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CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 9/22/17 Received Time: 20:20 Received By: ED Lead: ED

Incident Date: _____ Incident Time: 20:20 Assigned to: _____ Assigned Date: _____

CASE NUMBER: 170922-04

COMPLAINANT / REPORTING PARTY:

Name: Con Fire Dis Patch RP is from Facility Anonymous

Organization: East Con Fire

Primary Phone Number: _____ Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: Gilbert Orozco CUPA Facility I.D.: _____

Phone Number: 925-787-6229

Address: 1006 Dainty Ave. Unit: _____

City: Brentwood State: _____ Zip Code: _____

Location Description: _____

INITIAL INCIDENT DESCRIPTION: 20 gallon gasoline leaked for vehicle fire

INCIDENT TYPE / DESCRIPTION:

Community Warning System Level (Circle Highest Level): N/A 0 1 2 3

FACILITY	ISO / MCAR	TRANSPORTATION	MISCELLANEOUS
<input type="checkbox"/> Fire or Explosion	<input type="checkbox"/> Fatality (one or more)	<input type="checkbox"/> Tank Truck	<input type="checkbox"/> Storm Drain/Creek
<input type="checkbox"/> Spill or Release	<input type="checkbox"/> > 24 hrs. Hospital, 3 or more people	<input type="checkbox"/> Railroad	<input type="checkbox"/> Drug Lab
<input type="checkbox"/> Startup or Shutdown	<input type="checkbox"/> Flammable Vapor Cloud > 5,000 lbs.	<input type="checkbox"/> On Water	<input type="checkbox"/> Disposal/Abandonment
<input type="checkbox"/> Flaring		<input type="checkbox"/> Pipeline	<input type="checkbox"/> Odor Complaint
<input type="checkbox"/> Upset		<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Other:

Time Enroute to Scene: _____ Time Arrived On Scene: _____ Time Departed From Scene: _____

REFERRED TO OTHER AGENCY:

DTSC STATE FUNDING (if applicable):
CLU/ERER Number: _____

STORMWATER STATUS (if applicable):
 Actual Discharge Potential Discharge



AGENCIES ON SCENE OR NOTIFIED:

Agency Type	Agency	O/N	Contact Person	Phone Number	Case Number
Fire Department	Centfire	0	Engine 52	584-5551	7-160497
Law Enforcement					
Air District					
State OES					

REPORT:

Engine 52 925-584-5551
 Responding to a car fire. Fuel continues to release from an unknown source, approx. 20 gal gasoline tank
 Centfire requesting assistance
~~22:30~~ 22:30 - 1215 on scene 22:35 - 1209 on scene
 23:00 - HM3 on scene
 PID - readings up to 30ppm
 no LEL reading on CGI No entry needed
 Determined fuel tank to be empty
 No other response needed
 Advised home owner of safe procedures for fuel soaked carpet and towing of vehicle.
 HM3 departed scene at 23:37

Additional Required Items: Bill of Lading, Request for Invoice, and Site Safety Plan

Report Prepared by: ED