

A FDID 43070 * State CA * Incident Date 01 14 2019 * Station 02 Incident Number 19-0149052 * Exposure 000 * Delete Change No Activity NFIRS -1 Basic

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract _____ - _____

Street address 1310 FOXDALE Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection In front of Rear of Adjacent to Directions

SAN JOSE CA 95127 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable _____

C Incident Type * 111 Building fire Incident Type

D Aid Given or Received*

1 Mutual aid received Their FDID Their State

2 Automatic aid recv.

3 Mutual aid given

4 Automatic aid given

5 Other aid given

N None Their Incident Number

E1 Date & Times Midnight is 0000

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

Alarm * 01 14 2019 06:50:01 Month Day Year Hr Min Sec

ARRIVAL required, unless canceled or did not arrive

Arrival * 01 14 2019 06:55:32

CONTROLLED Optional, Except for wildland fires

Controlled

LAST UNIT CLEARED, required except for wildland fires

Last Unit 01 14 2019 12:42:44

E2 Shift & Alarms Local Option

B 02 02 Shift or Alarms District Platoon

E3 Special Studies Local Option

Special Study ID# _____ Special Study Value _____

F Actions Taken *

81 Incident command Primary Action Taken (1)

111 Deploy attack line Additional Action Taken (2)

10 Fire control or Additional Action Taken (3)

G1 Resources *

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

Apparatus Personnel

Suppression 0018 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 \$ _____, 800, 000

Contents \$ _____, 015, 000

PRE-INCIDENT VALUE: Optional

Property \$ 001, 200, 000

Contents \$ _____, 015, 000

Completed Modules

Fire-2

Structure-3

Civil Fire Cas.-4

Fire Serv. Cas.-5

EMS-6

HazMat-7

Wildland Fire-8

Apparatus-9

Personnel-10

Arson-11

H1* Casualties None

Deaths Injuries

Fire Service _____ 001

Civilian 001 _____

H2 Detector Required for Confined Fires.

1 Detector alerted occupants

2 Detector did not alert them

U Unknown

H3 Hazardous Materials Release

N None

1 Natural Gas: slow leak, no evacuation or HazMat actions

2 Propane gas: <21 lb. tank (as in home BBQ grill)

3 Gasoline: vehicle fuel tank or portable container

4 Kerosene: fuel burning equipment or portable storage

5 Diesel fuel/fuel oil: vehicle fuel tank or portable

6 Household solvents: home/office spill, cleanup only

7 Motor oil: from engine or portable container

8 Paint: from paint cans totaling < 55 gallons

0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN Not Mixed

10 Assembly use

20 Education use

33 Medical use

40 Residential use

51 Row of stores

53 Enclosed mall

58 Bus. & Residential

59 Office use

60 Industrial use

63 Military use

65 Farm use

00 Other mixed use

J Property Use* Structures

131 Church, place of worship

161 Restaurant or cafeteria

162 Bar/Tavern or nightclub

213 Elementary school or kindergarten

215 High school or junior high

241 College, adult education

311 Care facility for the aged

331 Hospital

341 Clinic, clinic type infirmary

342 Doctor/dentist office

361 Prison or jail, not juvenile

419 1-or 2-family dwelling

429 Multi-family dwelling

439 Rooming/boarding house

449 Commercial hotel or motel

459 Residential, board and care

464 Dormitory/barracks

519 Food and beverage sales

539 Household goods, sales, repairs

579 Motor vehicle/boat sales/repair

571 Gas or service station

599 Business office

615 Electric generating plant

629 Laboratory/science lab

700 Manufacturing plant

819 Livestock/poultry storage (barn)

882 Non-residential parking garage

891 Warehouse

Outside

124 Playground or park

655 Crops or orchard

669 Forest (timberland)

807 Outdoor storage area

919 Dump or sanitary landfill

931 Open land or field

936 Vacant lot

938 Graded/care for plot of land

946 Lake, river, stream

951 Railroad right of way

960 Other street

961 Highway/divided highway

962 Residential street/driveway

981 Construction site

984 Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 429

Multifamily dwelling

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

 Check This Box if same address as incident location. Then skip the three duplicate address lines.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name			Suffix			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway			Street Type	Suffix			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office Box		Apt./Suite/Room		City					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State	Zip Code								

 More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary
K2 Owner
 Same as person involved? Then check this box and skip The rest of this section.

Local Option

Business name (if Applicable)

Area Code

Phone Number

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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State	Zip Code								

L Remarks

Local Option

20190114064934PS -121.820322 37.3454950 20190114064934PS Problem: REPORTED BUILDING/STRUCTURE FIRE 20190114064934PS Dispatch CAD Code: 69E05 20190114064934PS Response Text: 0 20190114064934PS Chief Complaint: Structure Fire 20190114064934PS Determinant Level: Residential (multiple) 20190114064934PS KQ: The incident involves a multiple-family residential structure. 20190114064934PS FIRE IN APT 20190114064935PS ** LOI search completed at 01/14/19 06:49:35 20190114064949PS RP IS NEIGH 20190114065010PS ** Alarm level updated to 1 20190114065017PS Duplicate Event:Location = 1310 FOXDALE LP SJ, Cross Street 1 = E CAPITOL EX, Cross Street 2 = DEAD END, Type = 69E5 STRUCT, STRUCTURE FIRE, Subtype =

