NFIRS -1 Basic

A | FDID * | State * | MM | DD | YYYY Incident Date * | Station | Incident Number * | Exposure * | Delete | Change | No Activity

62210	MN	03	20	2014	07	14-0008307	000			

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: 0344 - 00

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

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
884		MOUND	ST	

Apt./Suite/Room	City	State	Zip Code
	SAINT PAUL	MN	55106 -

Cross street or directions, as applicable:

C Incident Type *

111 Building fire
Incident Type

D Aid Given or Received*

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID | Their State | Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	03	20	2014	16:06:13
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	03	20	2014	16:10:19
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	03	20	2014	18:09:34

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
C	01	D3

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken*

11 Extinguishment by fire
Primary Action Taken (1)

12 Salvage & overhaul
Additional Action Taken (2)

51 Ventilate
Additional Action Taken (3)

G1 Resources*

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

	Apparatus	Personnel
Suppression	0012	
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 $, 089 , 205
Contents $, 050 , 178

PRE-INCIDENT VALUE: Optional

Property $, 000 , 000
Contents $, 000 , 000

Completed Modules

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

H1* Casualties ☒ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural Gas: slow leak, no 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: 419

1 or 2 family dwelling

NFIRS-1 Revision 03/11/99

NFIRS -2 Fire

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *
62210	MN	03 / 20 / 2014	07	14-0008307	000

☐ Delete ☐ Change ☐ No Activity

B Property Details

B1 0001 ☐ Not Residential
Estimated Number of residential living units in building of origin whether or not all units became involved

B2 001 ☐ Buildings not involved
Number of buildings involved

B3 ☐ ☒ 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 Bulk storage or warehousing	2 Processing or manufacturing	3 Packaged goods for sale	4 Repair or service
(1)	NNN None	☐	☐	☐	☐
(2)		☐	☐	☐	☐
(3)		☐	☐	☐	☐

D Ignition

D1 24 Cooking area, kitchen
Area of fire origin *

D2 10 Heat from powered
Heat source *

D3 23 Cabinetry (including
Item first ignited * 1 ☐ Check Box if fire spread was confined to object of origin

D4 60 Wood or paper,
Type of material first ignited — Required only if item first ignited code is 00 or <70

E1 Cause of Ignition

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

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

E2 Factors Contributing To Ignition

☐ None

58 Equipment not
Factor Contributing To Ignition (1)

Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 ☐ Asleep ☒ None
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Possibly mental disabled
5 ☐ Physically Disabled
6 ☐ Multiple persons involved
7 ☐ Age was a factor

Estimated age of person envolved

1 ☐ Male 2 ☐ Female

F1 Equipment Involved In Ignition

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

646 Range, stove
Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power

21 Natural gas or
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)	NNN None
(2)	
(3)	

H1 Mobile Property Involved

☐ None

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

H2 Mobile Property Type & Make

Mobile property type

Mobile property make

Moblie property model — Year

License Plate Number — State — VIN Number

Local Use

☐ Pre-Fire Plan Available

Some of the information presented in this report may be based upon reports from other Agencies

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

NFIRS-2 Revision 01/19/99

I1 Structure Type *

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

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

I2 Building Status *

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

I3 Building * Height

Count the ROOF as part of the highest story

003 Total number of stories at or above grade

001 Total number of stories below grade

I4 Main Floor Size*

NFIRS-3 Structure Fire

[ ] , [ ] , [875] Total square feet

OR

[ ] , [035] BY [ ] , [025]
Lenght in feet Width in feet

J1 Fire Origin *

[ ] Below Grade

001 Story of fire origin

J2 Fire Spread *

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

J3 Number of Stories Damaged By Flame

Count the ROOF as part of the highest story

[ ] Number of stories w/ minor damage (1 to 24% flame damage)

[ ] Number of stories w/ significant damage (25 to 49% flame damage)

[ ] Number of stories w/ heavy damage (50 to 74% flame damage)

