



COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N CASE NUMBER: 191130 - 01

Received Date: 11/30/19 Received Time: 11:06 AM Received By: AM Lead: DWL

Incident Date: 11/30/19 Incident Time: Assigned to: Assigned Date:

COMPLAINANT / REPORTING PARTY:

Name: RP is from Facility Anonymous
 Organization: Contra Costa Fire Protection District 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: ROSA BLANCA DR Unit:
 City: PITTSBURG State: CA Zip Code: 94565
 Location Description: ROSA BLANCA DR @ RIO VERDE CIR

INITIAL INCIDENT DESCRIPTION:

Possible CAS

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 type="checkbox"/> Drug Lab <input type="checkbox"/> Disposal/Abandonment <input type="checkbox"/> Odor Complaint <input checked="" type="checkbox"/> Other: CAS

Time Enroute to Scene: 1045 Time Arrived On Scene: 1102 Time Departed From Scene: 1230

REFERRED TO OTHER AGENCY:



DTSC STATE FUNDING (if applicable): CLU/ERER Number: .	STORMWATER STATUS (if applicable): <input type="checkbox"/> Actual Discharge <input type="checkbox"/> 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	CCFPD	O	Atlas		
Law Enforcement	PPD	O			
Air District					
State OES					

REPORT:

CCHS HMP received a request for county hazmat at approx. 1000 on November 30th, 2019 for possible chemical assisted suicide from CCFPD. Upon arriving at Scene, CCHS HMP assisted in technical reference with CCFPD and performed backup for entry done by CCFPD. CCFPD made initial entry and determined the chemicals used along with ventilating the vehicle. After ventilation of the vehicle, CCHS HMP and CCFPD both made entry in PPE to remove the body from the vehicle and place body in PPD vehicle. CCHS HMP took possession of the hazardous waste and under a bill of lading, transported the hazardous waste to the CCHS HMP's hazardous waste yard.

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

Report Prepared by: DWL