
INCIDENT REPORT

______ INCIDENT Fire Department: Garden Grove Fire Department Incident Number: G1708747 Exposure Number: 00 Multi-Agency IC#: Incident Date: 07/28/17 Dispatch Time: 20:10:20 20:13:36 Arrival Time: Controlled Time: Ending Time: 20:21:18
First-In Company: GE4 District G2311 Incident Type: Medical assist, assist EMS crew Mutual Aid: None Method of Alarm: E911 Type of Weather: 73 Air Temperature Address, CSZ: 12125 STONEGATE LN Census Tract: Fire Haz Sev Zone: Medium RESOURCES & CASUALTIES ______ Actions Taken 1: Action taken, other Actions Taken 2: Actions Taken 3: #Apparatus Resp Engine: 1 #Apparatus Resp Trk: 0 #Apparatus Resp Med: #Apparatus Resp Oth: 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:

Property Use: Multifamily dwelling Detector

Mixed Prop Use:

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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: COMMENTS

**** GE4 ****

medical- lac

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pt had small lac/cut to hand from a cat. pt given a band-aid, no tx transport nessary.

cpt trenholm