[ ] Number of stories w/ extreme damage (75 to 100% flame damage)

K Material Contributing Most To Flame Spread

[ ] Check if no flame spread OR same as material first ignited OR unable to determine — Skip To Section L

K1 [ ] [ ] Item contributing most to flame spread

K2 [ ] [ ] Type of material contributing most of flame spread — Required only if item contributing code is 00 or<70

L1 Presence of Detectors *

(In area of the fire)

N [ ] None Present — Skip to section M

1 [X] Present

U [ ] Undetermined

L2 Detector Type

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

L3 Detector Power Supply

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

L4 Detector Operation

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

L5 Detector Effectiveness

Required if detector operated

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

L6 Detector Failure Reason

Required if detector failed to operate

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

M1 Presence of Automatic Extinguishment System *

N [X] None Present

1 [ ] Present — Complete rest of Section M

M2 Type of Automatic Extinguishment System *

Required if fire was within designed range of AES

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

M3 Automatic Extinguishment System Operation

Required if fire was within designed range

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

M4 Number of Sprinkler Heads Operating

Required if system operated

[ ] Number of sprinkler heads operating

M5 Automatic Extinguishment System Failure Reason

Required if system failed

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

NFIRS-3 Revision 01/19/99

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.

Mr.,Ms., Mrs. | First Name | MI | Last Name | Suffix

Number | Prefix | Street or Highway | Street Type | Suffix

Post Office Box | Apt./Suite/Room | City

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) | 651 | 776 | 1965

Area Code | Phone Number

☒ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. | LARRY | First Name | MI | HALL | Last Name | Suffix

884 | Number | Prefix | MOUND | Street or Highway | ST | Street Type | Suffix

Post Office Box | Apt./Suite/Room | SAINT PAUL | City

MN | State | 55106 | Zip Code

L Remarks

Local Option

A FIRE IN A KITCHEN STARTED BY THE RESIDENT COOKING FOOD ON THE STOVE TOP AND LEAVING IT UNATTENDED. THE HOUSE WAS FULL OF CLUTTER. THE FIRE EXTENDED FROM THE KITCHEN ON THE FIRST FLOOR IN THE BACK OF THE HOUSE TO THE FRONT OF THE HOUSE. FIRE CREWS EXTINGUISHED THE FIRE AND PREFORMED VENTILATION AND SALVAGE AND OVERHAUL. FIRE INVESTIGATOR KROEGER ON SCENE FOR FURTHER INVESTIGATION.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
9161	KATZ, ANTHONY J	150	C3	03	21	2014

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	9161	KATZ, ANTHONY J	150	C3	03	21	2014

Saint Paul Fire Department
FIRE INCIDENT DISPOSITION

INCIDENT NUMBER:	14-08307	DATE OF INCIDENT: 03-20-2014	
TIME OF INCIDENT:	1605 Hours	POLICE CASE #: N/A	
INVESTIGATOR(s):	Brian Kroeger		
INCIDENT ADDRESS:	884 Mound Street, 55106		
OCCUPANT NAME:	Larry and Emiko Hall	PHONE:651-776-1965	
OWNER NAME:	Same	PHONE:Same	
ADDRESS OF OWNER:	Same		
PROPERTY DAMAGED:	Single Family Dwelling	AREA OF ORIGIN:Kitchen	
DAMAGE ESTIMATE:	Building $75,000	Vehicle $	Other(Describe) $
VALUE:	Building $146,200	Vehicle $	Other(Describe) $
Damage Estimate CONTENTS ONLY:	$50,000		
INJURY/DEATH (if yes, explain)	☒ No ☐ Yes		

SMOKE DETECTOR, SPRINKLER, and CARBON MONOXIDE INFORMATION:			
Smoke Detector Present:	☒ Yes	☐ No	☐ Unknown
Detector Functioning:	☒ Yes	☐ No	☐ Unknown
Sprinkler System Present:	☐ Yes	☒ No	☐ Unknown
Sprinkler Heads activated:	☐ Yes #	☒ No	☐ Unknown
C.O Detector Present:	☐ Yes	☐ No	☒ Unknown

