KANSAS CORPORATION COMMISSION
OFFICE OF PUBLIC AFFAIRS & CONSUMER PROTECTION

FORMAL COMPLAINT

BEFORE THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

IN THE MATTER OF THE COMPLAINT AGAINST

Kansas City Power and Light
(Respondent, name of utility company)

by

Jamie Littich
(Complainant, your name)

For Commission use only

DOCKET NO.

16-KCPE-195-COM

Please provide complainant (your) contact information:

Full Name(s): Jamie Kathleen Littich

Address: 5748 Walmer St. Mission, KS 66202

Daytime Phone: (785) 806-5071

E-mail Address *(optional)*:

FORMAL COMPLAINT

Jamie Littich
(Your name)

states that the above-named respondent is a public utility providing service in Kansas and is subject to the jurisdiction of the State Corporation Commission.

The facts and circumstances surrounding the complaint are set out in detail below:
(Be specific and as brief as possible. If necessary, attach additional sheets.)

Facts and circumstances are included in the attached letter.

(Continued on the other side)

Formal Complaint *continued*

Complainant requests that the respondent utility be required to provide an answer to the complaint and requests the following action be ordered by the Commission. *(State action or result desired.)*

Objective of the complaint is stated in the attached letter. In summary, KCPL needs to install safe equipment and the KCC needs to provide a report to support property damage subrogation.

and for such further order or orders as the Commission may deem necessary.

VERIFICATION: I do solemnly, sincerely, and truly declare and affirm that the statements made in this complaint form are true and accurate to the best of my knowledge, and I do this under the pains and penalties of perjury.

Jamie Stitch
Complainant's (your) signature

10/19/15
Date signed

FILING INSTRUCTIONS

This form may be filed in person at the Kansas Corporation Commission's Office or by mail. All formal complaints, whether filed by mail or delivered in person, must be directed to:

Acting Executive Secretary
Kansas Corporation Commission
1500 SW Arrowhead Road
Topeka, KS 66604

For more information about the formal complaint process please refer to the instructions provided with this form or visit the KCC website: **http://kcc.ks.gov/**, Consumer Assistance, Filing a Complaint. You may also contact our Consumer Assistance staff toll-free at 1-800-662-0027 or by e-mail at public.affairs@kcc.ks.gov.

* Electronic copies of all materials are available. Please send requests to jamiekw73@gmail.com.

October 11, 2015

To whom it may concern,

I respectfully request that the Kansas Corporation Commission (KCC) review the electrical fault event that occurred on May 20th, 2015 in the easement of 5800 Walmer St., Mission, KS and make the following determinations:

- Whether or not Kansas City Power & Light (KCPL) has properly installed their electrical service per the applicable code requirements.
- Whether or not KCPL has adequately performed the minimum amount of maintenance for their electrical service. KCPL maintenance records may need to be reviewed.
- Whether or not KCPL has been diligent in ensuring the safety and welfare of their customers per the applicable code requirements and KCC terms.
- What the primary cause was for the property damage that occurred during the May 20th event.
- Additional determinations as needed with regard to any of KCPL's conduct and obligations.

Upon KCC review of the event, our community objectives are that:

- KCPL upgrade their service as necessary to be adequately safe so that severe electric faults like the one on May 20th do not occur.
- KCC provides an official report for the affected parties so that it may aid in the timely subrogation of damages through their home insurance via KCPL's general commercial insurance or similar.
- Any additional requirements or suggestions that KCC finds appropriate.

Description of the Event:

The event occurred at approximately 8:52 AM on Wednesday, May 20th, 2015. Please see attachment 1, item 3; it is a photo taken at the beginning of the event and shows there to be a fault condition on the secondary that is sufficient enough to make two out of the three secondary conductors radiate and spark (one "hot" conductor, one "neutral" conductor). The fault continued for nearly an hour as energy traveled from the secondary to all available grounds including the grounds available on home owner property. KCPL was dispatched to the location and opened a cutoff fuse door to de-energize the service – the home owner at 5800 Walmer St reported the time for KCPL dispatch to arrive and de-energize the line to be 45 minutes. I cannot locate specific time information for KCPL dispatch in any available documentation. The fire department servicemen at Consolidated Fire Department 2 (6400 Martway, Mission, KS 66202, 913-432-6150) can be contacted to get their account of how long emergency services were obstructed due to the time required to dispatch KCPL to disconnect the service.

Additional details are provided in the following references:

- KCTV 5: Downed Power Lines Energizes Mission Chain Link Fence
- Fire Department Report for 5800 Walmer on May 20, 2015 (Attachment)

During the pro-longed fault condition, property damage occurred for many of the customers attached to the fault. Provided below is a high level summary of the damages.

Address	Description of Property Damage (Estimated Replacement/Repair Cost)
5744 Walmer	Small Electronics ($150)
5748 Walmer	Major Appliances and Small Electronics ($3,075)

5800 Walmer	Building Fire ($106,000)
5806 Walmer	Treadmill and Small Electronics ($3,500)
5829 Riggs	Major Appliances and Small Electronics ($5,000)
5825 Riggs	Flooding due to ground conductor melting PEX water line. ($12,000)
5819 Riggs	Major Electrical Equipment ($30,000)
At&t	Communication Lines and Devices (Estimate Unknown)

The correspondence from KCPL (attachment 4, item 2) indicates that they could not identify the initial cause of the event. KCPL speculates that it could have been a tree limb caught between two of the secondary conductors but without evidence to support that it could have also been human error associated to utility work whether that be electric work, communication line work or tree trimming services. The photo of the event (attachment 1, item 3) shows an unbelievable amount of energy passing on the secondary for a tree limb situation and evidence of a burnt limb should have been present (review attachment 4 – the only downed limb had zero burn evidence). It should also be noted that despite this type of event occurring annually, KCPL has neglected maintaining the easement to mitigate this kind of situation. The last observed tree trimming by KCPL was three years ago in 2012 shortly after a tree interference event occurring that year.

To support this observation, and the frequency of events in this area, I've included a Johnson Country Fire Department dispatch incident report (attachment 3, item 3) which includes five years of dispatch data for my residential block. It is an incomplete recordset (meaning the fire department wasn't called for every event) but it shows **six** unique instances of KCPL-service related events in the last 2 years. KCPL may have additional data not captured by the fire department that if reviewed, may suggest that easement maintenance **needs** to be performed annually.

Regardless of what initiated the event, it is my belief that the primary cause of damages incurred during the event were due to the pro-longed surge condition that the transformer fuse was responsible to interrupt and failed. KCPL and its customers such as myself recognize that there is always some potential for nature to initiate this kind of event – this is why KCPL installs protective equipement above transformers in the first place and it is also why installing the correct size and rated equipment is important. If the transformer fuse is sized too large, the fuse will effectively become a disconnect and provide no protection (meaning the line will melt and separate before the fuse will open).

I've attached a Johnson County Fire Department report for the 5800 Walmer fire (attachment 3, item 1) that includes the fire fighter's investigation. It clearly states that the cause was *"due to the electrical current back feeding into the house after the electrical lines failed outside."* The photos of the event, the fire report, and the report from KCPL describe the fault not clearing until the fuse was removed. The estimated amount of damages to customers attached to the service all clearly depict a situation where the transformer fuse failed to perform its protective function. In other words, the fault attempted to disperse its energy at the ground connections on each utility pole and on every home owner's property and it still wasn't sufficient to activate the transformer fuse protection. The fault continued until KCPL used a hot stick to remove a cutoff fuse upstream of the fault. That clearly suggests the installation of inappropriately sized equipment as 7 out of 10 customer's experienced significant damage.

Furthermore; based on the provided KCPL investigation letter, KCPL has indicated that the fuse was sized correctly and within their standards for this area. The benefits associated to creating a standard which allows for a sustained fault are only in KCPL's favor. Given that small limbs and creatures are burned out, service continues without an outage and without having to provide proper maintenance. The

May 20th event illustrates the risks of that standard. The trade off in safety is evident in the near loss of life, the obstruction of emergency services and an observably high amount of property damage. If this assessment is accurate, the KCPL standard may be designed to excessively favor economics ahead of safety by avoiding necessary maintenance and by not providing the highest degree of care to ensure the welfare of the community. KCPL may rebut that the service had been grand fathered in, however, the transformer had been replaced as recently as last year and the power line repaired several times over the last few years – there are limitations to grand fathering for home construction (meaning: you repair it, you update it to meet current code requirements).

Also for your review is the attached video of a tree limb event on the exact same electrical secondary that occurred on June 10th, 2011 (attachment 4). This event was not called to the Fire Department so it is absent from the attached Fire Department record set. The arcs and sparking were violent but the amount of time between the start of the event and the transformer fuse performing its protective function occurred in a more reasonable amount of time (my recollection is that it was a 2 – 3 minute event though it probably should have happened sooner). There are some notable differences between the two events:

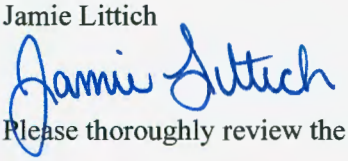
1. Even though there is arcing, no secondary conductors radiate like the May 20th, 2015 event.
2. The video shows the event occurring during a high wind and heavy rain storm where trees actually interacted with secondary. The attached photos of the May 20th event from this year show overcast and calm conditions.

A final piece of information for your review is the Fire Department Report for 5749 Riggs on December 17, 2003 (attachment 3, item 2). The conditions of this fire are similar to the 5800 Walmer event in that there was a pro-longed fault that ignited the 5749 Riggs building above the electrical meter and KCPL had to be dispatched to de-energize the service before fire fighters could completely provide emergency services. The report identifies the electrical service as the only contributing factor for the event. The 5749 Riggs building currently receive electricity from the same transformer as the 5800 Walmer building thus the report suggests that this issues has been a known for at least twelve years.

