INCIDENT REPORT

```
______
                      INCIDENT
______
Fire Department: Garden Grove Fire Department Incident Number: G1700789
Exposure Number:
                 00
Multi-Agency IC#: 17-006881 H1701001 Incident Date: 01/18/17
Incident Date:
Dispatch Time:
Arrival Time:
                 05:52:42
                 05:57:28
Controlled Time: 06:2
Ending Time: 08:5
First-In Company: GE5
                 06:23:07
                 08:54:21
District
                 G2417
Incident Type:
                Building fire
Mutual Aid:
                 None
Method of Alarm:
                  E911
Type of Weather:
Air Temperature
                 44
Address, CSZ:
Census Tract:
                  12732 DALE ST
Fire Haz Sev Zone: Medium
_______
                     RESOURCES & CASUALTIES
______
Actions Taken 1: Extinguishment by fire service personnel
Actions Taken 2:
Actions Taken 3:
#Apparatus Resp Engine: 0
#Apparatus Resp Trk: 1
#Apparatus Resp Med:
#Apparatus Resp Oth: 3
Fire Svs Injury: 0
Fire Svs Fatal: 0
                  - 3
Fire Svs Fatal:
Non-FS Injury:
Non-FS Fatal:
                     PROPERTY & STUDIES
______
Property Losses: $250,000
Content Losses:
                    $25,000
Property Value:
Contents Value:
Insurance Co:
Building Ins:
Mixed Prop Use:
Property Use: 1 or 2 family dwelling
```

Detector

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

Bedroom - < 5 persons; included are jail or prison

Heat Source: First Item:

Undetermined Undetermined

Confined to Object:

Material Type:

Material Type:
Factor Causing: Cause undetermined after investigation

Contributing Factors 1: Undetermined

Contributing Factors 2:

Human Factor Cont 1:

None

Human Factor Cont 2: Human Factor Cont 3:

Age Sex

Equip Involved: Undetermined

Equip Brand: Equip Model:

Equip Serial Number:

Equip Year:

Equip Power Source: Electrical line voltage (> 50 volts)

Equip Portability: Stationary

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

Occupied and operating

St Above Grnd:
St Below Grnd:

1

INCIDENT REPORT

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Main Floor Size:
Fire Origin: 150 Extent of Flame: Bedroom - < 5 persons; included are jail
Number of Stories DamageConfined to floor of origin
Minor:
Sign:
Heavy;
Extreme:
                None Present
Auto Ext Sys:
AES Type:
AES Operation:
# Sprinkler Heads:
AES Failure Reason:
Detectors:
                        Unknown
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:
```

Entry Method: Extent of Fire: Container: Ignit Device:

Group Involvement 2: Group Involvement 3:

Fuel:

Other Inv Info 1:

Other Inv Info 2: Other Inv Info 3: Property Ownership: Int Observations 1:

INCIDENT REPORT

Int	Obsei	cvations	2:
Int	Obsei	cvations	3:
Lab	Used	1:	
Lab	Used	2:	
Lab	used	3 :	

COMMENTS

***** GE5 *****

STRUCTURE FIRE-RESIDENTIAL

EXTINGUISHED A HOUSE FIRE WITH A 150' 1 3/4" PRE-CONNECT HOSE LINE. FIRE

APPEARED TO START IN A BACK BEDROOM AND EXTEND THROUGHOUT THE ENTIRE HOUSE.

CAUSE OF FIRE WAS DETERMINED TO BE ACCIDENTAL UNDETERMINED BUT POSSIBLY DUE

TO A PORTABLE LAMP IN THE BEDROOM. GE2, GT1, CE64, CT64, GM1, AND GB1 ASSISTED

WITH COMMAND AND R.E.C.E.O. ON THE FIRE. G.G.P.D. WAS ON SCENE FOR TRAFFIC

CONTROL. RED CROSS RESPONDED FOR OCCUPANT ASSISTANCE/HOUSING. PROPERTY WAS

RELEASED BACK TO THE OWNERS AFTER COMPLETION OF INVESTIGATION. GE5 SECURED.

CAPT. EDNOFF