INCIDENT REPORT

INCIDENT _____ Fire Department: Garden Grove Fire Department Incident Number: G0310419 Exposure Number: 00 Multi-Agency IC#: Incident Date: 12/31/03 Dispatch Time: 07:35:04 Arrival Time: 07:39:42 Controlled Time: Ending Time: 07:46:54 First-In Company: GE2 District G2418 Incident Type: EMS call, excluding vehicle accident with injury Mutual Aid: None Method of Alarm: E911 Type of Weather: Air Temperature 41 Address, CSZ: 12561 MABEE CI 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: 1 #Apparatus Resp Trk: 0 #Apparatus Resp Med: 0 #Apparatus Resp Oth: 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:

1 or 2 family dwelling

Property Use:

Detector

INCIDENT REPORT

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

***** GE2 ****

HEADACHE

ELDERLY FEMALE C/O NECK AND HEAD PAIN X 24 HRS. VITALS STABLE. RELEASED TO SELF FOR TRANSPORT VIA POV/FRIEND TO MEDICAL FACILITY OF CHOICE.

CAPT. ANDERSON

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		TO POPULATION MINISTER
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