I want to make it clear that I have acted in good faith, I have not attempted to degrade KCPL's reputation by engaging the media; correcting this identified safety issue is critically important. All associated organizations should engage to take corrective actions which may involve individuals with Johnson County. Several other counties, Wyandotte is an example, have established ordinances to require utilities to install electrical equipment and conductors underground (to the greatest degree possible) specifically to avoid safety electrical hazards created by nature. This is a common solution for municipalities but I will be satisfied with other alternatives that ultimately reduce the risk (significantly).

Thank you for your time and consideration. Sincerely,

Jamie Littich



Please thoroughly review the following attachments:

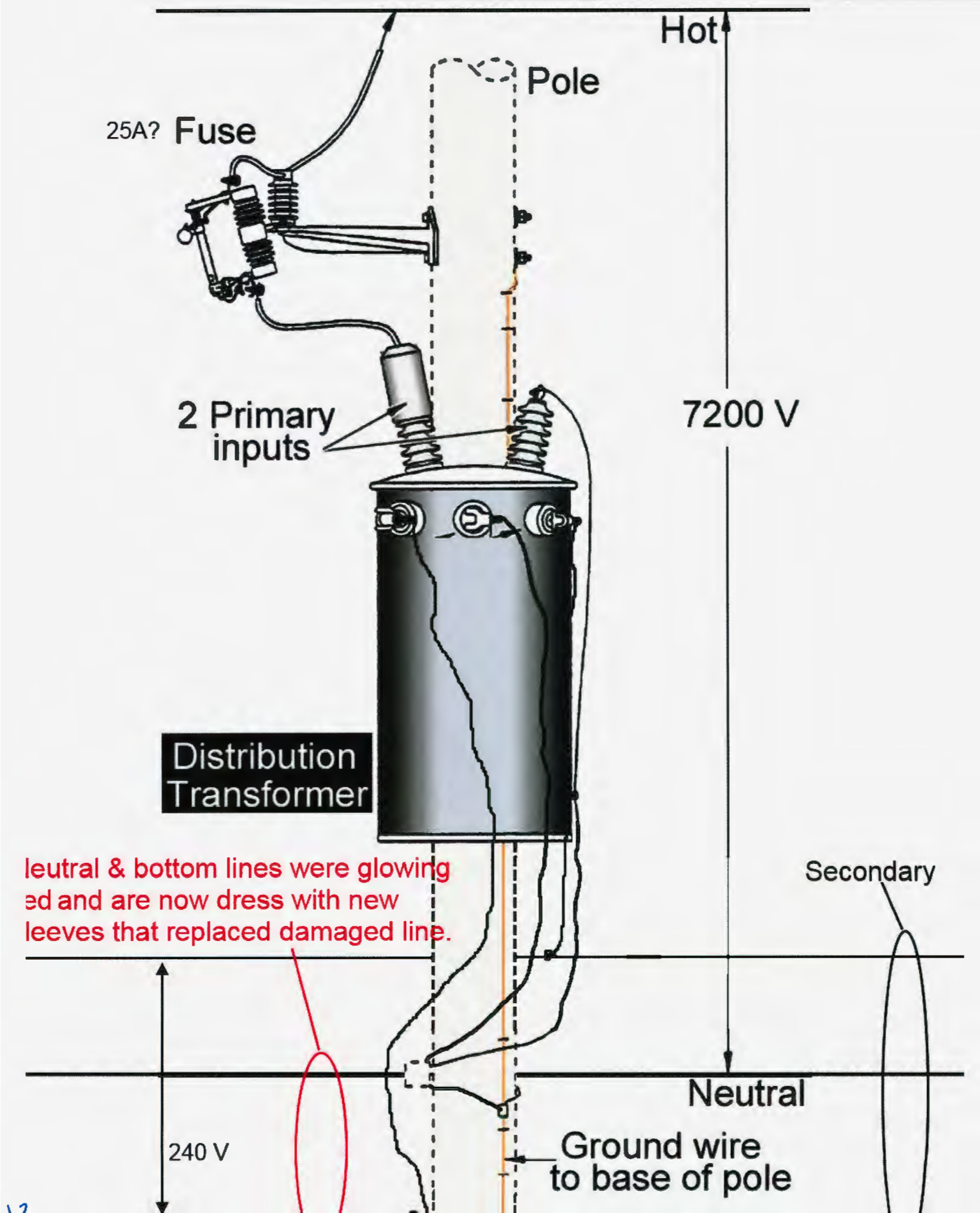
1. The Event
    1. KCPLUpstreamConfiguration.pdf
    2. KCPLPrimarySecondaryConfiguration.pdf
    3. 20150520_084603.pdf

4. 20150520_084952.pdf
5. 7837617_G.pdf
6. 20150522_122444.pdf

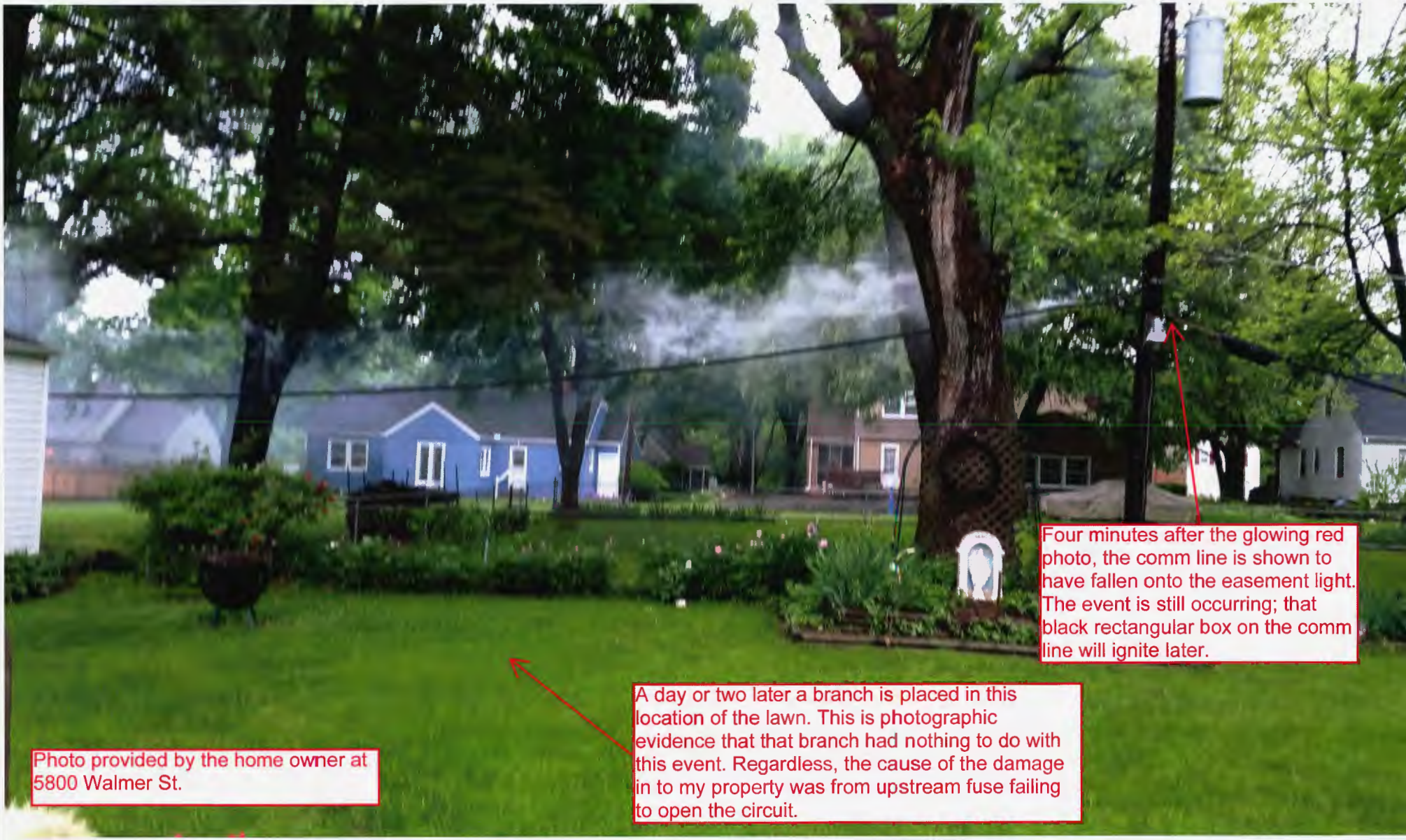
2. The Tree Limb
    1. 20150523_092756.jpg
    2. 20150523_092809.jpg
    3. 20150523_092835.jpg
    4. 20150523_092842.jpg
3. The Fire Department Reports
    1. FDR_May_20_2015_Event.pdf
    2. FDR_December_17_2003_Event.pdf
    3. FDR_Dispatch_History.pdf
4. The July 12, 2011 Event (Video)
    1. July_12_2011Event.mp4
5. The Mission Letter & The KCPL Claims Process
    1. Letter_From_Mission.pdf
    2. KCPL_Damage_Claim_Process.pdf