FIRE CAUSE CLASSIFICATION:	
☒ Accidental	☐ Juvenile/Incendiary
☐ Incendiary	☐ Child (under 10 years old)
☐ Natural	☐ Undetermined
☐ Under Investigation	

SYNOPSIS:

The Fire Department was called for a report of smoke coming from a house and the residents running out. On arrival, Engine #4 and Squad #1 found a kitchen fire with smoke and fire extension. Crews extinguished the fire and performed overhaul. Residents described smelling smoke upstairs and then seeing flames coming from the kitchen stove. The first materials ignited were ordinary household items. The ignition source was heat from the stovetop burners. Accidental factors brought these items together. The classification of fire cause is accidental.

DISPOSITION:	
☐ E-mail only	☐ Hold Scene until approved
☐ DO NOT DEMOLISH until approved	☒ Scene Released
☐ Analysis of Evidence Pending	☒ Report to Follow

FIRE INVESTIGATION REPORT

INCIDENT NO: 14-08307 DATE: 03/20/2014 TIME: 1605 HOURS

ADDRESS: 884 MOUND STREET INSURANCE CO: UNKNOWN

DAMAGE ESTIMATE: $140,000

SYNOPSIS: On Thursday, March 20, 2014, at 1605 hours, the Saint Paul Fire Department responded to a report of smoke coming from a single-family dwelling with residents running out. The location of the incident was 885 Mound Street. On their arrival, Engine #4 and Squad #1 found a kitchen fire with smoke and fire extension. Crews extinguished the fire and performed overhaul. There was extension to a hallway and stairwell with smoke damage in several other areas. The first materials ignited were ordinary household items. The ignition source was heat from the stovetop burners. Accidental factors brought these items together. The classification of fire cause is accidental.

PEOPLE: Property Owner/Occupant, LARRY HALL, 884 Mound Street, 55106, (H)651-776-1965 and (C)651-269-2086, DOB 08/16/1941.

Property Owner/Occupant, EMIKO HALL, 884 Mound Street, 55106, (H)651-776-1965 and (C)651-269-2089, DOB 10/20/1933.

BACKGROUND: I heard the initial dispatch of companies over the air at 1605 hours. I responded to the incident scene and arrived at approximately 1620 hours. Crews had extinguished the primary body of the fire at that time and were searching for fire extension. Weather conditions on my arrival were mostly clear skies, southeast winds at 6 mph, air temperature of 43° Fahrenheit and a wind chill of 39° Fahrenheit. I remained on scene until approximately 1755 hours.

PROPERTY DESCRIPTION: The structure is a two and a half story single family dwelling that measures approximately 35 feet deep and 25 feet wide. The structure was built in 1906. The address side faces roughly east-northeast, but for clarity in this report the address side will be denoted as "east" with other directions following this. The exterior is sided. There is a one story porch area on part of the back of the house. There is a driveway on the south side but no garage. The lot slopes away from the rear west side of the house so that there is a large retaining wall at the rear of the property.

EXTERIOR EXAMINATION: Visual inspection of the exterior found that most of the windows had been broken during firefighting operations. Some of the windows had some smoke damage above them, especially on the second floor, on the driveway side, and by the rear porch. The unused door into the rear porch, facing north, showed some heat damage. The area above the front door entryway showed some smoke and fire damage, and there was fire damage on the

exterior door frame of the front door. The electric service enters the house at the back and the gas service meter is in the front.

INTERIOR EXAMINATION: Visual inspection of the interior showed that the basement was undamaged. Fire crews had shut off all of the breakers. There was a boiler for radiator heat. No basement utilities or appliances appeared involved with fire.

Inspection of the third floor revealed minimal damage. Windows were broken and there were substantial contents.

