

Incident Details Report

Incident Number: 21076544

Incident Status: Closed

Incident Date: 10/30/2021 07:55:35

Last Updated: 10/30/2021 08:19:17

INCIDENT INFORMATION

Incident Type Code:	F47OB	Incident Type Description:	OB PATIENT/OBSTERICS
Priority:	1	Incident Status:	Closed
Created By Name:	Terrell, Ariel	Created by Agency/Userid:	APD/7300
Modifying Circ:		Dispositions:	F44
Report Numbers:			

LOCATION INFORMATION

Location Name:	AMERICAN CAB COMPANY., INC	Building:	
Address:	1874 PIEDMONT AVE NE	Apartment:	500
City:	ATL	Cross Street:	1700 CHESHIRE BRIDGE RD NE / 500 WIMBLEDON RD NE
Area:	FS29	Sector:	
Beat:	2904	Reporting District:	
Latitude:	33.80797527	Longitude:	-84.36768639

CALLER INFORMATION

Caller Name:		Caller Phone Number:	(404) 607-0042
Caller Location:		Caller City:	
Contact Caller:	No	Call Source:	PHONE

INCIDENT TIMES

EVENT:	DATE TIME:	USER:	EVENT:	ELAPSED TIME:
ANI/ALI Received:			Call Received to Pickup:	N/A
Phone Pickup:			Call Received to Created:	N/A
Dispatch Received:	10/30/2021 07:55:35	APD/7300	Call Received to 1st Dispatch:	N/A
1st Unit Dispatched:	10/30/2021 07:57:11	APD/6074	Inc Created to 1st Dispatch:	0:01:36
1st Unit Enroute:	10/30/2021 07:57:53	APD/6074	1st Dispatch to 1st Enroute:	0:00:42
1st Unit Arrived:	10/30/2021 08:05:14	APD/6074	1st Enroute to 1st Arrived:	0:07:21
Route Closed:	10/30/2021 08:19:16	APD/2662	Inc Created to Closed:	0:23:41

ASSIGNED UNITS

Pri UNIT:	DISPATCHED:	ENROUTE:	ARRIVED:	CLEARED:	DISPOSITION(S)
* AFD/E29	10/30/2021 07:57:11	10/30/2021 07:57:53	10/30/2021 08:05:14	10/30/2021 08:19:16	
AFD/MED01F	10/30/2021 07:57:11			10/30/2021 08:19:16	

ASSIGNED PERSONNEL

UNIT:	OFFICERID:	OFFICER NAME:
AFD/E29	E29	E29,

INCIDENT COMMENTS

DATE TIME:	USERID:	Device Name	COMMENTS:
			@ SUMMIT MEDICAL ASSOCIATES
10/30/2021 07:55:35	7300	POSITION16	34 YO FM ,4 MOS GESTATION OB PT // HEAVY VAGINAL BLEEDING// HIGH RISK COMPLICATIONS : 3 C SECTIONS GRF OP 929 /AT16
10/30/2021 08:13:17	2662	POSITION21	GRADY 7779 ON SCENE
10/30/2021 08:19:16	2662	POSITION21	DISPO F44:PATIENT REFUSAL

PRE-SCHEDULED INFORMATION**ADDRESS CHANGES****PRIORITY CHANGES****INCIDENT TYPE CHANGES**