

City of Santa Cruz FIRE DEPARTMENT





Prepared by:

	Prepared by:						
ADDRESS		DATE			TIME		
INCIDENT TYPE	INCIDENT CO		MANDER INCIDEN		T NO. 1ST IN COMPANY		
DOLLAR LOSS	DOLLAR SAVED		OCCUPANCY TYPE		E N	NO. UNITS (APTS.)	
DICRI ACED COCURANTO	ADULTO IN HIDED		MINORO IN HIRE		01	CIVILIANI FATALITEC	
DISPLACED OCCUPANTS	ADULTS INJURED		MINORS INJURED		CI	CIVILIAN FATALITES	
CIVILIANS RESCUED/SAVED	FIREFIGHTER		FIREFIGHTER		TOTAL		
CIVILIANO RESCOEDIGAVED	INJURIES		FATALITIES			FIREFIGHTERS	
ALLIED AGENCIES	TIME TO CONTROL		INCIDENT DURATION		N TO	OTAL COMPANIES	
	INCIDENT						
1) 2)							
INCIDENT DESCRIPTION							
(831) 420-5280	Rob Oatey, Fire Chief			dl_Fire@cityofsantacruz.com			