwelling
 429 Multi-family dwelling
 439 Rooming/boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales

539 Household goods, sales, repairs
 579 Motor vehicle/boat sales/repair
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 629 Laboratory/science lab
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

Outside
 124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field

936 Vacant lot
 938 Graded/care for plot of land
 946 Lake, river, stream
 951 Railroad right of way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway

981 Construction site
 984 Industrial plant yard

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

A FDID 62210 * State MN * Incident Date 03 20 2014 * Station 07 Incident Number 14-0008307 * 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.

On-site material (1) NNN None

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
4 Repair or service

1 Bulk storage or warehousing
2 Processing or manufacturing
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4 Repair or service

D Ignition

D1 24 Cooking area, kitchen
Area of fire origin *

D2 10 Heat from powered
Heat source *

D3 23 Cabinetry (including
Item first ignited * Check Box if fire spread was confined to object of origin

D4 60 Wood or paper,
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

58 Equipment not None
Factor Contributing To Ignition (1)

_____ None
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

646 Range, stove
Equipment Involved

Brand _____
Model _____
Serial # _____
Year _____

F2 Equipment Power

21 Natural gas or
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)

_____ None
Fire suppression factor (2)

_____ None
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

_____ Year _____
Mobile property model

_____ State _____ VIN Number _____
License Plate 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

I1 Structure Type * 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	I2 Building Status * 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	I3 Building * Height Count the ROOF as part of the highest story 003 <small>Total number of stories at or above grade</small> 001 <small>Total number of stories below grade</small>	I4 Main Floor Size* <div style="text-align: right;">NFIRS-3 Structure Fire</div> Total square feet: _____ , _____ , 875 OR Length in feet: _____ 035 BY Width in feet: _____ 025
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J1 Fire Origin * 001 <input type="checkbox"/> Below Grade Story of fire origin	J3 Number of Stories Damaged By Flame 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)	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 _____ Item contributing most to flame spread K2 _____ Type of material contributing most of flame spread Required only if item contributing code is 00 or <70
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input checked="" type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		

L1 Presence of Detectors * (In area of the fire) N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input checked="" type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input 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	L5 Detector Effectiveness 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
L2 Detector Type 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	L4 Detector Operation 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	L6 Detector Failure Reason 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

M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present Complete rest of Section M 1 <input type="checkbox"/> Present	M3 Automatic Extinguishment System Operation 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	M5 Automatic Extinguishment System Failure Reason 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
M2 Type of Automatic Extinguishment System * 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 ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M4 Number of Sprinkler Heads Operating Required if system operated _____ Number of sprinkler heads operating	NFIRS-3 Revision 01/19/99

K1 Person/Entity Involved

Local Option _____ Business name (if applicable) _____ Area Code _____ Phone Number _____

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

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 _____

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

K2 Owner

Local Option _____ Same as person involved? Then check this box and skip The rest of this section. _____ Business name (if Applicable) _____ Area Code **651** - **776** - **1965** Phone Number _____

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

Mr., Ms., Mrs. First Name **LARRY** MI _____ Last Name **HALL** Suffix _____

Number **884** Prefix _____ Street or Highway **MOUND** Street Type **ST** Suffix _____

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

State **MN** Zip Code **55106**

L Remarks

Local Option _____

A FIRE IN A KITCHEN STARTED BY THE RESIDENT COOKING FOOD ON THE STOVE TOP AND LEAVING IT UNATTENDED. THE HOUSE WAS FULL OF CLUTTER. THE FIRE EXTENDED FROM THE KITCHEN ON THE FIRST FLOOR IN THE BACK OF THE HOUSE TO THE FRONT OF THE HOUSE. FIRE CREWS EXTINGUISHED THE FIRE AND PREFORMED VENTILATION AND SALVAGE AND OVERHAUL. FIRE INVESTIGATOR KROEGER ON SCENE FOR FURTHER INVESTIGATION.

