INCIDENT REPORT

INCIDENT _____ Garden Grove Fire Department G1513801 Fire Department: Incident Number: Exposure Number: 00 A1537047 15-123590 Multi-Agency IC#: Incident Date: 12/05/15 Dispatch Time: 11:17:20 Arrival Time: 11:20:47 Controlled Time: 11:24:34 13:45:41 Ending Time: First-In Company: GE1 District G2422 Incident Type: Building fire None Mutual Aid: Method of Alarm: E911 Type of Weather: Air Temperature 61 Address, CSZ: 12692 EIGHTH ST Census Tract: Fire Haz Sev Zone: Medium ______ RESOURCES & CASUALTIES _____ Actions Taken 1: Extinguishment by fire service personnel Actions Taken 2: Salvage & overhaul Actions Taken 3: Investigate #Apparatus Resp Engine: 0 #Apparatus Resp Med: #Apparatus Resp Oth: #Apparatus Resp Trk: 1 1 Fire Svs Injury: 0 Fire Svs Fatal: 0 Non-FS Injury: Non-FS Fatal: PROPERTY & STUDIES ______ Property Losses: \$20,000 Content Losses: \$10,000 Property Value: Contents Value: Insurance Co: Building Ins:

Property Use: 1 or 2 family dwelling Detector

Mixed Prop Use:

INCIDENT REPORT

Hazmat Rel: None Critical Inc: Special Studies: FIRE/ EXPLOSION SITUATION Residential Units: Bldgs. Involved: Acres Burned: On-Site Mat/Stor: Function areas, other Undetermined Area of Origin Heat Source: Undetermined First Item: Undetermined Confined to Object: Material Type: Factor Causing: Unintentional Contributing Factors 1: None Contributing Factors 2: Human Factor Cont 1: None 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: Electrical line voltage (> 50 volts) 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:

Enclosed building Status:

St Above Grnd: # St Below Grnd: Occupied and operating

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Main Floor Size: 0
Fire Origin: 1000
Extent of Flame: Function areas, other

Number of Stories DamageConfined to room of origin

Minor: Sign: Heavy; Extreme:

Auto Ext Sys:

None Present

AES Type:

AES Operation: # Sprinkler Heads:

AES Failure Reason: Detectors:

Detectors:
Detector Type:

Present

Smoke

Det. Power Supply:

Det. Operation:

Det. Effectiveness:

Det. Failure Reason:

Det. Simone

Undetermined

Detector operated

Alerted occupants, occupants responded

Det. Failure Reason:

COMMENTS

***** GE1 *****

STRUCTURE FIRE

RESPONDED ON A STRUCTURE FIRE. UPON ARRIVAL FOUND FIRE COMING OUT OF THE FRONT DOOR AND A WINDOW TO THE FRONT OF THE HOUSE. GROVE E1 ATTACKED THE FIRE WITH A PRECONNECTED HOSELINE AND ON BOARD WATER. GT1 PROVIDED VERTICAL VENTILATION. THE FIRE WAS EXTINGUISHED AND HELD TO THE ROOM OF ORIGIN. THE REST OF THE RESIDENCE SUSTAINED SMOKE DAMAGE.

FIRE WAS INVESTIGATED BY CAPTAIN WILKINS TO DETERMINE CAUSE AND ORIGIN. RESIDENT STATED THAT SHE HEARD A POPING NOISE AND WENT TO THE FRONT ROOM AND SAW SPARKS LANDING ON HER DRAPES. SHE STATED THAT THE DRAPES CAUGHT FIRE AND SHE YELLED FOR HELP. RESIDENT ALSO STATED THAT SHE HEARD HER SMOKE ALARM SOUNDING. THE ORIGIN OF THE FIRE WAS DETERMINED TO BE THE ROOM IN THE SOUTH WEST CORNER OF THE BUILDING. THE CAUSE OF THE FIRE WAS UNDETERMINED BUT PER THE WITNESS STATEMENT AND MY INVESTIGATION, THE FIRE WAS DETERMINED TO BE ACCIDENTAL IN NATURE AND MOST PROBABLE CAUSE WAS AN UNSPECIFIED ELECTRICAL FAILURE.

CAPTAIN JEFFREY LEE WILKINS

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