1.1

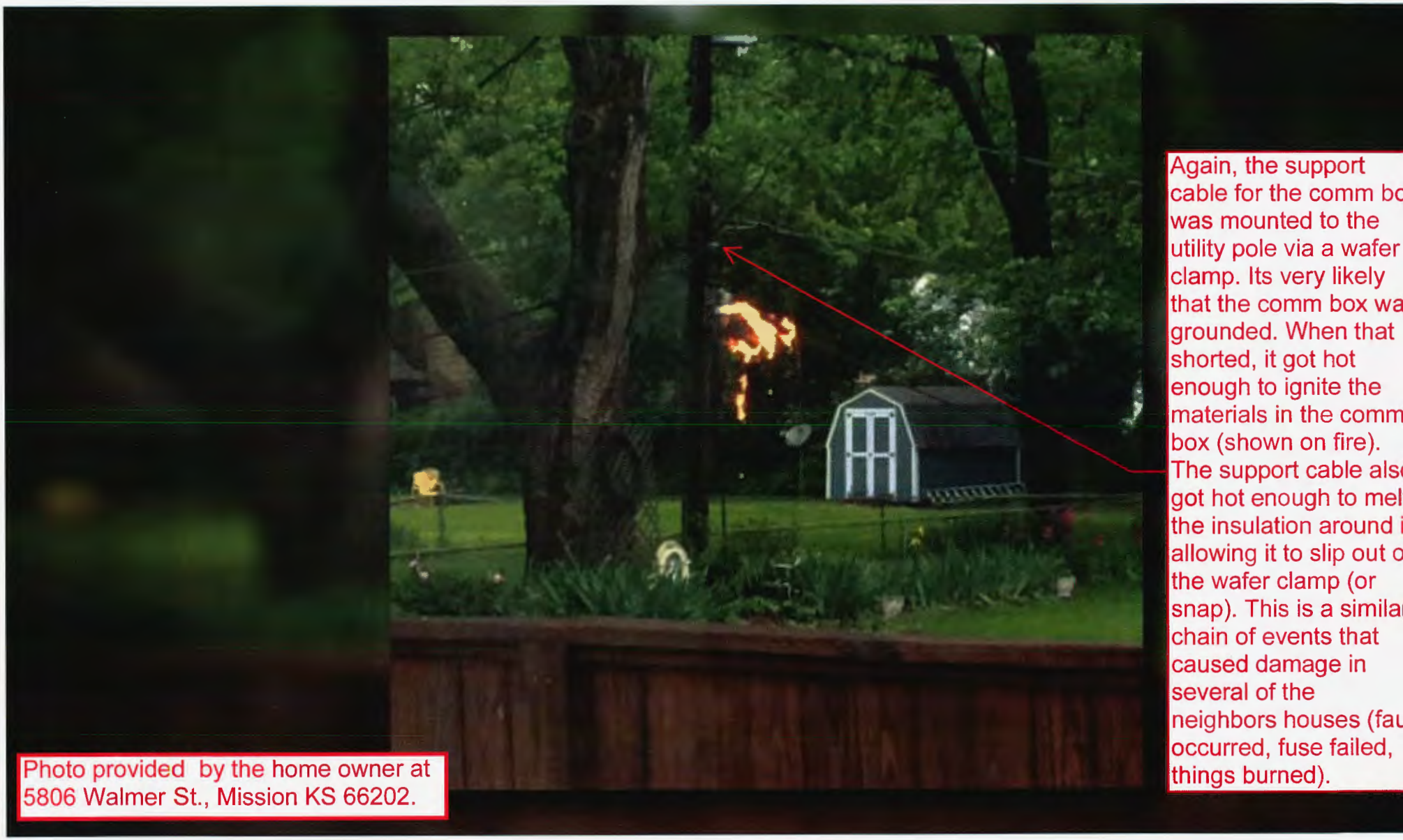
KCPL Upstream Configuration


Hot
Pole
25A? Fuse
2 Primary inputs
7200 V
Distribution Transformer
leutral & bottom lines were glowing
ed and are now dress with new
leeves that replaced damaged line.
Secondary
Neutral
240 V
Ground wire
to base of pole

1.3
20150520_084603



1.4
20150520_084952


Again, the support cable for the comm bo was mounted to the utility pole via a wafer clamp. Its very likely that the comm box wa grounded. When that shorted, it got hot enough to ignite the materials in the comm box (shown on fire). The support cable also got hot enough to mel the insulation around i allowing it to slip out o the wafer clamp (or snap). This is a simila chain of events that caused damage in several of the neighbors houses (fau occurred, fuse failed, things burned).
Photo provided by the home owner at 5806 Walmer St., Mission KS 66202.

1.5
7837617_G

1.6
20150522_122444

21
The Tree Limb 1

2.2
The Treeclimb2

2.3
The Tree
Limb 3

2.4
The Tree
Limb 4

A | FDID * | State * | MM | DD | YYYY (Incident Date *) | Station | Incident Number * | Exposure * | Delete / Change / No Activity | NFIRS -1 Basic

JO419 | KS | 05 | 20 | 2015 | 1 | 15-1400049 | 000 | ☐ Delete ☐ Change ☐ No Activity | NFIRS -1 Basic

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 ____ - ____

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

5800 (Number/Milepost) | ____ (Prefix) | WALMER (Street or Highway) | ST (Street Type) | ____ (Suffix)

____ (Apt./Suite/Room) | MISSION (City) | KS (State) | 66202 (Zip Code) - ____

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

JO102 (Their FDID) | ____ (Their State)

Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	05	20	2015	08:46:28
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	05	20	2015	08:52:11
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	05	20	2015	16:05:06

E2 Shift & Alarms

Local Option

C (Shift or Platoon) | ____ (Alarms) | MS (District)

E3 Special Studies

Local Option

____ (Special Study ID#) | ____ (Special Study Value)

F Actions Taken *

11 | Extinguishment by fire — Primary Action Taken (1)

51 | Ventilate — Additional Action Taken (2)

86 | Investigate — Additional Action Taken (3)

G1 Resources *

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

	Apparatus	Personnel
Suppression	0005	0014
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 $	____ , 010 , 000	☐
Contents $	____ , 001 , 000	☐

PRE-INCIDENT VALUE: Optional

Property $	____ , 207 , 000
Contents $	____ , 100 , 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 evauation 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

NFIRS-1 Revision 03/11/99

3 | FDP

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	
JO419	KS	5 / 20 / 2015	1	15-1400049	000	Complete Narrative

Narrative:

On 05/20/2015 at 08:46:28 CFD2 was dispatched To 5800 WALMER ST /House Fire/MISSION, KS 66202. The location is a 1 or 2 family dwelling. Johnson County ECC dispatched the call as a(n) House Fire. The incident was determined to be a(n) Building fire.

08:52:11 arrived on scene.

The following involvements were noted:

Name/Business Name	Involvement Type
Riedel, A. Zita	
Riedel, Marcellus	
Gomez, Brian	Adjuster

The following actions were performed on scene:
- Extinguishment by fire service personnel
- Ventilate
- Investigate

Units responding were:
Unit BC21 responded and took these actions:
- Incident command

Unit E21 responded and took these actions:
- Ventilate
- Salvage & overhaul

Unit E222 responded and took these actions:
- Fire control or extinguishment, other
- Search
- Ventilate

Unit TR21 responded.
Unit TR23 responded.

Automatic aid
OPFD Battalion Chief
Merriam/OP Engine
Merriam/OP Aerial

Truck 21 arrived on scene to find smoking utility lines. Asked for expedition of KCP&L. Entered the structure and found smoke in the basement. We evacuated residents to a safe area (car in the driveway). Asked to be upgraded to a modified. Truck 21 went to the basement and found flames visible. We asked to be upgraded to a regular alarm. We flipped all circuit breakers to the off position to try to isolate electrical flow. We used a CO2 extinguisher to keep the fire from spreading. Upon exiting the structure, I assigned E222 to set up but not start ventilation. I assigned E46 to check the attic for extension. I assigned Tr46 to help Truck establish a water supply. I made sure all crews were aware of the energized chain link fence in the back yard, and that power was still live in the house.

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Complete Narrative
JO419	KS	5	20	2015	1	15-1400049	000	

Narrative:

BC21 arrived on scene and I passed command to him.

05/21/2015 15:14:47 BMONTGOMERY

BC21 took command from TR21 after a face to face update. BC 21 assigned CH21 safety. All assignments were on stand-by until KCPL was able to cut power at the transformer to the area. Once power was confirmed to be off, TR21 was assigned fire attack in the basement. E222 was assigned a back up line on the first and second floor. E46 set up RIT in the front yard side A. E21 was assigned ventilation. TR46 checked other houses in the area to verify that no other electrical problems were found. The fire was quickly extinguished using one 1 3/4'" pre-connect. Savage and overhaul were performed.

An investigation was called for and Investigator Rex was called to the scene from station 23.

Station 21 remained on scene for an extended period of time monitoring hot spots in the basement.

16:05:06 all units back in service.

05/21/2015 15:24:30 BRANDALL

INVESTIGATION-

At 08:46 on May 20, 2015, T21 was dispatched to the area of 5744 Walmer on an investigation of power lines arcing. While in route, a 2nd call was received by dispatch from the same address that the trees were on fire behind their house. Upon arrival, T21 called for KCPL and advised they needed to expedite as power lines to the house at 5800 Walmer were arcing. T21 made entry into that house with the homeowner and found smoke in the basement. T21 had homeowners evacuate and called for a modified response. T21 entered the basement to find heavy smoke and found the interior power lines were glowing. With the appearance of reverse polarity, T21 used CO2 extinguishers to keep the fire from extending until KCPL could get power shut off to the residence. Once power was shut off to the residence, a hose line was used to extinguish the fire and control hot spots. BC21 declared the fire out at 10:01 and CH20 called for a fire investigator to respond to the scene.
The homeowner and the first arriving officer on T21 were interviewed. The homeowner advised that she heard loud popping in the back yard and she and her neighbor witnessed the electrical wires in the back yard on fire and arcing. She claimed they were not arcing on a tree, but they were smoking and burning and then there was a loud explosion. She called KCPL and the neighbor to the South called 911.
The T21 officer advised that they were dispatched on an arcing power line. Upon arrival they found lines down in the back yard and PD advised them that the meter was arcing at the back of 5800 Walmer. T21 crew went to investigate and once the homeowner let them in the basement, smoke began rolling out the door and the officer called for a modified alarm. The crew entered the basement and found the conduit and wiring glowing red. Due to the electrical issues, T21 crew used a CO2 extinguisher to knock down any fire until KCPL could get power shut off to the building. Once the fire was out they checked for extension throughout the house.
The home at 5800 Walmer is a 2500 sq. ft., story and a half wood frame construction home

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Complete Narrative
JO419	KS	5	20	2015	1	15-1400049	000	

Narrative:

owned by Marcellus Riedel (1/16/1932) and A. Zita Riedel (4/8/1937). The home was built in the late 40's and they have lived in the home for the last 45 years. The homeowner has no lien on the home, it is not for sale, and the last remodel was in the kitchen approximately 2 ½ years ago. The home is insured through USAA Insurance and the agent is Brian Gomez (800-531-5644).

