

**THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS**

Before Commissioners:      Shari Feist Albrecht, Chair  
   Jay Scott Emler  
   Pat Apple

In the Matter of the Complaint Against Kansas      )  
City Power & Light by Jamie Littich.                      )      Docket No. 16-KCPE-195-COM

**ORDER ADOPTING LEGAL MEMORANDUM**

This matter comes before the State Corporation Commission of the State of Kansas (Commission). Having examined Litigation Staff's Memorandum submitted in this matter and being duly advised in the premises, the Commission finds and concludes as follows:

1.      On October 21, 2015, Jamie Littich (Complainant) filed a Formal Complaint (Complaint) against Kansas City Power & Light Co. (KCP&L) with the Commission asserting that KCP&L was providing inadequate service and responsible for property damage occurring during a fault event on May 20, 2015.<sup>1</sup> The Complaint is attached hereto as Attachment A.

2.      On October 26, 2015, Litigation Staff for the Commission prepared a Memorandum analyzing the Complaint for compliance with Commission regulations.<sup>2</sup> Litigation Staff notes that the Complainant does not specifically cite to any violation of law, rule, or order in support of its contentions, and, therefore, is not in compliance with K.A.R. 82-1-220(b)(1).<sup>3</sup> However, Litigation Staff recommends the Commission waive K.A.R. 82-1-220(b)(1) for good cause.<sup>4</sup> Litigation Staff's Legal Memorandum is attached hereto as Attachment B.

<sup>1</sup>Formal Complaint, 1-2. (October 21, 2015).

<sup>2</sup>Legal Staff's Memorandum (Oct. 26, 2015) (Legal Memorandum).

<sup>3</sup>Legal Memorandum, 2.

<sup>4</sup>Legal Memorandum, 3.

3. Upon review of Litigation Staff's Legal Memorandum, the Commission is satisfied that jurisdiction to conduct the requested investigation exists pursuant to K.S.A. 66-101 *et seq.* Specifically, the Commission is authorized to investigate formal complaints regarding rates, rules, regulations, or practices of gas and electric public utilities.<sup>5</sup>

4. Furthermore, the Commission agrees with Litigation Staff's analysis and recommendations and finds that Litigation Staff's Memorandum dated October 26, 2015, should be adopted and incorporated by reference. Specifically, the Commission finds the Formal Complaint substantially complies with the procedural requirements of K.A.R. 82-1-220, and establishes a *prima facie* case for Commission action.

5. The Commission concludes that Commission Staff should conduct an investigation into the claims alleged in the Complaint and therefore orders such an investigation.

**IT IS, THEREFORE, BY THE COMMISSION ORDERED THAT:**

(A) K.A.R. 82-1-220(b)(1) is waived for good cause.

(B) The Formal Complaint shall be served upon KCP&L for an Answer.

(C) Staff is directed to investigate this matter and submit a Report and Recommendation to the Commission.

(D) The parties have fifteen (15) days, plus three (3) days if service of this order is by mail, from the date this order was served in which to petition the Commission for reconsideration of any issue or issues decided herein.<sup>6</sup>

(E) The Commission retains jurisdiction over the subject matter and the parties for the purpose of entering such further orders as it may deem necessary and proper.

**BY THE COMMISSION IT IS SO ORDERED.**

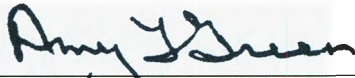
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<sup>5</sup>*Id.* at 2-3.

<sup>6</sup>K.S.A. 66-118b; K.S.A. 77-529(a)(1).

Albrecht, Chair; Emler, Commissioner; Apple, Commissioner

Dated: NOV 03 2015

  
\_\_\_\_\_  
Amy L. Green  
Secretary to the Commission

MRN

ORDER MAILED NOV 04 2015

# Attachment "A"



2015.10.21 16:42:33

Kansas Corporation Commission  
February 2015

**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

**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 Sotuch*  
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](mailto:public.affairs@kcc.ks.gov).

\*Electronic copies of all materials are available. Please send



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 20<sup>th</sup>, 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 20<sup>th</sup> 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 20<sup>th</sup> 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 20<sup>th</sup>, 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 County 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 equipment 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 10<sup>th</sup>, 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:

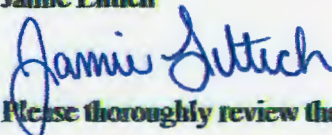
1. Even though there is arcing, no secondary conductors radiate like the May 20<sup>th</sup>, 2015 event.
2. The video shows the event occurring during a high wind and heavy rain storm where trees actually interacted with secondary. The attached photos of the May 20<sup>th</sup> event from this year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





KCPL Upstream Configuration

RA



25A? Fuse

Pole

Hot

2 Primary inputs

7200 V

Distribution Transformer

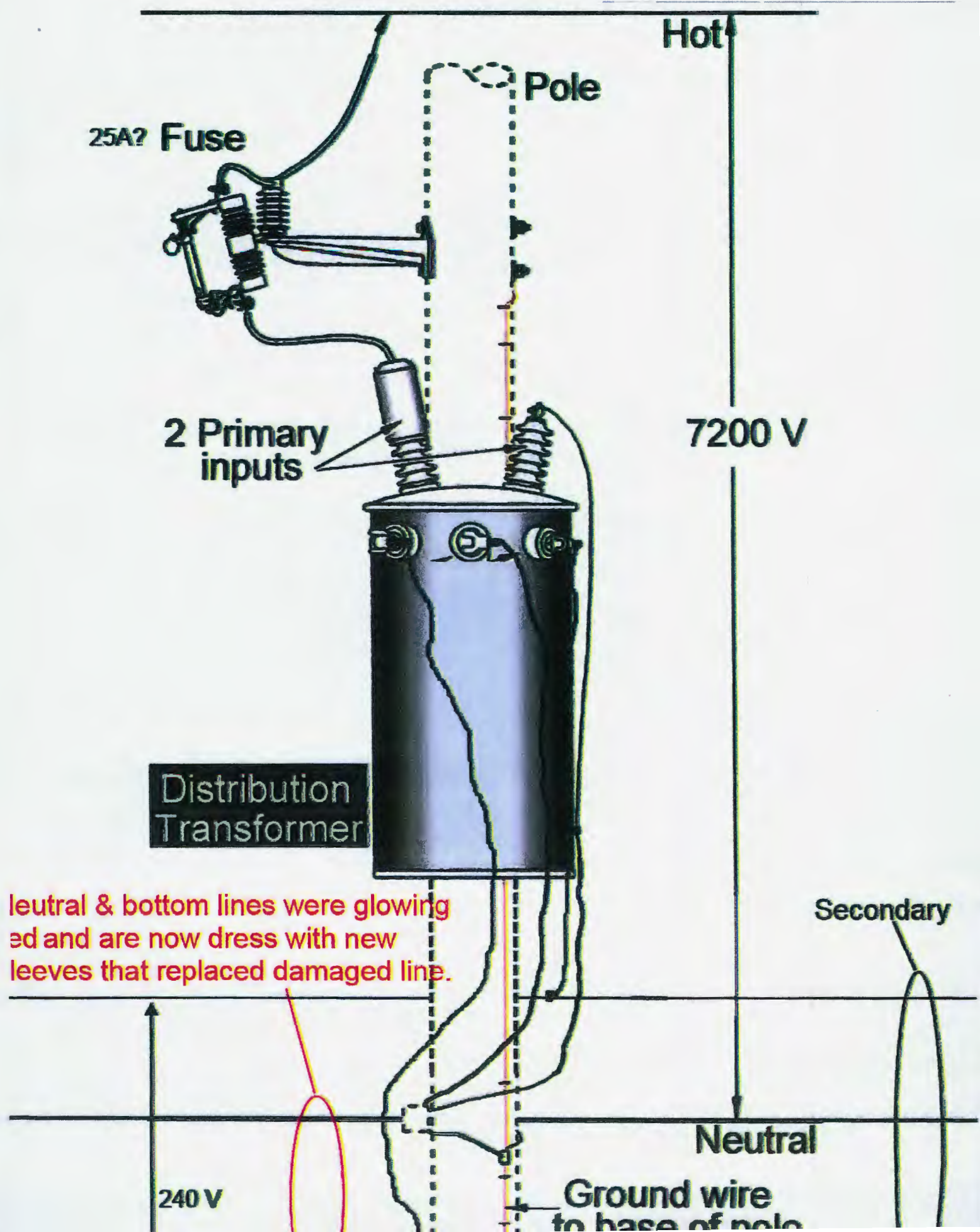
Neutral & bottom lines were glowing red and are now dress with new sleeves that replaced damaged line.

