

## INCIDENT REPORT

## INCIDENT

Fire Department: Garden Grove Fire Department  
Incident Number: G1510341  
Exposure Number: 00  
Multi-Agency IC#: 15-090903 00262265  
Incident Date: 09/09/15  
Dispatch Time: 15:31:11  
Arrival Time: 15:35:28  
Controlled Time: 15:46:44  
Ending Time: 19:38:00  
First-In Company: GE2  
District: G2317  
Incident Type: Building fire  
Mutual Aid: Mutual aid received  
Method of Alarm: W911  
Type of Weather:  
Air Temperature: 100  
Address, CSZ: 12161 MAGNOLIA ST  
Census Tract:  
Fire Haz Sev Zone: Medium

## RESOURCES &amp; CASUALTIES

Actions Taken 1: Fire control or extinguishment, other  
Actions Taken 2: Salvage & overhaul  
Actions Taken 3: Extinguishment by fire service personnel  
#Apparatus Resp Engine: 4  
#Apparatus Resp Trk: 0  
#Apparatus Resp Med: 1  
#Apparatus Resp Oth: 8  
Fire Svs Injury: 0  
Fire Svs Fatal: 0  
Non-FS Injury: 1  
Non-FS Fatal: 0

## PROPERTY &amp; STUDIES

Property Losses: \$80,000  
Content Losses: \$40,000  
Property Value:  
Contents Value:  
Insurance Co:  
Building Ins:  
Mixed Prop Use:  
Property Use: Residential, other  
Detector

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Hazmat Rel: None  
Critical Inc:  
Special Studies:

## FIRE/ EXPLOSION SITUATION

Residential Units:  
Bldgs. Involved: 1  
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: Fire spread or control, other  
Contributing Factors 2:  
Human Factor Cont 1: Asleep  
Human Factor Cont 2:  
Human Factor Cont 3:  
Age  
Sex  
Equip Involved: Undetermined  
Equip Brand:  
Equip Model:  
Equip Serial Number:  
Equip Year:  
Equip Power Source: Other power source  
Equip Portability: Stationary  
Mobile Prop Inv:  
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:

## STRUCTURE FIRE

Type:  
Status: Enclosed building  
# St Above Grnd: Occupied and operating  
# St Below Grnd: 2

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Main Floor Size: 0  
Fire Origin: 800  
Extent of Flame: Undetermined  
Number of Stories Damage: Confined to floor of origin  
Minor:  
Sign:  
Heavy;  
Extreme:  
Auto Ext Sys: None Present  
AES Type:  
AES Operation:  
# Sprinkler Heads:  
AES Failure Reason:  
Detectors: Present  
Detector Type: Smoke  
Det. Power Supply: Plug in  
Det. Operation: Detector operated  
Det. Effectiveness: Alerted occupants, occupants responded  
Det. Failure Reason:

## ARSON

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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:  
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:

## INCIDENT REPORT

Int Observations 2:  
Int Observations 3:  
Lab Used 1:  
Lab Used 2:  
Lab used 3:

## PATIENT REPORT

Name Unknown (OC-MEDS Import)  
DOB, Age, Sex 36 Female  
Address, CSZ:  
Country:  
Telephone:  
Driver's Lic#:  
SS Number:  
Employer:  
Emp Phone:  
Relative:  
Rel Phone:  
Insurance:  
Police #:  
Billing Care:  
Status:  
Transported To:  
Transported By:  
ALS Intervention:  
Escorted:  
Procedures Used 1: No treatment  
Procedures Used 2:  
Procedures Used 3:  
Arrived Date:  
Transport Date:  
Assessment: Trauma  
Other Factors:  
Human Factors 1:  
Human Factors 2:  
Human Factors 3:  
Cause of Injury: Fall  
Body Site of Injury 1:  
Body Site of Injury 2:  
Body Site of Injury:  
Safety Equipment:  
Cardiac Arrest:  
CA Prearrival:  
CA Init Rhythm:  
Initial Care Level:  
Highest Care Level:  
Patient Status:  
Pulse on Transfer:  
Disposition:

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## COMMENTS

\*\*\*\*\* GE2 \*\*\*\*\*

STRUCTURE FIRE- 2 STORY APARTMENT BUILDING GE2,GE5,CE46,CT64,GT1,  
GE1,GM1,GB1

GE2 RESPONDED TO 12161 MAGNOLIA ON A STRUCTURE FIRE. GE2 STATED A 2 STORY APARTMENT BUILDING WITH HEAVY SMOKE SHOWING FROM THE SECOND FLOOR. GE2 WENT IN THE ATTACK MODE AND INITIATED A PRIMARY SEARCH. GE2 ALSO REQUESTED THE SECOND IN UNIT TO COMPLETE THE WATER SUPPLY. GE2 THEN REQUESTED A WORKING FIRE ASSIGNMENT THROUGH METRO-NET. GE2 MADE ENTRY TO THE SECOND FLOOR AND NOTICED THE EXTERIOR STAIRS WERE EXTREMELY BURNED. GE2 STARTED TO INITIATE A PRIMARY SEARCH WHILE LOCATING THE SEAT OF THE FIRE. GE2 WAS NAMED FIRE ATTACK AND WAS GIVEN THE BALANCE OF GE5 CREW TO HELP OUT IN FIRE ATTACK. GT1 WAS VENT GROUP AND PERFORMED VERTICAL VENTILATION. CE46 ALSO BACKED UP FIRE ATTACK. FIRE ATTACKED STATED THAT THE FIRE WAS KNOCKED DOWN AND THE PRIMARY SEARCH WAS COMPLETE. FIRE ATTACK ALSO CHECKED FOR EXTENSION AND FOUND FIRE IN THE STAIRWELL. CREWS THEN STARTED TO BREAK AWAY THE STUCCO AND NOTICED THE STAIRWELL WAS BADLY DAMAGED BY FIRE. THERE WERE LATER REPORTS THAT THERE WAS 1 VICTUM IN THE APARTMENT WHO JUMPED FROM A SECOND STORY WINDOW ONTO A MATTRESS TO ESCAPE THE FIRE. THE PATIENT WAS THEN CHECKED OUT BY GE5 PARAMEDICS BUT THE PATIENT DECIDED TO REFUSE TREATMENT AND SIGNED AMA. GE2, GT1 PERFORMED SALVAGE AND HELPED OUT THE TENANTS WITH GATHERING THEIR BELONGINGS. RED CROSS WAS ALSO REQUESTED BY THE IC FOR MULTIPLE PEOPLE THAT NEEDED ASSISTANCE. GE2 AND GT1 THEN PERFORMED OVERHAUL THAT INCLUDED THE USE OF FOAM. GE2 MADE CONTACT WITH THE PROPERTY OWNER ON SCENE AND FILLED OUT A RELEASE & ASSUMPTION OF RISK OF REAL PROPERTY FORM. GE2 CAPTAIN EXPLAINED THE FORM AND HAD THE OWNER SIGN AND DATE IT. GE2 THEN RELEASED THE PROPERTY BACK TO THE PROPERTY OWNER. GE2 WAS THEN COMPLETE.

CAPTAIN PARDOEN