The investigation at the house on Walmer started on the outside of the structure starting on side A. There were no visible signs of fire on side A. The gas meter was located on Side A and was in good working order. Side B of the exterior also showed no signs of fire. Side C of the structure is where the power comes into the house and where the initial problems with the power lines were witnessed. Power lines were down in the back yard and the meter had been pulled from the box at the back of the house by KCPL. No other visible issues on side C. Side D had no issues and no signs of fire spread.

The investigation of the interior of the house started on the upper level of the structure and then worked down to the basement. An inspection of the second floor and attic showed no fire damage and limited smoke damage which ruled out he second floor as the area of origin for the fire.

Moving to the main floor, there was also minor fire damage and limited smoke damage. In the front room (side A-B) there was a section of drywall removed to check for extension, but nothing was found. In the bedroom directly behind the front room (side B-C) had an access panel for the sewers clean-out that had charring and smoke damage around it . With enough charring inside, the fire crews cleared out more drywall above the panel to find where burning and charring had stopped . With the drywall removed you had charring and extension up a few feet but it was clear that this extension was from below and was not the area of origin. The remainder of the main floor had no fire damage and limited smoke damage.

The investigation then moved to the basement level. It was clear as you walked down the stairs to the basement that this area had received the majority of the smoke and fire damage. The electrical panel, water heater, and HVAC unit were all inspected and no issues were found. Directly at the bottom of the stairs you had blackened floor joists and as you moved closer to the side C wall it was evident that the charring on the joists was much deeper. At the wall, the wood panel was partial burnt away and the floor joists and cross beams were deeply charred . The heat in that area caused the copper piping to sweat as well as melted wiring and blackened conduit. The flooring had also burnt away under the tub area in the main floor bathroom.

Based on the interviews with the T21 officer as well as the level of charring and damaged in the basement, the area of origin for this fire is in the basement where the conduit was attached to the floor joists and cross beams. This fire is accidental in nature due to the electrical current back feeding into the house after the electrical lines failed outside.

05/25/2015 18:05:17 MREX

16:05:06 all units back in service.

A | FDID * | State * | Incident Date (MM DD YYYY) * | Station | Incident Number * | Exposure * | Delete / Change / No Activity | NFIRS -2 Fire

JO419	KS	05	20	2015	1	15-1400049	000	☐ Delete ☐ Change ☐ No Activity

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 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 or more boxes for each code entered.

On-site material (1) ☐ 1 Bulk storage or warehousing ☐ 2 Processing or manufacturing ☐ 3 Packaged goods for sale ☐ 4 Repair or service

On-site material (2) ☐ 1 Bulk storage or warehousing ☐ 2 Processing or manufacturing ☐ 3 Packaged goods for sale ☐ 4 Repair or service

On-site material (3) ☐ 1 Bulk storage or warehousing ☐ 2 Processing or manufacturing ☐ 3 Packaged goods for sale ☐ 4 Repair or service

D Ignition

D1 73 Ceiling & floor
Area of fire origin *

D2 13 Electrical arcing
Heat source *

D3 17 Structural member or
Item first ignited * 1 ☐ Check Box if fire spread was confined to object of origin

D4 63 Sawn wood, including
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 ☐ None

34 Unspecified
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 envolved

1 ☐ Male 2 ☐ Female

F1 Equipment Involved In Ignition

☐ None If Equipment was not involved, Skip to Section G

211 Electrical power
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

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

H2 Mobile Property Type & Make

Mobile property type

Mobile property make

Moblie property model — Year

License Plate Number — State — VIN Number

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 [X] Enclosed Building
2 [ ] Portable/mobile structure
3 [ ] Open structure
4 [ ] Air supported structure
5 [ ] Tent
6 [ ] Open platform (e.g. piers)
7 [ ] Underground structure (work areas)
8 [ ] Connective structure (e.g. fences)
0 [ ] Other type of structure

I2 Building Status *

1 [ ] Under construction
2 [X] Occupied & operating
3 [ ] Idle, not routinely used
4 [ ] Under major renovation
5 [ ] Vacant and secured
6 [ ] Vacant and unsecured
7 [ ] Being demolished
O [ ] Other
U [ ] Undetermined

I3 Building * Height

Count the ROOF as part of the highest story

002 Total number of stories at or above grade

001 Total number of stories below grade

I4 Main Floor Size*

NFIRS-3 Structure Fire

[ ] , 002 , 582 Total square feet

OR

[ ] , [ ] BY [ ] , [ ]
Lenght in feet Width in feet

J1 Fire Origin *

001 Story of fire origin

[X] Below Grade

J2 Fire Spread *

1 [ ] Confined to object of origin
2 [ ] Confined to room of origin
3 [ ] Confined to floor of origin
4 [X] Confined to building of origin
5 [ ] Beyond building of 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

[ ] 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

L1 Presence of Detectors *

(In area of the fire)

N [ ] None Present — Skip to section M

1 [X] Present

U [ ] Undetermined

L2 Detector Type

1 [ ] Smoke
2 [ ] Heat
3 [ ] Combination smoke - heat
4 [ ] Sprinkler, water flow detection
5 [ ] More than 1 type present
O [ ] Other _____
U [ ] Undetermined

L3 Detector Power Supply

1 [ ] Battery only
2 [ ] Hardwire only
3 [ ] Plug in
4 [ ] Hardwire with battery
5 [ ] Plug in with battery
6 [ ] Mechanical
7 [ ] Multple detectors & power supplies
0 [ ] Other _____
U [X] Undetermined

L4 Detector Operation

1 [ ] Fire too small to activate
2 [ ] Operated (Complete Section L5)
3 [ ] Failed to Operate (Complete Section L6)
U [X] Undetermined

L5 Detector Effectiveness

Required if detector operated

1 [ ] Alerted Occupants, occupants responded
2 [ ] Occupants failed to respond
3 [ ] There were no occupants
4 [ ] Failed to alert occupants
U [ ] Undetermined

L6 Detector Failure Reason

Required if detector failed to operate

1 [ ] Power failure, shutoff or disconnect
2 [ ] Improper installation or placement
3 [ ] Defective
4 [ ] Lack of maintenance, includes cleaning
5 [ ] Battery missing or disconnected
6 [ ] Battery discharged or dead
0 [ ] Other _____
U [ ] Undetermined

M1 Presence of Automatic Extinguishment System *

N [X] None Present

1 [ ] Present — Complete rest of Section M

M2 Type of Automatic Extinguishment System *

Required if fire was within designed range of AES

1 [ ] Wet pipe sprinkler
2 [ ] Dry pipe sprinkler
3 [ ] Other sprinkler system
4 [ ] Dry chemical system
5 [ ] Foam system
6 [ ] Halogen type system
7 [ ] Carbon dioxide (CO_2) system
0 [ ] Other special hazard system
U [ ] Undetermined

M3 Automatic Extinguishment System Operation

Required if fire was within designed range

1 [ ] Operated & effective (Go to M4)
2 [ ] Operated & not effective (M4)
3 [ ] Fire too small to activate
4 [ ] Failed to operate (Go to M5)
0 [ ] Other
U [ ] Undetermined

M4 Number of Sprinkler Heads Operating

Required if system operated

[ ] Number of sprinkler heads operating

M5 Automatic Extinguishment System Failure Reason

Required if system failed

1 [ ] System shut off
2 [ ] Not enough agent discharged
3 [ ] Agent discharged but did not reach fire
4 [ ] Wrong type of system
5 [ ] Fire not in area protected
6 [ ] System components damaged
7 [ ] Lack of maintenance
8 [ ] Manual Intervention
0 [ ] Other _____
U [ ] Undetermined

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 9 Apparatus or Resources
JO419	KS	5	20	2015	1	15-1400049	000	☐ Delete ☐ Change	

B Apparatus or * Resource	Date and Times (Check if same as alarm date)	Month	Day	Year	Hour	Min	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken
1 ID: BC21 Type: 92	Dispatch	[X] 5	20	2015	08:59		[X]	1	[X] Suppression ☐ EMS ☐ Other	81
	Arrival	[X] 5	20	2015	09:14					
	Clear	[X] 5	20	2015	11:09					
2 ID: E21 Type: 11	Dispatch	[X] 5	20	2015	09:22		[X]	3	[X] Suppression ☐ EMS ☐ Other	51 12
	Arrival	[X] 5	20	2015	09:22					
	Clear	[X] 5	20	2015	11:17					
3 ID: E222 Type: 11	Dispatch	[X] 5	20	2015	08:59		[X]	3	[X] Suppression ☐ EMS ☐ Other	10 21 51
	Arrival	[X] 5	20	2015	09:05					
	Clear	[X] 5	20	2015	11:02					
4 ID: TR21 Type: 12	Dispatch	[X] 5	20	2015	08:46		[X]	3	[X] Suppression ☐ EMS ☐ Other	
	Arrival	[X] 5	20	2015	08:52					
	Clear	[X] 5	20	2015	16:05					
5 ID: TR23 Type: 13	Dispatch	[X] 5	20	2015	10:34		[X]	3	[X] Suppression ☐ EMS ☐ Other	
	Arrival	[X] 5	20	2015	10:34					
	Clear	[X] 5	20	2015	10:50					
6 ID: Type:	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								
7 ID: Type:	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								
8 ID: Type:	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								
9 ID: Type:	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								