Secondary

240 V

Neutral

Ground wire to base of pole







I'd expect this fuse to be the smallest fuse upstream of my house and either it failed or the short occurred up stream of this fuse.

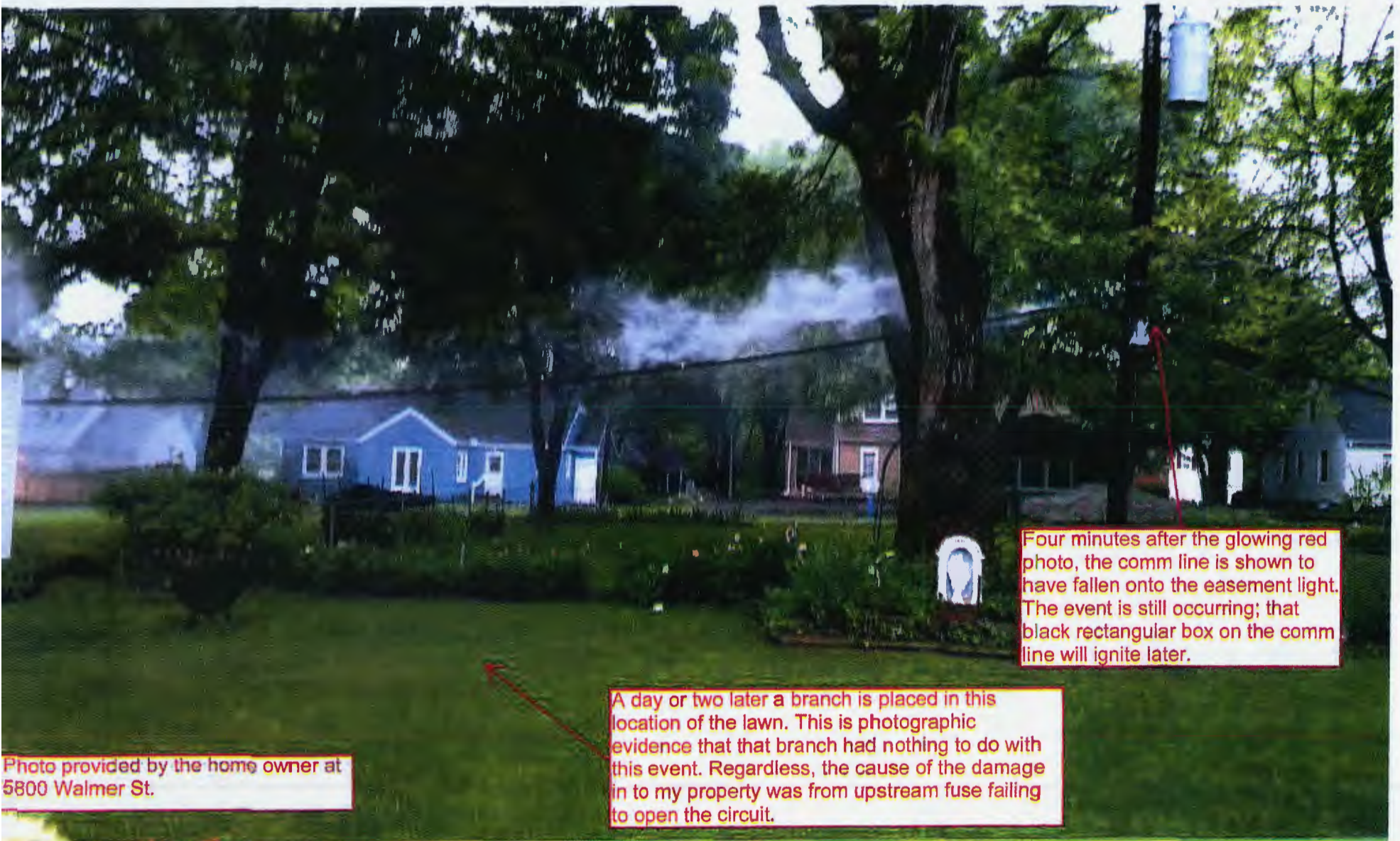
This photo shows the middle line (ground) and one of the hot secondaries glowing red.

The support cable for the comm line is in tact and still held by the wafer clamp.

Photo provided by the home owner at 5800 Walmer.

3  
0150520-084603





Four minutes after the glowing red photo, the comm line is shown to have fallen onto the easement light. The event is still occurring; that black rectangular box on the comm line will ignite later.

A day or two later a branch is placed in this location of the lawn. This is photographic evidence that that branch had nothing to do with this event. Regardless, the cause of the damage in to my property was from upstream fuse failing to open the circuit.

Photo provided by the home owner at 5800 Walmer St.

