INCIDENT REPORT

```
_____
                     INCIDENT
_____
Fire Department:
               Garuen 0.
G1613690
                 Garden Grove Fire Department
Incident Number:
Exposure Number:
                 0.0
Multi-Agency IC#:
                00408155
Incident Date:
                 12/01/16
Dispatch Time:
                 14:25:05
Arrival Time:
                 14:29:38
Controlled Time:
Ending Time:
                 15:10:54
First-In Company:
                 GE2
District
                 G2220
Incident Type:
                 Motor vehicle/pedestrian accident (MV Ped)
Mutual Aid:
Method of Alarm:
                 E911
Type of Weather:
Air Temperature
                 63
Address, CSZ:
                 11990 FAYE 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: 0
#Apparatus Resp Med:
#Apparatus Resp Oth:
                 0
                 1
Fire Svs Injury:
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: Residential street, road or residential

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 *****

MEDICAL - AUTO/PED

GE2 RESPONDED TO THE DISPATCHED ADDRESS ON A MALE WHO WAS STRUCK BY A VEHICLE. ALS PRIMARY/SECONDARY ASSESSMENT WAS PERFORMED AND THE PT WAS TRANSPORTED ALS TO UCI FOR FURTHER EVAL.

CAPTAIN SCHAEFER