L Authorization

9161 **KATZ, ANTHONY J** **150** **C3** **03** **21** **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** **21** **2014**
 Member making report ID Signature Position or rank Assignment Month Day Year

Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	14-08307	DATE OF INCIDENT: 03-20-2014	
TIME OF INCIDENT:	1605 Hours	POLICE CASE #: N/A	
INVESTIGATOR(s):	Brian Kroeger		
INCIDENT ADDRESS:	884 Mound Street, 55106		
OCCUPANT NAME:	Larry and Emiko Hall	PHONE: 651-776-1965	
OWNER NAME:	Same	PHONE: Same	
ADDRESS OF OWNER:	Same		
PROPERTY DAMAGED:	Single Family Dwelling	AREA OF ORIGIN: Kitchen	
DAMAGE ESTIMATE:	Building \$75,000	Vehicle \$	Other (Describe) \$
		Vehicle \$	Other (Describe) \$
VALUE:	Building \$146,200	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:	The Fire Department was called for a report of smoke coming from a house and the residents running out. On arrival, Engine #4 and Squad #1 found a kitchen fire with smoke and fire extension. Crews extinguished the fire and performed overhaul. Residents described smelling smoke upstairs and then seeing flames coming from the kitchen stove. The first materials ignited were ordinary household items. The ignition source was heat from the stovetop burners. Accidental factors brought these items together. 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: 14-08307 DATE: 03/20/2014 TIME: 1605 HOURS

ADDRESS: 884 MOUND STREET INSURANCE CO: UNKNOWN

DAMAGE ESTIMATE: \$140,000

SYNOPSIS: On Thursday, March 20, 2014, at 1605 hours, the Saint Paul Fire Department responded to a report of smoke coming from a single-family dwelling with residents running out. The location of the incident was 885 Mound Street. On their arrival, Engine #4 and Squad #1 found a kitchen fire with smoke and fire extension. Crews extinguished the fire and performed overhaul. There was extension to a hallway and stairwell with smoke damage in several other areas. The first materials ignited were ordinary household items. The ignition source was heat from the stovetop burners. Accidental factors brought these items together. The classification of fire cause is accidental.

PEOPLE: Property Owner/Occupant, LARRY HALL, 884 Mound Street, 55106, (H)651-776-1965 and (C)651-269-2086, DOB 08/16/1941.

Property Owner/Occupant, EMIKO HALL, 884 Mound Street, 55106, (H)651-776-1965 and (C)651-269-2089, DOB 10/20/1933.

BACKGROUND: I heard the initial dispatch of companies over the air at 1605 hours. I responded to the incident scene and arrived at approximately 1620 hours. Crews had extinguished the primary body of the fire at that time and were searching for fire extension. Weather conditions on my arrival were mostly clear skies, southeast winds at 6 mph, air temperature of 43° Fahrenheit and a wind chill of 39° Fahrenheit. I remained on scene until approximately 1755 hours.

PROPERTY DESCRIPTION: The structure is a two and a half story single family dwelling that measures approximately 35 feet deep and 25 feet wide. The structure was built in 1906. The address side faces roughly east-northeast, but for clarity in this report the address side will be denoted as "east" with other directions following this. The exterior is sided. There is a one story porch area on part of the back of the house. There is a driveway on the south side but no garage. The lot slopes away from the rear west side of the house so that there is a large retaining wall at the rear of the property.

EXTERIOR EXAMINATION: Visual inspection of the exterior found that most of the windows had been broken during firefighting operations. Some of the windows had some smoke damage above them, especially on the second floor, on the driveway side, and by the rear porch. The unused door into the rear porch, facing north, showed some heat damage. The area above the front door entryway showed some smoke and fire damage, and there was fire damage on the

exterior door frame of the front door. The electric service enters the house at the back and the gas service meter is in the front.

INTERIOR EXAMINATION: Visual inspection of the interior showed that the basement was undamaged. Fire crews had shut off all of the breakers. There was a boiler for radiator heat. No basement utilities or appliances appeared involved with fire.

Inspection of the third floor revealed minimal damage. Windows were broken and there were substantial contents.