0150520-084952

AD



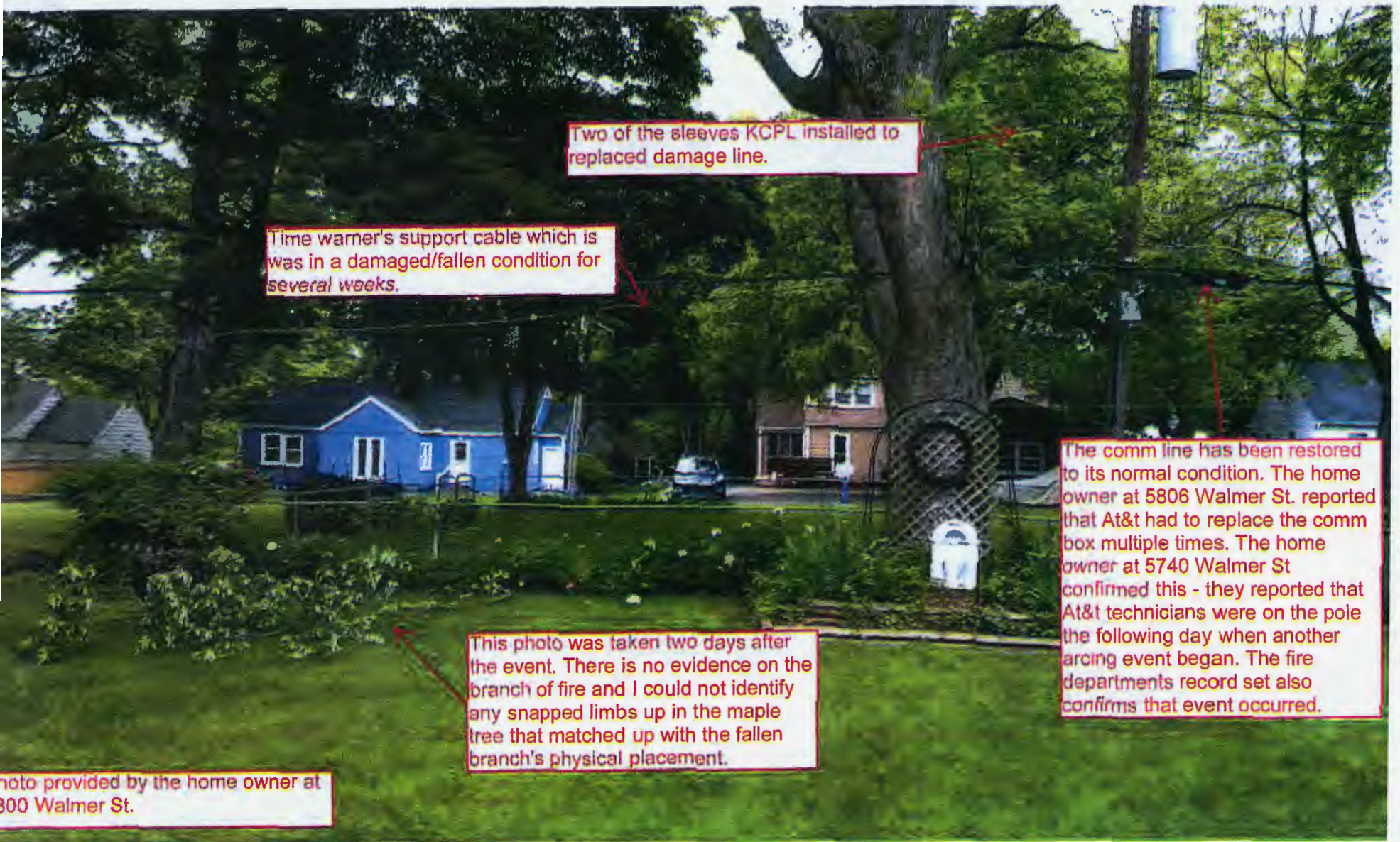


Again, the support cable for the comm box was mounted to the utility pole via a wafer clamp. Its very likely that the comm box was grounded. When that shorted, it got hot enough to ignite the materials in the comm box (shown on fire). The support cable also got hot enough to melt the insulation around it allowing it to slip out of the wafer clamp (or snap). This is a similar chain of events that caused damage in several of the neighbors houses (fault occurred, fuse failed, things burned).

Photo provided by the home owner at 1806 Walmer St., Mission KS 66202.

5  
837617-G





Two of the sleeves KCPL installed to replaced damage line.

Time warner's support cable which is was in a damaged/fallen condition for several weeks.

The comm line has been restored to its normal condition. The home owner at 5806 Walmer St. reported that At&t had to replace the comm box multiple times. The home owner at 5740 Walmer St confirmed this - they reported that At&t technicians were on the pole the following day when another arcing event began. The fire departments record set also confirms that event occurred.

This photo was taken two days after the event. There is no evidence on the branch of fire and I could not identify any snapped limbs up in the maple tree that matched up with the fallen branch's physical placement.

Photo provided by the home owner at 5800 Walmer St.

