```
______
                        INCIDENT
______
Fire Department:
                Garden Grove Fire Department G1704052
Incident Number:
Exposure Number:
                   00
Multi-Agency IC#:
                   17-037739
Incident Date:
                   04/04/17
Dispatch Time:
                  22:21:28
Arrival Time:
                   22:26:46
Controlled Time:
Ending Time: 22:58:25
First-In Company: GE3
District
District
                  G2522
Incident Type:
                 Heat from short circuit (wiring), defective/worn None
Mutual Aid:
Method of Alarm:
                   E911
Type of Weather:
Air Temperature
                   61
Address, CSZ:
                   13291 BARNETT WY
Census Tract:
Fire Haz Sev Zone: Medium
RESOURCES & CASUALTIES
Actions Taken 1: Investigate
Actions Taken 2: Notify other agencies.
Actions Taken 3:
#Apparatus Resp Engine: 3
#Apparatus Resp Trk: 1
#Apparatus Resp Med:
#Apparatus Resp Oth: Fire Svs Injury:
                   1
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: 1 or 2 family dwelling

Detector

Hazmat Rel: Critical Inc: Special Studies:	None
	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 3: Age Sex Equip Involved: Equip Brand: Equip Model: Equip Serial Number: Equip Year: Equip Power Source: Equip Portability: Mobile Prop Inv: Mobile Prop Make: Mobile Prop Make: Mobile Prop Model: Mobile Prop Lic. Plate: Mobile Prop VIN Number: Mobile Prop VIN Number: Mobile Prop Stolen?: Suppression Factors:	
	STRUCTURE FIRE
Type: Status: # St Above Grnd:	

# St Below Grnd:

```
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

```
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:

Agency Name:

Int	Observ	ations	2:
Int	Observ	ations	3:
Lab	Used 1	:	
Lab	Used 2	:	
Lab	used 3	:	

COMMENTS

\*\*\*\* GE3 \*\*\*\*

ARCING WIRE

RESPONDED ON A REPORT OF SMOKE COMING FROM ELECTRICAL OUTLET. UPON ARRIVAL FOUND AN OUTLET THAT HAD ARCED AND THROUGH THE BREAKER. POWER WAS SHUT OFF TO THE RESIDENCE AND EDISON WAS CALLED TO RESPOND. RESIDENT WAS INFORMED NOT TO TURN ON POWER UNTIL IT WAS INSPECTED AND REPAIRED.

CAPTAIN JEFFREY LEE WILKINS

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