INCIDENT REPORT

```
INCIDENT
_______
             Garden Grove Fire Department G1605737
Fire Department:
Incident Number:
Exposure Number:
                 00
                00178019
Multi-Agency IC#:
Incident Date:
                 05/25/16
Dispatch Time:
                16:30:36
Arrival Time:
                 16:35:22
Controlled Time:
Ending Time:
                 17:28:11
               GE2
First-In Company:
District
                 G2119
                Rescue, emergency medical call (EMS) call, other None
Incident Type:
Mutual Aid:
Method of Alarm:
                 E911
Type of Weather:
Air Temperature
Address, CSZ:
                 BROOKHURST ST / ORANGEWOOD AV
Census Tract:
Fire Haz Sev Zone:
                Medium
______
                     RESOURCES & CASUALTIES
______
Actions Taken 1: Provide advanced life support (ALS)
Actions Taken 2:
Actions Taken 3:
#Apparatus Resp Engine: 0
#Apparatus Resp Trk: 1
#Apparatus Resp Med:
#Apparatus Resp Oth: Fire Svs Injury:
                 2
                 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:
Property Use: Street, other
Detector
```

INCIDENT REPORT

Hazmat Rel:

None

Critical Inc:

Special Studies:

COMMENTS

***** GE2 ****

MEDICAL-CHEST PAIN

GE2 RESPONDED ON AN ELDERLY FEMALE WITH C/C OF CHEST PAIN FROM A TC PTA. PT WAS TREATED AND TRANSPORTED TO UCIMC ALS VIA CARE AMB.

CAPTAIN PARDOEN