6  
0150522-122444

RA





211  
The Tree Limb 1

8



2.2  
The Tree Limb 2



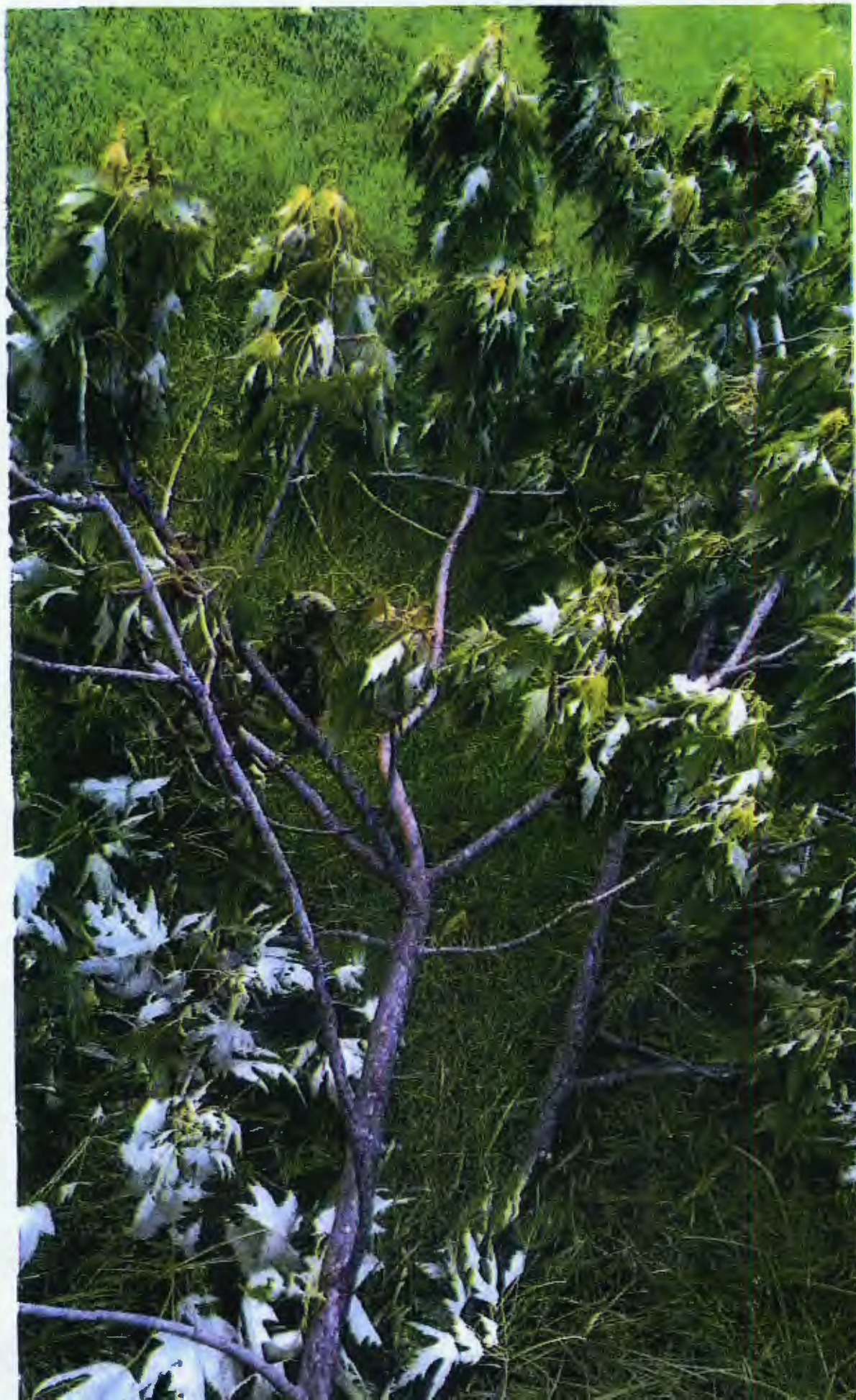
2.2





..3  
The Tree  
..imb 3





2.4  
The Tree

2.4



**A**  Delete **MFIRS -1**  
 Change **Basic**  
 No Activity

MM DD YYYY  Station  Incident Number  Exposure

**J0419** **KS** **05** **20** **2015** **1** **15-1400049** **000**

Ward \* State \* Incident Date \* Station Incident Number \* Exposure \*

**B Location**  Check this box to indicate that the address for this incident is provided on the National Fire Incident Report in Section 3 "Alternative Location Specifications". Use only for Wildland Fires. Census Tract: \_\_\_\_\_

Street address **5800** **WALMER** **ST**  
 Number/Alphabet Prefix Street or Highway Street Type Suffix

Intersection  
 In front of  
 Rear of  
 Adjacent to  
 Directions

**MISSION** **KS** **66202**  
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

**C Incident Type**

**111** **Building fire**  
 Incident Type

**E1 Date & Times** Midnight is 0000

Check boxes if dates are the same as alarm date. **ALARM** always required

Month Day Year Hr Min Sec

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 **05** **20** **2015** **16:05:06**

Cleared

**E2 Shift & Alarms**

Local Option

**C** **MS**

Shift or Alarm District Platform

**D Aid Given or Received**

1  Mutual aid received  
 2  Automatic aid recvd.  
 3  Mutual aid given  
 4  Automatic aid given  
 5  Other aid given  
 6  None

**J0102**  
 Their EMS Their State  
 Their Incident Number

**E3 Special Studies**

Local Option

Special Study ID# Special Study Value

**F Actions Taken**

**11** **Extinguishment by fire**  
 Primary Action Taken (1)

**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  
 MaxMat-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  
 0  Unknown

**H3 Hazardous Materials Release**

None

1  Natural Gas: slow leak, no emission or flammability action  
 2  Propane gas: < 20 lb. tank (no 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 can totaling < 55 gallons  
 0  Other: Special Report action required or spill > 55gal..  
Station completes the Report form.

**I Mixed Use Property**

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**



JO419

\* \* \*

KS

State \*

MM DD YYYY

5

20

2015

Incident Date \*

1

Station

15-1400049

Incident Number \*

000

Exposure: \*

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 K222 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 B46 to check the attic for extension. I



**J0419**

RCD

\*

**MS**

State

\*

MM DD YYYY

**5****20****2015**

Incident Date \*

**1**

Station

**15-1400049**

Incident Number \*

**000**

Page(s) \*

Complete  
Narrative**Narrative:**

BC21 arrived on scene and I passed command to him.

05/21/2015 15:14:47 **EMMONTGOMERY**

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.



J0419

FDSD \*

KS

State \*

MM DD YYYY

5

20

2015

Incident Date \*

1

Station

15-1400049

Incident Number \*

000

Exposure \*

Complete  
Narrative**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 the 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.



**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  None  
(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)

                       
 On-site material (2)

                       
 On-site material (3)

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

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

1  Bulk storage or warehousing  
 2  Processing or manufacturing  
 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  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 C

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 involved           

1  Male 2  Female

**F1 Equipment Involved In Ignition**  
 None If Equipment was not involved, skip to Section C

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

            
Mobile property model

                                  
License Plate Number State VIN Number

**H2 Mobile Property Type & Make**

                       
Mobile property type

                       
Mobile property make

                       
Year

**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



<b>I1 Structure Type *</b> IF fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 9 <input type="checkbox"/> Other type of structure	<b>I2 Building Status *</b> 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Undetermined	<b>I3 Building Height *</b> Count the ROOF as part of the highest story [ 002 ] <small>Total number of stories at or above grade</small> [ 001 ] <small>Total number of stories below grade</small>	<b>I4 Main Floor Size*</b> NFIRS-3 Structure Fire [ ] , [ 002 ] , [ 582 ] <small>Total square feet</small> OR [ ] , [ ] BY [ ] , [ ] <small>Length in feet Width in feet</small>
--	--	--	--

<b>J1 Fire Origin *</b> [ 001 ] <input checked="" type="checkbox"/> Below Grade <small>Story of fire origin</small>	<b>J3 Number of Stories Damaged By Flame</b> Count the ROOF as part of the highest story [ ] Number of stories w/ minor damage (1 to 24% flame damage) [ ] Number of stories w/ significant damage (25 to 49% flame damage) [ ] Number of stories w/ heavy damage (50 to 74% flame damage) [ ] Number of stories w/ extreme damage (75 to 100% flame damage)	<b>K Material Contributing Most To Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR name an material first ignited OR unable to determine <small>Ship To Section L</small> <b>K1</b> [ ] [ ] <small>Item contributing most to flame spread</small> <b>K2</b> [ ] [ ] <small>Type of material contributing most of flame spread Required only if item contributing code is 00 or 20</small>
<b>J2 Fire Spread *</b> 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		

<b>L1 Presence of Detectors *</b> <small>(In area of the fire)</small> N <input type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px;">Skip to section M</span> 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	<b>L3 Detector Power Supply</b> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 8 <input type="checkbox"/> Other _____ U <input checked="" type="checkbox"/> Undetermined	<b>L5 Detector Effectiveness</b> Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
<b>L2 Detector Type</b> 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 6 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	<b>L4 Detector Operation</b> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input checked="" type="checkbox"/> Undetermined	<b>L6 Detector Failure Reason</b> Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 7 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined

<b>M1 Presence of Automatic Extinguishment System *</b> N <input checked="" type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px;">Complete rest of Section M</span> 1 <input type="checkbox"/> Present	<b>M3 Automatic Extinguishment System Operation</b> Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M5) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 5 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>M5 Automatic Extinguishment System Failure Reason</b> Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 9 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined
<b>M2 Type of Automatic Extinguishment System *</b> Required if fire was within designed range of AFS 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO <sub>2</sub> ) system 8 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated [ ] <small>Number of sprinkler heads operating</small>	



