INCIDENT REPORT

```
INCIDENT
Fire Department: Garden Grove Fire Department Incident Number: G1611825
Exposure Number: 00
               00350162
Multi-Agency IC#:
Incident Date:
                 10/13/16
Dispatch Time:
                18:38:09
Arrival Time:
                 18:43:44
Controlled Time:
Ending Time:
                  19:01:15
First-In Company:
                GE3
District
                 G2425
Incident Type:
                EMS call, excluding vehicle accident with injury
Mutual Aid:
                 None
Method of Alarm:
                 E911
Type of Weather:
Air Temperature
                 7.5
Address, CSZ:
                 LAMPSON AV / HASTER ST
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:
#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:
Property Use: Highway or divided highway
```

Detector

INCIDENT REPORT

Hazmat Rel:	
Critical Inc:	
0 1 7 01 11	

None

Special Studies:

EMERGENCY MEDICAL SERVICE

Number of Patients:

Billing Care:

Status:

Transported to:

Patients Trans - Fire:

Patients Trans - Amb:

COMMENTS

**** GE3 ****

MEDICAL

GE 3 RESPONDED TO A BLS MEDICAL AND TRANSPORTED THE PATIENT TO GGMC ER VIA AMBUALNCE.SEE EPCR FORM FOR FURTHER.

KUHLMAN

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