

INVESTIGATION REPORT

STATE OF OHIO
DEPARTMENT OF COMMERCE

Division of
State Fire Marshal
Arson Bureau
Columbus, Ohio

23017
CASE NUMBER

June 30, 1945

Name of owner.....

Name of occupant.....

Name of suspect..... **ROBERT DALE SEGEE**

City or Village..... **ADELPHI, OHIO**

Street and Number.....

County..... **ROSS**

Township.....

Date and hour of fire.....

Class of building.....

How occupied.....

Value of building - - - - \$.....

Damage to building - - - - \$.....

Insurance upon building - - - \$.....

Name of Insurance Co. and Policy
No.....

Value of contents - - - - \$.....

Damage to contents - - - - \$.....

Insurance upon contents - - - \$.....

Name of Insurance Co. and Policy
No.....

When insured.....

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(Sign here)

STATE FIRE MARSHAL'S OFFICE

COLUMBUS, OHIO

Deputy Assistant.