A 39045 CA 02 Inciden	DD YYYY O6 2012
B Location* X Street address Intersection In front of Rear of Adjacent to	ost Prefix Street or Highway Street Type Suffix LODI CA 95240 - State 7 in Code
C Incident Type * 321 EMS call, excluding vehicles	E1 Date & Times Cole Check boxes if dates are the same as Alarm Day Year Hr Min Sec dates are the same as Alarm ALARM always required Date Alarm ARRIVAL required, unless canceled or did not arrive ARRIVAL required, unless canceled or did not arrive ARRIVAL required, unless canceled or did not arrive
F Actions Taken * 32 Provide basic life Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)	G1 Resources * X Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression
Structure-3 Civil Fire Cas4 Fire Service Civilian H2 Determine for the fire-8 Apparatus-9 Arson-11 Fire Service Civilian H2 Determine for the fire-8 Required for the fire-8 Detector U Unknown J Property Use* Structure 131 Church, place of worship	N None Natural Gas: slow leak, no evauation or HazMat actions 20 Education use 33 Medical use 40 Residential use 40 Re
161 Restaurant or cafeteria 162 Bar/Tavern or nightclub 213 Elementary school or kind 215 High school or junior hig 241 College, adult education 311 Care facility for the age 331 Hospital Outside 124 Playground or park 655 Crops or orchard 669 Forest (timberland) 807 Outdoor storage area 919 Dump or sanitary landfill 931 Open land or field	449 Commercial hotel or motel 459 Residential, board and care 464 Dormitory/barracks 519 Food and beverage sales 936 Vacant lot 938 Graded/care for plot of land 946 Lake, river, stream 951 Railroad right of way 960 Other street 700 Manufacturing plant 819 Livestock/poultry storage(barn) 882 Non-residential parking garage 891 Warehouse 981 Construction site 984 Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 419

39045

Person/Entity Involved Local Option Business name (if applicable) Area Code Phone Number
Check This Box if same address as similar address and similar address as similar address and similar addr
incident location. Then skip the three duplicate address Number Prefix Street or Highway Street Type Suffix
lines. Apt./Suite/Room City
Post Office Box
State Zip Code More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary
Same as person involved?
Then check this box and skip The rest of this section. Business name (if Applicable) Area Code Phone Number
Check this box if Mr.,Ms., Mrs. First Name MI Last Name Suffix same address as
incident location. Then skip the three duplicate address Number Prefix Street or Highway Street Type Suffix
Post Office Box Apt./Suite/Room City
State Zip Code L Remarks
Local Option On 02/06/2012 at 11:58:33 dispatched To 341 E LOCUST ST /LODI, CA 95240. The location is a
1 or 2 family dwelling. The incident was determined to be a(n) EMS call, excluding vehicle
accident with injury.
12:02:20 arrived on scene.
The following actions were performed on scene: Provide basic life support (BLS)
Units responding were:
Unit 2032 responded.
12:28:14 all units back in service.
For EMS calls, patient information is included in the EMS section of this report.
L Authorization
001900 Mackey, Ken A. CO Position or rank Assignment Month Day Year
Officer in charge ID Signature
Check Box if X 001900 Mackey, Ken A. CO 2032 02 06 2012 Position or rank Assignment Month Day Year
same Position of fank Assignment Note: 247 as Officer Member making report ID Signature in charge.