Type of Apparatus or Resources

Ground Fire Suppression
- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment
- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft
- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment
- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment
- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue
- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit,other

More Apparatus? Use Additional Sheets

Other
- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
JO419	KS	5 / 20 / 2015	1	15-1400049	000	☐ Delete ☐ Change	

B Apparatus or Resource *

Use codes listed below

Apparatus or Resource *	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID BC21, Type 92	Dispatch [X]	5	20	2015	08:59	Sent [X]	1	[X] Suppression ☐ EMS ☐ Other	81
	Arrival [X]	5	20	2015	09:14				
	Clear [X]	5	20	2015	11:09				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
20031	Randall, Bruce	CP	X				

Apparatus or Resource *	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
2 ID E21, Type 11	Dispatch [X]	5	20	2015	09:22	Sent [X]	3	[X] Suppression ☐ EMS ☐ Other	51, 12
	Arrival [X]	5	20	2015	09:22				
	Clear [X]	5	20	2015	11:17				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
20002	Bradley, Kelly	CP	X				
20080	Waller, William	AO	X				
20107	Patton, Dustin	FFE	X				

Apparatus or Resource *	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
3 ID E222, Type 11	Dispatch [X]	5	20	2015	08:59	Sent [X]	3	[X] Suppression ☐ EMS ☐ Other	10, 21, 51
	Arrival [X]	5	20	2015	09:05				
	Clear [X]	5	20	2015	11:02				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
20081	Fleeup, Robert	AO	X				
20113	Shaffer, Robert	FFE	X				
20116	Pheiffer, Bruce	PR	X				

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10
JO419	KS	5 / 20 / 2015	1	15-1400049	000	☐ Delete ☐ Change	Personnel

B

Apparatus or Resource * (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID TR21 Type 12	Dispatch	5	20	2015	08:46	X	3	[X] Suppression ☐ EMS ☐ Other	
	Arrival	5	20	2015	08:52				
	Clear	5	20	2015	16:05				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
20050	Montgomery, Brian	AO	X				
20108	Bremer, Samuel	FFE	X				
20112	Hunt, Joshua	FFE	X				

2 ID TR23 Type 13	Dispatch	5	20	2015	10:34	X	3	[X] Suppression ☐ EMS ☐ Other	
	Arrival	5	20	2015	10:34				
	Clear	5	20	2015	10:50				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
20011	Kolman, Randy	CP	X				
20015	Rex, Michael	AO	X				
20086	Buser, Willliam	FFE	X				

3 ID Type	Dispatch					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival								
	Clear								

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

3-1-2019

JO419	KS	5	20	2015	1	15-1400049	000	Responding Units/Personnel
FDID	State	Incident Date			Station	Incident Number	Exposure	

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
BC21 BATTALION CHIEF	08:59:08	08:59:31	09:14:19	11:09:39

Staff ID\Staff Name		Activity	Rank	Position	Role
20031	Randall, Bruce W	Fire At Scene	Captain		

Unit Narrative

See main narrative.

E21 ENGINE 1500/500 (second out)	09:22:34	09:22:34	09:22:34	11:17:15

Staff ID\Staff Name		Activity	Rank	Position	Role
20002	Bradley, Kelly J	Fire At Scene	Captain		
20080	Waller, William J	Fire At Scene	Apparatus O		
20107	Patton, Dustin M	Fire At Scene	Firefighter		

Unit Narrative

On arrival we were assigned to do a secondary search of the residence but before we made entry, E222 exited and said that they had already completed the search. We were then assigned ventilation and coordinated that with TR21 who was in the basement where the fire was. Once ventilation was complete, our crew made entry to the basement for overhaul.

E222 ENGINE 1500/500 (Second Out)	08:59:08	09:00:17	09:05:38	11:02:22

Staff ID\Staff Name		Activity	Rank	Position	Role
20081	Fleeup, Robert D	Fire At Scene	Apparatus O		
20113	Shaffer, Robert C	Fire At Scene	Firefighter		
20116	Pheiffer, Bruce A	Fire At Scene	Probationar		

Unit Narrative

Responded for a modified, that was upgraded to a regular. Arrived, parked to the south of the address behind T21.

- Brought a gas fan to the drive for ventilation if needed.

- Took a four person crew (added Sam Bremer to E222) with two TICs and extinguishers to check and contain the basement fire spread. Knocked down what we could see and continued to cool the area.

- Primary search of the first floor and second floor bedrooms, bathroom and hallway area, including two attic scuttle hatches. No fire spread or victims found.

- Checked for fire spread on the first floor. Found wall facing front door was very warm to touch, high heat indicated per TIC and brown smoke blowing from the homes thermostat. Wall was opened up, no charring found through the plaster or any further indication of fire spread.

- Completed secondary of first floor and second floor. No change in conditions.

- Provided ventilation with electric fan to the basement.

JO419	KS	5	20	2015	1	15-1400049	000	Responding Units/Personnel
FDID	State	Incident Date			Station	Incident Number	Exposure	

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
TR21 100' TOWER LADDER 1500/500	08:46:47	08:47:31	08:52:11	16:05:06

Staff ID\Staff Name		Activity	Rank	Position	Role
20050	Montgomery, Brian K	Fire At Scene	Apparatus O		
20108	Bremer, Samuel A	Fire At Scene	Firefighter		
20112	Hunt, Joshua M	Fire At Scene	Firefighter		

Unit Narrative

Truck 21 arrived on scene to find smoking utility lines. Asked for expedition of KCP&L. Entered the structure and found smoke in the basement. We evacuated residents to a safe area (car in the driveway). Asked to be upgraded to a modified. Truck 21 went to the basement and found flames visible. We asked to be upgraded to a regular alarm. We flipped all circuit breakers to the off position to try to isolate electrical flow. We used a CO2 extinguisher to keep the fire from spreading. Upon exiting the structure, I assigned E222 to set up but not start ventilation. I assigned E46 to check the attic for extension. I assigned Tr46 to help Truck establish a water supply. I made sure all crews were aware of the energized chain link fence in the back yard, and that power was still live in the house.

BC21 arrived on scene and I passed command to him.

Truck 21 took an attack line to the basement and extinguished the fire that was present. We opened two windows on the south side of the house to assist in ventilation. Truck 21 exited the house.
Our next assignment was to check for extension via a plumbing pipe chase. We found the pipe and exposed it from within a wall in the bedroom. We used a press. water extinguisher on the area. Truck 21 exited the house.
We remained on scene for several hours to ensure all fire was extinguished.

05/20/2015 23:43:37 BMONTGOMERY

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
TR23 105' LADDER 1500/500 (carries	10:34:37	10:34:37	10:34:37	10:50:10

Staff ID\Staff Name		Activity	Rank	Position	Role
20011	Kolman, Randy R	Fire At Scene	Captain		
20015	Rex, Michael J	Fire At Scene	Apparatus O		
20086	Buser, Willliam P	Fire At Scene	Firefighter		

FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure	NFIRS - Involvement User Fields
JO419	KS	5	20	2015	1	15-1400049	000	

Involvement Name:	Involvement Type:	Owner:	Occupant:
Riedel, A. Zita		X	

Involvement Name:	Involvement Type:	Owner:	Occupant:
Riedel, Marcellus		X	

FDID	State	Incident Date (MM)	Incident Date (DD)	Incident Date (YYYY)	Station	Incident Number	Exposure
JO419	KS	5	20	2015	1	15-1400049	000

NFIRS - Involvement User Fields

Involvement Name:	Involvement Type:	Owner:	Occupant:
Gomez, Brian	Adjuster		

A

FDID *	State *	MM Incident	DD Date *	YYYY	Station	Incident Number *	Exposure *		
JO419	KS	5	20	2015	1	15-1400049	000	☐ Delete ☐ Change	Insurance and $Loss

B Estimated Dollar Loss & Value

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
Buildings	$207,000.00	$10,000.00	$0.00	$0.00
Vehicles	$0.00	$0.00	$0.00	$0.00
Contents	$100,000.00	$1,000.00	$0.00	$0.00

C 1 Insurance Company

USAA Insurance Co.
Business name if applicable

Contact Name

Street or highway

Post office box

City

State | Zip Code

Phone Number

Agent Name

Policy Number

☒ Buildings ☐ Vehicles ☐ Contents
Policy Coverage

A

FDID *	State *	MM	DD	YYYY	Station	Incident Number *	Exposure *
JO419	KS	12	17	2003	1	03-3510118	000

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

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 ____ - ____

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
5749		RIGGS	ST	

Apt./Suite/Room	City	State	Zip Code
	Mission	KS	66202 -

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.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	12	17	2003	19:17:47
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	12	17	2003	19:21:10
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	12	17	2003	20:28:00

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
A		MS

E3 Special Studies

Local Option

Special Study ID# ____ Special Study Value ____

F Actions Taken *

11 Extinguishment by fire

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources *

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

	Apparatus	Personnel
Suppression	0005	0010
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 $	____ , 005 , 000	☐
Contents $	____ , 000 , 000	☐

PRE-INCIDENT VALUE: Optional

Property $	____ , 100 , 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 evauation 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

FDID *	State *	MM Incident Date *	DD	YYYY	Station	Incident Number *	Exposure *	Complete Narrative
JO419	KS	12	17	2003	1	03-3510118	000	

Narrative:

Responded to a reported house fire, upon arrival found smoke showing from the rear of the residence. Investigation showed fire in the back of the residence above the electric meter, fire appeared to be on the exterior of the residence, fire was burning from the vinyl siding above the meter can to the eve. The power line to the back of the house had burned completely away and was hanging down the back wall of the residence arcing to the house. T21 assumed command. T21 crew was sent to the rear of the house and knock down the fire on the back of the residence with a dry chemical extinguisher. E21 crew was sent inside the residence to check for extension into the kitchen. E22 was sent to the attic to check for extension into the attic from the exterior. Dispatch was notified to order KCP&L to shut off power to the residence. E21 advised some minor extension into the kitchen inside the wall above the range hood and cabinets. Crews stood by until arrival of KCP&L for power shut off. Once the power was shut off, E61 stripped the exterior wall of the residence to check for any extension or fall down debris in the wall. The charred area was soaked several times, all areas checked with thermal imaging cameras for any further heat source, none found, all units cleared the scene.