**A**          delete  change **NFIRS - 9 Apparatus or Resources**

B Apparatus or * Resource	Date and Times				Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
	<small>Check if same as alarm date</small>								
	Month	Day	Year	Hour	Min				
1 ID <input type="text" value="BC21"/> Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="20"/>	<input type="text" value="2015"/>	<input type="text" value="08:59"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="81"/>	<input type="text"/>
	Arrival <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="20"/>	<input type="text" value="2015"/>	<input type="text" value="09:14"/>	<input checked="" type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="20"/>	<input type="text" value="2015"/>	<input type="text" value="11:09"/>			<input type="text"/>	<input type="text"/>
2 ID <input type="text" value="B21"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="20"/>	<input type="text" value="2015"/>	<input type="text" value="09:22"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="51"/>	<input type="text" value="12"/>
	Arrival <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="20"/>	<input type="text" value="2015"/>	<input type="text" value="09:22"/>	<input checked="" type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="20"/>	<input type="text" value="2015"/>	<input type="text" value="11:17"/>			<input type="text"/>	<input type="text"/>
3 ID <input type="text" value="B222"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="20"/>	<input type="text" value="2015"/>	<input type="text" value="08:59"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="10"/>	<input type="text" value="21"/>
	Arrival <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="20"/>	<input type="text" value="2015"/>	<input type="text" value="09:05"/>	<input checked="" type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="20"/>	<input type="text" value="2015"/>	<input type="text" value="11:02"/>			<input type="text" value="51"/>	<input type="text"/>
4 ID <input type="text" value="TR21"/> Type <input type="text" value="12"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="20"/>	<input type="text" value="2015"/>	<input type="text" value="08:46"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
	Arrival <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="20"/>	<input type="text" value="2015"/>	<input type="text" value="08:52"/>	<input checked="" type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="20"/>	<input type="text" value="2015"/>	<input type="text" value="16:05"/>			<input type="text"/>	<input type="text"/>
5 ID <input type="text" value="TR23"/> Type <input type="text" value="13"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="20"/>	<input type="text" value="2015"/>	<input type="text" value="10:34"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
	Arrival <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="20"/>	<input type="text" value="2015"/>	<input type="text" value="10:34"/>	<input checked="" type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input checked="" type="checkbox"/>	<input type="text" value="5"/>	<input type="text" value="20"/>	<input type="text" value="2015"/>	<input type="text" value="10:50"/>			<input type="text"/>	<input type="text"/>
6 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
7 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
8 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
9 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>

**Type of Apparatus or Resources**

**Ground Fire Suppression**

- 11 Engine
- 12 Truck or aerial
- 13 Quist
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 AWP (Aircraft Rescue and Firefighting)
- 18 Ground fire suppression, other

**Heavy Ground Equipment**

- 21 Boxer or plow
- 22 Tractor
- 24 Tanker or tender
- 28 Heavy equipment, other

**Aircraft**

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

**Marine Equipment**

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

**Support Equipment**

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

**Medical & Rescue**

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 ALS unit
- 76 ALS unit
- 78 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
- 88 Other apparatus/resource

99 None

00 Undetermined



**A** JO419 KS 5 20 2015 1 15-1400049 000  Delete  Change **NFIRS - 10 Personnel**

**B Apparatus or Resource**  **Date and Times**  **Sent**  **Number of People**  **Use**  **Actions Taken**

Check if same as alarm date:  **Month** **Day** **Year** **Hours/mins**  **Suppression**  **EMS**  **Other**

Use codes listed below:  **1** ID BC21  5 20 2015 08:59    81

Type 92  5 20 2015 09:14

5 20 2015 11:09

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
20031	Randall, Bruce	CP	X				

**2** ID E21  5 20 2015 09:22    51 12

Type 11  5 20 2015 09:22

5 20 2015 11:17

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
20002	Bradley, Kelly	CP	X				
20080	Waller, William	AO	X				
20107	Patton, Dustin	FFE	X				

**3** ID E222  5 20 2015 08:59    10 21

Type 11  5 20 2015 09:05

5 20 2015 11:02

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
20081	Fleup, Robert	AO	X				
20113	Shaffer, Robert	FFE	X				
20116	Pheiffer, Bruce	PR	X				







**J0419**

RID

**KS**

State

**5**

Incident Date

**20****2015****1**

Station

**15-140049**

Incident Number

**000**

Exposure

Responding  
Units/Personnel

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 0		
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 Fleesp, Robert D	Fire At Scene	Apparatus 0		
20113 Shaffer, Robert C	Fire At Scene	Firefighter		
20116 Heiffer, 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.



**J0419****KS****5****20****2015****1****15-1400049****000****Responding  
Units/Personnel**

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 0		
20108 Bremer, Samuel A	Fire At Scene	Firefighter		
20112 Hunt, Joshua W	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

TR23 105' LADDER 1500/500 (carries	10:34:37	10:34:37	10:34:37	10:50:10
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Staff ID\Staff Name	Activity	Rank	Position	Role
20011 Kolman, Randy R	Fire At Scene	Captain		
20015 Rex, Michael J	Fire At Scene	Apparatus 0		
20086 Buser, William P	Fire At Scene	Firefighter		



<b>J0419</b> <small>Incident</small>	<b>KS</b> <small>State</small>	<b>MM</b> <b>DD</b> <b>YYYY</b> <b>5</b> <b>20</b> <b>2015</b> <small>Incident Date</small>	<b>1</b> <small>Station</small>	<b>15-1400049</b> <small>Incident Number</small>	<b>000</b> <small>Exposure</small>	<b>HFIRS - Involvement</b> <b>Use Fields</b>
---	-----------------------------------	---	------------------------------------	---	---------------------------------------	---

**Involvement**

**Name:**  
Riedel, A. Zita

**Involvement**

**Type:**

**Owner:**  
X

**Occupant:**

**Involvement**

**Name:**  
Riedel, Marcellus

**Involvement**

**Type:**

**Owner:**  
X

**Occupant:**



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

**Involvement**

**Name:**  
Gomez, Brian

**Involvement**

**Type:**  
Adjuster

**Owner:**      **Occupant:**

---



**A**          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<sub>1</sub> 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**



**A**  Delete  Change  No Activity **NETRS -1 Basic**

Year  State  Incident Date   Station  Incident Number  Exposure

**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 Specifications". Use only for Wildland fires.

Street address

Intersection

In front of

Rear of

Adjacent to

Directions

Cross street or directions, as applicable

**C Incident Type**

**Incident Type**

**E1 Date & Times** **Midnight is 0000**

Alarm

Arrival

Controlled

Last Unit

Cleared

**E2 Shift & Alarms**

Shift or Alarm District

**D Aid Given or Received**

Mutual aid received

Automatic aid recv.

Mutual aid given

Automatic aid given

Other aid given

None

**E3 Special Studies**

Special Study ID#  Special Study Value

**F Actions Taken**

**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

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 \$  ,  ,

Contents \$  ,  ,

**PRE-INCIDENT VALUE:** optional

Property \$  ,  ,

Contents \$  ,  ,

**Completed Modules**

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

**H1 Casualties**  None

Deaths  Injuries

Fire Service

Civilian

**H2 Detector** Required for Confined Fires.

Detector alerted occupants  
 Detector did not alert them  
 Unknown

**H3 Hazardous Materials Release**

None  
 Natural Gas: slow leak, no evulsion or shatter action  
 Propane gas: <2 lb. tank (see in loss form 9211)  
 Gasoline: vehicle fuel tank or portable container  
 Kerosene: fuel burning equipment or portable storage  
 Diesel fuel/fuel oil: vehicle fuel tank or portable  
 Household solvents: home/office spray, cleanup only  
 Motor oil: from engine or portable container  
 Paint: from paint cans totaling < 55 gallons  
 Other: Special HazMat actions required or spill > 55gal... Please complete the HazMat form.

