

City of Santa Cruz FIRE DEPARTMENT





Prepared by:

	P	repared by	•		
ADDRESS		DATE		TIME	
INCIDENT TVOS	INCIDENT COM	INCIDENT COMMANDED		NT NO LOT III COMPANI	
INCIDENT TYPE	INCIDENT COMM	IANDER	INCIDENT N	O. 1ST IN COMPANY	
DISPLACED OCCUPANTS	ADULTS INJURED	MINOF	RS INJURED	CIVILIAN FATALITES	
CIVILIANS RESCUED	FIREFIGHTER	FIRE	FIGHTER	TOTAL	
CIVILIANO RESCOED	INJURIES	FA	FALITIES	FIREFIGHTERS	
ALLIED A 05N0150	THE TO CONTROL	IN LOUDEN	IT DUD ATION	TOTAL COMPANIES	
ALLIED AGENCIES	TIME TO CONTROL INCIDENT	INCIDEN	IT DURATION	TOTAL COMPANIES	
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INCIDENT DESCRIPTION					
(831) 420-5280	Rob Oatey, Fire Chief		dl_F	ire@cityofsantacruz.com	