12/17/2003 22:55:31 EBARGER

A | JO419 (FDID *) | KS (State *) | MM 12 / DD 17 / YYYY 2003 (Incident Date *) | 1 (Station) | 03-3510118 (Incident Number *) | 000 (Exposure *) | ☐ 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 ☐ None
Acres burned (outside fires) ☐ 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 or more boxes for each code entered.

On-site material (1)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-site material (2)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-site material (3)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

D Ignition

D1 00 Other
Area of fire origin *

D2 11 Spark, ember or flame
Heat source *

D3 12 Exterior wall covering
Item first ignited * 1 ☐ Check Box if fire spread was confined to object of origin

D4 41 Plastic
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 ☐ None

30 Electrical
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 envolved

1 ☐ Male 2 ☐ Female

F1 Equipment Involved In Ignition

☐ None If Equipment was not involved, Skip to Section G

Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power

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

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

H2 Mobile Property Type & Make

Mobile property type

Mobile property make

Moblie property model — Year

License Plate Number — State — VIN Number

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

I1 Structure Type *

If Fire was In enclosed building or a portable/mobile structure complete the rest of this form

1 [X] Enclosed Building
2 [ ] Portable/mobile structure
3 [ ] Open structure
4 [ ] Air supported structure
5 [ ] Tent
6 [ ] Open platform (e.g. piers)
7 [ ] Underground structure (work areas)
8 [ ] Connective structure (e.g. fences)
0 [ ] Other type of structure

I2 Building Status *

1 [ ] Under construction
2 [X] Occupied & operating
3 [ ] Idle, not routinely used
4 [ ] Under major renovation
5 [ ] Vacant and secured
6 [ ] Vacant and unsecured
7 [ ] Being demolished
0 [ ] Other
U [ ] Undetermined

I3 Building Height *

Count the ROOF as part of the highest story

002 Total number of stories at or above grade

001 Total number of stories below grade

I4 Main Floor Size *

NFIRS-3 Structure Fire

[ ] , [001] , [500] Total square feet

OR

[ ] , [ ] BY [ ] , [ ]
Lenght in feet Width in feet

J1 Fire Origin *

001 Story of fire origin

[ ] Below Grade

J2 Fire Spread *

1 [ ] Confined to object of origin
2 [ ] Confined to room of origin
3 [ ] Confined to floor of origin
4 [X] Confined to building of origin
5 [ ] Beyond building of 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

[ ] 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

L1 Presence of Detectors *

(In area of the fire)

N [ ] None Present — Skip to section M

1 [ ] Present

U [X] Undetermined

L2 Detector Type

1 [ ] Smoke
2 [ ] Heat
3 [ ] Combination smoke - heat
4 [ ] Sprinkler, water flow detection
5 [ ] More than 1 type present
0 [ ] Other _____
U [ ] Undetermined

L3 Detector Power Supply

1 [ ] Battery only
2 [ ] Hardwire only
3 [ ] Plug in
4 [ ] Hardwire with battery
5 [ ] Plug in with battery
6 [ ] Mechanical
7 [ ] Multple detectors & power supplies
0 [ ] Other _____
U [ ] Undetermined

L4 Detector Operation

1 [ ] Fire too small to activate
2 [ ] Operated (Complete Section L5)
3 [ ] Failed to Operate (Complete Section L6)
U [ ] Undetermined

L5 Detector Effectiveness

Required if detector operated

1 [ ] Alerted Occupants, occupants responded
2 [ ] Occupants failed to respond
3 [ ] There were no occupants
4 [ ] Failed to alert occupants
U [ ] Undetermined

L6 Detector Failure Reason

Required if detector failed to operate

1 [ ] Power failure, shutoff or disconnect
2 [ ] Improper installation or placement
3 [ ] Defective
4 [ ] Lack of maintenance, includes cleaning
5 [ ] Battery missing or disconnected
6 [ ] Battery discharged or dead
0 [ ] Other _____
U [ ] Undetermined

M1 Presence of Automatic Extinguishment System *

N [X] None Present

1 [ ] Present — Complete rest of Section M

M2 Type of Automatic Extinguishment System *

Required if fire was within designed range of AES

1 [ ] Wet pipe sprinkler
2 [ ] Dry pipe sprinkler
3 [ ] Other sprinkler system
4 [ ] Dry chemical system
5 [ ] Foam system
6 [ ] Halogen type system
7 [ ] Carbon dioxide (CO_2) system
0 [ ] Other special hazard system
U [ ] Undetermined

M3 Automatic Extinguishment System Operation

Required if fire was within designed range

1 [ ] Operated & effective (Go to M4)
2 [ ] Operated & not effective (M4)
3 [ ] Fire too small to activate
4 [ ] Failed to operate (Go to M5)
0 [ ] Other
U [ ] Undetermined

M4 Number of Sprinkler Heads Operating

Required if system operated

[ ] Number of sprinkler heads operating

M5 Automatic Extinguishment System Failure Reason

Required if system failed

1 [ ] System shut off
2 [ ] Not enough agent discharged
3 [ ] Agent discharged but did not reach fire
4 [ ] Wrong type of system
5 [ ] Fire not in area protected
6 [ ] System components damaged
7 [ ] Lack of maintenance
8 [ ] Manual Intervention
0 [ ] Other _____
U [ ] Undetermined

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 9 Apparatus or Resources
JO419	KS	12 / 17 / 2003	1	03-3510118	000	☐ Delete ☐ Change	

B Apparatus or * Resource	Date and Times (Check if same as alarm date)	Month	Day	Year	Hour	Min	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken
1 ID 205 Type 92	Dispatch ☐	12	17	2003	19	19	X	0	[X] Suppression ☐ EMS ☐ Other	
	Arrival ☐	12	17	2003	19	22				
	Clear ☐	12	17	2003	20	18				
2 ID E21 Type 11	Dispatch ☐	12	17	2003	19	17	X	0	[X] Suppression ☐ EMS ☐ Other	
	Arrival ☐	12	17	2003	19	21				
	Clear ☐	12	17	2003	20	28				
3 ID E21 Type 12	Dispatch ☐	12	17	2003	19	17	X	0	[X] Suppression ☐ EMS ☐ Other	
	Arrival ☐	12	17	2003	19	21				
	Clear ☐	12	17	2003	20	25				
4 ID E22 Type 11	Dispatch ☐	12	17	2003	19	17	X	0	[X] Suppression ☐ EMS ☐ Other	
	Arrival ☐	12	17	2003	19	23				
	Clear ☐	12	17	2003	20	18				
5 ID E61 Type 11	Dispatch ☐	12	17	2003	19	17	X	0	[X] Suppression ☐ EMS ☐ Other	
	Arrival ☐	12	17	2003	19	25				
	Clear ☐	12	17	2003	20	18				
6 ID Type	Dispatch ☐								☐ Suppression ☐ EMS ☐ Other	
	Arrival ☐									
	Clear ☐									
7 ID Type	Dispatch ☐								☐ Suppression ☐ EMS ☐ Other	
	Arrival ☐									
	Clear ☐									
8 ID Type	Dispatch ☐								☐ Suppression ☐ EMS ☐ Other	
	Arrival ☐									
	Clear ☐									
9 ID Type	Dispatch ☐								☐ Suppression ☐ EMS ☐ Other	
	Arrival ☐									
	Clear ☐									

Type of Apparatus or Resources

Ground Fire Suppression
- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment
- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft
- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment
- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment
- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue
- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit,other

More Apparatus? Use Additional Sheets

Other
- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
JO419	KS	12 / 17 / 2003	1	03-3510118	000	☐ Delete ☐ Change	

B

Apparatus or Resource * (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID 205 Type 92	Dispatch ☐	12	17	2003	19:19	Sent [X]	0	[X] Suppression ☐ EMS ☐ Other	
	Arrival ☐	12	17	2003	19:22				
	Clear ☐	12	17	2003	20:18				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

Apparatus or Resource * (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
2 ID E21 Type 11	Dispatch ☐	12	17	2003	19:17	Sent [X]	0	[X] Suppression ☐ EMS ☐ Other	
	Arrival ☐	12	17	2003	19:21				
	Clear ☐	12	17	2003	20:28				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken

Apparatus or Resource * (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
3 ID E21 Type 12	Dispatch ☐	12	17	2003	19:17	Sent [X]	0	[X] Suppression ☐ EMS ☐ Other	
	Arrival ☐	12	17	2003	19:21				
	Clear ☐	12	17	2003	20:25				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
JO419	KS	12 / 17 / 2003	1	03-3510118	000	☐ Delete ☐ Change	

B

Apparatus or Resource * (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID E22 Type 11	Dispatch ☐	12	17	2003	19:17	Sent [X]	0	[X] Suppression ☐ EMS ☐ Other	
	Arrival ☐	12	17	2003	19:23				
	Clear ☐	12	17	2003	20:18				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

2 ID E61 Type 11	Dispatch ☐	12	17	2003	19:17	Sent [X]	0	[X] Suppression ☐ EMS ☐ Other	
	Arrival ☐	12	17	2003	19:25				
	Clear ☐	12	17	2003	20:18				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken

3 ID Type	Dispatch ☐					Sent ☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival ☐								
	Clear ☐								

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

FDID	State	MM (Incident Date)	DD (Incident Date)	YYYY (Incident Date)	Station	Incident Number	Exposure	NFIRS - Involvement User Fields
JO419	KS	12	17	2003	1	03-3510118	000	

Involvement Name:	Involvement Type:	Owner:	Occupant:
Mckaig, Susan		X	X

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	Insurance and $Loss
JO419	KS	12 / 17 / 2003	1	03-3510118	000	☐ Delete ☐ Change	

B Estimated Dollar Loss & Value

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
Buildings	$100,000.00	$5,000.00	$0.00	$0.00
Vehicles	$0.00	$0.00	$0.00	$0.00
Contents	$0.00	$0.00	$0.00	$0.00

C Insurance Company

Business name if applicable

Contact Name

Street or highway

Post office box

City

State

Zip Code - -

Phone Number - -

Agent Name

Policy Number

☐ Buildings ☐ Vehicles ☐ Contents

Policy Coverage

CFD2

Incident List by Alarm Date/Time

Alarm Date Between {09/17/2010} And {09/17/2015}
and Incident Type <> "321 " and District = "MS"
and Address Number Between "5700" And "6556" and
Street Name In "Riggs ","Walmer
"

Incident-Exp#	Alm Date	Alm Time	Location	Incident Type
11-1960178-000	07/15/2011	21:47:05	5719 RIGGS ST /MISSION, K	322 Motor vehicle accident with
11-3650028-000	12/31/2011	06:25:55	6119 WALMER ST /MISSION,	300 Rescue, EMS incident, other
12-1450117-000	05/24/2012	17:04:08	6115 Walmer ST /MISSION,	311 Medical assist, assist EMS c
12-2070019-000	07/25/2012	04:55:18	5721 Walmer ST /MISSION,	746 Carbon monoxide detector act
13-0820121-000	03/23/2013	21:56:26	5801 Riggs ST /MISSION, K	444 Power line down
13-2030109-000	07/22/2013	18:40:03	5808 Walmer ST /MISSION,	412 Gas leak (natural gas or LPG
13-2410044-000	08/29/2013	09:29:03	6201 Walmer ST /MISSION,	412 Gas leak (natural gas or LPG
13-2730142-000	09/30/2013	18:53:49	6218 Riggs ST /MISSION, K	311 Medical assist, assist EMS c
13-3230085-000	11/19/2013	13:36:09	5812 Riggs ST /MISSION, K	551 Assist police or other gover
14-0930114-000	04/03/2014	18:33:58	6218 Riggs ST /Medical Co	311 Medical assist, assist EMS c
14-0940053-000	04/04/2014	11:03:03	6119 Riggs ST /Trauma C3/	311 Medical assist, assist EMS c
14-2090084-000	07/28/2014	15:20:41	6120 RIGGS ST /Investigat	444 Power line down
14-2150100-000	08/03/2014	17:57:20	6135 Riggs ST /Medical -	661 EMS call, party transported
14-2360127-000	08/24/2014	19:41:59	5807 Riggs ST /Investigat	444 Power line down
14-3350066-000	12/01/2014	11:24:25	6119 Walmer ST /Trauma C2	311 Medical assist, assist EMS c
15-0330044-000	02/02/2015	09:43:11	5730 Riggs ST /Carbon Mon	736 CO detector activation due t
15-0390117-000	02/08/2015	19:26:38	6206 Riggs ST /Investigat	743 Smoke detector activation, n
15-1060126-000	04/16/2015	19:47:05	6126 Riggs ST /Assist/MIS	331 Lock-in (if lock out , use 5
15-1210090-000	05/01/2015	14:42:04	6201 Walmer ST /Carbon Mo	550 Public service assistance, O
15-1400048-000	05/20/2015	08:46:20	5800 WALMER ST /House Fir	111 Building fire
15-1400054-000	05/20/2015	09:03:52	5811 Riggs ST /Investigat	440 Electrical wiring/equipment
15-1410084-000	05/21/2015	14:43:31	5740 Walmer ST /Investiga	445 Arcing, shorted electrical e
15-1460040-000	05/26/2015	09:08:07	5740 Walmer ST /Medical -	311 Medical assist, assist EMS c
15-1670065-000	06/16/2015	10:05:32	6201 Walmer ST /Medical -	311 Medical assist, assist EMS c
15-1680006-000	06/17/2015	01:44:04	6130 Walmer ST /Investiga	445 Arcing, shorted electrical e
15-1770007-000	06/26/2015	01:40:01	5813 Riggs ST /Lightning	622 No Incident found on arrival
15-1960045-000	07/15/2015	09:32:35	6115 Walmer ST /House Fir	650 Steam, Other gas mistaken fo

Total Incident Count 27

3.3. FDR. Dispatch. History

4.1. July-12-2011 Event (video)

Please send request for electronic version of video to jamiekw73@gmail.com.

CITY OF MISSION
KANSAS

June 26, 2015

Dear Resident

Several of you have called the city about an electrical event that occurred on May 20th, 2015. We have been in contact with KCP&L and they believe the event was caused by vegetation or wildlife. There may be a couple of homes, out of the 10 that experienced an outage, that sustained damage following the event. You may have already been contacted by KCP&L advising you of this.

If you are experiencing continued electrical difficulties or disturbances, you should call KCP&L and advise them of the situation. If the problem is due to customer-owned wiring, then you should have the safety of your home checked by a qualified electrician. Please remember that, if the repairs are significant, a building permit or electrical permit from the City may be required before work begins. Your contractor can find out how to apply for a permit by contacting our Community Development Department at (913) 676-8360.

If you have continuing electrical problems or inquiries about your electrical service please contact KCP&L directly at (888) 471-5275.

Regards,

D. Murray

Danielle L. Murray, AICP
Interim Community Development Director

dmurray@missionks.org

Ms. Murray communicated that the intent of her letter was to explain to the neighborhood that they had no authority or resources to address the electrical issue.

5.1

June 2, 2015

Mr. J Littich
5748 Walmer St.
Mission, KS 66202-2601

Dear Mr. Littich:

Enclosed is a KCP&L Property Damage Claim form, as per your request. Although KCP&L works diligently to maintain its electrical distribution system, please be advised that KCP&L is not responsible for damages caused by normal equipment failure or an act of nature, such as a storm. **Please be advised that by sending this claim form, KCP&L does not automatically assume any fault or responsibility.**

If you still feel you have a claim, complete the entire form and return the original to me with copies of any supporting documentation you may have. Please return to me at P.O. Box 418679, Claims Department, 801D, Kansas City, MO 64141. **Please be sure to fill out the total on the back and sign the form. Failure to fully complete the form may result in a delay in processing your claim.**

Once we have received your completed claim form, we will investigate, and let you know our findings.

Sincerely,

KCP&L
Claims Department
816-654-1562

Encls.

5.2. KCPL Damage Claim Process

KCP&L
energizing life

Property Damage Claim Form

Because of your recent property damage, KCP&L wants to serve you in the quickest and most responsive manner possible. In order for us to accomplish this, we need you to review and provide the following information:

- ✓ Please complete both sides of this form. **Failure to fully complete and sign the form could delay processing of your claim.**
- ✓ Claims must be filed with us within 90 days of occurring damage (non-compliance with this requirement may disqualify your claim)
- ✓ Mail clear, legible **copies** of the **repair estimates and receipts** or, if repair is not economically feasible, provide a **copy of purchase receipts for damaged items (not the replacements)**, if possible, with **original** claim form. Mail completed **ORIGINAL** claim form and receipt copies to: **Kansas City Power & Light, Claims Department 801-D, P.O. Box 418679, Kansas City, MO 64141, (816) 654-1562.**
- ✓ Actual cash value (replacement cost less depreciation) is the basis for settlement on items not economically repairable.
- ✓ Damaged part(s) must remain available for inspection by KCP&L until the claim is finalized.; call us with any concerns/issues on this point.
- ✓ **Write your KCP&L account number here:** 33903111 8

Claimant's name:

First: Jamie MI: K Last: Littich

Exact address where damage occurred:

Street address: 5748 Walmer St

City: Mission State: KS ZIP: 66202

Phone number: (785) 845 - 8144 Daytime phone or cell: (____)_____-_____

When did damage occur? Date: 5/20/15 Time: 12:30 ☐ a.m. ☑ p.m.

Claimant's mailing address: (if different from above)

Street address: _____

City: _____ State: _____ ZIP: _____

Provide a brief description, as you understand it, of what caused the damage: KCPL's circuit protection failed to open the circuit during a fault resulting in a prolonged surge upon my property that caused equipment damage. Evidence of this failure includ photos that show the secondary servicing our meter glowing bright orange, neighbors reporting the event lasting tens of minutes, & first responders on standby nearly an h

Description of property damage: while KCPL de-energized the service.

Large appliance damage & food loss.

Have you contacted your insurance agency? ☑ Yes ☐ No If yes,

Insurance carrier's name: American Family - event occurred off premise so not covered

Are there any other supporting facts or witnesses that can be contacted? Witnessed by multiple neighbors, photographic evidence, KCTV5 News coverage. Please contact me for neighbors' contact information.