**I Mixed Use Property**

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

1 or 2 family dwelling



J0419

FDID \*

KS

State \*

MM DD YYYY

12

17

2003

Incident Date \*

1

Station

03-3510118

Incident Number \*

000

Exposure \*

Complete  
Narrative

**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 KS 12 17 2003 1 03-3510118 000  Delete  Change  No Activity **MPIRS -2**  
 Station Incident Number Exposure **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)

                   
 On-site material (2)

                   
 On-site material (3)

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

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

1  Bulk storage or warehousing  
 2  Processing or manufacturing  
 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 \*  was confined to object of origin

**D4** 11 Plastic  
 Type of material first ignited *Required only if item first ignited code is 00 or <00*

**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  
 6  Cause undetermined after investigation

**E2 Factors Contributing To Ignition**

30 Electrical  None  
 Factor Contributing To Ignition (1)

                   
 Factor Contributing To Ignition (2)

**E3 Human Factors Contributing To Ignition**

Check all applicable boxes

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

7  Age was a factor  
 Estimated age of person involved         

1  Male 2  Female

**F1 Equipment Involved In Ignition**

None if Equipment was not involved, skip to Section G

                   
 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 for 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

          
 Mobile property model

                            
 License Plate Number State VIN Number

**H2 Mobile Property Type & Make**

                   
 Mobile property type

                   
 Mobile property make

**Local Use**

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

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



<b>I1 Structure Type *</b> <small>If fire was in enclosed building or a portable/mobile structure complete the rest of this form</small> 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (park areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 9 <input type="checkbox"/> Other type of structure	<b>I2 Building Status *</b> 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Undetermined	<b>I3 Building * Height</b> <small>Count the ROOF as part of the highest story</small> [ 002 ] <small>Total number of stories at or above grade</small>  [ 001 ] <small>Total number of stories below grade</small>	<b>I4 Main Floor Size*</b> <small>NFIRS-3 Structure Fire</small> [ ] , [ 001 ] , [ 500 ] <small>Total square feet</small>  <b>OR</b> [ ] , [ ] BY [ ] , [ ] <small>Length in feet Width in feet</small>
---	--	---	--

<b>J1 Fire Origin *</b> [ 001 ] <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	<b>J3 Number of Stories Damaged By Flame</b> <small>Count the ROOF as part of the highest story</small> [ ] Number of stories w/ minor damage (1 to 24% flame damage) [ ] Number of stories w/ significant damage (25 to 49% flame damage) [ ] Number of stories w/ heavy damage (50 to 74% flame damage) [ ] Number of stories w/ extreme damage (75 to 100% flame damage)	<b>K Material Contributing Most To Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine <b>Skip To Section L</b>  <b>K1</b> [ ] [ ] <small>Item contributing most to flame spread</small>  <b>K2</b> [ ] [ ] <small>Type of material contributing most of flame spread</small> <small>Required only if item contributing code is 00 or &lt;70</small>
<b>J2 Fire Spread *</b> 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		

<b>L1 Presence of Detectors *</b> <small>(In area of the fire)</small> N <input type="checkbox"/> None Present <b>Skip to section M</b> 1 <input type="checkbox"/> Present U <input checked="" type="checkbox"/> Undetermined	<b>L3 Detector Power Supply</b> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 8 <input type="checkbox"/> Other _____ 9 <input type="checkbox"/> Undetermined	<b>L5 Detector Effectiveness</b> <small>Required if detector operated</small> 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants 5 <input type="checkbox"/> Undetermined
<b>L2 Detector Type</b> 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Undetermined	<b>L4 Detector Operation</b> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) 4 <input type="checkbox"/> Undetermined	<b>L6 Detector Failure Reason</b> <small>Required if detector failed to operate</small> 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 7 <input type="checkbox"/> Other _____ 8 <input type="checkbox"/> Undetermined

<b>M1 Presence of Automatic Extinguishment System *</b> N <input checked="" type="checkbox"/> None Present <b>Complete rest of Section M</b> 1 <input type="checkbox"/> Present	<b>M3 Automatic Extinguishment System Operation</b> <small>Required if fire was within designed range</small> 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 5 <input type="checkbox"/> Other _____ 6 <input type="checkbox"/> Undetermined	<b>M5 Automatic Extinguishment System Failure Reason</b> <small>Required if system failed</small> 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 9 <input type="checkbox"/> Other _____ 10 <input type="checkbox"/> Undetermined
<b>M2 Type of Automatic Extinguishment System *</b> <small>Required if fire was within designed range of AES</small> 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO <sub>2</sub> ) system 8 <input type="checkbox"/> Other special hazard system 9 <input type="checkbox"/> Undetermined	<b>M4 Number of Sprinkler Heads Operating</b> <small>Required if system operated</small> [ ] <small>Number of sprinkler heads operating</small>	<small>NFIRS-3 Revision 01/19/99</small>



**A**  Delete  Change

Incident #    State    Incident Date    Station    Incident Number    Signature

**NFIRS - 9 Apparatus or Resources**

B Apparatus or Resource	Date and Times				Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken		
	<small>Check if same as alarm date</small>									
	Month	Day	Year	Hour	Min					
1 ID <input type="text" value="205"/> Type <input type="text" value="92"/>	Dispatch <input type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="17"/>	<input type="text" value="2003"/>	<input type="text" value="19:19"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	
	Arrival <input type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="17"/>	<input type="text" value="2003"/>	<input type="text" value="19:22"/>			<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="17"/>	<input type="text" value="2003"/>	<input type="text" value="20:18"/>				<input type="text"/>	<input type="text"/>
2 ID <input type="text" value="E21"/> Type <input type="text" value="11"/>	Dispatch <input type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="17"/>	<input type="text" value="2003"/>	<input type="text" value="19:17"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	
	Arrival <input type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="17"/>	<input type="text" value="2003"/>	<input type="text" value="19:21"/>			<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="17"/>	<input type="text" value="2003"/>	<input type="text" value="20:28"/>				<input type="text"/>	<input type="text"/>
3 ID <input type="text" value="E21"/> Type <input type="text" value="12"/>	Dispatch <input type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="17"/>	<input type="text" value="2003"/>	<input type="text" value="19:17"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	
	Arrival <input type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="17"/>	<input type="text" value="2003"/>	<input type="text" value="19:21"/>			<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="17"/>	<input type="text" value="2003"/>	<input type="text" value="20:25"/>				<input type="text"/>	<input type="text"/>
4 ID <input type="text" value="E22"/> Type <input type="text" value="11"/>	Dispatch <input type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="17"/>	<input type="text" value="2003"/>	<input type="text" value="19:17"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	
	Arrival <input type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="17"/>	<input type="text" value="2003"/>	<input type="text" value="19:23"/>			<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="17"/>	<input type="text" value="2003"/>	<input type="text" value="20:18"/>				<input type="text"/>	<input type="text"/>
5 ID <input type="text" value="E61"/> Type <input type="text" value="11"/>	Dispatch <input type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="17"/>	<input type="text" value="2003"/>	<input type="text" value="19:17"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	
	Arrival <input type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="17"/>	<input type="text" value="2003"/>	<input type="text" value="19:25"/>			<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text" value="12"/>	<input type="text" value="17"/>	<input type="text" value="2003"/>	<input type="text" value="20:18"/>				<input type="text"/>	<input type="text"/>
6 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
7 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
8 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
9 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>