Inspection of the second floor showed a front bedroom to the east and a rear bedroom in the southwest corner, both with some smoke damage. There was a bathroom/sitting room in the northwest corner with heavier smoke damage. This room was located above the kitchen. The second floor hallway ceiling suffered heavy smoke damage. There was a smoke detector in this area.

The first floor front doorway opens into a front entry room that leads to the upstairs stairway, in the center of the north wall, a short hallway to the kitchen, and an entrance to the living room. The living room is in the southeast corner of the first floor and had suffered moderate smoke damage throughout. The dining room is behind the living room and also showed moderate smoke and some heat damage throughout. The dining room has a door into the kitchen. The front room, northeast corner, had smoke and fire damage down to three or four feet from the floor. In this room, the frame of the front exterior door was charred and the door to the hallway/kitchen was heavily charred.

The short hallway contained stairs to the basement. The door to the basement stairs was burned through and this area generally showed heavy fire damage.

The kitchen is in the rear northwest corner of the floor and is open to the rear porch area. The sink is on the wall facing the dining room. The stove is on the wall facing the stairwells to the east. The porch area showed minor fire and some smoke damage. The area near the front of the kitchen showed very heavy fire damage, with very heavy charring on the walls and ceiling joists above the stove area.

The gas stove had numerous household contents on top of it. The oven compartment had a number of kitchen items in it, but no fire exposure. The knobs on the front of the stove were all burned away, but it appeared that the two on the right were in the "off" position. The center knob stem and those on the left were coated with heat damaged materials making it difficult to ascertain their position. The rear of the stove did not appear heavily damaged. No labels could be located on the stove. An electrical outlet behind the stove had two items plugged into it. The plugs and the outlet showed no suggestion of shorting.

Fire patterns suggest the fire began on the kitchen stovetop, and then extended upward to the kitchen ceiling and the hallway, and then up the stairway to the second floor.

INTERVIEWS: Property Owner/Occupant, LARRY HALL, was interviewed on the scene on Thursday, March 20, 2014, and he stated the following:

- He was upstairs, on the third floor, on the computer, when he smelled what he thought was plastic burning.
- He ran down to the second floor where EMIKO HALL was and saw heavy smoke.
- He heard a smoke detector sounding, but that did not initially alert him to the fire.
- They went down to the first floor and saw flames in the kitchen in the area of the stove.
- He tried to smother the flames with a blanket but was unsuccessful.
- They then evacuated the structure.
- They have insurance but cannot recall with what company.
- They own the home, but have about $75,000 or $80,000 left on the mortgage.
- They have lived there for 30 or 35 years.
- They have had no prior fire incidents.
- There is nothing unusual happening in the neighborhood lately.
- No one in the house smokes.
- There have been no recent problems with the utilities.
- The gas stove is about a year old and has had no problems.

Property Owner/Occupant, EMIKO HALL, was interviewed on the scene on Thursday, March 20, 2014, and she stated the following:

- She went upstairs at about 3:40 pm. and was watching TV on the second floor when she smelled smoke.

- They went down to the first floor and saw flames in the kitchen in the area of the stove.
- After they were unable to smother the flames, they evacuated the structure.
- She turned off the stove before she went upstairs at 3:40 p.m.

PHOTOGRAPHS: Digital photographs were taken. A sketch of the first floor is included.

EVIDENCE: No evidence was collected.

