



Mount Vernon Fire

INCIDENT

Incident Number MVFD-490202302656 Incident Date 06/16/2023 NFIRS Number 0002710 Incident Type (323) - Motor vehicle/pedestrian accident (MV Ped)

FDID 42017 Station STATION 492 Shift 3-UNIT District COLLEGE TOWNSHIP-VILLAGE OF GAMBIER

Initial Dispatch Code 4 - Crash or MVA (With Injury)

Alarms 1 Working Fire? No COVID-19 was a factor No, COVID-19 was not a factor Critical Incident No Critical Incident Team No

Temporary Resident Involvement _____

Hazardous Materials Released _____

Action Taken 1 (33) - Provide advanced life support (ALS)

AID

Aid Given/Received (N) - None

LOCATION

Location Type (2) - Intersection

Address East WIGGIN Street, GAMBIER, Ohio, 43022

Cross Street, USNG, or Directions S ACLAND STREET Latitude 40.37587300 Longitude -82.39522100 Census Tract _____

Detector Alerted Occupant _____

Property Use (962) - Residential street, road or residential driveway Mixed Use _____

TIMES

PSAP Received 09:58:42, 06/16/2023 Dispatch Notified Time 09:58:42, 06/16/2023 Alarm Time 09:58:42, 06/16/2023

Arrival Time 10:04:36, 06/16/2023 Water on Fire Time _____ At Patient Time _____

TIMES

Loss Stop Time _____ Controlled Time _____ Last Unit Cleared Time 10:58:04, 06/16/2023

Total On Scene Time _____ Total Incident Time _____

0 hrs 53 mins 28 sec 0 hrs 59 mins 22 sec

COUNTS

Counts Include Aid Received?
No

Suppression:		EMS:		Other:	
Apparatus	Personnel	Apparatus	Personnel	Apparatus	Personnel
<u>1</u>	<u>3</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>1</u>

VEHICLE

Vehicle 1:
 Vehicle Type
(11) - Automobile, passenger car, ambulance, race car

Make <u>(FO) - Ford</u>	Model <u>F350</u>	Year <u>0</u>	Color <u>White</u>
VIN _____	License Plate <u>PLE 860</u>	State <u>(OH) - Ohio</u>	Expires _____
Reported Stolen? <u>No</u>	Extrication Needed? <u>No</u>	Extrication Time _____	

Persons Involved

Insured Name _____	Policy Type _____	Policy Number _____	Claim Number _____
Insurance Company Name _____	Insurance Co. Phone _____	Insurance Co. Email _____	
Insurance Company Address _____	Insurance Agent _____		
Law Enforcement Officer _____	Police Report/File Number _____		

Number of Occupants _____ Number of Injuries _____ Number of Fatalities _____

Supplies Used

Notes

AUTHORIZATION

Report Writer:

Name <u>HINES, NATHAN</u>	Employee Number <u>43</u>	Assignment <u>Lt</u>	Authorization Date <u>06/16/2023</u>
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Officer in Charge:

M491

Use (2) - EMS	Responding From DISTRICT 1-CITY OF MOUNT VERNON (LL)	Priority Emergent
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Response Delays
None/No Delay

Dispatch Time 10:00:29, 06/16/2023	Enroute Time 10:02:45, 06/16/2023	Arrival Time 10:09:37, 06/16/2023
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At Patient Time	Clear Time 10:58:04, 06/16/2023	In District Time
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Actions Taken:
Provide advanced life support (ALS)

Personnel
LUKE WHITACRE, JASON VANHOOSE