

INCIDENT REPORT

INCIDENT

Fire Department: Garden Grove Fire Department
Incident Number: G1508501
Exposure Number: 00
Multi-Agency IC#: 15-074781 00211546 00211548 00211550
Incident Date: 07/28/15
Dispatch Time: 02:53:56
Arrival Time: 03:00:00
Controlled Time:
Ending Time: 06:00:04
First-In Company: GE2
District: G2518
Incident Type: Building fire
Mutual Aid: None
Method of Alarm: E911
Type of Weather:
Air Temperature: 67
Address, CSZ: 9052 IMPERIAL AV
Census Tract:
Fire Haz Sev Zone: Medium

RESOURCES & CASUALTIES

Actions Taken 1: Provide basic life support (BLS)
Actions Taken 2: Extinguishment by fire service personnel
Actions Taken 3:
#Apparatus Resp Engine: 0
#Apparatus Resp Trk: 0
#Apparatus Resp Med: 1
#Apparatus Resp Oth: 4
Fire Svs Injury: 0
Fire Svs Fatal: 0
Non-FS Injury: 6
Non-FS Fatal: 0

PROPERTY & STUDIES

Property Losses: \$100,000
Content Losses: \$50,000
Property Value:
Contents Value:
Insurance Co: SAFECO POLICY # OA3645369
Building Ins:
Mixed Prop Use:
Property Use: 1 or 2 family dwelling
Detector

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Hazmat Rel: None
Critical Inc:
Special Studies:

FIRE/ EXPLOSION SITUATION

Residential Units:
Bldgs. Involved: 0
Acres Burned:
On-Site Mat/Stor:
Area of Origin Undetermined
Heat Source: Undetermined
First Item: Undetermined
Confined to Object:
Material Type:
Factor Causing: Cause under investigation
Contributing Factors 1: Undetermined
Contributing Factors 2:
Human Factor Cont 1: Asleep
Human Factor Cont 2:
Human Factor Cont 3:
Age
Sex
Equip Involved: Kitchen & cooking equipment, other
Equip Brand:
Equip Model:
Equip Serial Number:
Equip Year:
Equip Power Source: Other power source
Equip Portability: Stationary
Mobile Prop Inv: None
Mobile Prop Type:
Mobile Prop Make:
Mobile Prop Model:
Mobile Prop Year:
Mobile Prop Lic. Plate:
Mobile Prop Lic. State:
Mobile Prop VIN Number:
Mobile Prop Stolen?:
Suppression Factors: None

STRUCTURE FIRE

Type:
Status: Enclosed building
St Above Grnd: Occupied and operating
St Below Grnd: 1

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Main Floor Size: 0
Fire Origin: 1500
Extent of Flame: Undetermined
Number of Stories Damage: Confined to room of origin
Minor:
Sign:
Heavy;
Extreme:
Auto Ext Sys: None Present
AES Type:
AES Operation:
Sprinkler Heads:
AES Failure Reason:
Detectors: Unknown
Detector Type:
Det. Power Supply:
Det. Operation:
Det. Effectiveness:
Det. Failure Reason:

EMERGENCY MEDICAL SERVICE

Number of Patients:
Billing Care:
Status:
Transported to:
Patients Trans - Fire:
Patients Trans - Amb:

ARSON

Agency Name:
Address:
City:
State:
Zip:
Phone:
Their Case No.
Their ORI:
Their FID:
Their FDID:
Case Status:
Avail of Mat:
Motivation Factors 1:
Motivation Factors 2:
Motivation Factors 3:
Group Involvement 1:
Group Involvement 2:
Group Involvement 3:

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Entry Method:
Extent of Fire:
Container:
Ignit Device:
Fuel:
Other Inv Info 1:
Other Inv Info 2:
Other Inv Info 3:
Property Ownership:
Int Observations 1:
Int Observations 2:
Int Observations 3:
Lab Used 1:
Lab Used 2:
Lab used 3:

COMMENTS

***** GE2 *****

STRUCTURE FIRE

GE2 RESPONDED TO A STRUCTURE FIRE AT 9052 IMPERIAL AVE AT 0253 A.M. ORCO E-66 ARRIVED ON SCENE FIRST WITH REPORTS OF HEAVY SMOKE SHOWING AND ESTABLISHED COMMAND. GE2 WAS ASSIGNED FIRE ATTACK ENTERING THE FRONT DOOR WITH A PRECONNECT LINE, WITH HEAVY SMOKE DOWN FLOOR LEVEL. THE FIRE WAS IN THE KITCHEN AREA AND HAD EXTENDED INTO THE ATTIC WITH MAJOR ROOF DAMAGE. THE 6 OCCUPANTS WERE OUT BEFORE FIRE CREWS ARRIVED. THERE WERE 6 PATIENTS TOTAL, 2 HAD 2ND DEGREE BURNS TO ARM AND HANDS, AND WERE TAKEN TO UCI MEDICAL CENTER. THE 4 OTHER PATIENTS WERE TAKEN TO WMSA FOR SMOKE INHALATION.

THE WHOLE HOUSE HAD MAJOR DAMAGE FROM THE FIRE AND SMOKE/WATER, THE HOUSE WAS SECURE WITH ALL DOORS AND WINDOWS CLOSED PRIOR GE2 LEAVING THE INCIDENT. THE CAUSE OF THE FIRE IS STILL UNDER INVESTIGATION, SEE MIKE JACOBS ARSON REPORT.

REPORT BY : CAPTAIN TONY ACOSTA

HOMEOWNERS : RONALD & PAMELA PERSINGER
25976 VIA DEL NORTE
MISSION VIEJO, CA. 92691

INSURANCE : SAFECO POLICY # 0A3645369
EXPIRES 9-21-2015

TENANTS : BEN & MARIA MONTROYA