INCIDENT REPORT

______ INCIDENT Fire Department: Garden Grove Fire Department Incident Number: G1605384 Exposure Number: 00 00167498 Multi-Agency IC#: Incident Date: 05/17/16 Dispatch Time: 02:54:09 Arrival Time: 02:58:32 Controlled Time: Ending Time: 03:01:49 First-In Company: GE3 District G2523 Incident Type: Service Call, other Mutual Aid: None Method of Alarm: W911 Type of Weather: Air Temperature Address, CSZ: 13321 HARBOR BL Census Tract: Fire Haz Sev Zone: Medium _____ RESOURCES & CASUALTIES ______ Actions Taken 1: Action taken, other Actions Taken 2: Actions Taken 3: #Apparatus Resp Engine: 0 #Apparatus Resp Trk: 1 #Apparatus Resp Med: #Apparatus Resp Oth: 1 Fire Svs Injury: 0 Fire Svs Fatal: 0 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: Street, other

Detector

TNCT	DENT	REPORT

None

Hazmat Rel:
Critical Inc: Special Studies:

COMMENTS

***** GE3 ****

MEDICAL AID-T/C NON-INJURY T/C. SCENE LEFT TO G.G.P.D. GE3 SECURED.