



COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 09/03/19 Received Time: 0815 Received By: SH Lead: SH
 Incident Date: 09/03/19 Incident Time: 1030 Assigned to: SH Assigned Date: _____

CASE NUMBER: 190903-04

COMPLAINANT / REPORTING PARTY:
 Name: Dan McClellan RP is from Facility Anonymous
 Organization: Contra Costa County Fire Cal OES # (if applicable) _____
 Primary Phone Number: _____ Secondary Phone Number: _____
 Email: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:
 Name: _____ CUPA Facility I.D.: _____
 Phone Number: _____
 Address: Various Unit: _____
 City: Walnut Creek State: CA Zip Code: _____
 Location Description: staging area, various homes, storage facility

INITIAL INCIDENT DESCRIPTION:
 Con Fire and DEA requested assistance with serving a warrant on a home suspected of fentanyl manufacturing and sale.

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

Time Enroute to Scene: _____ Time Arrived On Scene: 1030 Time Departed From Scene: 1700

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:

<u>Agency Type</u>	<u>Agency</u>	<u>O/N</u>	<u>Contact Person</u>	<u>Phone Number</u>	<u>Case Number</u>
Fire Department					
Law Enforcement					
Air District					
State OES					

REPORT:

Provided decontamination and technical reference services in DEA lead incident. Upon execution of warrant DEA agents were able to recover fentanyl and equipment used to process and distribute fentanyl. No agents were contaminated in the process of the operation, but fire and health services hazmat resources were on standby for the duration of the operation.

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

Report Prepared by: SH