Original Appliance Damage Information

Actual Damaged Appliance Description (not replacement info):

Appliance Type: Refrigerator **Purch. date:** NA/ / **Purch. price:** $ NA

Brand: Amana Model number: SGD22TW

Damage description: Does not refrigerate (closest replacement = Amana ASD2575R

Repairable?: ☐ Yes ☑ No Labor:$ 84.99 (shipping + haul away) Replacement parts:$ 999.99 Total: $ 1182.63 (includes 9% sales tax)

Appliance Type: Oven **Purch. date:** NA/ / **Purch. price:** $ NA

Brand: GE Model number: 317B6641P001

Damage description: Does not heat or indicate (closest replacement = GE JB250D

Repairable?: ☐ Yes ☑ No Labor:$ 84.99 (shipping + haul away) Replacement parts:$ 449.99 Total: $ 583.13 (includes 9% sales tax)

Appliance Type: Garage Door Opener **Purch. date:** NA / / **Purch. price:** $ NA

Brand: Allistar Model number: ARD

Damage description: Does not operate

Repairable?: ☐ Yes ☑ No Labor:$ Replacement parts:$ 199.99 Total: $ 217.99 (includes 9% sales tax)

Appliance Type: HVAC **Purch. date:** NA / / **Purch. price:** $

Brand: Sure Light Model number: S3H8901

Damage description: Control Board replacement

Repairable?: ☑ Yes ☐ No Labor:$ 89.00 Replacement parts:$ 560.00 Total: $ 649.99

Additional comments? continued on next page

Total amount for which you are filing this claim: $

Your signature: **Date:**

For your protection, the law requires you to be advised of the following: It is a criminal act to make a false or fraudulent claim, or to assist

Have you contacted your insurance agency? ☐ Yes ☐ No If yes,

Insurance carrier's name: _____

Are there any other supporting facts or witnesses that can be contacted? _____

_____

_____

Original Appliance Damage Information

Actual Damaged Appliance Description (not replacement info):

Appliance Type: Printer **Purch. date:** 01 / ? /2013 **Purch. price:** $399.99 (+ 9% sales tax)

Brand: Samsung Model number: CLX-4195FW

Damage description: Now always jams, copier/scanner/printer do not operate

Repairable?: ☐Yes ☑No Labor:$ NA Replacement parts:$ 299.99 Total: $ 315.55

Samsung CLP680FW (includes 9% sales tax)

Appliance Type: Space Heater **Purch. date:** / / **Purch. price:** $ 89.99 (+ 9% sales tax)

Brand: Honeywell Model number: HZ-789-TGT

Damage description: Does not operate

Repairable?: ☐Yes ☑No Labor:$ NA Replacement parts:$ Total: $ 98.09

(includes 9% sales tax)

Appliance Type: Alarm Clock **Purch. date:** NA/ / **Purch. price:** $ NA

Brand: GE Model number: 7-4853C

Damage description: Does not operate (closest replacement = Sony ICFC1T)

Repairable?: ☐Yes ☑No Labor:$ NA Replacement parts:$ 24.99 Total: $ 27.24

(includes 9% sales tax)

Appliance Type: _____ **Purch. date:** / / **Purch. price:** $ _____

Brand: _____ Model number: _____

Damage description: _____

Repairable?: ☐Yes ☐No Labor:$ _____ Replacement parts:$ _____ Total: $ _____

Additional comments? _____

_____

_____

Total amount for which you are filing this claim: $ 3,074.62

Your signature: Jamie Ittleck **Date:** 7/22/15

For your protection, the law requires you to be advised of the following: It is a criminal act to make a false or fraudulent claim, or to assist in the preparation or presentation of a false or fraudulent claim. Violators of this provision may be subject to criminal prosecution.

September 10, 2015

Ms. Jamie K. Littich
5748 Walmer St
Mission, KS 66202

Dear Ms. Littich:

We have completed our investigation and evaluation of your claim filed with KCP&L on 8/11/15 . The City of Mission has also communicated with us regarding your concerns about KCP&L's electrical system and your desire to review the results of our investigation. KCP&L has completed our investigation and we share the results with you below.

On 5/20/2015 at 8:52 a.m., KCP&L responded to a house fire at 5800 Walmer and a report of a primary wire down in the rear of the property. KCP&L removed the meter at the house fire, put the primary wire back up, and re-energized the transformer that serves ten customers at 11:15 a.m. KCP&L subsequently received calls of electrical problems from a few other homes. Based on the City of Mission's concerns, KCP&L attempted contact with all ten customers on 6/19 to make sure they were not experiencing power quality problems. We did not reach every customer but our dispatch operations communicated with the meters to check their status.

Correct. We received phone call from a very unusual number (41294). A message was left by Andy from KCPL.

At least 8 of these attached customers had observable damages. What does that indicate?

According to KCP&L's maps, the fusing in your area is consistent with KCP&L's standard practice. KCP&L does not "oversize" fuses. KCP&L fuse sizes are designed to maintain service to as many customers as possible should a primary fault occur on the system. The primary conductor at this location is #4 ACSR. It has a load rating of 140A. The primary fuse protecting this conductor is 80A. It is sized to the conductor and to coordinate with the next fuse upstream.

Fuses are staged meaning they getting smaller and smaller further along the service distribution. The cutoff fuse up the street might be this size but we do not believe the fuse above the transformer should be this size. What is the size of the transformer fuse?

The fault at issue here is on the secondary conductors and your photographs confirm the conductors involved in the fault. The photo with the "red" secondaries indicates there is a secondary fault (possible tree limb between the secondary lines) somewhere near where the secondaries go through the tree, located to the right of the transformer pole. It is hard to tell, but it doesn't appear the secondaries are "red" to the right of the tree. The transformer that feeds this is protected by a transformer fuse. The nature and impedance of the fault did not generate sufficient fault current to clear the transformer fuse. The troubleman that responded to this incident opened this fuse to clear the fault. He indicated that there was a down primary neutral due to a tree. The neutral in this area is a combined neutral for the primary and secondary. The neutral wire was repaired as noted in your photos.

In other words: the fuse was not sufficiently small enough or the fuse was defective and couldn't provide a protective function.

Although KCP&L works diligently to maintain its electrical distribution system, equipment failures can and inevitably do occur. It is for this reason that such failures are addressed in the tariffs KCPL has on file with the Missouri Public Service Commission and the Kansas Corporation Commission. The tariffs are the rules and regulations that constitute the contractual terms and conditions under which KCP&L provides electric service to its customers. These tariffs provide that unless there is willful misconduct or gross negligence on its part, KCP&L is not liable for any claims for loss, expense or damage on account of fluctuations, interruptions in or curtailment of electric service, or for any delivery delay, breakdown, or failure of or damage to KCP&L facilities. If you would like a copy, please refer to our Internet website at www.kcpl.com. You can also find information about KCP&L's surge protection program on our website.

Since we can find no evidence of negligence on the part of KCP&L in this matter, we must deny your claim for damages. We certainly understand and regret any inconvenience you may have experienced. If you have not already done so, you may want to contact your insurance company.

Sincerely,

Tia Alexander
Claims Department
816-654-1558

The transformer was the object in motion that caused the damages. KCPL is responsible for the damages it caused because they are the owner of that property. The damages will be handled through subrogation; a common insurance claim process. KCPL has commercial insurance for situations like this, they know human error and defects are a possibility, why else would they have the insurance and why else would their manufacturers have insurance? We need KCC to confirm the assessment that KCPL is at fault to help expedite the subrogation process, but more importantly, further the process so that actions are taken to improve the safety of the electrical system.

We've reviewed the protection plan. It unfortunately communicates to us that KCPL wants to minimum maintenance, install dangerous circuit protection designed to clear natural interferences and then sell ancillary services to correct the inadequate circuit protection? This advice isn't received well given the near loss of life our neighbor. Please clarify.

THE STATE CORPORATION COMMISSION OF KANSAS

KANSAS CITY POWER & LIGHT COMPANY

(Name of Issuing Utility)

SCHEDULE 1.58

Rate Areas 2 & 4

(Territory to which schedule is applicable)

Replacing Schedule.....Sheet.....

which was filed September 7, 1989

No supplement or separate understanding shall modify the tariff as shown hereon.

Sheet 58 of 99 Sheets

GENERAL RULES AND REGULATIONS APPLYING TO ELECTRIC SERVICE (continued)

7. UTILITY'S SERVICE OBLIGATIONS (continued)

7.09 APPLICATION OF RATE SCHEDULE:

Neither interruption nor suspension of electric service by the Company shall relieve the Customer from charges provided for in the Customer's service agreement.

7.10 REFUSAL TO SERVE:

The Company may refuse to supply electric service to any Customer who fails or refuses to comply with any provisions of any applicable law, general order of the Commission or rate schedule, rule or regulation of the Company in effect and on file with the Commission.

7.11 PROPERTY OF THE COMPANY:

All facilities furnished and installed by the Company on the premises of the Customer for the supply of electric service to the Customer shall be and remain the exclusive property of the Company. All facilities on the premises of the Customer which are or become the property of the Company shall be operated and maintained by and at the expense of the Company, may be replaced by the Company at any time, and may be removed by the Company upon termination of the Customer's service agreement or upon discontinuance by the Company of electric service to the Customer for any reason.

7.12 LIABILITY OF COMPANY:

The Company will use reasonable diligence to supply continuous electric service to the Customer but does not guarantee the supply of electric service against irregularities and interruptions. Except where due to the Company's willful misconduct or gross negligence, the Company shall not be considered in default of its service agreement and shall not be liable in negligence or otherwise for any claims for loss, expense or damage (including indirect, economic, special or consequential damage) on account of fluctuations, interruptions in, or curtailment of electric service, or for any delivery delay, breakdown, or failure of or damage to facilities, an electric disturbance originating on or transmitted through electric systems with which the Company's system is interconnected, act of God or public enemy, strike, or other labor disturbance involving the Company or the Customer, civil, military or governmental authority.

97 KC PE330 TAR
Commission File Number .....

KCPL Form 681H001 (Rev 6/94)

Issued November 20, 1996
Month Day Year

Effective December 31, 1996
Month Day Year

By S. W. Cattron Vice President
Signature of Officer Title

NOTED & FILED DEC 31 1996

THE STATE CORPORATION COMMISSION OF KANSAS

By .....
Secretary