INCIDENT REPORT

______ INCIDENT _______ Fire Department: Garden Grove Fire Department Incident Number: G1601456 Exposure Number: 00 Multi-Agency IC#: 16-014428 H1602071 V1600697 Incident Date: 02/07/16 Dispatch Time: 15:53:16 Arrival Time: 15:58:55 Controlled Time: Ending Time: 16:51:56 First-In Company: GT1 District C2816 Incident Type: Dispatched & canceled en route Mutual Aid: Automatic aid given Method of Alarm: Telephone Type of Weather: Air Temperature 90 Address, CSZ: 14802 ADAMS ST, COUNTY Census Tract: Fire Haz Sev Zone: Medium RESOURCES & CASUALTIES ______ Actions Taken 1: Cancelled enroute Actions Taken 2: Actions Taken 3: #Apparatus Resp Engine: 0 #Apparatus Resp Trk: #Apparatus Resp Med: #Apparatus Resp Oth: 0 Fire Svs Injury: 0 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:

Property Use:

Detector

None

INCIDENT REPORT

Hazmat Rel:	None
Critical Inc: Special Studies:	

EMERGENCY MEDICAL SERVICE

Number of Patients:

Billing Care:

Status:

Transported to:

Patients Trans - Fire:

Patients Trans - Amb:

COMMENTS

***** GT1 *****

STRUCTURE FIRE CAOPT GABBARD CANCELLED O/S