**Type of Apparatus or Resources**

**Ground Fire Suppression**

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

**Heavy Ground Equipment**

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 28 Heavy equipment, other

**Aircraft**

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

**Marine Equipment**

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

**Support Equipment**

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

**Medical & Rescue**

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 ALS unit
- 76 ALS unit
- 78 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

- EN None
- UU Undetermined











<b>J0419</b>	<b>KS</b>	MM <b>12</b>	DD <b>17</b>	YYYY <b>2003</b>	<b>1</b>	<b>03-3510118</b>	<b>000</b>	<b>NFIRS - Involvement: User Fields</b>
<small>FDID</small>	<small>State</small>	<small>Incident Date</small>		<small>Station</small>	<small>Incident Number</small>	<small>Exposure</small>		

**Involvement**

Name:  
Mckaig, Susan

**Involvement**

Type:

Owner:

Occupant:

X

X



**A**          Delete  Change **Insurance and Loss**

**B Estimated Dollar Loss & Value**

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
<b>Buildings</b>	\$100,000.00	\$5,000.00	\$0.00	\$0.00
<b>Vehicles</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>Contents</b>	\$0.00	\$0.00	\$0.00	\$0.00

**C Insurance Company**

Business name if applicable Contact Name  


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 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
14-2050084-000	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 -	651 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
15-1400045-000	05/20/2015	08:45:20	5800 WALMER ST /House Fir	111 Building fire
15-1400054-000	05/20/2015	08:03:52	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



4.1. July-12-2011 Event (Video)  
Please send request for  
electronic version of video to  
louisekw73@aol.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 20<sup>th</sup>, 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,



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.





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.





## 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: 339031118

Claimant's name:

First: Janie 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: KCP&L'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 includes 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 hour.

Description of property damage: while KCP&L 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 covr  
Are there any other supporting facts or witnesses that can be contacted? Witnessed  
by multiple neighbors, photographic evidence, KCTV 5 News coverage. Please contact me for neighbors' contact information.

### Original Appliance Damage Information

#### Actual Damaged Appliance Description (not replacement info):

Appliance Type:	<u>Refrigerator</u>	Purch. date:	<u>NA</u> / <u>  </u> / <u>  </u>	Purch. price:	<u>\$ NA</u>		
Brand:	<u>Amana</u>	Model number:	<u>SGD22TW</u>				
Damage description:	<u>Does not refrigerate, (closest replacement = Amana ASD2575</u>						
Repairable?:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Labor:	<u>\$ 84.99</u>	Replacement parts:	<u>\$ 999.99</u>	Total:	<u>\$ 1182.63</u>
				<u>(shipping + haul away)</u>		<u>(includes 9% sales tax)</u>	

Appliance Type:	<u>oven</u>	Purch. date:	<u>NA</u> / <u>  </u> / <u>  </u>	Purch. price:	<u>\$ NA</u>		
Brand:	<u>GE</u>	Model number:	<u>317B6641P001</u>				
Damage description:	<u>Does not heat or indicate, (closest replacement = GE JB2501</u>						
Repairable?:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Labor:	<u>\$ 84.99</u>	Replacement parts:	<u>\$ 449.99</u>	Total:	<u>\$ 583.13</u>
				<u>(shipping + haul away)</u>		<u>(includes 9% sales tax)</u>	

Appliance Type:	<u>Garage Door Opener</u>	Purch. date:	<u>NA</u> / <u>  </u> / <u>  </u>	Purch. price:	<u>\$ NA</u>		
Brand:	<u>Allistor</u>	Model number:	<u>ARD</u>				
Damage description:	<u>Does not operate</u>						
Repairable?:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Labor:	<u>\$</u>	Replacement parts:	<u>\$ 199.99</u>	Total:	<u>\$ 217.99</u>
				<u>(includes 9% sales tax)</u>			

Appliance Type:	<u>HVAC</u>	Purch. date:	<u>NA</u> / <u>  </u> / <u>  </u>	Purch. price:	<u>\$</u>		
Brand:	<u>Sure Light</u>	Model number:	<u>5368901</u>				
Damage description:	<u>Control Board replacement</u>						
Repairable?:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Labor:	<u>\$ 89.00</u>	Replacement parts:	<u>\$ 560.00</u>	Total:	<u>\$ 649.99</u>

Additional comments? continued on next page.

Total amount for which you are filing this claim: \$ \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_



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: <u>Printer</u>	Purch. date: <u>01/13/2013</u>	Purch. price: <u>\$399.99</u> (+ 9% sales tax)
Brand: <u>Samsung</u>	Model number: <u>CLX-4195FW</u>	
Damage description: <u>Now always jams, copier/scanner/printer do not operate</u>		
Repairable?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Labor: \$ <u>NA</u>	Replacement parts: \$ <u>299.99</u> <u>Samsung CLB60FW</u>	Total \$ <u>315.55</u> (includes 9% sales tax)

Appliance Type: <u>Space Heater</u>	Purch. date: <u>/ /</u>	Purch. price: \$ <u>89.99</u> (+ 9% sales tax)
Brand: <u>Honeywell</u>	Model number: <u>HZ-789-TGT</u>	
Damage description: <u>Does not operate</u>		
Repairable?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Labor: \$ <u>NA</u>	Replacement parts: \$ _____	Total \$ <u>98.09</u> (includes 9% sales tax)

Appliance Type: <u>Alarm Clock</u>	Purch. date: <u>NA / /</u>	Purch. price: \$ <u>NA</u>
Brand: <u>GE</u>	Model number: <u>7-4853C</u>	
Damage description: <u>Does not operate (closest replacement = Sony ICFCLT)</u>		
Repairable?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Labor: \$ <u>NA</u>	Replacement parts: \$ <u>24.99</u>	Total \$ <u>27.24</u> (includes 9% sales tax)

Appliance Type: _____	Purch. date: <u>/ /</u>	Purch. price: \$ _____
Brand: _____	Model number: _____	
Damage description: _____		
Repairable?: <input type="checkbox"/> Yes <input type="checkbox"/> No Labor: \$ _____	Replacement parts: \$ _____	Total \$ _____

Additional comments? \_\_\_\_\_

Total amount for which you are filing this claim: \$ <u>3,074.62</u>	
Your signature: <u>Jamie Lettich</u>	Date: <u>7/22/15</u>





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 cannot 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](http://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**

SCHEDULE 158

(Name of Issuing Utility)

Replacing Schedule \_\_\_\_\_ Sheet \_\_\_\_\_

**Rate Areas 2 & 4**

which was filed September 7, 1989

(Territory to which schedule is applicable)

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

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.

