INCIDENT REPORT

______ INCIDENT Fire Department: Garden Grove Fire Department Incident Number: G1709688 Exposure Number: 00 17-092002 08/22/17 Multi-Agency IC#: Incident Date: Dispatch Time: 21:15:19 Arrival Time: 21:21:42 Controlled Time: Ending Time: 21:28:42 GE5 First-In Company: District
Incident Type:
Mutual Aid: District C2515 EMS call, excluding vehicle accident with injury Automatic aid given Telephone Method of Alarm: Type of Weather: Air Temperature 75 Address, CSZ: DENNYS GARDEN GROVE BL & BEACH Census Tract: Fire Haz Sev Zone: Medium RESOURCES & CASUALTIES Actions Taken 1: Emergency medical services, other Actions Taken 2: Actions Taken 3: #Apparatus Resp Trk: 0
#Apparatus Resp Med: 0
#Apparatus Resp Oth: 0 #Apparatus Resp Engine: 1 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: Vehicle parking area

Detector

INCIDENT REPORT

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 Lic. State: Mobile Prop Stolen?: Suppression Factors:					
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Agency Name: Address:

City: State: ______

INCIDENT REPORT

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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:
Int Observations 2:
Int Observations 3:
Lab Used 1:
Lab Used 2:
Lab used 3:
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**** GE5 ****

COMMENTS

MEDICAL - ABD PAIN

GE5 RESPONDED TO THE DISPATCHED ADDRESS FOR A FEMALE C/O ABD PAIN. ONCE ON SCENE, PT DENIED TREATMENT AND TRANSPORT.

CAPTAIN SCHAEFER