

## INCIDENT REPORT

## INCIDENT

Fire Department: Garden Grove Fire Department  
Incident Number: G1700091  
Exposure Number: 00  
Multi-Agency IC#: 01700076  
Incident Date: 01/03/17  
Dispatch Time: 03:09:16  
Arrival Time: 03:15:38  
Controlled Time:  
Ending Time: 03:49:02  
First-In Company: GFD  
District: G2426  
Incident Type: Service Call, other  
Mutual Aid: None  
Method of Alarm: E911  
Type of Weather:  
Air Temperature: 46  
Address, CSZ: FAIRLANE MOBILE LODGE, 12560 H  
Census Tract:  
Fire Haz Sev Zone: Medium

## RESOURCES &amp; CASUALTIES

Actions Taken 1: Action taken, other  
Actions Taken 2:  
Actions Taken 3:  
#Apparatus Resp Engine: 0  
#Apparatus Resp Trk: 0  
#Apparatus Resp Med: 0  
#Apparatus Resp Oth: 0  
Fire Svs Injury: 0  
Fire Svs Fatal: 0  
Non-FS Injury:  
Non-FS Fatal:

## PROPERTY &amp; STUDIES

Property Losses:  
Content Losses:  
Property Value:  
Contents Value:  
Insurance Co:  
Building Ins:  
Mixed Prop Use:  
Property Use: Residential, other  
Detector

INCIDENT REPORT

Hazmat Rel: None  
Critical Inc:  
Special Studies:

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 2:  
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:

-----

ARSON

-----

Agency Name:  
Address:  
City:  
State:  
Zip:  
Phone:  
Their Case No.  
Their ORI:  
Their FID:  
Their FDID:  
Case Status:  
Avail of Mat:  
Motivation Factors 1:  
Motivation Factors 2:  
Motivation Factos 3:  
Group Involvement 1:  
Group Involvement 2:  
Group Involvement 3:  
Entry Method:  
Extent of Fire:  
Container:  
Ignit Device:  
Fuel:  
Other Inv Info 1:  
Other Inv Info 2:  
Other Inv Info 3:  
Property Ownership:  
Int Observations 1:

INCIDENT REPORT

---

Int Observations 2:

Int Observations 3:

Lab Used 1:

Lab Used 2:

Lab used 3:

---

COMMENTS

---

\*\*\*\*\* GFD \*\*\*\*\*

REFER TO ORANGE FD INCIDENT #01700076

CAPTAIN BRENEMAN