

Scott Schmauderer

IAAI-CFI



2481 Savana Drive
Wauconda, Illinois 60084
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scotts@agosti-fire.com
www.arsonexpert.com

Fire Analyst / Consultant • Agosti Fire Investigations

While serving as a professional fire analyst and staff expert for Agosti & Associates for the past six months. Mr. Schmauderer has conducted fire scene investigations. These include fires in single family dwellings, high rise structures, multi-family structures, as well as vehicles. His responsibilities and experience as a fire analyst include photography, witness interviewing, report writing and evidence collection.

Not only does Mr. Schmauderer work in the private sector, but for the past eighteen years has served as a firefighter/paramedic and a certified fire investigator for the Streamwood, Illinois Fire Department.

Mr. Schmauderer has experience and knowledge beyond fire and explosion analysis, to include fire department operations in all aspects, including hazardous materials and emergency medical.

EDUCATION & TRAINING

Certified Fire & Explosion Investigator, NAFI
Certified Fire Investigator, Illinois State Fire Marshal
Certified Fire Inspector, Illinois State Fire Marshal
Certified Juvenile Setter Counselor, Illinois State Fire Marshal
Certified Hazardous Materials Operations, Illinois State Fire Marshal
Certified Paramedic, Illinois Department of Public Health
Certified Fire Apparatus Engineer, Illinois State Fire Marshal

PROFESSIONAL QUALIFICATIONS

Certified Fire Investigator, Illinois State Fire Marshal
Certified Fire & Explosion Investigator, NAFI

PRACTICE AREAS

Fire and Explosions: Arson defense/prosecution; electrical fires; gas explosions; vehicular fires; structure fires; fire deaths/injuries. Fire scene evidence and spoliation issues.

Building and Fire Codes: Fire/Building code violations; Life Safety Code violations; smoke detector issues; Fire spread issues; fire prevention analysis.

Fire Department Practices: Fire department operations/practices/management; firefighter deaths/injuries/safety; discipline and termination issues.



24/7 phone 847-487-5776 • John.Agosti@Agosti-Fire.com • www.arsonexpert.com

Based in the Midwest • Serving clients across the U.S.



Scott D. Schmauderer

5657 Mckenzie Dr, Lake in the Hills, IL 60156

Cell Phone 847-756-0603

Email sschmaud@gmail.com

Education

Harper College, Palatine, Illinois 1992, Fire Science

Professional Profile:

2020 – Present International Association of Arson Investigators - Certified Fire Investigator

2019- Present Nation association of Fire Investigators - Certified Fire and Explosion Investigator

2016 - Present IAAI Fire Investigation Technician

2014 - Present Firefighter III

2013 - Present Fire Inspector

2012 - Present Juvenile Fire Setter Interventionalist

2011 - Present Fire Investigator

2002 - Present Streamwood Fire Department Full Time

1996 - Present Paramedic Class

1996 -2014 Firefighter II

1996 - 2002 Streamwood Fire Department Part Time

Professional Development

International Association of Arson Investigators Certification, 2020, Tested

National Association of Fire Investigators Certification, 2019, Tested

International Association of Arson Investigators Expert Witness Class 2019

Fire Investigation Technician, 2016, Tested

Underwriters Laboratories, Northbrook, Illinois 2015, Positive Pressure Ventilation, 7 Hours

Illinois State Fire Marshal, Fire Inspector, 2013, Tested

Juvenile Fire Setter Intervention Specialist, 2012, 16 Hours

Strike Force, Norridge, Illinois 2012, Depositions, 3 Hours

Strike Force, Hoffman Estates, Illinois 2012, Investigating Motor Home Fires, 8 Hours

Strike Force, Hoffman Estates, Illinois 2012, Report Writing Seminar, 8 Hours

Strike Force, Norridge, Illinois 2011, Diagraming 2 Hours

Illinois Fire Service Institute Buffalo Grove, Illinois 2011, Fire Investigations, 3 Weeks

Elgin Fire Academy Hazardous Materials 40 Hour Class, 1996, Tested

Elgin Fire Academy, Elgin, Illinois Elgin Fire Department, 1996, Tested

Sherman Hospital Paramedic Class, 1996, Tested

Associations

International Association of Arson Investigators Illinois Chapter Member, 2020 to Present

Illinois Fire Investigators Strike Force, 2011 to Present

International Association of Arson Investigators Member, 2019 to Present

Nation Association of Fire Investigators Member, 2019 to Present

International Association of Arson Investigators, Inc.

