## INCIDENT REPORT

\_\_\_\_\_\_ INCIDENT \_\_\_\_\_\_ Fire Department: Garden Grove Fire Department Incident Number: G1613994 Exposure Number: 00 16-129892 H1619082 Multi-Agency IC#: Incident Date: 12/08/16 Dispatch Time: 03:02:53 Arrival Time: 03:07:55 Controlled Time: Ending Time: 04:11:15 GE4 First-In Company: District G2211 Incident Type: Building fire Mutual Aid: None Method of Alarm: E911 Type of Weather: Air Temperature 49 Address, CSZ: 5931 SANTA CATALINA AV Census Tract: Fire Haz Sev Zone: Medium RESOURCES & CASUALTIES \_\_\_\_\_\_ Actions Taken 1: Extinguishment by fire service personnel Actions Taken 2: Provide advanced life support (ALS) Actions Taken 3: #Apparatus Resp Engine: 0 #Apparatus Resp Trk: 1 #Apparatus Resp Med: #Apparatus Resp Oth: Fire Svs Injury: 3 Fire Svs Fatal: 0 Non-FS Injury: 2 Non-FS Fatal: PROPERTY & STUDIES \_\_\_\_\_\_\_ Property Losses: \$5,000 \$100 Content Losses: Property Value: Contents Value: Insurance Co: Building Ins: Mixed Prop Use:

Property Use: 1 or 2 family dwelling

Detector

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## INCIDENT REPORT

Hazmat Rel: Critical Inc: Special Studies: None

FIRE/ EXPLOSION SITUATION

Residential Units:

Bldgs. Involved:

1

Acres Burned:

On-Site Mat/Stor:

Area of Origin

Other

Heat Source:

Multiple heat sources including multiple

First Item:

Confined to Object:

Material Type:

Factor Causing:

First Item:

Soft goods, wearing apparel, other

Fabric, textile, fur, other

Insufficient Information

Unintentional

Contributing Factors 1: None

Contributing Factors 2:

Human Factor Cont 1:

Asleep

Human Factor Cont 2: Human Factor Cont 3:

Age Sex

Equip Involved:

None

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:

Enclosed building

# St Above Grnd:

Occupied and operating

# St Below Grnd:

1

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## INCIDENT REPORT

Main Floor Size:

0

Fire Origin: 1800 Extent of Flame: Other

Number of Stories DamageConfined to object of origin

Minor: Sign:

Heavy;

Extreme:

Auto Ext Sys:

None Present

AES Type:

AES Operation:

# Sprinkler Heads: AES Failure Reason:

Detectors:

Present

Detector Type:

Det. Power Supply:

Undetermined
Undetermined

Det. Operation:

Undetermined

Det. Effectiveness:

Det. Failure Reason:

## COMMENTS

\*\*\*\* GE4 \*\*\*\*

FIRE STRUCTURE FIRE CAPT RUHMAN

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GE4 CM17 CE17 CT17 GE5 GB1 RESPONDED TO A ONE STORY HOUSE WITH SMOKE SHOWING. GE4 WENT INTO ATTACK MODE WITH RESCUE EXEMPTION AND INITIATED A PRIMARY SEARCH. E4 EVACUATED 3 PEOPLE AND FOUND A SMOLDERING FIRE NEAR A FIRE PLACE. GE4 EXTINGUISHED THE FIRE WITH A GREEN LINE AND ASSIGNED CT17 TO EVACUATE SMOKE. CM17 TRANSPORTED A FEMALE PT C/O SOB FROM SMOKE INHALATION TO UCI HOSP WITH ALS CARE VIA CARE AMB. GE5 TRANSPORTED A MALE PT C/O SOB DUE TO SMOKE inhalation TO UCI HOSP WITH ALS CARE VIA CARE AMB. REMAINDER OF THE ASSIGNMENT WAS CANCELLED. NO EXTENSION WAS FOUND AND THE PROPERTY WAS RELEASED BACK TO THE RESIDENT WITH A PROPERTY RELEASE. CAUSE WAS FOUND TO BE AN UNATTENDED FIRE IN A FIREPLACE THAT CAUGHT A NEARBY RUG ON FIRE. GE4 COMPLETE.