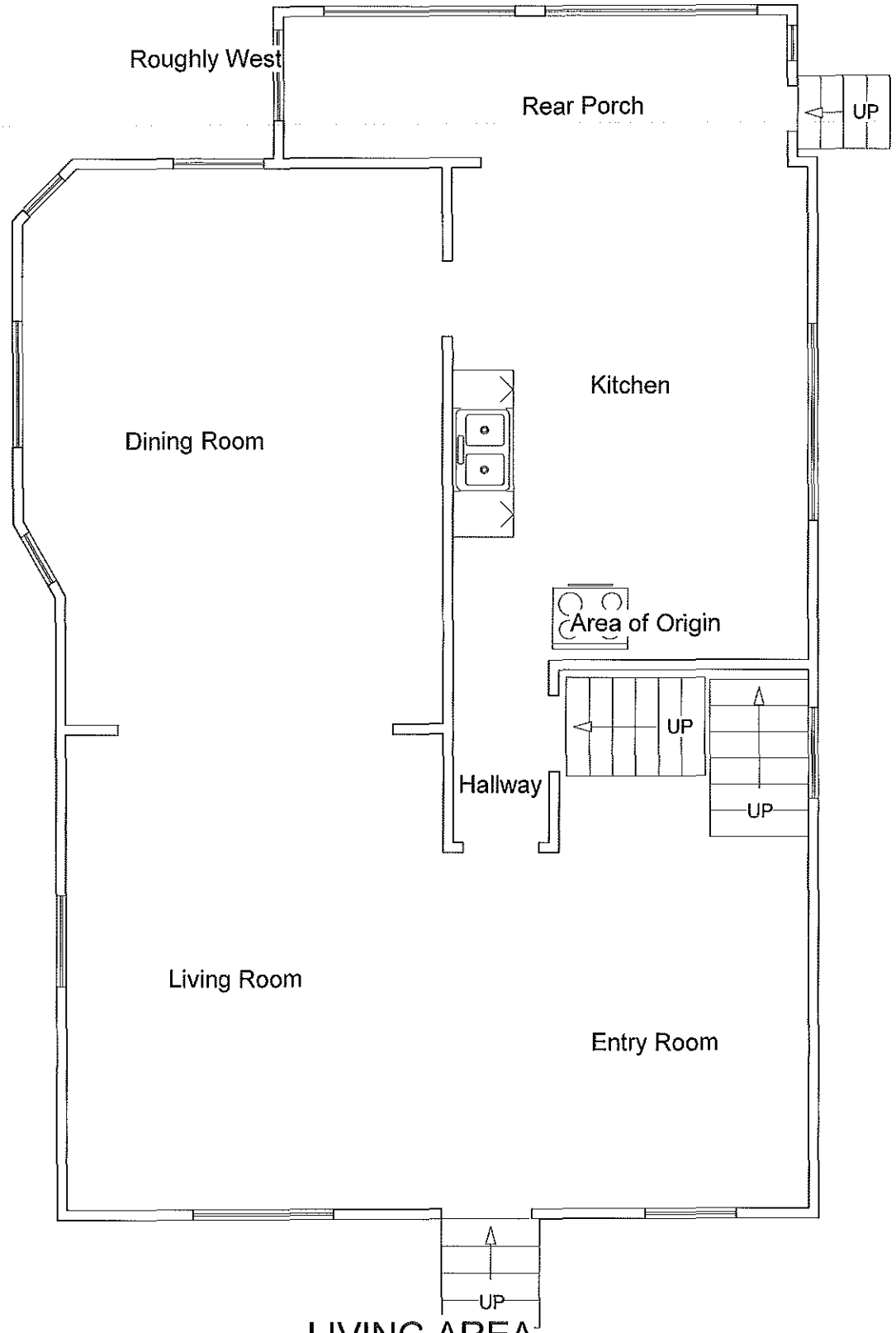
CONCLUSION: After examination of the fire scene and the interviews conducted, it is my opinion that this fire began on or near the stovetop in the kitchen. The residents reported turning off the stove approximately 25 minutes before the fire was discovered. It appears the stove may have inadvertently been turned on or left on at that time. This is consistent with the numerous miscellaneous items found on the stovetop, any number of which could have provided fuel for a fire. The first materials ignited were ordinary household items. The ignition source was heat from the stovetop burners. Accidental factors brought these items together. The classification of fire cause is accidental. This concludes my investigation and report.

B. Kroeger, Fire Investigator, C Shift, March 20, 2014

BK/su

884 Mound St March 20 2014
#14-08307

Not to Scale



LIVING AREA
987 sq ft

Address Side

Roughly East