CERTIFIED FIRE INVESTIGATOR


Hereby Certifies That

Scott David Schmauderer, IAAI-CFI

Has successfully demonstrated the ability to meet the standards for certification in the
Certified Fire Investigators Program and is hereby recognized by them as a
Certified Fire Investigator as of March 20th, 2020.

Certificate No. 12-0320106
Expires: 3/20/2025




Richard W. Jones, Jr., IAAI-CFI
Chairman, Certification Committee

NATIONAL CERTIFICATION BOARD

THE UNDERSIGNED HAS BEEN EVALUATED AND FOUND TO MEET THE STANDARDS OF
THE NATIONAL CERTIFICATION BOARD. THIS CERTIFICATION HAS BEEN DULY LISTED IN THE
NATIONAL CERTIFICATION REGISTRY OF THE
NATIONAL ASSOCIATION OF FIRE INVESTIGATORS, INTERNATIONAL

Scott Schmauderer
Certified Fire and Explosion Investigator

Number: 24434-14114

Effective: 10/21/2019

THE NATIONAL ASSOCIATION OF FIRE
INVESTIGATORS INTERNATIONAL IS A NON
PROFIT ORGANIZATION INCORPORATED IN JUNE, 1961.
ITS PRIMARY PURPOSES ARE TO INCREASE THE KNOWLEDGE
AND IMPROVE THE SKILLS OF PERSON ENGAGED IN
THE INVESTIGATION OF FIRES, EXPLOSIONS, ARSON,
SUBROGATION, AND RELATED FIELDS, OR IN THE LITIGATION
WHICH ENSUES FROM SUCH INVESTIGATION.



NATIONAL ASSOCIATION OF
FIRE INVESTIGATORS, INTERNATIONAL
4900 MANATEE AVENUE WEST
SUITE 104
BRADENTON, FL 34209

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

John Michael Agosti & Associates, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

- ☐ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶
- ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

2481 Savanna Drive

6 City, state, and ZIP code

Wauconda, IL 60084

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-					

or

Employer identification number								
3	6		-	4	4	6	3	8 8 2

Part II Certification

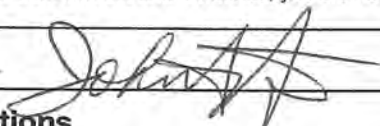
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign
Here

Signature of
U.S. person ▶



Date ▶

2-14-2020

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/19/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER RWT B-N, LLC 712 IAA Dr Bloomington IL 61702	CONTACT NAME: Lynette Stevens PHONE (A/C, No, Ext): (309) 319-6508 E-MAIL ADDRESS: lstevens@troxellins.com FAX (A/C, No): (217) 321-4298
INSURED John Michael Agosti & Associates Inc, DBA: Agosti Fire Investigations 1000 N Rand Road Suite 207 Wauconda IL 60084	INSURER(S) AFFORDING COVERAGE INSURER A: Secura Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 10239

COVERAGES**CERTIFICATE NUMBER:** CL198929827**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Errors & Omissions GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			3309852	08/15/2019	08/15/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			3309852	08/15/2019	08/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Forte Consulting and Investigations 653 Swedesford Road Malvern PA 19355	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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For future reference, IDFP is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFP. Your Access ID is: 4332947

STATE OF ILLINOIS		14236719
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION		
DIVISION OF PROFESSIONAL REGULATION		
CECILIA ABUNDIS, ACTING DIRECTOR		
PERMANENT EMPLOYEE REGISTRATION CARD		
<small>The below named individual has met requirements for registration under the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004.</small>		
Reg.No: 129.445861	Expires: 05/31/2021	
<hr/>		
Signature of Employee		
SCOTT SCHMAUDERER		
5657 MCKENZIE DR		
LAKE IN THE HILLS, IL 60156-6299		
		

Remove Card by Cutting on Dotted Line

As set forth in 68 IAC 1240.540(a), you are required to notify the Division within 30 days after any conviction(s), arrest(s), felony information, and/or indictment(s), by completing a 30 Day Arrest & Conviction Reporting Form available at idfpr.com.