
INCIDENT REPORT

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                      INCIDENT
______
Fire Department: Garden Grove Fire Department Incident Number: G1510099
Exposure Number:
                 00
Multi-Agency IC#:
                15-088452 00255077
Incident Date:
                 09/03/15
Dispatch Time:
                 08:45:51
Arrival Time:
                 08:49:10
Controlled Time:
Ending Time:
                 09:40:42
First-In Company:
                 GE3
District
                 G2623
Incident Type:
                EMS call, excluding vehicle accident with injury
Mutual Aid:
                 None
Method of Alarm:
                 E911
Type of Weather:
Air Temperature
                 67
Address, CSZ:
                 MCDONALDS, 13971 HARBOR BL
Census Tract:
Fire Haz Sev Zone: Medium
______
                     RESOURCES & CASUALTIES
______
Actions Taken 1: Provide advanced life support (ALS)
Actions Taken 2:
Actions Taken 3:
#Apparatus Resp Engine: 0
#Apparatus Resp Trk:
#Apparatus Resp Med:
#Apparatus Resp Oth:
                 1
Fire Svs Injury:
Fire Svs Fatal:
Non-FS Injury:
Non-FS Fatal:
                     PROPERTY & STUDIES
______
Property Losses:
Content Losses:
Property Value:
Contents Value:
Insurance Co:
Building Ins:
Mixed Prop Use:
             Vehicle parking area
Property Use:
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Detector

INCIDENT REPORT

Hazmat Rel: Critical Inc: Special Studies:	None	
	FIRE/ EXPLOSION SITUATION	
Residential Units: Bldgs. Involved: Acres Burned: On-Site Mat/Stor: Area of Origin Heat Source: First Item: Confined to Object: Material Type: Factor Causing: Contributing Factors 1: Contributing Factors 2: Human Factor Cont 1: Human Factor Cont 3:		
Age Sex Equip Involved: Equip Brand: Equip Model: Equip Serial Number:		
Equip Year: Equip Power Source: Equip Portability: 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: # St Above Grnd:		

St Below Grnd:

INCIDENT REPORT

Main Floor Size:

Fire Origin:

Extent of Flame:

Number of Stories Damaged By Flame

Minor: Sign:

Heavy;

Extreme:

Auto Ext Sys:

AES Type:

AES Operation:

Sprinkler Heads:

AES Failure Reason:

Detectors:

Detector Type:

Det. Power Supply:

Det. Operation:

Det. Effectiveness:

Det. Failure Reason:

COMMENTS

**** GE3 ****

HEAD TRAUMA

GE3 AND CE78 RESPONDED TOAN ELDERLY FEMALE WITH HEAD TRAUMA AFTER BEING STRUCK BY A PICK UP TRUCK IN A PARKING LOT. GE3 AND CE78 EVALUATED PT. AND ESTABLISHED ALS TRAUMA TX., AND CE78 ESCORTED PT. TO UCIMC VIA CARE AMB. GGPD ON SCENE. SEE CE78 REPORT FOR PT. MEDICAL REPORT.

COMPLETED BY CAPT. ROUNDS