KOPL Form 681H001 (Rev 6/84)

**97 KC PE330 TAR**

Commission File Number \_\_\_\_\_

Issued November 20, 1996  
Month Day Year  
Effective December 31, 1996  
Month Day Year  
By S. W. Catron Vice President

NOTED & FILED DEC 31 1996

THE STATE CORPORATION COMMISSION

OF KANSAS  
*[Signature]*



# Attachment "B"



## MEMORANDUM

To: Chair Shari Feist Albrecht  
Commissioner Jay Scott Emler  
Commissioner Pat Apple

From: Michael Neeley, Litigation Counsel

Date: October 26, 2015

Re: 16-KCPE-195-COM  
In the Matter of the Complaint Against Kansas City Power & Light by Jamie Littich

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### *EXECUTIVE SUMMARY*

Jamie Littich (Complainant) filed a Formal Complaint<sup>1</sup> wherein Complainant alleged Kansas City Power & Light Co. (KCP&L) failed to properly install and maintain its electrical service infrastructure. Litigation Staff recommends the Commission accept the Formal Complaint, serve the Formal Complaint on KCP&L for an Answer, and direct Commission Staff to investigate the matter.

### *BACKGROUND*

On October 21, 2015, Complainant filed a Formal Complaint against KCP&L. In the Formal Complaint, Complainant details an event that occurred on Wednesday, May 20, 2015. Complainant explains that a fault occurred on a secondary power line which ultimately caused electricity to travel into several customers' homes located in Mission, KS.<sup>2</sup> Complainant states that the event caused considerable damage to property.<sup>3</sup> Complainant states that KCP&L speculated that the cause of the event was a tree limb caught between two secondary conductors.<sup>4</sup> Complainant speculates that human error could have been the cause of the event.<sup>5</sup> Additionally, Complainant alleges that the primary cause for the property damage incurred during the event was KCP&L's failure to properly size its transformer fuse responsible for interrupting the flow of electricity

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<sup>1</sup>Complaint Against Kansas City Power & Light Co. by Jamie Littich (October 21, 2015) (Formal Complaint).

<sup>2</sup>Formal Complaint at 1.

<sup>3</sup>Id. at 1-2.

<sup>4</sup>Id. at 2.

<sup>5</sup>Id. at 2.



during a surge-condition.<sup>6</sup> Complainant included multiple photographs surrounding the event in its Formal Complaint.

### ***ANALYSIS***

Upon the filing of a formal complaint, the Commission must determine, “whether or not the allegations, if true, would establish a [prima] facie case for action by the commission and whether or not the formal complaint conforms to the commission’s regulations.”<sup>7</sup> If the Commission determines these conditions are satisfied, the Complaint is served on the subject utility for an Answer.<sup>8</sup>

K.A.R. 82-1-220(b) requires formal complaints to satisfy three procedural requirements:

- (1) Fully and completely advise each respondent and the commission as to the provisions of law or the regulations or orders of the commission that have been or are being violated by the acts or omissions complained of, or that will be violated by the continuance of acts or omissions;
- (2) set forth concisely in plain language the facts claimed by the complainant to constitute the violation; and
- (3) state the relief sought by the complainant.

The Formal Complaint plainly describes the facts and circumstances giving rise to the complaint and alleges violations of wire-stringing, tree-trimming, and general sufficient and efficient service requirements.<sup>9</sup> The Formal Complaint also states the relief sought.<sup>10</sup> Complainant seeks an official report from the Commission and an order requiring KCP&L to upgrade its service as necessary to ensure these types of events do not occur in the future.<sup>11</sup>

The Formal Complaint does not expressly cite the provision(s) of law or the regulations or orders of the Commission that have been or are being violated by the acts or omissions of the utility. Therefore, the Formal Complaint does not comply with the procedural requirement of K.A.R. 82-1-220(b)(1). However, the Commission should waive this requirement.

The Commission has been given full power, authority and jurisdiction to supervise and control the electric public utilities doing business in Kansas.<sup>12</sup> The Commission is also charged with ensuring utilities provide efficient and sufficient service at just and reasonable rates and establish just and reasonable rules and regulations.<sup>13</sup> Moreover, the Commission is granted authority over each electric public utility’s equipment, manner of conduct, and management to protect public safety; and shall inquire into any neglect or violations of the laws of this state by any electric public utility.<sup>14</sup>

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<sup>6</sup>Id. at 2.

<sup>7</sup>K.A.R. 82-1-220(c).

<sup>8</sup>Id.

<sup>9</sup>Formal Complaint, 1-4.

<sup>10</sup>Id. at 2.

<sup>11</sup>Id. at 2.

<sup>12</sup>K.S.A. 66-101.

<sup>13</sup>K.S.A. 66-101b.

<sup>14</sup>K.S.A. 66-101h.



In this instance, the Formal Complaint clearly implicates numerous provisions of law. These include but are not limited to K.S.A. 66-101h, K.S.A. 66-183, K.A.R. 82-12-2, and K.S.A. 66-101b. While the Formal Complaint does not specifically identify the applicable laws, Litigation Staff believes that based on the totality of the complaint, the Formal Complaint provides sufficient detail to notify KCP&L and the Commission that the Complainant is asking the Commission to exercise its authority and make determinations with regard to KCP&L's service obligations under Kansas law, as well as determine the utility's compliance with Commission regulations.

The detailed requirements of K.A.R. 82-1-220 are more restrictive than those required by the Kansas Public Utilities Act and Kansas courts.<sup>15</sup> Further, the public interest is not served by dismissing the complaints of customers not represented by legal counsel for deficiencies related to stringent procedural requirements.<sup>16</sup> Therefore, because the Formal Complaint substantially complies with the procedural requirements of K.A.R. 82-1-220, Litigation Staff recommends the Commission waive the requirements of K.A.R. 82-1-220(b)(1) for good cause.

### **RECOMMENDATION**

Litigation Staff recommends the Commission find:

- The Formal Complaint substantially complies with the procedural requirements of K.A.R. 82-1-220;
- K.A.R. 82-1-220(b)(1) should be waived for good cause;
- The Formal Complaint establishes a *prima facie* case for Commission action;
- The Formal Complaint should be served upon KCP&L for an Answer; and
- Staff should be directed to investigate this matter and submit a Report and Recommendation to the Commission.

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<sup>15</sup>See, K.S.A. 66-101e (the specific language of the statute allows for a complaint based solely on an unreasonable practice, K.A.R. 82-1-220(b) places the additional burden of alleging a specific violation of law, tariff or order which is not required by statute and may place an undue burden on complainants not represented by legal counsel); *See also, Boydston v. Bd. of Regents for State of Kan.*, 242 Kan. 94, 99, 744 P.2d 806, 811 (1987) (as long as the opponent is apprised of the facts that entitle the plaintiff to relief, it is not necessary to spell out a legal theory of relief in the pleadings).

<sup>16</sup>K.S.A. 66-155 obligates "the attorney of the corporation commission" to prosecute suits on behalf of parties complaining of unjust discriminations by a public utility or other violations of the Public Utility Act. Litigation Staff believes full representation of the Complainant in this case would be an unnecessary use of Commission resources and is evidence of further good cause for the Commission to waive the requirements of K.A.R. 82-1-220(b)(1) and K.A.R. 82-1-220(b)(3).



**CERTIFICATE OF SERVICE**

16-KCPE-195-COM

I, the undersigned, certify that the true copy of the attached Order has been served to the following parties by means of first class mail/hand delivered on NOV 03 2015.

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ORDER MAILED NOV 04 2015