Inspection of the second floor showed a front bedroom to the east and a rear bedroom in the southwest corner, both with some smoke damage. There was a bathroom/sitting room in the northwest corner with heavier smoke damage. This room was located above the kitchen. The second floor hallway ceiling suffered heavy smoke damage. There was a smoke detector in this area.

The first floor front doorway opens into a front entry room that leads to the upstairs stairway, in the center of the north wall, a short hallway to the kitchen, and an entrance to the living room. The living room is in the southeast corner of the first floor and had suffered moderate smoke damage throughout. The dining room is behind the living room and also showed moderate smoke and some heat damage throughout. The dining room has a door into the kitchen. The front room, northeast corner, had smoke and fire damage down to three or four feet from the floor. In this room, the frame of the front exterior door was charred and the door to the hallway/kitchen was heavily charred.

The short hallway contained stairs to the basement. The door to the basement stairs was burned through and this area generally showed heavy fire damage.

The kitchen is in the rear northwest corner of the floor and is open to the rear porch area. The sink is on the wall facing the dining room. The stove is on the wall facing the stairwells to the east. The porch area showed minor fire and some smoke damage. The area near the front of the kitchen showed very heavy fire damage, with very heavy charring on the walls and ceiling joists above the stove area.

The gas stove had numerous household contents on top of it. The oven compartment had a number of kitchen items in it, but no fire exposure. The knobs on the front of the stove were all burned away, but it appeared that the two on the right were in the "off" position. The center knob stem and those on the left were coated with heat damaged materials making it difficult to ascertain their position. The rear of the stove did not appear heavily damaged. No labels could be located on the stove. An electrical outlet behind the stove had two items plugged into it. The plugs and the outlet showed no suggestion of shorting.

Fire patterns suggest the fire began on the kitchen stovetop, and then extended upward to the kitchen ceiling and the hallway, and then up the stairway to the second floor.

INTERVIEWS: Property Owner/Occupant, LARRY HALL, was interviewed on the scene on Thursday, March 20, 2014, and he stated the following:

- He was upstairs, on the third floor, on the computer, when he smelled what he thought was plastic burning.
- He ran down to the second floor where EMIKO HALL was and saw heavy smoke.
- He heard a smoke detector sounding, but that did not initially alert him to the fire.
- They went down to the first floor and saw flames in the kitchen in the area of the stove.
- He tried to smother the flames with a blanket but was unsuccessful.
- They then evacuated the structure.
- They have insurance but cannot recall with what company.
- They own the home, but have about \$75,000 or \$80,000 left on the mortgage.
- They have lived there for 30 or 35 years.
- They have had no prior fire incidents.
- There is nothing unusual happening in the neighborhood lately.
- No one in the house smokes.
- There have been no recent problems with the utilities.
- The gas stove is about a year old and has had no problems.

Property Owner/Occupant, EMIKO HALL, was interviewed on the scene on Thursday, March 20, 2014, and she stated the following:

- She went upstairs at about 3:40 pm. and was watching TV on the second floor when she smelled smoke.

- They went down to the first floor and saw flames in the kitchen in the area of the stove.
- After they were unable to smother the flames, they evacuated the structure.
- She turned off the stove before she went upstairs at 3:40 p.m.

PHOTOGRAPHS: Digital photographs were taken. A sketch of the first floor is included.

EVIDENCE: No evidence was collected.

CONCLUSION: After examination of the fire scene and the interviews conducted, it is my opinion that this fire began on or near the stovetop in the kitchen. The residents reported turning off the stove approximately 25 minutes before the fire was discovered. It appears the stove may have inadvertently been turned on or left on at that time. This is consistent with the numerous miscellaneous items found on the stovetop, any number of which could have provided fuel for a fire. The first materials ignited were ordinary household items. The ignition source was heat from the stovetop burners. Accidental factors brought these items together. The classification of fire cause is accidental. This concludes my investigation and report.

B. Kroeger, Fire Investigator, C Shift, March 20, 2014

BK/su



884 Mound St March 20 2014
#14-08307

Not to Scale

