INCIDENT REPORT

______ INCIDENT ______ Garden Grove Fire Department G1513103 Fire Department: Incident Number: Exposure Number: 00 Multi-Agency IC#: 00342054 A1535158 Incident Date: 11/17/15 Dispatch Time: 07:50:56 Arrival Time: 07:55:10 Controlled Time: Ending Time: 08:36:50 GE 6 First-In Company: District G2224 Incident Type: EMS call, excluding vehicle accident with injury None Mutual Aid: Method of Alarm: E911 Type of Weather: Air Temperature 39 Address, CSZ: HYATT REGENCY ORANGE COUNTY, 1 Census Tract: Fire Haz Sev Zone: Medium ______ RESOURCES & CASUALTIES ______ Actions Taken 1: Emergency medical services, other Actions Taken 2: Actions Taken 3: #Apparatus Resp Engine: 0 #Apparatus Resp Trk: 0 #Apparatus Resp Oth: 1 Fire Svs Injury: 0 Fire Svs Fatal: Non-FS Injury: Non-FS Fatal: PROPERTY & STUDIES --------Property Losses: Content Losses: Property Value: Contents Value: Insurance Co: Building Ins: Mixed Prop Use:

Assembly, other

Property Use:

Detector

INCIDENT REPORT

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

**** GE6 ****

ALOC

GE6 RESPONDED TO A MALE WITH THE C/C OF BEING ALTERED AFTER INVOLVED IN A TC,PT WAS EVALUATED AND STILL WAS ALTERED,PT WAS TREATED ANS ESCORTED TO UCI WITH AM3.

CAPT ACOSTA