INCIDENT REPORT

INCIDENT				
Fire Department: Incident Number: Exposure Number: Multi-Agency IC#: Incident Date: Dispatch Time: Arrival Time: Controlled Time: Ending Time: First-In Company: District Incident Type: Mutual Aid: Method of Alarm: Type of Weather: Air Temperature Address, CSZ: Census Tract: Fire Haz Sev Zone:	Garden Grove Fire Department G1508528 00 00212501 07/28/15 18:45:34 18:50:21 19:09:20 GE5 G2414 EMS call, excluding vehicle accident with injury None Telephone 80 KNOTT ST / ACACIA AV Medium			
RESOURCES & CASUALTIES				
Actions Taken 1: Actions Taken 2: Actions Taken 3: #Apparatus Resp Engine: #Apparatus Resp Med: #Apparatus Resp Oth: Fire Svs Injury: Fire Svs Fatal: Non-FS Injury: Non-FS Fatal:	Provide basic life support (BLS) 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
PROPERTY & STUDIES				
Property Losses: Content Losses: Property Value: Contents Value: Insurance Co: Building Ins: Mixed Prop Use: Property Use: Detector	Street, other			

INCIDENT REPORT

<pre>Hazmat Rel: Critical Inc: Special Studies:</pre>	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 Type: Mobile Prop Make: Mobile Prop Model: Mobile Prop Model: Mobile Prop Lic. Plate: Mobile Prop Lic. State: Mobile Prop VIN Number: Mobile Prop Stolen?: Suppression Factors:				
	STRUCTURE FIRE			
Type:				

Status:
St Above Grnd:
St Below Grnd:

INCIDENT REPORT

```
Main Floor Size:
Fire Origin:
Extent of Flame:
Number of Stories Damaged By Flame
Minor:
Sign:
Heavy;
Extreme:
Auto Ext Sys:
AES Type:
AES Operation:
# Sprinkler Heads:
AES Failure Reason:
Detectors:
Detector Type:
Det. Power Supply:
Det. Operation:
Det. Effectiveness:
Det. Failure Reason:
_____
```

```
Agency Name:
Address:
City:
State:
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:
```

INCIDENT REPORT

```
Int Observations 2:
Int Observations 3:
Lab Used 1:
Lab Used 2:
Lab used 3:
                          PATIENT REPORT
_____
                      Unknown (OC-MEDS Import)
Name
DOB, Age, Sex
                                  24 Female
Address, CSZ:
Country:
Telephone:
Driver's Lic#:
SS Number:
Employer:
Emp Phone:
Relative:
Rel Phone:
Insurance:
Police #:
Billing Care:
Status:
Transported To:
Transported By:
ALS Intervention:
Escorted:
Procedures Used 1: No treatment
Procedures Used 2:
Procedures Used 3:
Arrived Date:
Transport Date:
                      Impression/assessment, ot
Assessment:
Other Factors:
Human Factors 1:
Human Factors 2:
Human Factors 3:
Cause of Injury:
Body Site of Injury 1:
Body Site of Injury 2:
Body Site of Injry:
Safety Equipment:
Cardiac Arrest:
CA Prearrival:
CA Init Rhythm:
Initial Care Level:
Highest Care Level:
Patient Status:
Pulse on Transfer:
Disposition:
                      FD transport to emergency care
```

INCIDENT REPORT	
 COMMENTS	

***** GE5 ****

MEDICAL- T/C

PT WAS A 24 YEAR OLD FEMALE PASSENGER IN A TWO CAR T/C. PT CC OF DIZZY 40 MINS AFTER THE ACCIDENT. VITALS STABLE BLS TO WAMC VIA CARE AMB

CAPTAIN TRENHOLM

PATIENT REPORT

FD transport to emergency care

Name
DOB, Age, Sex
Address, CSZ:
Country:
Telephone:
Driver's Lic#:
SS Number:
Employer:
Employer:
Emp Phone: Unknown (OC-MEDS Import) 24 Female Emp Phone: Relative: Rel Phone: Insurance: Police #:
Billing Care:
Status:
Transported To:
Transported By: ALS Intervention: Escorted: Procedures Used 1: Procedures Used 2: Procedures Used 3: No treatment Arrived Date: Transport Date: Assessment: Impression/assessment, ot Other Factors: Human Factors 1: Human Factors 2: Human Factors 2:
Human Factors 3:
Cause of Injury:
Body Site of Injury 1:
Body Site of Injury 2:
Body Site of Injury: Body Site of Injry: Safety Equipment: Cardiac Arrest: CA Prearrival: CA Init Rhythm: Initial Care Level: Highest Care Level: Patient Status. Patient Status: Pulse on Transfer: Disposition: