



**Garden Grove Fire Department**  
 Station: **G07**  
 Shifts Or Platoon: **B**

Location: <b>9715 QUEEN ANNES CT</b> <b>Garden Grove CA 92640</b>	Incident Type: <b>321 - EMS call, excluding vehicle accident with injury</b>
Lat/Long: <b>N 33° 45' 11.91"</b> <b>W 117° 57' 35.65"</b>	EMSID: <b>FDID: 30035</b> Incident #: <b>2018-801875</b> Exposure ID: <b>30123058</b> Incident Date: <b>02/12/2018</b> Dispatch Run #: <b>F180430001</b>
Location Type: <b>1 - Street address</b> Map Page: <b>828D2</b>	

<b>Report Completed by:</b>	Waldschmidt , David S	<b>ID:</b> 1274	<b>Date:</b> 02/12/2018
<b>Report Reviewed by:</b>	Waldschmidt , David S	<b>ID:</b> 1274	<b>Date:</b> 02/12/2018
<b>Report Printed by:</b>	Guardi, Lisa	<b>ID:</b> 4433	<b>Date:</b> 7/1/2019 <b>Time:</b> 11:23

Aid Given or Received:	<b>None</b>	Primary action taken:	<b>33 - Provide advanced life support (ALS)</b>
Total # of apparatus on call:	<b>1</b>	Total # of personnel on call:	<b>3</b>

**NARRATIVE (2)**

**Narrative Title:** n/a  
**Narrative Author:** Waldschmidt, David  
**Narrative Date:** 02/12/2018 07:36:08  
**Narrative Apparatus ID:** GE7  
**Narrative:**  
 medical call

ge7 and orco e66 responded to m found down in hallway pulseless and apnic pt last seen hour ago acting normal. pt evaluated treated with cardiac arrest protocol and transported als to fvrh via care ambulance

captain waldschmidt

APPARATUS	
<b>Unit</b>	GE7
<b>Type:</b>	Engine
<b>Use:</b>	Suppression
<b>Response Mode:</b>	()
<b># of People</b>	3
<b>Alarm</b>	02 /12/2018 00:20:25
<b>Dispatched</b>	02 /12/2018 00:21:17
<b>Enroute</b>	02 /12/2018 00:23:08
<b>Arrived</b>	02 /12/2018 00:27:02
<b>Cancelled</b>	-- /--/-- --:--:--
<b>Cleared Scene</b>	02 /12/2018 00:50:48
<b>In Quarters</b>	-- /--/-- --:--:--
<b>In Service</b>	02 /12/2018 00:50:48
<b>Number Of People not on apparatus: 0</b>	

PEOPLE -- PERSON 1			
<b>Telephone Number</b>	5623838111	<b>Involvement</b>	Caller
<b>Name</b>	VERIZON WIRELESS 800 451	<b>Date of Birth</b>	
<b>Address</b>	12912 BROOKHURST ST GARDEN GROVE, CA 92844-		

<b>CUSTOM FIELDS FORM</b>	
<b>What happened?</b>	We initiated care & OCFA paramedics escorted the patient
<b>Fire Incident - What happened?</b>	

<b>PERSONNEL ON CALL</b>			
<b>Name</b>	<b>Personnel Rank</b>	<b>Role(s)</b>	<b>Apparatus</b>

Member Making Report (Captain David S Waldschmidt): \_\_\_\_\_

Incident Reviewer (Captain David S Waldschmidt): \_\_\_\_\_



**Garden Grove Fire Department**

Station: **G07**  
Shifts Or Platoon: **B**

Location: <b>9715 QUEEN ANNES CT GARDEN GROVE CA 92844</b>	Incident Type: <b>321 - EMS call, excluding vehicle accident with injury</b>
Lat/Long: <b>N 33° 45' 11.91" W 117° 57' 35.65"</b>	EMSID: <b>FDID: 30035</b> Incident #: <b>2018-814041</b> Exposure ID: <b>36132974</b> Incident Date: <b>11/29/2018</b> Dispatch Run #: <b>F183330401</b>
Location Type: <b>1 - Street address</b> Map Page: <b>828D2</b>	

<b>Report Completed by:</b>	Waldschmidt , David S	<b>ID:</b> 1274	<b>Date:</b> 01/11/2019
<b>Report Reviewed by:</b>	Waldschmidt , David S	<b>ID:</b> 1274	<b>Date:</b> 01/11/2019
<b>Report Printed by:</b>	Guardi, Lisa	<b>ID:</b> 4433	<b>Date:</b> 7/1/2019 <b>Time:</b> 11:19

Aid Given or Received:	<b>None</b>	Primary action taken:	<b>32 - Provide basic life support (BLS)</b>
Total # of apparatus on call:	<b>1</b>	Total # of personnel on call:	<b>3</b>

<b>NARRATIVE (2)</b>
<b>Narrative Title:</b> n/a
<b>Narrative Author:</b> Waldschmidt, David
<b>Narrative Date:</b> 01/11/2019 21:43:15
<b>Narrative Apparatus ID:</b> GE7
<b>Narrative:</b> medical call refer to mic form for details

<b>APPARATUS</b>	
<b>Unit</b>	GE7
<b>Type:</b>	Engine
<b>Use:</b>	Suppression
<b>Response Mode:</b>	()
<b># of People</b>	3
<b>Alarm</b>	11 /29/2018 22:46:01
<b>Dispatched</b>	11 /29/2018 22:46:42
<b>Enroute</b>	11 /29/2018 22:47:56
<b>Arrived</b>	11 /29/2018 22:51:33
<b>Cancelled</b>	-- / -- / -- -- : -- : --
<b>Cleared Scene</b>	11 /29/2018 23:05:24
<b>In Quarters</b>	11 /29/2018 23:07:33
<b>In Service</b>	11 /29/2018 23:05:24
<b>Number Of People not on apparatus: 0</b>	

<b>PEOPLE -- PERSON 1</b>			
<b>Telephone Number</b>	7149312281	<b>Involvement</b>	Caller
<b>Name</b>	T-MOBILE (877) 653-7911	<b>Date of Birth</b>	
<b>Address</b>	9561 HAZARD AVE GARDEN GROVE, CA 92844-		

<b>CUSTOM FIELDS FORM</b>	
<b>What happened?</b>	We provided BLS & patient transported to hospital by private ambulance
<b>Was this patient homeless?</b>	No
<b>Fire Incident - What happened?</b>	

<b>PERSONNEL ON CALL</b>			
<b>Name</b>	<b>Personnel Rank</b>	<b>Role(s)</b>	<b>Apparatus</b>
Bell, Bradley D			GE7
Burroughs, Myles A			GE7
Waldschmidt, David S			GE7

Member Making Report (Captain David S Waldschmidt): \_\_\_\_\_

Incident Reviewer (Captain David S Waldschmidt): \_\_\_\_\_

## INCIDENT REPORT

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INCIDENT

-----  
Fire Department: Garden Grove Fire Department  
Incident Number: G1614031  
Exposure Number: 00  
Multi-Agency IC#: 00417808 16-130228  
Incident Date: 12/08/16  
Dispatch Time: 21:27:37  
Arrival Time: 21:32:12  
Controlled Time:  
Ending Time: 22:01:17  
First-In Company: GE7  
District: G2719  
Incident Type: EMS call, excluding vehicle accident with injury  
Mutual Aid: None  
Method of Alarm: W911  
Type of Weather:  
Air Temperature: 57  
Address, CSZ: 9715 QUEEN ANNES CT  
Census Tract:  
Fire Haz Sev Zone: Medium

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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: 0  
#Apparatus Resp Oth: 1  
Fire Svs Injury: 0  
Fire Svs Fatal: 0  
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: Multifamily dwelling  
Detector

INCIDENT REPORT

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Hazmat Rel:                   None  
Critical Inc:  
Special Studies:

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EMERGENCY MEDICAL SERVICE

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Number of Patients:  
Billing Care:  
Status:  
Transported to:  
# Patients Trans - Fire:  
# Patients Trans - Amb:

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COMMENTS

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\*\*\*\*\* GE7 \*\*\*\*\*

MEDICAL

GE7 RESPONDED TO A MALE WITH ALOC. PT WAS ASSESSED AND SENT ALS TO FVH WITH CE66. SEE OC MEDS FOR DETAILS.

CAPT FELLNER

## INCIDENT REPORT

## INCIDENT

Fire Department: Garden Grove Fire Department  
Incident Number: G1612327  
Exposure Number: 00  
Multi-Agency IC#: 00366019 16-113523  
Incident Date: 10/26/16  
Dispatch Time: 22:53:00  
Arrival Time: 22:58:53  
Controlled Time:  
Ending Time: 23:12:38  
First-In Company: GE7  
District: G2719  
Incident Type: EMS call, excluding vehicle accident with injury  
Mutual Aid: None  
Method of Alarm: E911  
Type of Weather:  
Air Temperature: 64  
Address, CSZ: 9715 QUEEN ANNES CT  
Census Tract:  
Fire Haz Sev Zone: Medium

## RESOURCES &amp; 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: 0  
#Apparatus Resp Oth: 1  
Fire Svs Injury: 0  
Fire Svs Fatal: 0  
Non-FS Injury:  
Non-FS Fatal:

## PROPERTY &amp; STUDIES

Property Losses:  
Content Losses:  
Property Value:  
Contents Value:  
Insurance Co:  
Building Ins:  
Mixed Prop Use:  
Property Use: 1 or 2 family dwelling  
Detector

INCIDENT REPORT

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Hazmat Rel:                   None  
Critical Inc:  
Special Studies:

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EMERGENCY MEDICAL SERVICE

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Number of Patients:  
Billing Care:  
Status:  
Transported to:  
# Patients Trans - Fire:  
# Patients Trans - Amb:

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COMMENTS

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\*\*\*\*\* GE7 \*\*\*\*\*

MEDICAL

GE7 RESPONDED TO A MALE WITH ALOC. PT WAS ASSESSED AND SENT ALS TO FVH. SEE OC MEDS FOR DETAILS.

CAPT FELLNER



## INCIDENT REPORT

-----  
INCIDENT

-----  
Fire Department: Garden Grove Fire Department  
Incident Number: G1608103  
Exposure Number: 00  
Multi-Agency IC#: 00243465  
Incident Date: 07/17/16  
Dispatch Time: 23:30:59  
Arrival Time: 23:36:51  
Controlled Time:  
Ending Time: 23:59:04  
First-In Company: GE7  
District: G2719  
Incident Type: EMS call, excluding vehicle accident with injury  
Mutual Aid: None  
Method of Alarm: E911  
Type of Weather:  
Air Temperature: 70  
Address, CSZ: 9715 QUEEN ANNES CT  
Census Tract:  
Fire Haz Sev Zone: Medium

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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: 0  
#Apparatus Resp Oth: 1  
Fire Svs Injury: 0  
Fire Svs Fatal: 0  
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: Multifamily dwelling  
Detector

INCIDENT REPORT

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Hazmat Rel:                   None  
Critical Inc:  
Special Studies:

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EMERGENCY MEDICAL SERVICE

---

Number of Patients:  
Billing Care:  
Status:  
Transported to:  
# Patients Trans - Fire:  
# Patients Trans - Amb:

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COMMENTS

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\*\*\*\*\* GE7 \*\*\*\*\*

MEDICAL

GE7 RESPONDED TO A FEMALE WITH LEG PAIN. PT WAS ASSESSED AND SENT BLS TO UCI. SEE OC MEDS FOR DETAILS.

CAPT FELLNER

## INCIDENT REPORT

## INCIDENT

Fire Department: Garden Grove Fire Department  
Incident Number: G1605883  
Exposure Number: 00  
Multi-Agency IC#: 00181799  
Incident Date: 05/29/16  
Dispatch Time: 02:49:25  
Arrival Time: 02:55:17  
Controlled Time:  
Ending Time: 03:13:31  
First-In Company: GE7  
District: G2719  
Incident Type: EMS call, excluding vehicle accident with injury  
Mutual Aid: None  
Method of Alarm: Telephone  
Type of Weather:  
Air Temperature: 0  
Address, CSZ: 9715 QUEEN ANNES CT  
Census Tract:  
Fire Haz Sev Zone: Medium

## RESOURCES &amp; 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: 0  
#Apparatus Resp Oth: 1  
Fire Svs Injury: 0  
Fire Svs Fatal: 0  
Non-FS Injury:  
Non-FS Fatal:

## PROPERTY &amp; 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:

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EMERGENCY MEDICAL SERVICE

---

Number of Patients:  
Billing Care:  
Status:  
Transported to:  
# Patients Trans - Fire:  
# Patients Trans - Amb:

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COMMENTS

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\*\*\*\*\* GE7 \*\*\*\*\*

medical call/laceration

ge7 responded to f handcuffed and in custody of ggpd c/o laceration to  
forehead. unk circumstances leading to incident. pt etoh. pt evaluated als  
and transported bls to ggmc with pd escort.

captain waldschmidt