
INCIDENT REPORT

_____ INCIDENT _____ Garden Grove Fire Department G1503377 Fire Department: Incident Number: Exposure Number: 00 Multi-Agency IC#: 15-029437 00078145 03/22/15 Incident Date: Dispatch Time: 21:57:50 Arrival Time: 22:01:34 Controlled Time: Ending Time: 22:33:26 First-In Company: GE7 District G2719 Incident Type: EMS call, excluding vehicle accident with injury Mutual Aid: None Method of Alarm: Telephone Type of Weather: Air Temperature 61 Address, CSZ: 9502 WESTMINSTER AV Census Tract: Fire Haz Sev Zone: Medium ______ RESOURCES & CASUALTIES Actions Taken 1: Provide basic life support (BLS) Actions Taken 2: Actions Taken 3: #Apparatus Resp Engine: 0 #Apparatus Resp Trk: 0
#Apparatus Resp Med: 1
#Apparatus Resp Oth: 3 Fire Svs Injury: 0 Fire Svs Fatal: 0 Non-FS Injury: 0 Non-FS Fatal: 0 PROPERTY & STUDIES ______ Property Losses: Content Losses: Property Value: Contents Value: Insurance Co: Building Ins: Mixed Prop Use:

Street or road in commercial area

Property Use:

Detector

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Hazmat Rel: Critical Inc: Special Studies:	None
	EMERGENCY MEDICAL SERVICE
<pre>Number of Patients: Billing Care: Status: Transported to: # Patients Trans - Fire # Patients Trans - Amb:</pre>	:
COMMENTS	

**** GE7 ****

MEDICAL CALL-NECK PAIN-GE7 ARRIVED TO FIND THE PT. C/O NECK PAIN. THE PT WAS ASSESSED WITH A PRIMARY AND SECONDARY SURVEY AND PLACED IN FULL SPINAL IMMOBILIZATION. THE PT. WAS TRANSPORTED TO GGMC VIA CARE AMBULANCE.