
INCIDENT REPORT

INCIDENT ______ Fire Department: Garden Grove Fire Department Incident Number: G1710180 Exposure Number: 00 Multi-Agency IC#: Incident Date: 09/04/17 Dispatch Time: 13:07:18 Arrival Time: 13:13:24 Controlled Time: 13:50:25 GE1 Ending Time: First-In Company: District G2223 Incident Type: Camper or recreational vehicle (RV) fire None Mutual Aid: Method of Alarm: E911 Type of Weather: Air Temperature 75 Address, CSZ: 11732 EUDORA LN Census Tract: Fire Haz Sev Zone: Medium RESOURCES & CASUALTIES ______ Actions Taken 1: Investigate fire out on arrvial Actions Taken 2: Actions Taken 3: #Apparatus Resp Engine: 1 #Apparatus Resp Trk: 0 #Apparatus Resp Med: 0
#Apparatus Resp Oth: 0 Fire Svs Fatal: Non-FS Injury: Non-FS Fatal: PROPERTY & STUDIES ______ Property Losses: \$4,000 Content Losses: \$500 Property Value: Contents Value: Insurance Co: Building Ins: Mixed Prop Use: Property Use: Residential street, road or residential

Detector