Fire Department Actions:

At 0650 hrs. on 01/14/19, E16, E2, E21, T2, T16, SQ3, Med 30, B2 and B5 were dispatched to a report of a possible kitchen fire at 1310 Foxdale loop, Apt. [REDACTED]. 0653 E16 articulated smoke showing enroute. B2 verified with CMD 13 multiple calls, possible person trapped with report of smoke showing. CMD 13 confirmed details with B2. B2 requested a second alarm at 0653 hrs. (2nd alarm units E24, E34, USAR 34A and 34B and B)

At 0656 E16 arrived on scene and reported a large 2 story apartment complex (12 unit two story), fully involved. Upon quick 360, E16 reported fire from the Alpha and Charlie side of the structure with significant exposure issues on the Bravo, Charlie and Delta exposures. E16 CA established IC, articulated tactic of initial outside attack with an intended transition to interior offensive attack. E16 crew stretched a 1.75" line to the front of the primary unit involved. E16 established their own water supply. IC directed E21 to drop a second line to the Charlies side of the event, and directed T16 to conduct primary and secondary search of the Bravo 1, Delta 1 Delta 2 and involved units.

L Authorization

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
099104	Ochoa, Alonso	CA	E16	01	18	2019			
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year			

 Check Box if same as Officer in charge.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
099104	Ochoa, Alonso	CA	E16	01	18	2019			
Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year			

Narrative:

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B2 assumed command from E16. B2 verbalized 2 out would not be established. IC (B2) directed E2 to assist E21 with a fire attack on the Charlie side of the unit. T2 was directed to the roof for a report on conditions and vertical ventilation. SQ3 was directed to secure utilities and attached to E2 after completion of initial assignment. 2nd alarm units arrived on scene. T2 requested 2nd truck to assist with roof operations. USAR 34 was directed top side to assist T2. E34 was directed to tool up and stage on deck on the Alpha aside of the event. E34 replaced E16 crew to allow for bottle exchange. E24 was directed to tool up upon arrival and stage on Alpha side of event. T2 and USAR 34 completed ventilation and were assigned salvage. At 718hrs fire was knocked down. IC requested call from Arson and PD notification at 0723 to report fatality. Fire announced under control at 0743 hrs. At 0932hrs BC Dellinger B2B transferred command of the incident to T16 Captain Ramon Gamino.

2. Story of Alarm:

Per renter Mr. [REDACTED]:
Mr. [REDACTED] stated that he had just returned home and was preparing his meal prior to leaving for work. Mr. [REDACTED] went upstairs to get ready while [REDACTED] and [REDACTED] had left the unit and were going to pull the car around to pick him up. Mr. [REDACTED] stated that while he was upstairs he smelled smoke. He stated there was smoke coming up the stairs as he came down. We walked past the kitchen. He stated he saw the fire in the corner of the living room in the area adjacent to the kitchen. M. [REDACTED] articulated that he tried to put it out but was unable. He left the structure. 911 was called. Mr. [REDACTED] denied any use of candles, smoking or space heaters in the area. He could not think of anything that may have caused the fire. Arson was called out to the scene to conduct the investigation. Please see Arson report for further.

Narrative:

Additional Details:

At the time B2 transferred command, the cause of the fire was undetermined with further investigation to be conducted by the Arson Task force.

FD noted extensive fire damage in Unit [REDACTED]. Water damage, some smoke and others due to salvage and overhaul operation were noted in Units [REDACTED], [REDACTED] and [REDACTED].

FD forced entry into 3 units to complete primary and secondary search operations.

PIO both responded and coordinated with media on scene.

IC requested on-duty fire cause investigator respond. 4B92 responded. See separate report

PGE Gas responded.

PGE Electric responded and secured meter to building.

IC requested 2 VTA buses for a location to shelter residents from involved building. VTA representative and 1 bus arrived on scene.

IC requested Red Cross respond and assisted with 21 residents affected by the fire

Fire Associates (FSU2) responded and provided hydration for FD personnel.

Primary contact for each unit:

- Unit [REDACTED]
- Unit [REDACTED]
- Unit [REDACTED]
- Unit [REDACTED]

A FDID 43070 * State CA * Incident Date 01 14 2019 * Station 02 Incident Number 19-0149052 * Exposure 000 *
 Delete
 Change
 No Activity
 NFIRS -2 Fire

B Property Details

B1 0004 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

D Ignition

D1 UU Undetermined
 Area of fire origin *

D2 UU Undetermined
 Heat source *

D3 UU Undetermined
 Item first ignited * 1 was confined to object of origin

D4 UU Undetermined
 Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition

Check box if this is an exposure report. Skip to section G

- 1 Intentional
- 2 Unintentional
- 3 Failure of equipment or heat source
- 4 Act of nature
- 5 Cause under investigation
- U Cause undetermined after investigation

E2 Factors Contributing To Ignition

UU Undetermined 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 to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes. None

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved

None

- 1 Not involved in ignition, but burned
- 2 Involved in ignition, but did not burn
- 3 Involved in ignition and burned

H2 Mobile Property Type & Make

Mobile property type

Mobile property make

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

Mobile property model Year

License Plate Number State VIN Number

NFIRS-2 Revision 01/19/99